



# University of HUDDERSFIELD

## University of Huddersfield Repository

Kenyon, Charlotte, Marshall, Joyce and Hogarth, Stephen

Challenges of mentorship

### Original Citation

Kenyon, Charlotte, Marshall, Joyce and Hogarth, Stephen (2015) Challenges of mentorship. *The Practising Midwife*, 18 (3). pp. 36-40. ISSN 1461-3123

This version is available at <http://eprints.hud.ac.uk/23999/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

## **Challenges of mentorship.**

Mentorship is the fourteenth series of 'Midwifery basics' targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on student learning and ultimately on women's experience and encourage midwives to seek further information through a series of activities. In this sixth article Charlotte Kenyon, Stephen Hogarth and Joyce Marshall consider some of the challenges to mentorship and possible solutions to these.

### **Scenario**

Fatima is midway through her first labour ward placement in Year 1. She has been enjoying the experience of supporting women in labour but she has felt rather overwhelmed by the amount of knowledge she feels she does not yet have and by how busy it is. Earlier today she overheard her mentor Julia discussing her progress with another mentor. She did not hear everything but caught snippets of the conversation such as 'she is rather needy and is always asking questions'. Fatima has received feedback from Julia each week but she had not realised there were any concerns about her progress.

### **Introduction**

The value of effective mentorship should not be underestimated, it is important not only for the learning and development of individual students, but also for development of the midwifery profession as a whole. A key part of the role of the midwife, and indeed any qualified health professional, is not only to practise to the highest possible standard but also to share those skills and values with students. Learning in clinical practice involves the application of theoretical knowledge within the practice setting and acquisition of relevant knowledge and skills to enable students to provide high quality, safe and relevant care. Mentors therefore have a profound effect on the learning of both practice and professional values, are gate keepers of professional standards (Gray 2011) and are accountable for the element of their practise dedicated to supporting the learning of others (Nursing and Midwifery Council 2008a).

### **Balancing the demands of mentorship and midwifery care**

It is not surprising that, given the scope and complexity of the mentorship role, there are a number of challenges to overcome. Increasing student numbers, the numbers of placements available, staff leave and shift patterns are just some of the realities which mentors and mentees face. An ever increasing workload set against staff shortages presents further challenge not only to mentorship but also to the standard of care midwives give and how satisfied they are with the care they provide

(National Audit Office 2013). A recent evaluation of the role of the mentor identified that mentors felt the mentoring role enhanced their own professional development by encouraging them to remain up to date. Although challenges highlighted in this evaluation were finding time to undertake the role within the context of a busy workload and heightened responsibility, interestingly, these issues were not felt to be as important by established mentors as new sign-off mentors and lecturers (Rooke 2014). Time management is important for mentoring within the clinical environment to plan learning, to offer regular feedback and to record students' achievement and the time needed for these activities should be discussed and agreed at the start of the placement (Hayes 2012). Mentors do have responsibility for signing students as competent and sometimes providing a grade in clinical practice at the end of placements and/or year but they should be supported during this process by the link lecturer in tripartite meetings (Parkin & Marshall 2014, Passmore & Chenery-Morris 2014).

A students' primary purpose is to learn to give effective midwifery care. Relegation to some, perhaps more menial, tasks can detract from learning and inhibit growth and development, both individual development and that of the profession (Miles 2008). Students should always have supernumerary status in clinical practice so that learning can be prioritised no matter how busy the clinical area is.

*"Students undertaking pre-registration midwifery education programmes cannot be employed to provide midwifery care during their training – all clinical experience should be education-led with students having supernumerary status for the duration"*

(Nursing and Midwifery Council 2009)

Quality of care and development of practice directly affect the safety of women and their families, if student learning is compromised by challenges in the clinical environment, the support of the Supervisor of Midwives team should be sought.

### **Maintenance of a professional relationship**

#### **Activity 1**

Consider the professional boundaries that are important to you and the midwifery profession. What are they and why are these important to you?

One of the eight domains of outcomes mentors must achieve to meet the NMC standards to support learning and assessment in practice is to 'establish effective working relationships' (Nursing and Midwifery Council 2008b p25). As with relationships that midwives have with women, the relationships that mentors have with mentees should be characterised by both parties having a desire to make the relationship work. This requires making a commitment to invest time, emotional

energy, honesty, trust, and integrity. It is vital that this dynamic partnership remains professional with identified boundaries that differentiate the role from that of a friend (Hayes 2012). This professional relationship which is based on trust and mutual respect will ensure that the mentor is able to afford guidance and support in order to offer objective assessment of the student midwife's progress. Some key components of an effective mentoring relationship are presented in Table 1.

