Support for mentors – an exploration of the issues

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Abstract

Nursing and midwifery mentors are fundamental to the process of ensuring future practitioners are adequately prepared and supported during the practice element of their degrees. However there is evidence to suggest that the infrastructure and support for the mentoring role is not always adequate. This article provides a review of some of the issues including the emotional labour associated with supporting pre-registration students, difficulties in accessing protected learning time for mentoring, and lack of supportive networks for mentors to develop within the role. The authors make recommendations on what is required to ensure that the mentor role is better acknowledged, supported and resourced.

Key phrases:

- Support for NMC nursing and midwifery mentors
- Challenges for NMC nursing and midwifery mentors
- Protected learning time for mentors
- Mentors as a community of practice

Key words:

- Mentor support
- Nursing and midwifery mentors
- Mentor challenges
- Protected learning time
- Communities of practice

Introduction

Health Education England (HEE) recently acknowledged the relationship between high quality care and "…robust, responsive and quality assured education and training systems" (HEE, 2016a p.5). A key part of quality assured nursing and midwifery education is the provision of Nursing Midwifery Council (NMC) accredited mentors to support and assess students during their practice placements. This is a mandatory requirement for all students on NMC approved pre-registration nursing and midwifery programmes and is significant because the practice

element accounts for fifty per cent of the total programme hours (NMC, 2008). Mentors are therefore crucial to the process of ensuring that only students who are fully competent and fit for practice are admitted onto the NMC register.

During the last decade, the role of the mentor in supporting students towards qualification has attracted increasing interest (RCN, 2016.) In particular, HEE and the NMC have announced a review of current NMC mentor standards and models of student support (HEE, 2016a). This is taking place in the context of concern around the quality of nursing in the United Kingdom (UK), and in particular the culture of clinical care being called into question (Francis, 2013). The role of practice placements in developing students with the right competencies and values is clearly a crucial element in addressing some of these concerns. However it could be argued that the pivotal role of the mentor has not always been acknowledged. Indeed a key finding of the Shape of Caring Review (HEE, 2015) was that "…….registered nurses reported varying infrastructural support for practice based learning and a lack of acknowledgement of the importance of the mentor role within the education process" (HEE, 2015 p.46). This suggests there is a need to review the support available to mentors within practice learning environments. This article will therefore provide an exploration of the literature on mentor support and make recommendations for improving the infrastructure within which mentors practice and future nurses are developed and nurtured.

Definitions of terms

Within nursing and midwifery, the title of 'mentor' refers to a registered nurse who "……facilitates learning and supervises and assesses students in a practice setting" (NMC, 2008 p.45). A mentor must have been prepared for the role by undertaking a NMC approved programme of study that meets the NMC mentor standards (NMC, 2008). The current interpretation of the NMC standards to support learning and assessment in practice has led to most organisations adopting a 1:1 model of support where one mentor is identified as the main support for one named student on a placement and works with them for a minimum of 40% of the time. See Box 1 for an outline of the mentor role as per NMC standards.

Box 1

Mentors are responsible and accountable for:

• Organising and co-ordinating student learning activities in practice.

• Supervising students in learning situations and providing them with constructive feedback on their achievements.

• Setting and monitoring achievement of realistic learning objectives.

• Assessing total performance – including skills, attitudes and behaviours.

• Providing evidence as required by programme providers of student achievement or lack of achievement.

• Liaising with others to provide feedback, identify any concerns about the student's performance and agree action as appropriate.

• Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme.

(NMC, 2008 p.23)

The term 'student' is used to refer to pre-registration nursing or midwifery students undertaking a NMC approved award leading to registration as a nurse or midwife.

Evidence of the need for mentor support

A rapid review of the literature commissioned by the Royal College of Nursing (RCN) (Bazian, 2015) found that the issues of resourcing for mentorship, including organisational support and embedding support for mentoring in organisations was poorly addressed. They suggested that:

"Creating a supportive organisational context for mentoring is likely to be as important as

Individual mentoring relationships" (Bazian, 2015 p.24)

This indicates that there is a relationship between the quality of the environment within which mentors practice and the extent to which they can provide optimum support for their students. In addition the RCN report on mentorship (RCN, 2016 p.16) suggested that there was a lack of understanding and acknowledgement of the responsibility and accountability associated with the role. Mentors felt that they were undervalued, in both lack of protected

time to support students and the scarcity of training and development opportunities related to the role.

Areas that have been identified in the literature as potential challenges for mentors are outlined in Box 2:

Box 2

Potential challenges for mentors:

• **Tensions between obligations to students and to patients (McIntosh et al, 2013)**

• **Lack of protected time (Myall et al, 2008)**

• **Understanding student documentation – seen by some mentors as "..overlong and overly competence based." (McIntosh et al, 2013 p.4)**

• **Supporting the failing student (Duffy, 2003 and 2013)**

• **Making fair assessment decisions (Mead, 2011)**

• **Providing constructive feedback (Moseley and Davies, 2008)**

• **Making reasonable adjustments for students with disabilities (Howlin et al, 2014)**

These suggest a range of challenges and demands that are placed on mentors in addition to their primary role as care giver. However whilst these issues are quite widely identified in the literature,(see Box 2) there appears to be a paucity of suggestions as to how these might be addressed.

