Mentoring and pre-registration nurse education

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Key findings

- This rapid review analysed studies from nursing literature from 2008-2012 to answer two questions: how effective is student experience of mentoring in pre-registration nurse education, and what support do mentors have or require from higher education institutions (HEIs) and their workplace?

- There is a lack of robust evaluation into the effectiveness of mentoring in the nursing student context.

- Discussion of what constitutes effective mentoring is plentiful and, although there is no single unified international definition of mentoring, the UK has the Nursing and Midwifery Council *Standards to support learning and assessment in practice* (2008).

- However, continued ambiguities around the requirements of the role may lead to organisational and professional conflicts, with mentors being given inadequate support from both their organisation (conflicts with day-to-day role) and higher education institutions (lack of information about processes, learning outcomes and assessment).

- Despite often being a routine designation, the mentoring role is complex and requires support and training in order to be effective.

- Key to successful mentoring is an effective learning environment, with skilled mentors using established learning approaches directed to individual student learning styles.

- The mentor’s role goes beyond teaching knowledge and skills; it involves displaying and role-modelling leadership attributes, as well as playing a supporting role such as alleviating anxieties, and supporting students with acceptance and socialisation into both the higher education and clinical contexts.

Introduction

This report presents findings from a rapid review giving an overview of evidence addressing mentoring in pre-registration nurse education. The review has two questions:

**How effective is student experience of mentoring in pre-registration nurse education?**

**What support do mentors have or require from HEIs and their workplace?**

The rapid review took place over a three-week period, and an appropriate scope was determined for this timeline, with literature searched from nursing literature from the past five years.
A literature search was conducted from 2008-2012 using two nursing-specific bibliographic databases: the British Nursing Index and CINAHL. A total of 19 papers were identified and reviewed. Most studies were from the UK, but other pertinent international literature has been included.

The focus of this review is the pre-registration nurse education context, and therefore the majority of identified studies were specifically from nursing-related literature. Select studies from outside the literature search have been included to triangulate findings and illustrate the broader context as appropriate.

Overview of the evidence

The evidence base for both the areas under investigation is missing and, in particular, empirical evidence indicating the effectiveness of the nurse student experience of mentorship is conspicuous by its absence. One systematic review was identified that examines mentoring in nursing students in clinical placements as expressed from diverse perspectives in the nursing research literature (Jokelainen et al, 2011). Overall, while perspectives on what constitutes good approaches to mentoring and the barriers to delivering this are plentiful, there is very little research that explores either the effectiveness or outcomes (in terms of skills, knowledge, positive placement experience and retention) of mentoring nursing students. This finding is reflected in literature addressing broader leadership development issues, where there is also little understanding of how effective mentoring is as a learning approach (Hartley and Hinksman, 2003). As a consequence, this review does not include a section on 'what works'.

Terminology

There is no unified description of mentoring, and the term may be used interchangeably by commentators with ‘supervising’, ‘preceptoring’ or ‘facilitating’. In the US and Canada, where preceptorship programmes form part of pre-registration nurse education, there is some intersection between the role of the preceptor and that of the mentor. In the UK, preceptor programmes are offered post-qualification, and consequently that role falls outside of the scope of this particular review, which focuses specifically on the pre-registration mentorship role and experience.

Structure of the report

Findings from the review are divided into three sections below:

- What does ‘good’ look like? Discussion of what is meant by mentoring, its definition and constituent themes.
- What is promising – learning from the literature indicating potential good approaches to providing mentoring and supporting mentors.
- What are the challenges and barriers – impediments to providing mentoring and supporting mentors.

What does good look like?

Definitions of mentoring

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1 Cumulative Index to Nursing and Allied Health Literature
There have been numerous definitions of mentoring, although to date there is no one unified and internationally accepted description.

Mentors have been considered variously as teachers, guides, role models, councillors, advisers, assessors and supervisors. Changes in UK nurse education since 2000 have led to mentoring being established as the work of a clinical nurse mentor, someone who supervises, teaches and assesses student nurses in a practice setting (Jokelainen et al, 2011; Ousey, 2009; Myall et al, 2007).

