



BACKGROUND

- Nursing education is strongly dependent on **nurses' willingness to become clinical mentors (CMs)** and guide students through their clinical placements
- Identifying the drivers of nurses' engagement** in clinical mentorship is therefore key to quality nursing education
- These drivers are frequently studied in isolation, neglecting the fact that they are strongly interrelated and may neutralize or reinforce one another
- This study addresses this gap by using **network analysis** to map how demands, resources, and personal factors interact, providing a more **integrated understanding** of the clinical mentorship experience.

OBJECTIVE

To map factors influencing nurses' engagement in clinical mentorship in nursing education and to explore how these factors interact using network analysis

MATERIALS AND METHODS

- A **cross-sectional study** was conducted among nurses serving as CMs in healthcare institutions across Catalonia, Spain. The sample included **261 CMs** mentoring at least one undergraduate nursing student enrolled in either ESIHMar or FCS Blanquerna, recruited between July 2024 and March 2025.
- Data were collected via a self-administered **online questionnaire** hosted on REDCap, assessing the following constructs:

Construct/ Variable	Instrument	Included variables or dimensions
Engagement in clinical mentorship	IMSOC	Implication, Motivation, Satisfaction, Obstacles, Compromise
Job demands, control discretion and peer support	DCSQ	Demands, Control, Support
Employment conditions	EPRES	Employment conditions
Ward supervisor support	SSS	Ward supervisory support
Emotional wellbeing	WHO-5	Emotional wellbeing
Emotional intelligence	TMMS-24	Emotional intelligence
Professional experience	Ad hoc items	Experience as a nurse, Experience as a CM

- Data were analyzed using descriptive statistics and **network analysis**. The network included 14 nodes corresponding to the variables above and was estimated using **EBICglasso**, combining LASSO regularization with the EBIC criterion (gamma = 0.2). Centrality indices were computed.
- Ethical approval** was obtained from the Parc de Salut MAR Drug Research Ethical Committee (CEIm-PSMAR; Ref 2023/11123).

RESULTS

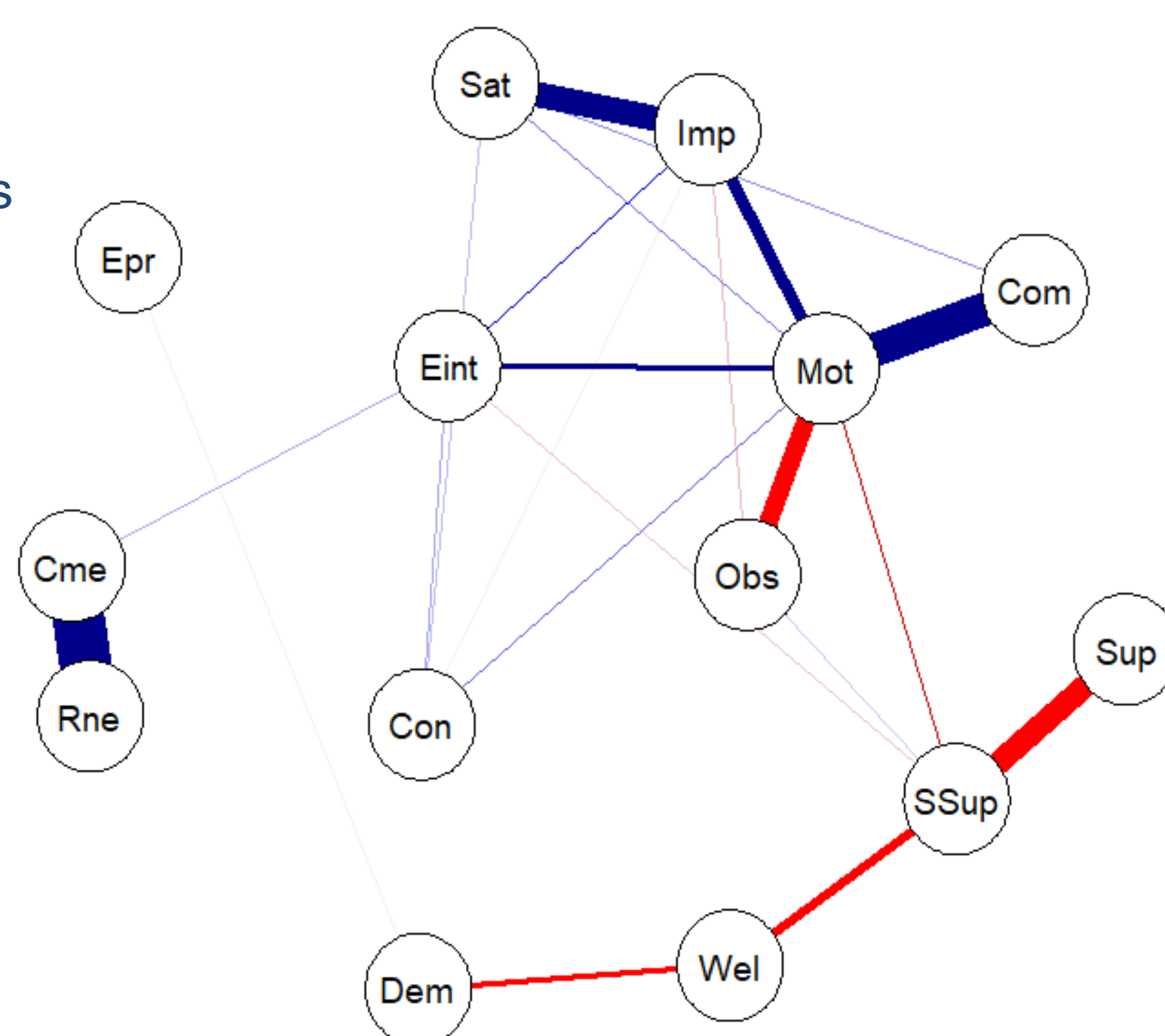
Sample characteristics

- Age: M = 42.4, SD = 10.4, range 23–62
- Gender: 89% female, 11% male
- Country of birth: 93% Spain, 7% other
- Experience: Nurse M = 17.5 yrs, CM M = 10.4 yrs
- CM training: 29% trained, 71% not trained

Estimated network:

- Edges: Regularized partial correlations
- Thickness → strength of association
- Blue edges → positive correlation
- Red edges → negative correlation

Mot = motivation, Com = compromise, Obs = obstacles, Imp = implication, Sat = satisfaction, Eint = emotional intelligence, Epr = employment conditions, Cme = experience as a clinical mentor, Rne = experience as a nurse, Con = control, SSUp = supervisory support, Sup = peer support, Wel = emotional wellbeing, Dem = demands.



- Motivation** is the central hub, positively linked to compromise, implication, emotional intelligence, and negatively to perceived obstacles and ward supervisory support.
- Ward supervisory support** is linked to peer support and wellbeing, which is connected to job demands.
- Experience as a nurse and as a CM** formed a distinct dyad from the rest of the network
- Employment conditions** do not correlate with other variables
- Centrality analysis** confirmed that motivation and ward supervisory supervisor support were the most influential nodes, followed by emotional intelligence and wellbeing.
- Bootstrap analysis confirmed good stability** of the strongest connections, supporting the robustness of the network.

CONCLUSIONS

- Motivation, ward supervisor support, and emotional intelligence** appear to be key drivers of nurses' engagement in clinical mentorship
- Experience does not seem to predict** greater engagement
- Future research should explore causal pathways to inform interventions that sustain engagement among nurses.

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