Current health care developments are likely to result in greater demands on the skills and expertise of mentors. HEE have recently announced the new role of nursing associate to be piloted during 2017 (HEE, 2016b). It is envisaged the new role will be "supplementing, augmenting and complementing the care given by Registered Nurses "(HEE, 2016b p.4). However although regulation for the the role and training is proposed , the nursing associate will not be professionally accountable in the same way as a nurse or midwife on a professional register and will deliver care under the direction of a registrant (although they may not require direct supervision). It is also proposed by HEE that the preparation for the role of nursing associate will be via an apprenticeship route in partnership with higher education providers"(HEE, 2016b p.4). Whilst the parameters and scope of the nursing associate role will become clearer as pilot site work develops, the implications of this workforce

development are clear. Supervision and support, at least during their apprenticeship is likely to be required from registered practitioners and it seems logical and likely that this will be additional work for current mentors. Whilst the nursing associate role may be positive in terms of developing capacity and competence in the health workforce in the long term, it is likely to place additional demands on current mentors who may also be supporting other staff including newly qualified nurses undertaking their preceptorship and new and developing health support workers.

Mentors and emotional labour

In addition to the specific pressures on mentors, it is increasingly acknowledged that nursing work carries a risk to the emotional well-being of practitioners. The promotion of person centred approaches embracing skills such as compassion, caring and empathy, as well as the emotional demands of health care work may all contribute to stress and burn out in staff (Sawbridge and Hewison, 2013.) A recent thematic review highlighted that "….organisations may often overlook or take for granted the emotional labour involved in caring" (Riley and Weiss, 2016 p.15). Whilst the Department of Health (DH) has begun to acknowledge that the health and wellbeing of its workforce is a key indicator of organisational performance and patient outcomes (DH, 2011) there still appears to be a lack of national initiatives to acknowledge and support the emotional and psychological wellbeing of health care professionals.

The emotional impact of mentorship is also being increasingly recognised. A recent study by Gray and Brown (2016) identified the emotional impact of the role which they described as the "personal investment" required. Participants in their study also described the tensions within the role in terms of balancing the commitment to both patient care and the student and coping with failing students. This echoes the seminal work of Duffy (2003) and more recently Black et al (2014) who described mentors struggling emotionally with having to fail students on placement, leading to moral stress as a result of the dissonance between what they hoped for (their student passing the placement as a results of their support and guidance) and what occurred (being unable to "rescue" a failing student). The introduction of the sign off mentor role (NMC, 2008) has also placed additional stress on mentors who take on this additional responsibility for assessing students to ensure that they have achieved all

prescribed proficiencies for registration. This is evident in Rook's evaluation of the role where concern about the additional accountability and lack of specific support was identified (Rook, 2014). This is also a feature of work by Middleton and Duffy (2009.)

Protected learning time for mentors

The need for mentors to have protected learning time to support and assess learners in the practice setting is widely acknowledged in the literature (Bennet and McGowan, 2014). However a survey of 50 healthcare organisations across the UK revealed only a fifth of organisations offered protected learning time for all mentors with another fifth admitting they offered adjustment to existing workload for any mentor including sign off mentors (Kendall-Raynor, 2013). It is difficult to understand how the requirement for the many elements of the role (as outlined in Box 1.) can effectively be undertaken without acknowledging the additional time needed. The Kendall-Raynor (2013) survey also revealed that protected time was often at the discretion of ward or departmental managers which implies a lack of parity and consistency.

It could be argued that the need for protected time for supporting learning and assessment in practice is not really addressed by the NMC. Whilst the NMC Standards to Support Learning and Assessment in Practice state that the NMC recognise "…..nurses and midwives who are mentors are primarily employed to provide care for patients and clients" and that "Being a mentor requires a commitment" (NMC, 2008 p.39) this is not translated into any clear standards or even suggestions for additional time to carry out the role. The requirement for protected time for mentors is only addressed by the NMC in two contexts:

- Firstly, in the standards for sign off mentors where one hour per week is mandated for sign off mentors and final placement students to meet and engage in reflection and feedback and to enable progress to be documented (NMC, 2008 p.44)
- Secondly, the NMC are specific about trainee mentors on mentor preparation programmes having a minimum of 5 days protected learning time during the programme (NMC, 2008 p.38)

It is also worth considering how protected learning time for mentors is funded. Currently, the National Health Service (NHS) via local educational commissioners pays a tariff to

organisations who offer placements to pre-registration health care students and this is meant to support the infrastructure to ensure quality of placements, including direct staff teaching time within a clinical placement. However it could be argued that this funding model is not providing adequate support for practice learning and with the changes to student nurse funding from 2017 whereby the NHS no longer commissions nurse education, there is now a real opportunity to review and develop more robust means of ensuring that any additional finances are used to directly support mentors in the practice learning environment. Interestingly, the Bazian review of mentorship (Bazian, 2015) made little mention of individual remuneration for mentors taking on the role, although this is used in other health professions such as medicine.

