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An evaluation of nurses' experiences of mentoring pre-registration students

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British Journal of Nursing

An evaluation of mentors' experiences' on the challenges they face when mentoring pre-registration nursing students across one Health and Social Care Trust --Manuscript Draft--

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Abstract

United Kingdom nurse education has undergone a radical change over the last 30 years. The integration of nursing students within practice has evolved from apprenticeship style to bespoke mentoring support. To act as mentors' registered nurses must have met stage 2 outcomes of the Nursing and Midwifery Council (NMC) *Standards to support Learning and Assessment in Practice (SLaIP)* (NMC 2008) which clearly stipulate that mentors should have a reduced clinical commitment when supporting students, with one hour per week being protected when facilitating a student on their final 12-week experience (NMC 2008). However, this does not seem to be the case in reality (Elcock and Sookhoo 2007). A qualitative study comprising of six semi structured interviews was undertaken across one health and social care trust. Data were analysed using Braun and Clarke's thematic analysis. A number of themes and sub themes were identified; Engagement- barriers versus strategies, Support- Inclusivity versus Exclusivity, Lack of recognition - Strategic versus Organisational. Due to the expected changes of supervising and assessing nursing students in practice *Standards for Supervision and Assessment* (NMC 2018) it is imperative that an innovative, collaborative and engaged approach is facilitated from all key stakeholders to ensure the sustainability of supporting and assessing students by registered nurses and the safeguarding of the public within clinical practice.

Keywords:

Mentor; mentorship; strategies; barriers; safeguarding, supervising, supporting.

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(3) **Ethical Approval- Granted.** Ethical approval for the study was granted from the Institute of Nursing Research, Ulster University and Research and Governance Ethics Committee approval obtained in the Health and Social Care Trust which study was taking place (IRAS202203

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Abstract:

The integration of nursing students within practice has evolved in the United Kingdom over the last 30 years from apprenticeship style to bespoke mentoring support. The Nursing and Midwifery Council (NMC) *Standards to support Learning and Assessment in Practice (SLaIP)* (NMC 2008) clearly stipulates that mentors should have a reduced clinical commitment when supporting students, with one hour per week being protected when facilitating a student on their final 12-week experience (NMC 2008). However, this does not seem to be the case in reality (Elcock and Sookhoo 2007). Due to the expected changes of supervising and assessing nursing students in practice *Standards for Supervision and Assessment* (NMC 2018) it is imperative that an innovative, collaborative and engaged approach is facilitated from all key stakeholders to ensure the sustainability of supporting and assessing students by registered nurses and safeguarding of the public within clinical practice. A qualitative study comprising of six semi structured interviews was undertaken across one Health and Social Care Trust within Northern Ireland. Data were analysed using Braun and Clarke's thematic analysis. A number of themes and sub themes were identified; Engagement- barriers versus strategies, Support- Inclusivity versus Exclusivity, Lack of recognition - Strategic versus Organisational. However, further study is required to explore how mentors can be fully supported within clinical practice.

Keywords:

Mentors; Mentorship; Students; Nursing; Learning; Qualitative research.

Introduction

To develop expertise, the World Health Organisation (WHO) recommends that the nursing profession improves support structures for post registration programmes and crucially for students on pre-registration education programmes (WHO 2002). Mentors are expected to undertake robust mentorship programmes in preparation of the mentoring role and to deliver multifaceted training, teaching, assessment and support of pre-registration nursing students while on clinical placements (Wilson 2014). Although research is available which seeks to clarify expectation, many mentors state they are overwhelmed in practice by the responsibility of mentoring alongside their clinical work (Van Veeramah 2012; Jokelainen *et al.* 2013 and Wilson 2014).

The Duffy report (2004) highlighted mentors' concerns with regard to how they are facilitated to support students in practice, stating that mentors were finding it increasingly difficult to fulfil their role leading to professional and organisational conflicts (Bray and Nettleton 2007; Elcock and Sookhoo 2007; Mead 2011; RCN 2012; Sandford 2012; Van Veeramah 2012).

