VIEWS OF NURSE MENTORS ABOUT THEIR ROLE

Senior practitioners report feeling unprepared for assessing their students’ competencies. Donna Mead and colleagues explore this little researched area.

Abstract

The nurse mentor is important in the personal and professional development of undergraduate nurses, ensuring that nursing students are competent and well prepared for practice at the point of registration. The importance of a rigorous evidence base for mentors and fellow nurse educators to use to inform education and practice should not be overlooked. This article seeks to expand this knowledge base and acquire research data that is relevant, topical and in line with the latest thinking to support best practice in nurse mentorship and nursing student education.

Keywords

Mentor, mentorship, health research, undergraduate nurse education

The title of ‘mentor’ is used typically to refer to registered nurses who take on the role of providing support, guidance and role modelling for students in the practice setting. The role is also covered by a range of terms that include ‘preceptor’, ‘practice placement supervisor’ and ‘clinical supervisor’, all of which are used in placement areas and universities.

It is a mandatory requirement that nursing students are assigned mentors who work with them in each clinical placement (Nursing and Midwifery Council (NMC) 2006, 2008a). Furthermore, sign-off mentors, who are responsible for confirming that students are fit to practise at the end of the course, are a requirement of all nursing and midwifery programmes.

The standards for mentors, practice teachers and teachers (NMC 2008a) define a mentor as a registrant who has successfully completed an accredited mentor preparation programme from an approved higher education institution. In addition sign-off mentors have to meet further NMC criteria (NMC 2008a).

The NMC published the standards to support the learning and assessment of nursing students in practice settings, and to assure the public that mentors have had appropriate preparation to practise. The standards stipulate that potential mentors must have held registration for at least a year before taking on the role, and undertaken an approved mentorship preparation programme or equivalent. Revision to the 2006 standards (NMC 2006) for competence came into effect in 2008 (NMC 2008a) and emphasised the importance of the role.

Background

There is evidence that some mentors feel unprepared or lack confidence in their abilities to offer guidance (Andrews and Chilton 2000). The problems can be exacerbated when mentors are asked to assess the clinical competency of students whose skills are borderline. Research by Duffy (2003), which was funded by the NMC, is among the few studies that focus on factors that influence the decision by nurse mentors whether to pass or fail students with borderline clinical competency. Duffy’s (2003) findings support the view that mentors can, under certain circumstances, be willing to pass such students inappropriately.

While the NMC hoped that its 2008 guidance on mentoring would alleviate the problems highlighted by such research, more recent studies indicate that this may not have happened. Several articles in the nursing press suggest that data obtained from an online survey (Gainsbury 2010a) and an unpublished study (Gainsbury 2010b) support Duffy’s (2003) findings.
After the publication of the online survey results, the NMC wrote to all UK directors of nursing asking them to detail the action they would take to address the problems highlighted by the findings. The NMC assumed, as did Gainsbury (2010a, 2010b), that the experiences reported by the mentors who responded could be generalised to mentors throughout the UK.

Yet, doubts about whether the data can be extrapolated and the paucity of research in this area have led nurse mentors and those responsible for nurse education to question the relevance of these findings to their practice.

Duffy’s (2003) research, for example, was based on a small sample consisting of 26 mentors and 14 lecturers associated with three Scottish universities that offered the diploma of higher education in nursing. A comparison between mentors and nursing students in this study with those involved in degree-level study could be considered less than ideal. It is difficult to generalise the findings because of the variations between the two educational pathways in, for example, the type of training provided to mentors to undertake their role and the expectations placed on mentors and students at different points in the educational process.

The online survey (Gainsbury 2010a) was conducted with registered website members, but there is no demographic information about the participating mentors. It also remains unclear as to whether survey respondents were practising mentors who work in the NHS. Furthermore, it was impossible to identify how many of the sample came from each of the four UK countries.

This is significant because, for example, all nursing programmes in Wales have been at degree level since 2004, but this is not the case in England, and such variation may have affected the results.

To generalise the findings to students and mentors in all parts of the UK, it is necessary to consider the participant sample. When researchers take data from a smaller section of the target population to represent the total population, the methodology used should represent the patterns of the target population at large. However, there is insufficient data about the composition of the survey sample, making it impossible to make an accurate judgement in terms of the generalisability of the findings.

Without more specific information, questions remain about the wider applicability of the survey findings. The same applies to the findings of the unpublished study reported by Gainsbury (2010b), who offers no personal or professional information about participants, or any information about the methodological and procedural aspects of the study.

New research
Before UK universities and their service partners can determine whether support and guidance for nurse mentors needs to be changed, they must ensure that their actions are rooted in a well-informed evidence base. To address some of the issues, several research studies are being conducted by staff from the faculty of health, sport and science at the University of Glamorgan.

