An exploration of undergraduate nursing students' experiences of mentorship in an Irish hospital

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Title: An exploration of undergraduate nursing students experiences of mentorship in an Irish hospital.

Authors: Gerard Baxter and Brian McGowan

Address for Correspondence

Gerard Baxter, Ulster University, Magee Campus, Northland Road, Londonderry , Co. Londonderry, BT38 7JL g.baxter@ulster.ac.uk

Tel: 00442871675743

Brian McGowan, Ulster University, Jordanstown Campus, Shore Road, Newtownabbey, Co. Antrim BT37 0QB brian.mcgowan@ulster.ac.uk

Telephone:00442890366492

ABSTRACT

Background: Mentorship is the support model of choice for practice in Ireland and although it follows a similar approach to that provided thus far in the UK, there is little evidence about the students lived experience of it and the extent to which it facilitates their development or otherwise.

Aim of the Study: The aim of this study was to explore undergraduate nursing students experiences of mentorship in hospital.

Method: The study used a qualitative approach. Newell and Burnard's (2011) 6-stage pragmatic approach to qualitative data analysis guided the collection and analysis of data. A purposive sample of six (n=6) was drawn from fourth year students who participated in a semi-structured interview. Ulster University and the hospitals involved provided ethical approval and permission respectively. Pseudonyms have been used throughout the presentation of data to maintain anonymity.

Findings: Six main categories emerged from the data. (i) Reality versus expectation of mentorship (ii) Student's perception of self (iii) Personal feelings and expectations of mentorship (iv) Perception of workload (v) Barriers and enablers of mentorship and (vi) Student perception of mentor preparedness. Interpersonal relationships between student and mentor were a pivotal concept in all of the categories. Despite its flaws, participants felt that the concept of mentorship was valuable and worthwhile.

Conclusion: This study has shown that the personal and interpersonal aspects of mentorship can have both positive and negative effects on the participant's development as nurses. Whilst student nurses felt that they achieved their learning outcomes, there were times when this was despite guidance from their mentors. Transferability of the findings and conclusions to other contexts is high given the rigorous design and conduct of this study.

Keywords: Mentorship, Student Nurses Experience, Clinical Setting.

Introduction

Since the introduction of undergraduate nursing programmes in 2002, (Hegarty et al 2007), Ireland has galvanised its reputation for producing highly qualified, competent and motivated nurses. This has been supported by its ability to provide adequate mentorship for student nurses during their clinical placements that makes up over fifty percent of their course (Department of Health, 2012).

The Nursing and Midwifery Board of Ireland (NMBI) are the governing body for nurses and midwives practicing in the Republic of Ireland. They oversee many aspects of continuing professional development including mentorship preparation. Nurses must have 6 months post registration experience before enrolling on locally designed short courses. These courses should meet the seven national core learning outcomes, however there is no standardisation as to how this training is delivered.

In Ireland, the term preceptor is the preferred term to mentor and refers to a registered nurse who supports undergraduate nursing or midwifery students during their clinical placements. These preceptors assume the role of supervisor and assessor of students in terms of the achievement of learning outcomes and competence (NMBI, 2015).

This preceptor's role is similar to the UK equivalent of a mentor (Mc Sharry et al 2010), although participants in this study preferred to use the term mentor.

The role of a preceptor involves both clinical and preceptorship/mentoring responsibilities (Heffernan et al 2009). Whilst mentorship and supervision of students in the United Kingdom continues to evolve, the picture is a little less clear in Ireland. This study sought to find out about Irish student nurses experiences of mentorship and the extent to which it facilitated their development.

Aim of the study

The aim of this study was to explore undergraduate nursing students' experiences of mentorship whilst in hospital clinical placements.

Methods and Ethical Considerations

Given that the study was concerned with individual experience, an interpretive methodology was chosen to design and build it (Cohen et al., 2011). Newell and Burnard's (2011) six-stage pragmatic approach to qualitative data analysis was used to manage data collection and analysis. Semi-structured interviews were used to collect data and the interview schedule was derived from a review of the literature.

Final year students were deliberately recruited as they had accumulated significant experience of mentorship and therefore were able to reflect upon and articulate their experience of mentorship.