Learning is an interactive process; as human beings we model ourselves both consciously and unconsciously on individuals we trust and aspire to (Cruss *et al.* 2008). The way in which people interact influences how behaviour develops. Students emulate the role of the midwife they work with (Bluff & Holloway 2008), not only in the clinical care they give but also in the professional behaviours they develop. The importance of role modelling has been discussed in a previous article in this series (Linford & Marshall 2014). However sometimes people can have differing opinions and views and acknowledgement of this is fundamental to the development of healthy professional relationships (Hayes 2012). One aspect that can assist in the development of this within the context of mentoring is to ensure that within the relationship as well as professional guidance there is capacity for pastoral care and these two aspects can be separated to enable the mentor to provide effective feedback (Hayes 2012).

Key components of an effective mentoring relationship
<b>Open communication and accessibility</b>
<b>Understand what affects students ability to integrate into practice settings</b>
<b>Planned mentoring activities</b>
<b>Setting high but jointly agreed, attainable goals</b>
<b>Facilitating exciting new opportunities</b>
<b>Inspire students to become critical thinkers</b>
<b>Develop a caring professional relationship based on trust and mutual respect</b>
<b>Facilitation of skills, knowledge and professional values</b>
<b>Positive role model</b>
<b>Assist in the development of autonomy and independence</b>

Table 1: Key components of an effective mentoring relationship, adapted from: (Eller *et al.* 2014, Jasper 2007)

Sometimes students and mentors continue their relationship via the internet, however, whilst this can be advantageous it is not without risk. Social media sites such as Facebook, Twitter, Bebo and You Tube offer significant opportunities for professional knowledge exchange worldwide (Jones &

Hayter 2013); its use has become a significant part of everyday life for many and it can certainly enhance student learning. However, inappropriate use of social media sites has also raised significant professional issues particularly for new students who are in the process of learning about professional behaviour. Cases of unprofessional behaviour and/or breaches of confidentiality are becoming more common, and have potential to pose a threat to the student/mentor relationship and can lead to students and/or midwives putting their registration at risk (Nursing and Midwifery Council 2012). The principles of the Code apply equally to behaviour online as in the 'real world' (Nursing and Midwifery Council 2012), see Table 2.

Nurses and midwives will put their registration at risk, and students may jeopardise their ability to join the NMC register, if they:

- Share confidential information online.
- Post inappropriate comments about colleagues or patients.
- Use social networking sites to bully or intimidate colleagues.
- Pursue personal relationships with patients or service users.
- Distribute sexually explicit material.
- Use social networking sites in any way which is unlawful.

**Table 2: Guidance on the use of social media** adapted from (Nursing and Midwifery Council 2012)

### **Power and culture**

Learning is a social activity; it is not just about learning knowledge and gaining clinical skills but students are socialised into the clinical environment, learning the way things are done and what is or is not acceptable (Fulton 2012). Students feel a need to fit in to the culture of the workplace (Miles 2008) and this can lead to students tending to emulate practice causing them to learn at a surface level rather than questioning, integrating theory with practice and learning at a deeper level to become thinking, evidence based practitioners.

Undermining behaviours are common in the NHS. A recent realist synthesis has identified that 15% of NHS staff have experienced bullying from other staff members (Illing *et al.* 2013). Bullying is complex, that can involve 'a range of different negative behaviours, including social exclusion, humiliation, persistent criticism, personal attacks, and excessive monitoring of work' (Illing *et al.* 2013 p19) and has consequences at a range of levels. For individuals it can affect psychological and physical health, witnessing bullying at the team level can cause distress and increase sickness rates

and at the organisational level it decreases job satisfaction and increases staff turnover. As a result bullying ultimately impacts on clinical care (Illing *et al.* 2013). It is easy to see how such behaviour will impact students' ability to learn, self-confidence, self-esteem, autonomy and assertiveness (Miles 2008).

**Activity 2**

Consider the culture of your current area of work and try to identify whether there are behaviours that could be undermining for either midwives and/or student midwives. Write these behaviours down and using the RCOG and RCM undermining toolkit available at:

<https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/improving-workplace-behaviours-dealing-with-undermining/undermining-toolkit/> identify actions that could be taken to improve the situation at different organisational levels.

Mentors may be concerned about the impact of offering negative or constructive feedback to a student who is underperforming because they may be concerned that it may adversely affect the relationship between them. As discussed in previous articles in this series, the ability to provide honest, constructive feedback is paramount to student learning and if done well can increase student motivation (Parkin & Marshall 2014). Use of positive language, giving timely feedback on an ongoing basis and sandwiching the constructive feedback between aspects of positive reinforcement can help to achieve this. Another important, but often challenging aspect is offering feedback in an appropriately confidential place as overt criticism in front of others can lead to fear and inhibit learning. There is inevitably a power differential between mentor and student but when feedback is offered in sensitive way using good communication skills it enhances student learning and ultimately improves quality of care for women and babies.