Taking cognisance of the Duffy Report (2004) in 2006, the NMC (NMC 2006; NMC 2008) published the SLaIP standards, which provided a framework for the governance standards pertaining to mentors in practice and which superseded all previous consultations on standards, (United Kingdom Central Council (UKCC) 1999; NMC 2004; NMC 2005) knowledge and skills that nurses and midwives needed to support learners in practice.

During the decade since publication, the findings of the Duffy report (2004) has been supported by further work by numerous authors all highlighting a perceived lack of support for mentors from both a strategic, organisational and Approved Educational Institutions (AEI) perspective, (Bray and

Nettleton 2007; Elcock and Sookhoo 2007; Mead 2011; RCN 2012; Sandford 2012; Van Veeramah 2012). These findings were consolidated by the Willis Commission (RCN 2012) which commented that while many mentors recognised that there was an infrastructure in place to support them, mentorship was low on the list of employer priorities. Across the literature the inability to perform this role adequately is fundamentally rationalised as: not having enough time; the theory practice gap; staff shortages; lack of acknowledgement; busy clinical environments and a perceived lack of understanding of what the role entails (Duffy 2004; Luhanga *et al.* 2008; Fitzgerald *et al.* 2010; Gainsbury 2010; Miller 2010; Wellman 2010; Mead *et al.* 2011; Sandford 2012; Wells 2014). Henderson and Tyler (2011) highlight that the clinical learning environment in practice settings is crucial to the success of the development of the pre-registration student nurse both professionally

and personally which is why it must equate to 50% of the nursing curriculum (NMC 2008). Mentors are being asked to facilitate the student's learning by blending different knowledge and experiences that allows capacity to improvise and enable change (Mc Cormack 2004). The difference between

responsibility and accountability while still inextricably linked further impacts on the facilitation of students' learning in practice as the mentor is tasked with developing interpersonal skills while assessing the student (Cornock 2008; Elicigill and Sari 2008; Ousey 2009; Stuart 2013). A multidimensional approach is required to be comprehensive and objective with concrete evidence of knowledge, skills and professional behaviours (Fitzgerald *et al.* 2010). This article considers how mentors perceive the support they are currently receiving and whether they feel it is adequate.

Aims

The aims of the study were to:

- Gain an understanding of registered nurse mentors experiences in practice when mentoring pre-registration nursing students
- To evaluate how mentors perceived the support they were given in practice to mentor preregistration nursing students
- To highlight to all relevant stakeholders including Approved Education Institutions (AEI) and practice education teams of how mentors need to adapt in practice while supporting and assessing nursing students in clinical practice

Methods

A qualitative study comprising of six separate semi-structured interviews, conducted and analysed using Braun and Clarke's (2006) six stage thematic analysis. Anonymity was protected with a numerical code being assigned to each participant i.e P1 and so forth. Transcribing all participant statements verbatim, initial themes were noted and then open coded while the researcher immersed in the data (Braun and Clarke 2006; Green and Thorogood 2009). Participant statements were identified, and analysed through the reporting of patterns (themes) within the data set (Braun and Clarke 2006). The organisation, description and coding of the entire data set in detail led to the identification of a number of themes, which after further refinement three distinct sub themes emerged as illustrated in figures one, two and three. The researcher had previously worked closely with mentors, therefore to ensure credibility, enhance rigour and transparency reflexive accounts were used as the basis of discussion with supervisory notes and supervisory debriefing crucial to success (Coghlan and Brannick 2005; Gray and Brown 2016).

Ethical considerations

Key ethical principles of non-maleficence and beneficence were applied (Endacott 2005; Parahoo 2014). Ethical approval for the study was granted from the respective; Institute of Nursing Research, University, Research and Governance Ethics Committee and Health and Social Care Trust were the study was taking place (IRAS202203). Confidentiality was assured and written consent obtained.