Ethical approval was granted by Ulster University and the Higher Education Institute (HEI) in the Republic of Ireland where the participants were recruited.

<u>Results</u>

A total of six themes emerged and these are summarised in Table 2.

Table 2.

1. Reality versus expectation of mentorship
2. Students perception of self
3. Personal feelings and expectations of mentorship
4. Perception of workload
5. Barriers and enablers of mentorship
6. Student perception of mentor preparedness

<u>Reality versus expectation about mentorship</u>

When asked what they understood about the term mentorship, participants expressed ideas of how they expected their mentorship experience to unfold based on the information given to them by the HEI. Participants used words such as, "support, advice, help, teaching, specially trained and person put in charge of you" to describe their expectations. They understood that they would be assigned a mentor who would "look after them" during their hospital clinical placement.

This theme was summed up by Aileen (pseudonym) who talked about how her expectations of mentorship were not met. She said:

"…I just remember in one placement I was just given a mentor and I was never introduced to this person, um…and they never introduced themselves to me and I just didn't feel as if I was working…, I feel that sometimes you might go onto a ward and a nurse doesn't even know that they were assigned a student".

In terms of time spent working with mentors, Sarah (pseudonym) says:

"There could be wards where I would only work with my preceptor once or twice and I'd end up getting my interview signed off by a completely different staff nurse and it's, you're thinking "oh god ok, well there's no point in having a preceptor then", do you know, so the majority of times I'm not working with them…".

<u>Perception of Self</u>

All participants expressed how they felt the experience of mentorship affected them psychologically and emotionally. Positive experiences seemed to have a direct positive impact on confidence, and

this can be found when working with a mentor who puts the student at the centre of their learning. This positivity was best summed up by Katie

(pseudonym) when she said:

"Personally I felt that like in a specific department if you had a good preceptor, you know they allow you to do, if they teach you a lot in that speciality and you can become more interested in it…".

Sarah's feelings on mentorship reflect those of someone who is without power and influence when she said:

"…they (mentors) have their own patients to look after and their own responsibilities and we're just, sometimes I think we're just seen as like a (pause) like a shadow in the background sometimes especially in your younger training years like um…". However, conferring trust and independence on the student promoted confidence and a happier feeling on placement. In contrast, negative experiences of mentorship are linked to reduced confidence levels (Thompson et al 2017).

This perception of self is highlighted by Lauren (Pseudonym) when she describes chasing mentors to get practice learning documentation completed.

"You don't want to be running after people you know, as a student nurse I suppose…(Pause) you know that you're annoying them by running after them and you kind of feel… I think inferior nearly, you feel like I am just really annoying, the student nurse now coming running after me you know that kind of way, you feel you are just being a plague".

Barriers to Mentorship

Participants commented on numerous obstacles within the clinical environment that created barriers to effective mentorship.

Sarah makes the point that in her experience, time and staffing issues have acted as a barrier to mentorship.

"…yet I think most of the time the preceptors don't have the time to do that (help) and it's not their fault it's just that they have enough on their plate".

Time constraints were also an issue for Katie in relation to the busy day-to-day nature of the ward environment. However, she has a degree of empathy for the mentors. "…You realise how busy you are you do wonder sometimes how mentors actually have time to sit down and write in a student book like".

In terms of time constraints, participants seem reluctant to blame mentors for not making time to carry out mentorship duties. There is an acceptance that mentors are busy and that mentorship falls down the list of priorities.

Enablers of Mentorship

In terms of changes they would make in relation to mentorship provision, Sarah feels it would perhaps be beneficial to meet with a mentor prior to attending for placement, where expectations could be laid out and the first steps in building a relationship could commence. Communication and a professional friendship is so important to Katie since the student and mentor spend time in each other's company.

"I think a professional friendship is very important, um, because you have to work with this person. Communication is so important especially if you are working alongside someone".

Participant perception of mentor preparedness

Study participants referred to there being a perceived lack of training on the part of the mentor. Inadequate mentor preparation is seen as a barrier to successful mentoring (O' Driscoll et al 2009; Dickson et al 2015)), and all participants highlighted inadequacies in feedback received from mentors.