From an EU perspective, the absence of a standardised definition has led to a variation in approaches to clinical practice mentoring across countries (Jokelainen et al, 2011). In terms of the articulation of mentoring standards, the UK is relatively well-placed amongst the international disparities with the publication of the Nursing and Midwifery Council (NMC) Standards to support learning and assessment in practice (NMC, 2008). The NMC defines a mentor as someone who ‘facilitates learning, and supervises and assesses students in a practice setting’ (NMC, 2008, p45), as well as having met the defined outcomes of a programme of study in the area.

Constituent themes of effective mentorship

The outcomes of a systematic review by Jokelainen et al (2011) provide a useful framework for understanding the constituent themes of good mentorship, as have emerged from the empirical research (23 papers) from 20 years of nursing literature (1986-2006). Two themes and sub-themes are established from an inductive content analysis of this literature:

1. Facilitating students’ learning – including creating a supportive learning environment and enabling an individual learning process.

2. Strengthening students’ professionalism – including empowering development of professional attributes and identity and enhancing attainment of professional competence.

Mentoring as described by Jokelainen et al (2011) is complex: an integration of organisational and individual viewpoints with a range of environmental [contextual], collegial [working relationships], pedagogical [educational approaches] and clinical attributes.

What is promising?

This section describes perspectives from the literature on what constitutes good approaches to mentoring.

Learning environment

Effective mentoring requires the creation of an effective learning environment by a mentor who is conscious of the individual needs and requirements of nursing students and can create an atmosphere conducive to learning (Ousey, 2009). Characteristics of an environment which is conducive to learning are:

- effective links with the educational establishment
- dedicated and uninterrupted time for group and individual seminars and tutorials
• use of a multi-disciplinary team in the delivery of teaching and the assessment of the educational processes
• adequate resources in the clinical environment
• staff who undertake research and who involve learners
• dedicated staff who enable others to learn through a variety of processes and who have been adequately prepared to undertake the roles as teachers and assessors (Jarvis and Gibson, 1997).

Selecting appropriate teaching methods for nursing students is crucial in assisting nursing students bridge the gap between theoretical and practical knowledge. Mutually identifying a learning approach with individual students is the best method for facilitating reflective, autonomous practitioners; whether that approach is pedagogical (teacher-focused) or androgogical (student and teacher treat each other as equals, with students taking responsibility for their own learning) (Pritchard and Gidman, 2012).

Mentors should be well-versed in learning theories such as deep learning, surface learning and strategic learning. Mentors benefit from an understanding of various forms of psychology of learning theories: cognitive learning (understanding the way we learn), behaviourist learning (concerned with / understanding the way we feel) and humanist learning (learning concerned with individuals’ responses to a given stimulus) (Pritchard and Gidman, 2012).

Enabling an individual learning process

Reflective learning is an effective tool in supporting mentorship, allowing students the opportunity to reflect on past experiences and to learn from them before moving forward (Pritchard and Gidman, 2012; Carr, Heggarty and Carr, 2010). Mentors might adopt experimental teaching methods to address students’ past experiences and then move them forward, enabling students the confidence to look at what they have learnt and how it has played out (Pritchard and Gidman, 2012). A structured learning environment with a one-to-one teaching approach is effective, with interaction between the student and mentor enabling a more flexible and individualised learning process (Warren, 2010).

Enabling an individual learning process involves supporting the mentor through addressing sources of anxiety, which positively influences their ability to learn and even develop leadership skills. Mentors creating a supportive and receptive environment enable students to air and address their anxieties (Pritchard and Gidman, 2012). Anxiety among nursing students might be brought about through fear of making mistakes, having to perform clinical skills, concerns about evaluation, and a lack of support from nursing personnel. In some cases anxiety has also been conducive to quick thinking, problem solving and high levels of mental performance (Pritchard and Gidman, 2012).