Sample

The sample frame was an electronic register which held a record of all registered mentors within the Health and Social Care Trust and a non-probability purposive sampling method was applied. A letter of invitation was sent out with a Participant Information Sheet (PIS) to those who met the criteria (n=60) which included; not sign off mentors, as the provision for sign off mentors is different under the SLaiP standards (2008) with one hour protected time being afforded; worked within the hospital setting across fields of nursing practice. This included adult, children's and mental health, no participants volunteered from the field of learning disability nursing (n= 60). From this a sample of mentors (n=6) was identified.

Presentation and Discussion of Results

Results from the data analysis were presented under the following headings and which will be the basis of discussion of this paper: Engagement- barriers versus strategies (figure one); Support-Inclusivity versus Exclusivity (figure two) and Lack of recognition - Strategic versus Organisational (figure three).

Engagement - Barriers versus Strategies (figure one)

Engagement with the NMC SLaiP (NMC 2008) standards was influenced by the mentor's perceived barriers and strategies to their implementation, citing lack of support from peers, ward managers and Approved Educational Institutions (AEI). The rigidity of the NMC SLaiP (2008) emerged as a major theme being seen both as a barrier and strategy:

...it shouldn't be one half of the workforces' role and the other half you don't have to do it that's fine... " . P6

A number of mentors purported that the ward manager being supportive and knowledgeable in their role was integral to its success:

"I mean for me the ward manager is key to that to make sure it's done properly" (P4)

This opinion is supported by Gray and Brown (2016) who identified that where the ward manager lacked insight into the mentorship role negative stressors and anxieties exponentially increased.

The mentor also expressed the view that the Practice Education Facilitator (PEF) were also seen as a help:

"The role of the practice education facilitator promoting mentorship I think has been has been really key in bringing forward the new NMC guidelines..." . P4

However, despite both the ward manager and PEF who were evident in practice being recognised as obvious enablers to this process, mentors still overwhelmingly stated that the inequality of registrants' roles was a constant source of disengagement from the NMC SLaiP (NMC 2008):

"so its continually the same girls who are getting the students you know and you are not getting the support and then you become more stressed..." P5

It was evident amongst participants that the inequality between the named mentors and other registrants within practice was a major issue in the engagement of the standards. This was further compounded in areas where there was a lack of visibility and input from the AEI and the ward manager **did not** recognise or value the role with mentors feeling isolated and stressed.

Support- Inclusivity versus Exclusivity (figure two)

Mentors were concerned with aspects of inclusivity versus exclusivity. While it was documented that the Practice Education Facilitator (PEF) and Link Lecturer (LL) were an avenue of support it was the ethos of the ward that was particularly pertinent.

" Well I think its part and parcel of your role and alot of nurses might disagree with me ...I think that is where positive role modelling came from and that is where I am coming from and hope that would come across to the students that I have". P3

This was further echoed by the participants who commented on the importance of a positive learning environment for all staff so that mentoring **was not** seen as something **that was optional**,

" Well we have a very good student pack like really good induction... so that the actual set up for the student is really good". P5

Student engagement and the learning culture with the **practice** area was also key in developing a shared vision and ownership of the student's progress with all members of staff whereby it **was not** just left to the named mentors to feedback or supervise the students.

"Yes, whenever your colleagues help out. ... colleague says 'I'll, take them and do this with them, they can do this with me and you get on with whatever you are doing". P1

These feelings of inclusivity with the process were in stark contrast were mentors felt isolated, citing poor staffing levels, education not being high on the agenda and that the mentor role was seen as additional work:

" so you know low staff affects morale and that affects teaching and you know if you are feeling undervalued ...". P2

“ Well this ward is not a good ward for students ...it is very difficult to mentor students on this ward given your time constraints the lack of time and the high turnover patients, so I don't think we are supported that well in terms of things that would help you know” .P5

A two tier mentoring system had also evolved causing resentment towards non mentors within clinical areas:

“.. there are people I work with qualified much longer than me and have never had a student so I don't think it's fair that they are on the same band and on the same pay and they never have to take a student”. P6

Lack of recognition - Strategic versus Organisational (figure three)