 In terms of assessment, Sarah muses:

"Well I think half the time they don't know what is expected of them to say…" "they say what have your previous mentors been saying and what am I supposed to say, and were like you're not supposed to say anything, you're just supposed to say what we should improve on…".

Sarah experienced mentors looking back over her portfolio booklet at what previous mentors had written and writing the same things again.

"They're asking us what do we write here and it's like well I don't know, well you got the training… and they'd be looking back at what other mentors did say and then, it's like a waterfall then, they just say what the previous person said".

Dee (Pseudonym) found that some mentors would be better than others in conducting assessments. However, she found lots of mentors tended not to understand the portfolio booklet despite saying they had the required training.

Pat (Pseudonym) believes that a revalidation process in terms of mentors re-doing the mentorship course could be of value so that mentors can be confident in their decision making.

"…and maybe redo the course in two years or something like that…"

Perception of Workload

Staffing levels, workload, time and the nurses own responsibilities are justifiable reasons given by Sarah as to why workload affects mentorship:

"and it's not their fault it's all to do with staffing levels, they don't have the time to be going around and holding my hand and organising a time to sit down like …". There is a sense of acceptance, that

it is not the fault of the mentor when they are unable to provide mentorship. It seems that participants are accepting of the fact that mentorship only becomes relevant and important *after* all the nursing care has been taken care of. "…and I think they have their own responsibilities, they have 12 patients or 6 patients or whatever. They have their own, like it's not really their fault really to be honest.". The fact that mentorship is seen as an extra role for a registered nurse also impinges on the mentorship process:

"…and I think it's an extra role and nothing is taken away to take its place do you know, they're given these extra jobs and expected to do it all at the same time and I think it's hard like, it's tough".

Sarah has the impression of mentors looking at student nurses as:

"…oh god here's another job to do now and I have to take this person under my wing and sure I have enough to do…".

This feeling is in keeping with previous studies where students felt like they were an inconvenience or imposition on their mentor such was the mentor's workload (Myall et al

2008).

Aileen (Pseudonym) commented that:

"…nurses have enough work to do and you feel like you are putting extra pressure on them to maybe get an interview done and they already have their own paperwork and everything to do and it is hard to even get the time on the busy wards".

Discussion

There was a general consensus from participants in this study as to the functions and role of mentorship. They highlighted that mentorship would offer support, advice and be facilitated by an experienced nurse who would optimise the students' learning expectations. However, all participants described experiences of not being allocated a mentor or not working either directly or indirectly with their mentor. Support is primarily facilitated by mentors (Jokelainen et al 2013) and supportive mentors were found to have a positive impact on the student's perceptions of their experiences (Gidman et al 2011).

Participants described a central focus of many of their placements involving the completion of portfolio documentation. There is a requirement that a mentor would interview a student at the beginning, half way and end of placement to inform and assess the students' performance. However, all participants described the stress they felt when trying to secure time with their mentor to facilitate the completion of these interviews. The workload of a mentor has been highlighted as a barrier in allowing for time to mentor students in the literature (Setati and Nkosi, 2017; Myall et al 2008) and all the participants in this study have made reference to the busy nature of nursing of the clinical environment.

Jokelainen et al (2013) found that some British and Finnish mentors undertook mentorship activities in their own unpaid time.

There is a delicate balancing act at play with the finite resources and available time pitted against the extra demands placed upon nurses in terms of productivity. It must not be forgotten that the primary role of the nurse is to always act in the best interests of the patient (Government of Ireland, 2011). Increased demands placed upon the nurse has in some cases diluted their ability to provide effective mentorship. Some students have stated a feeling of being like an extra pair of hands while others have felt like an imposition on their mentor.

There was conflict as to whether the time spent with a mentor affected the relationship positively or not. Despite this, there was a general consensus that a genuine and respectful mentor had a major impact on students overall experience on that placement and of mentorship in general. There was a desire for mentors to understand the huge impact mentorship has on a student nurses placement experience.