Acceptance and socialisation

Mentors play an important role in helping nursing students to be accepted and supported on clinical placements, influencing the nursing students’ ability and motivation to engage in clinical learning opportunities (Pritchard and Gidman, 2012). Mentors support students with difficulties associated with a new environment, increasing their self-esteem and help socialising students into the nursing role (Bulut et al, 2010). Mentors also support students in their ‘socialisation’ within a clinical placement, easing the socialisation process, and developing circles of supportive friends and colleagues (Zannini et al, 2011; Bulut et al, 2010; Ousey, 2009).
Attributes of an effective mentor

Discussions of the attributes of an effective mentor are varied, reflecting the lack of a consensual understanding of the mentor role. Nursing students report that the necessary features for an experienced and competent clinical mentor include: the ability to develop interpersonal skills, to carry out evaluation of nursing students with a motivational rather than critical tone, and to be guides and advisers who could provide answers to their questions (Elcigill and Sari, 2008). Further mentoring characteristics identified through literature review include: being approachable, passionate about teaching nursing students, keeping communication channels open, providing positive and constructive feedback, adopting a structured teaching process, acting as a role model, and teaching clinical skills and critical thinking (Ousey, 2009; Warren, 2010).

Students learn leadership attributes through observing those displayed by mentors, including: communication skills (such as communicating with patients and relations), problem solving, prioritising, and decision-making strategies (Ousey, 2009). The experience of being mentored instils values and qualities in nursing students which they can use when they are in the position of being nurse mentors themselves (Pritchard and Gidman, 2012).

Mentoring is a beneficial and enjoyable role for the mentor themselves, combining rewards in seeing nursing students develop, with mentoring itself supporting keeping skills and knowledge up-to-date (Mosley and Davies, 2008).

What are the challenges and barriers to effective mentoring?

Role ambiguity and conflict

The absence of a unified definition of the mentoring role leads to ambiguity as to the requirements of that role. This may be exasperated by mentors having a lack of understanding of the goals and learning outcomes designated for nurse students themselves, or how students were allowed to function (Omansky, 2010; Hurley and Snowden, 2008).

Mentors also suffer from conflicting demands brought about by their day-to-day role and their commitments as a mentor. Often there is no recognition from peers or management for the extra work performed by mentors. Job descriptions may not include the expectations of mentors or the abilities displayed in the mentoring role, and subsequent mentoring activities and skills are uncredited or disregarded. The principal barrier to undertaking mentor activities may be a lack of time available alongside clinical workload (Hurley and Snowden, 2008; Myall et al, 2008). Adjusted workloads to make allowances for mentoring obligations may not take place, potentially compromising both the mentors’ clinical activities and the experience of nurse students receiving mentor support (Omansky, 2010). Workload issues extend to students, with workload interfering with learning, inadequate contact time with mentors and inadequate mentor preparation as barriers to successful mentoring (O’Driscoll et al, 2009). Regular reviews of the mentoring role will best reflect upon and provide for changes in nursing practice, education and the health care context (Jokelainen et al, 2011).
Assessing students

While expectations are that mentors assess nursing students' performance in clinical practice (NMC, 2008), mentors may find this problematic, particularly when assessing or failing underperforming students. The close relationship formed between mentor and student may impact on the ability to carry out an objective assessment or fail a poorly performing student (Abbot, 2009). Mentors may not fail a student that they had doubts about because it would be difficult to prove their concerns were valid, they they believed the university would overturn a fail, or they would give the student the ‘benefit of the doubt’ (Mead et al, 2011).

Lack of support and satisfaction

Mentors cite inadequate support for their role from both organisations and HEIs as an issue. There is a need for an increase in HEI input, training and updates for mentors (Nettleton and Bray, 2007). Problems encountered include lack of familiarity with programmes of study and documentation, a lack of opportunity to update knowledge of, or undertake training in, supervision and assessment, and lack of familiarity with systems for training and assessment in the workplace (Hurley and Snowden, 2008).

A lack of satisfaction in the mentor role is brought about through not receiving recognition, respect or rewards in taking on the additional role, feeling obliged to take on the role, and encountering difficulties arranging for clinical placements (Omansky, 2010; Nettleton and Bray, 2007).

References and further reading


Jarvis P & Gibson S (1997) The teaching practitioner and mentoring in nursing, midwifery, health visiting and the social services, Stanley Thomas: Cheltenham.


Nettleton P & Bray L (2007) Current mentorship schemes might be doing our students a disservice, Nurse Education in Practice, 8, pp.205-212.