**Solutions to the challenges of mentoring**

Some of the challenges to mentoring may be resolved through use of a variety of techniques and considerations, for example, professional rather than personal relationships; supervision; involving link lecturers i.e. good regular communication between practice and universities. Some possible solutions for mentors, managers and link lecturers are listed in Table 3.

Sign-off mentor solutions	Management strategies	Link lecturer support
Agree learning plan and expectations with student	Support and acknowledge the mentorship role	Availability to give advice and support in practice setting
Improved time management to include protected time with	Ensure adequate number of sign off mentors in each	Regular communication with link areas

student for feedback	placement area	
Structure placements	Provide support and advice to mentors when managing an underachieving student	Dissemination of information about curriculum, professional standards, etc.
Consider the key components of effective mentoring	Facilitate protected time for mentoring role	Inform mentors of any student issues
Use of co-mentoring		Increased visibility in practice
Good communication with university		Support within tripartite meetings when competency issues are raised.
Be proactive with managers and supervisors of midwives to gain support		
Establish good working relationships with colleagues and student		

**Table 3: Some possible solutions to challenges adapted from Eller (2014).**

### Reflection on the scenario

Regular feedback is essential but in order to be effective this feedback should be honest and include not only positive aspects but also areas for improvement. It may be helpful for Julia to discuss a Fatima's progress with a colleague, especially someone who has worked clinically with Fatima, however, in this scenario this is likely to have undermined Fatima's confidence as it is out of line with the feedback she has received. Consider all the elements of this scenario and how the Julia might have done things differently to maintain Fatima's motivation, learning, self-confidence and self-esteem.

### Conclusion

Many challenges exist in contemporary midwifery practice and there is significant potential for negative impact on the development of student midwives' knowledge and skills in such circumstances. Whilst striving to keep women and babies safe the mentor must also remain alert to the needs of students for effective learning as the development of future midwives determines the standard of care they will be able to give to women in the future.

### References

- Bluff R & Holloway I (2008): The efficacy of midwifery role models. *Midwifery* **24**, 301-309.  
 Cruess S, Cruess R & Steinert Y (2008): Role modelling--making the most of a powerful teaching strategy. *British Medical Journal* **336**, 718-721.

- Eller LS, Lev EL & Feurer A (2014): Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today* **34**, 815-820.
- Fulton J (2012) Challenging situations. In *Mentorship in healthcare* (Shaw ME & Fulton J eds.). M&K Publishing, London.
- Gray M (2011) Mentorship. In *Key concepts in healthcare education*, 1st edn (McIntosh A, Gidman J & Mason-Whitehead E eds.). Sage, London.
- Hayes C (2012) Skills for mentorship. In *Mentorship in healthcare* (Shaw ME & Fulton J eds.). M&K Publishing, London.
- Illing JC, Carter M, Thompson NJ, Crampton PES, Morrow GM, Howse JH & et al (2013) Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS; Final report. NIHR Service Delivery and Organisation programme.
- Jasper M (2007) Working as a professional: standards for professional practice. In *Enabling learning in practice: a guide for mentors* (West S, Clarke T & Jasper M eds.). John Wiley & Sons Ltd, Chichester, pp. 210-230.
- Jones C & Hayter M (2013): Editorial: Social media use by nurses and midwives: a 'recipe for disaster' or a 'force for good'? *Journal of Clinical Nursing* **22**, 1495-1496.
- Linford D & Marshall J (2014): Midwifery Basics: Mentorship. Mentorship from the student perspective. *The Practising Midwife* **17**, 33-36.
- Miles S (2008): Make or break: the importance of good mentorship. *British Journal of Midwifery* **16**, 704.
- National Audit Office (2013) Department of Health. Maternity Services in England. The Stationary Office, London.
- Nursing and Midwifery Council (2008a) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. NMC, London.
- Nursing and Midwifery Council (2008b) Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers. NMC Publications, London.
- Nursing and Midwifery Council (2009) Standards for pre-registration midwifery education. NMC Publications, London.
- Nursing and Midwifery Council (2012) Social networking sites. Nursing and Midwifery Council, London. Available at: <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Social-networking-sites/> (accessed 21/12/14).
- Parkin J & Marshall JL (2014): Midwifery Basics: Mentorship. Assessing students. *The Practising Midwife* **xx**, xxx.
- Passmore H & Chenery-Morris S (2014): Exploring the value of the tripartite assessment of students in pre-registration midwifery education: A review of the evidence. *Nurse Education in Practice* **14**, 92-97.
- Rooke N (2014): An evaluation of nursing and midwifery sign off mentors, new mentors and nurse lecturers' understanding of the sign off mentor role. *Nurse Education in Practice* **14**, 43-48.