There was a lack of structure and consistency to mentorship, and when provided, feedback was generally verbal and positive in nature. Participants expressed a desire for honesty in their feedback irrespective of it being positive or negative. They also expresses a desire for meaningful assessments that takes knowledge and learning during placement into account. This point was highlighted by Nash and Scammell (2010) who found that students wanted details about how they could improve their practice, and in what areas they were not doing so well.

This sentiment was echoed by Duffy (2003) when she stressed the importance of constructive feedback for student so that strengths and areas for improvement could be highlighted. Students perceive feedback, both positive and negative, as part of the mentors role (Chow and Suen, 2001), although not all feedback is constructive (Thomson et al 2017). Perhaps there is conflict and confusion surrounding the dual roles of mentor and assessor according to Bray and Nettleton (2007). This may go some way to explaining why mentors apparently struggled with the student's practice learning documentation. Recent changes to the Nursing and Midwifery Council (NMC) standards have separated the roles of practice supervisor and practice assessor and may go some way in minimising this dual role conflict in a UK context(NMC, 2018). A heightening in the status of a mentor may act as an enabler to effective mentorship.

Voluntary or opt in systems could allow for the most willing nurses to undertake this role (Jokelainen et al 2013). However, an opt in system may see many potential mentors elect not to take on this role with its added time commitments and responsibilities.

The role of the mentor comes with added responsibilities and there was a perception of a perceived lack of training and preparation on the part of the mentor. This is where the role of the Clinical Placement Co-Ordinator (CPC) comes to prominence as they are seen as a key enabler of mentorship by student nurses. They are the link between the student and Clinical Nursing Manager if there are any issues such as difficulty in getting practice learning documentation completed. They are seen as a safety net from the student's viewpoint. They also work in association with the mentor by listening, questioning, developing effective strategies, monitoring and reviewing the student progress in the achievement of their planned learning (NMBI, 2018).

The role of the mentor has an inherent demand of carrying a teaching quality on behalf of the student nurse. There is an expectation that mentors will fulfil this demand which is in keeping with the findings of a study by Foster et al (2014) in that the most valued of mentor activities included teaching and explaining.

Participants felt that not having interviews in a timely manner acted as a barrier to further mentorship during that placement. This issue of time has been highlighted as one of the barriers

that impeded mentorship to the greatest extent due to existing work commitments (Veeramah, 2012; Gopee, 2011).

It was felt that learning was enhanced and confidence improved when acceptable levels of additional responsibilities were given to the student. When more responsibility is forthcoming, confidence is enhanced and learning achieved.

However, not feeling like part of the team had an impact on one participant and his ability to push himself during his training. He states he was just "going through the motions" until fourth year when he felt a desire to become part of the team. This is rather worrying as Crombie et al (2013) found that first year students in particular may leave the programme if they did not feel like part of the team while on clinical placement. Bjork et al (2014) found that students who are not accepted or alienated can develop low morale and reduced motivation to learn during their placement. Support in terms of mentorship provision, is a common theme throughout the literature. It is a multi-faceted concept incorporating mentor support of students, creation of a supportive learning environment and management support for mentorship.

The retention of nurses to the profession was found to be an unexpected consequence of effective mentorship (Block et al 2005). Since this initial incidental finding, further research has shown that positive mentorship experiences are indeed leading to the retention of nurses in the profession (Ferguson, 2011). A clear strategy for mentoring students has been mooted as one opportunity to enhance recruitment of student nurses (Jokelainen et al 2011). First year students in particular may leave the programme if they did not feel part of the team while on clinical placement (Crombie et al 2013, Department of Health, 2006).

Limitations

Only fourth year general nursing students were included in this study. Due to the small numbers involved, it would be difficult to draw conclusions from the wider student nurse body in Ireland. Results may not be transferable to other fields of nursing such as mental health or learning disability nursing.

The study would have been enriched by a multi-site enquiry that took account of mentor's perspectives on mentorship for comparative purposes.