Although the studies are ongoing, our preliminary findings (Cassidy 2010, Mead and Wilson 2010) provide data that strongly suggest that there are differences in the experiences of mentors in Wales from those reported by Gainsbury (2010a, 2010b).

The research reported in this article aims to provide evidence that is relevant to mentors in Wales. It explores the views and experiences of mentors about assessing the clinical performance of nursing students at the borders of achieving clinical competency. The mentors are based at three large health boards, which are profiled in Box 1.

### Methods

**Design** The study is exploratory, so mixed quantitative and qualitative methods have been used. The first phase of the study, the findings of which are outlined in this article, involved obtaining information from a large group of mentors. This was done through a survey carried out at a mentorship conference in July last year at the University of Glamorgan. The second phase will focus on group interviews with a different cohort of about 50 mentors to obtain qualitative data.

The university ethics committee granted approval for the research, while further ethical approval is
being sought for the larger study. Although this will involve a smaller number of mentors than the pilot, it will be a more in-depth study. We are in the process of applying for National Research Ethics Service approval to recruit and interview 50 mentors from one large health board in Wales, who will be invited to participate via formal letters.

**Sample** The sample for the first phase comprised 94 participants across three large health boards: Abertawe Bro Morgannwg University Health Board, Aneurin Bevan Health Board and Cwm Taf Health Board.

We adopted the NMC (2008b) definition of a mentor, namely, ‘a registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an AEI [approved educational institution] as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes’.

The respondents were a self-selected group from among delegates attending a particular session at an annual nursing and allied health profession mentorship conference. Information about the survey and our presentation were included in the pack, given out when delegates registered at the conference. At the start of our presentation, the researchers gave a full explanation about the survey. All the delegates took part.

A total of 69 participants identified themselves simply as mentors, six stated that they were sign-off mentors and 19, including practice educators, said that their role included an element of direct mentorship.

**Data collection** The survey elicited participants’ views, with nine questions being embedded in a slide presentation. For comparison purposes, eight of the nine questions were taken directly from the online survey (Gainsbury 2010a).

A supplementary question was posed by the researchers: ‘In your opinion, would a mentor be adequately supported if they failed a student?’

In addition, one of the questions taken from the online survey was amended so that, although the stem of the question was the same, there was a wider choice of responses: instead of a simple ‘yes’ or ‘no’ response, the options ranged from ‘never’ to ‘all the time’.

Interactive technology was used to enable participants to respond to the statements anonymously, without being observed either by other participants or the researchers.

First, each question was presented on the main presentation screen. At the same time, it was read aloud to the audience by one of the researchers. Audience members were then invited to answer the question displayed on the screen.

At the start of the presentation, each delegate was given their own response handset, similar to television remote control units, to register their responses. A numerical monitor was visible on the presentation screen and this indicated the rolling total of delegates that had answered the on-screen question. This allowed the researchers to know when everyone with a handset had responded to the question. This helped ensure that delegates were given sufficient time to answer the individual questions. Mentors took between two and four minutes to answer each question.

The responses were relayed immediately to a laptop computer by wireless signal, and then compiled and displayed as bar graphs to provide instant visual feedback to participants. All participants were given a summary of the findings on the day of the conference.

**Results**

Table 1 (page 22) shows responses to seven of the nine statements. The data reveal a number of differences between the views of the 94 participants in our study and the findings reported by Gainsbury (2010a). In our survey, only 10 per cent of respondents, for example, agreed that they would not fail students because they could not prove that their views and concerns were valid, compared with 40 per cent of those who took part in the online survey (Gainsbury 2010a).

Eighty eight per cent of participants in our study said they could not agree with the statement that they would not fail a failing student because they believed their decision would be overturned by the relevant university, compared with 69 per cent in the online survey (Gainsbury 2010a).

Furthermore, only a small proportion of participants in our study reported that they would not fail a student because they would be concerned about being labelled a ‘bad mentor’ (2 per cent) or because they received inadequate training to manage the situation (5 per cent). This compares with 11 per cent and 15 per cent respectively in the online survey (Gainsbury 2010a).

Similarly, 95 per cent of mentors in our study responded that they did not ‘lack confidence in dealing with the situation’ of failing a student compared with 85 per cent in the online survey (Gainsbury 2010a); all our respondents indicated that they would not worry about failing a student.
because such a decision might result in conflict between mentor and student, compared with 91 per cent in the online survey (Gainsbury 2010a).

Table 2 shows the responses to the only statement that was not based on the online survey (Gainsbury 2010a). It asked respondents if they believed they would be ‘adequately supported in their mentoring role’ if they failed a student. Seventy per cent said that they were.

Table 3 shows the final statement. The stem of the statement is taken directly from the online survey (Gainsbury 2010a), but offers a wider choice of options, ranging from ‘never’ to ‘all the time’, rather than simply a ‘yes’ or ‘no’ response.