A lack of recognition, inequality with peers and being undervalued as a mentor, could be classified both at a strategic level and also at an organisation level. Participants voiced their difficulty in translating the NMC SLaiP (2008) standards into practice citing that they felt isolated when trying to assess the student in practice with the student's portfolio offering little guidance:

“And you know they will argue that you have that in the portfolio but to be honest I find the way the portfolio is written very waffly... its written down in NMC terminology and sometimes I find it hard to read when you are trying to get something very simple across “P5

“You feel recognised by the student obviously...But from your managers' point of view you don't really get any recognition”. P1

While some mentors accepted this as part of the role there was a substantial amount of participants who felt that this was unfair and also contributed to the negative perception of the role within the profession:

“ I just get on with it... You don't get paid any more for doing it but you are expected to do it and there are people on the ward who have said ‘No I don't want to do it’ ... If I had a choice I wouldn't have done it either because you just think of all the paperwork” . P1

The role of the LL to offer guidance and expertise on the student's assessment and curriculum was missed by the mentors within practice areas and echoes findings of nearly a decade ago (Malik and Mc Gowan 2007; Myall et al. 2008; O'Driscoll et al. 2010). Considering the huge investment regarding the infrastructure to support mentors and teachers in practice settings which included a variation of approaches, the discovery that mentors stated they felt unsupported and therefore struggled to assess students was quite disconcerting. This could possibly be attributed to the variation of approaches across the UK to the NMC SLaiP standards (2008) and the range of

responsibilities and support given to mentors which was subject to local education policy and variable funding commitment (Davidson and Devlin 2012).

“...I think that would be really helpful if you could have greater examples in practice of what they should be doing. I don’t think the portfolio currently links us with the university... You know the students think this is your placement and this is your theory and the two aren’t really matching up or gelling together”. P5

The complexities of the mentoring role were evident as there was no consensus from the participants on how issues might be resolved. Remuneration for the mentoring role and less structure needed in relation to the preparation of mentors was suggested by some as the way to entice registrants to be involved while for others this would only further exacerbate the inequality within the profession:

“I think that the university should be more involved and the ward manager even should be more involved because you don’t get any extra for doing the role and you don’t get paid”. P5

Some mentors stated that for newly qualified registrants to take on the mentoring role without adequate support and quality assurance frameworks was perilous leaving not just mentors and students but the profession at large in a vulnerable position:

“You do need the structure. You can’t expect somebody who has just come out of university to teach somebody else what they have just learned last week”. P1

Limitations

The limited number of participants, the inability to recruit from all fields of practice and the researcher’s involvement with mentors had the potential to introduce bias as the mentors who responded to the researcher might have been of a similar mind-set of the researcher. It is recommended that future studies could be enhanced by extending to other sites with a greater number of participants across all fields of practice to explore the identified issues in more depth.

Future recommendations for practice

The delicate balance of conflicting demands on the mentor’s time with little or no recognition from peers or management often makes many mentors feel undervalued and ignored with the credibility of the role questioned. A comprehensive and consistent review of the frameworks in practice as stipulated by the NMC (2018) requires further exploration. These frameworks could be further enhanced by greater collaboration with practice colleagues with expertise in mentorship across all key stakeholders in order to maximise engagement with non-mentors to support students on the pre-registration curriculum. The development of workshops which highlight the importance of collective leadership and ownership of the student’s progress and assessment need to be developed and embedded within practice.

Conclusion

The launch of the new NMC standards for education and training (2018) herald a new beginning. It is imperative that the lessons learnt from the previous NMC SLaiP standards (2015) are not repeated, whereby some registrants were not active in the supervision and assessment of pre-registration students. This is particularly pertinent given that the role of the practice supervisor as per the NMC determination (2018) can be fulfilled by either a registered nurse or by other registered health and social care professionals. It is also clear that a structure governing the regulation and assessment of students must be specified by the regulatory body which is then translated in partnership at an operational level by both the Health and Social Care organisations and universities. A coherent and cohesive approach creating a shared vision must be agreed upon and take precedence by all key stakeholders to ensure the regulation of the profession is secured.