Conclusion

This study set out to explore the mentorship experiences of student nurses in an Irish hospital. While participants viewed mentorship as a positive concept, they were unable to recall many positive experiences that they had during their four years as a student nurse. Also, there appears to be little by way of standardisation in the approaches to mentorship adopted by mentors. A clear link emerged between mentorship and student nurse's selfconfidence. Essentially, a good experience involved a mentor who gave regular feedback and who was an effective communicator. They were also proactive in their teaching, promoted trust and independence in their student and conducted timely interviews of their student. Participants described these factors as promoting self-confidence in them as a student nurse, ultimately enhancing their learning.

There is an undertone of a power struggle within the mentorship relationship whereby the balance of power lies with the mentor in terms of their ability to give favourable assessments at the end of a placement. Participant's placements seem to revolve around the timely conduction of their placement interviews and this is a source of considerable stress for them. However, there is a feeling from participants that there is limited assessment of their knowledge and that interviews are not given the time or importance they deserve. Participants have felt that they are in a sub-ordinate relationship to their mentor and that they are not accepted as part of the team, at least until their fourth year. This study suggests a need for a re-validation of mentorship practices so that a more standardised approach can be taken. There is a need to quality assure the experiences of student nurses so that we can strive for continuous improvements in their mentorship and support into the future.

Lessons for mentors, mentees and Universities

The following recommendations can be made for mentors, mentees and higher education institutes. Mentors must examine their own practice in order that mentorship can be accommodated more effectively in the ward setting.

It would seem that the ward culture impinges on importance given to mentorship. Mentorship appears to be an extra job that is often undertaken after the business of nursing has been taken care of. Mentorship falls down the list of priorities on a busy ward and its perception of importance must change if it is to be seen as a priority. Therefore, management should consider facilitating the process of mentorship by rostering student nurses to work with their mentors a minimum number of days during their placement. In an ever busy clinical environment, consideration should be given to providing protected time for mentors to conduct student assessments and interviews.

Support systems should be implemented on every clinical area that students attend. For example, a student nurse link-nurse could be allocated who would act as a 'go to' person for students and mentors should problems or issues arise. They would then communicate directly with the CPC in the event of an issue arising who could support the initiation of an action plan.

Mentees should take responsibility for their own learning and organise a specific time for completion of portfolio documentation a number of days in advance with their mentor. Mentees should identify specific learning requirements for each placement and communicate these to their mentor at the beginning of their practice learning experience. This will help ensure students are developing and building on existing knowledge and skills and meeting the particular learning outcomes for their course.

Higher education institutes must continue to have a close relationship with their clinical partners to quality assure the process of student supervision. The role of a link lecturer could be explored further in terms of providing support for both students and mentors to ultimately ensure that those students are fit for practice at the point of registration.

 Key Points

•	Mentorship is viewed overwhelmingly as a positive for student nurse's perspective
•	Mentor workload was identified as a barrier in terms of effectively providing mentorship to student nurses
•	There was a mismatch regarding the information received from the HEI and perception of mentorship and the realities in the clinical setting.

• Students desire structure, consistency and standardisation when being mentored in different clinical settings
• Direct link between positive mentorship experiences and student self-confidence.

Reflective Questions

Are there processes in place in your clinical area that quality assure the experience of student nurses?

Considering workload pressures in the clinical environment, what steps could you take to ensure student teaching and feedback is appropriately conducted?

Does your clinical environment have a dedicated student nurse link nurse who can oversee the process of student nurse training and deal with issues that arise?

References

Bjork, I.T., Berntsen, K., Brynildsen, G. and Hestetun, M. (2014) Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *Journal of Clinical Nursing,* 23 (19/20), 2958-2967.

Block, L.M., Claffey, C., Korow, M.K. and Mc Caffrey, R. (2005) The value of mentorship within nursing organisations*. Nursing Forum,* 40 (4), 134-140.

Bray, L. and Nettleton, P. (2007) Assessor or mentor? Role confusion in professional education. *Nurse Education Today,* 27 (8), 848-855.

Chow, F. and Suen, L. (2001) Clinical staff as mentors in pre-registration undergraduate nursing education: students' perceptions of the mentors' roles and responsibilities. *Nurse Education Today,* 21 (5), 350-358.

Cohen, L., Mannion, L. and Morrison, K. (2011) *Research Methods in Education.* 7th Edition, London: Routledge.