In the current study, 70 per cent of respondents said that they would never ‘fudge’ paperwork or tick off competencies without checking whether the student was proficient, compared with 83 per cent in the online survey (Gainsbury 2010a).

However, of the 30 per cent of participants who answered ‘yes’ to the statement ‘Paperwork is fudged and competencies ticked off without checking’, 18 per cent indicated that they did so only occasionally and 11 per cent only under ‘very rare circumstances’. One per cent indicated that they did so more frequently.

The discussion that followed the presentation of the data helped illuminate the circumstances

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**Table 1** Responses to statements 1 to 7*

<table>
<thead>
<tr>
<th>Do you agree with this statement?</th>
<th>Current study ((n = 94))</th>
<th>Online survey† ((n = 1,945))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I would have difficulty proving that my concerns were valid.'</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I believe the university would overturn a fail.'</td>
<td>12</td>
<td>88</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I would give them the benefit of the doubt.'</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I have not been trained to manage this type of situation.'</td>
<td>5</td>
<td>95</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I lack confidence in dealing with the situation.'</td>
<td>5</td>
<td>95</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I would be concerned that I would be blamed as a bad mentor.'</td>
<td>2</td>
<td>98</td>
</tr>
<tr>
<td>'I would not fail a student that I had doubts about because I would be worried about conflict with the student.'</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

* See Boxes 2 and 3 for responses to statements 8 and 9
† Gainsbury 2010a

**Table 2** Responses to statement 8

In your opinion would a mentor be adequately supported if they failed a student?*

| Yes | 70% |
| No | 5% |
| Unsure | 25% |

\((n = 94)\)

* This question is the only one of the nine not asked in the online survey

**Table 3** Responses to statement 9

Paperwork is fudged and competencies ticked off without checking

| Never | 70% |
| Under very rare circumstances | 11% |
| Occasionally | 18% |
| Often | 1% |
| All the time | 0 |

\((n = 94)\)
under which mentors felt under pressure to 'fudge' paperwork, and this will be followed up further in the focus groups.

Discussion
Our study set out to collect preliminary research data to explore with mentors from three large health boards their views and experiences of assessing the clinical performance of nursing students at the borders of achieving clinical competency. With the exception of one additional question and one amended question, we posed the same statements and questions as had been used in a previous survey (Gainsbury 2010a).

Mentoring is an important component in the personal and professional development of undergraduate nurses and for ensuring patient safety after registration. The rationale for this study was based on the assumption that the role of nurse mentors is fundamental to ensuring that nursing students are competent and well prepared to practise in the clinical setting.

A few research articles have suggested that mentors on occasion would pass failing students whose competence was in question (Duffy 2003, Gainsbury 2010a, 2010b).

Results from the current study involving mentors in Wales do not support the findings of the previous research, but have highlighted areas where further research should be undertaken.

The mentors who took part in our study indicated they would have no difficulty proving their concerns were valid if they failed a failing student. They were unconcerned about being branded ‘bad mentors’ if they failed students and they did not think that the relevant university could overturn such decisions.

One reason for this might be that the overwhelming majority of mentors in the survey considered that they had had sufficient training to enable them to fail nursing students.

It is a necessary component of mentorship training to inform mentors appropriately of their rights and responsibilities, and the rights of the students and universities. Mentors in our study were confident that they had received sufficient training to manage failing students and the consequences that such a decision might bring.

They were less sure of the type of support that might be available to them if they failed a student, however, and this is something that the authors and other researchers will want to explore in future.

We acknowledge that the sample is likely to be biased, because study participants were mentors attending a conference and so might be expected to be more motivated than mentors who did not attend. This is no more biased than the sample in the online survey (Gainsbury 2010a), which was also self-selecting.

The study was exploratory in nature, with a smaller sample than the online survey (Gainsbury 2010a). Nevertheless, we would like to make others aware of the contrary findings that the preliminary research has uncovered. This research is undoubtedly a necessary first step in implementing well-defined research in this area.

It is now our intention to undertake several focus group studies to explore these findings further. We are seeking to expand the knowledge base to develop education and practice and are confident that this study, and other research planned for the coming years, will provide evidence to support the effective and safe practice of nurse mentoring in the UK.

Following the publication of the online survey (Gainsbury 2010a), the NMC wrote to all UK directors of nursing asking them to detail the action they would take to address the findings, which indicated that 37 per cent of mentors would pass students, despite questions over their competence or attitude.

The current explorative findings suggest that the situation is not replicated for mentors from three large health boards in south Wales, and educationists and those involved in mentoring should be aware of these findings. In practical terms, this means the findings will help inform nurse directors when they make their response to the NMC and better inform their action plans.

References
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Conflict of interest
None declared

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