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Figures diagram, illustration, photo)

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Figure One:

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Figure Two:

Figure Three:

Figure One: Engagement: Barriers versus Strategies

Flow diagram representing the theme Engagement and the sub-themes that emerged from the data analysis of transcripts from mentors.

The theme Engagement could be clearly delineated into two distinct sub themes which mentors identified as either being a barrier or strategy to how well engagement in the practice setting was achieved. Under each sub- theme further analysis illustrates how mentors perceived how these sub themes were supported.

Figure Two: Support: Inclusivity versus Exclusivity

Flow diagram representing the theme Support and the sub-themes that emerged from the data analysis of transcripts from mentors.

The theme Support could be clearly delineated into two distinct sub themes which mentors either identified as being inclusive or exclusive to their role in practice. Under each sub- theme further analysis illustrates how these sub themes were perceived by mentors.

Figure Three: Lack of recognition for the role: Strategic level versus Organisational level

Flow diagram representing the theme Lack of recognition and the sub-themes that emerged from the data analysis of transcripts from mentors.

The theme Lack of recognition for the role could be clearly delineated into two distinct sub themes which mentors either identified as being either at a strategic level or organisation level and how this affected their role in practice. Under each sub- theme further analysis illustrates how these sub themes were perceived by mentors.

You present a good succinct abstract, and catalogue the changes in mentoring students over the past 20 years succinctly which, is very helpful to the reader. You show good cross-referencing in the text demonstrating good analysis of the literature, understanding of the subject area and, wide reading. Well done. Your study defines the problems of mentoring today well.

- You have developed 3 unique diagrams summarising the barriers to good mentor performance and support. You have now labelled your diagrams which is good although I still think your diagram labels could be more informative.
-
- Diagram one the box that says: Education'. What does this mean? Can you just expand that a bit. Continuing knowledge and education of the SLiaP standards
-
- The theme Engagement could be clearly delineated into two distinct sub themes which mentors identified as either being a barrier or strategy to how well engagement in the practice setting was achieved. Under each sub- theme further analysis illustrates how mentors perceived how these sub themes were supported.
- The theme Support could be clearly delineated into two distinct sub themes which mentors either identified as being inclusive or exclusive to their role in practice. Under each sub- theme further analysis illustrates how these sub themes were perceived by mentors.
- The theme Lack of recognition for the role could be clearly delineated into two distinct sub themes which mentors either identified as being either at a strategic level or organisation level and how this affected their role in practice. Under each sub- theme further analysis illustrates how these sub themes were perceived by mentors.
- Your aims for this study are clearly set as is the methodology and you ethical considerations are well explained. In your sample you do not justify why your sample had to be 'non' sign off mentors?
- not sign off mentors, as the provision for sign off mentors was different under the SLaiP standards (2008) as they were afforded one hour protected time;
- It would be good to include midwifery students in a bigger study. I like the way you have catalogued and divided your results producing themes. Well done. This shows a keen eye for analysis. However the depth of analysis is disappointing in some areas; e.g. You say: 'Considering the huge investment the infrastructure to support mentors in practice, the discovery that mentors stated they felt unsupported and therefore struggled to assess students was quite disconcerting'. But you do not present any analysis of: Why this is so? What is causing it?, and suggest how the situation can be turned around?
- Considering the huge investment regarding the infrastructure to support mentors and teachers in practice settings which included a variation of approaches the discovery that mentors stated they felt unsupported and therefore struggled to assess students was quite disconcerting. This could

possibly be attributed to the variation of approaches across the UK to the NMC SLaiP standards (2008) and the range of responsibilities and support given to mentors which was subject to local education policy and variable funding commitment (Davidson and Devlin 2012).

However you do say that the whole framework for mentoring needs further exploration and it is in this further exploration that you may find these answers. Your future recommendations for practice and your conclusion is robust and makes this a good paper for publication. I look forward to seeing it published and I hope you have time to do a larger study in this area.

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/bjn/login.asp?a=r>). Please contact the publication office if you have any questions.