Crombie, A., Brindley, J., Harris, D., Marks-Maran, D. and Morris-Thompson, D. (2013) Factors that enhance rates of completion: what makes students stay? *Nurse Education Today,* 33 (11), 1282-1287.

Department of Health, (2006) Managing attrition rates for student nurses and midwives. Available at http://webarchive.nationalarchives.gov.uk/20080905235643/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073230 (Accessed April 12th 2015).

Department of Health, (2012) Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes. Available at: http://health.gov.ie/wp-content/uploads/2014/03/Report_Review_Undergrad_NMDP_2012.pdf

Dickson, C.A.W., Morris, G. and Cable, C. (2015) Enhancing undergraduate community placements: a critical review of current literature. *British Journal of Community Nursing*, 20 (4), 184-189.

Duffy, K. (2003) Failing students: A qualitative study of factors that influence the decision regarding assessment of students' competence in practice. Glasgow Caledonian University: Glasgow. Available at: http://www.nm.stir.ac.uk/documents/failing-students-kathleenduffy.pdf

Ferguson, L.M. (2011) From the perspective of new nurses: What do effective mentors look like in practice? *Nurse Education in Practice,* 11 (2), 119-123.

Foster, H., Ooms, A. and Marks-Maran, D. (2014) Nursing students' expectations and experiences of mentorship. *Nurse Education Today,* 35 (1), 18-24.

Gidman, J., Mc Intosh, A., Melling, K. and Smith, D. (2011) Student perceptions of support in practice*. Nurse Education in Practice,* 11, 351-355.

Gopee, N. (2011) *Mentoring and Supervision in Healthcare.* London: Sage.

Government of Ireland, (2011) *The Nurses and Midwives Act.* Dublin: The Stationary Office.

Heffernan, C., Heffernan, E., Brosnan, M. and Brown, G. (2009) Evaluating a preceptorship programme in South West Ireland: perceptions of preceptors and undergraduate students. *Journal of Nursing Management,* 17, 539-549.

Hegarty, J., McCarthy, G., O'Sullivan, D and Lehane, B. (2007) A review of nursing and midwifery education research in the Republic of Ireland. Nurse Education Today, 28, 720-736. Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. and Coco, K. (2011) A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing,* 20, 2854-2867.

Jokelainen, M., Jamookeeah, D., Tossavainen, K. and Turunen, H. (2013) Mentorship provision for student nurses: Conceptions of Finnish and British mentors in healthcare placements. *Journal of Nurse Education and Practice,* 3 (2), 41-53.

Myall, M., Levett-Jones, T. and Lathlean, J. (2008) Mentorship in contemporary practice: the experiences of nursing students and practice mentors. *Journal of Clinical Nursing,* 17, 1834-1842.

Nash, S. and Scammell, J. (2010) Skills to ensure success in mentoring and other workplace learning approaches. *Nursing Times,* 106 (2), 17-20.

Newell, R. and Burnard, P. (2011) *Research for Evidence - Based Practice in Healthcare.* 2nd Edition. Oxford: John Wiley and Sons Ltd.

Nowell, L., White, D.E., Mrklas, K. and Norns, J.M. (2015) Mentorship in nursing academia: a systematic review protocol. *Systematic reviews,* 4 (16), 1-9.

Nursing and Midwifery Board of Ireland, (2018) National Quality Clinical Learning Environment Audit Too. Guidelines on the key points that may be considered when developing a National Quality Clinical Learning Environment.l Dublin: NMBI.

Nursing and Midwifery Board of Ireland, (2015) Nurse Registration Programmes: Requirements and Standards. 4th edition. Dublin: NMBI.

Nursing and Midwifery Council, (2018) Part 2: Standards for student supervision and assessment. London: NMC. Setati, C.M. and Nkosi, Z.Z. (2017) The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province. *Health SA Gesondheid,* 22, 130-137.

Thomson, R., Docherty, A. and Duffy, R. (2017) Nursing students' experiences of mentorship in their final placement. *British Journal of Nursing,* 26 (9), 514-521.

Veeramah, V. (2012) What are the barriers to good mentoring? *Nursing Times,* 108 (39), 12