Current sources of support for mentors

Ongoing support for mentors has been acknowledged as a key factor in ensuring a high quality practice learning experience for nursing students (Congdon et al, 2013). In addition, good quality support is likely to help to mitigate some of the challenges and stresses inherent to the mentor role. Sources of support that may be available to mentors are outlined in Box 3:

Box 3

Potential Sources of Support for Mentors:

- University link or liaison lecturer – named university lecturer who is associated with general support for student nurses/ midwives and their mentors in specific clinical placements

- Personal tutor or course leader for pre-registration students - likely to be the most appropriate support for the mentor and student if there are concerns about an individual student's practice

- Practice learning facilitator/educator - employed by an organisation or university to support quality assurance of the practice placement circuit, including mentor support

- Practice Placement Unit – allocates student placements and liaises with the university and placement areas to ensure appropriate allocations are made

- Educational lead in a placement organisation

Current NMC standards oblige mentors to maintain and develop their knowledge, skills and competence as a mentor via annual updating processes and this could be a source of support from peers and university staff. However, although the NMC mentor standards for annual updating require mentors to discuss and explore assessment and supervision issues (NMC, 2008 p. 30), it is unclear from the standards who would be involved in this discussion and who and how it should be facilitated. Ideally, this would involve a group of mentors who are able to discuss issues and offer support and advice to each other but the reality may be somewhat different depending on where the mentor works, for example, mentors who work in more isolated roles may find this problematic. In addition, it is unclear from the literature whether opportunities for mentor support are actively encouraged and/or adequately facilitated and a lack of evaluation of the whole process of annual updating is a concern. Indeed, the impact and effectiveness of annual mentor updates appear to be under researched.

The literature also identifies that senior nurses have a potential role to play in developing a favourable, positive learning culture for effective mentorship so that mentors feel well supported and able to undertake their roles (Black et al 2014, Gray and Brown 2016). In particular, senior nurses appear to be well placed to provide support for new mentors in the early stages of their mentorship development, in order to facilitate the application into practice of the knowledge and skills gained during mentor preparation programmes (Black et al, 2014). However, the extent to which this occurs when increased workloads and increasingly target focused environments may detract senior staff from providing effective support is unclear.

The notion of the tri – partite relationship whereby the mentor, the pre- registration learner and the university lecturer work in partnership to support the student's learning needs is widely espoused in the mentoring literature and clearly some excellent practice exists (Price et al 2011, Fraser et al 2013). However, research by MacIntosh (2015) indicates that the lecturer role in practice continues to be confused and inconsistent. In her study into the perceptions of student nurses and link lecturers, MacIntosh found that the role was experienced as "……ad hoc and varied, while dialogue about its purpose, objective and contribution to learning revealed inconsistencies and incongruence…"(MacIntosh, 2015 p. 8). It could be argued that until a clear model of practice is identified for the link lecturer, with

explicitly defined outcomes, this will continue to be an under-utilised role. The potential for mentor support and development from university lecturers appears under researched.

Mentor preparation programmes

Support for mentors needs to start in the initial mentor preparation programme that the trainee mentor undertakes. The content, learning outcomes and length of these programmes are defined by the NMC so in theory should adequately and consistently prepare mentors for their role. However this may not always be the case – the mentors in one study reported feeling inadequately prepared for the role (Andrews et al, 2010). It may be that due to the demand for mentors, trainee mentors may be pressurised into taking on the role and may not always have an interest and passion for supporting learners and this may impact on the effectiveness of the preparation. The RCN (2016, p.17) have suggested that some mentors may have been pressurised or coerced into the role, for example, when a mentorship qualification has been a requirement for progression through role bandings. Certainly work by Gray and Brown (2016) suggests mentors have found programmes supportive and effective. They reported mentors in their study demonstrated transformative learning in terms of theoretical understanding and professional confidence in their roles as mentors. Similarly, Mead et al (2011) found that the mentors in their study did not exhibit anxiety about coping with a failing student and suggest this might be related to the fact that they felt well prepared for the many challenges of supporting learners in practice.

Communities of practice

Given the large pool of mentors in the nursing and midwifery workforce, it is surprising that little appears to have been reported on the value of peer support and learning from and with other mentors. The RCN (2016) reported that establishing local mentor networks might be a way of providing support and demonstrating value for the role. This notion of individuals who share a concern, a set of problems or a passion for something they do, and develop their expertise through regular interactions has been described as a "community of practice" (Wenger et al, 2002 p. 4).

 A systematic review by Ranmuthugala et al (2011) demonstrated that the value of communities of practice within healthcare has been recognised in a number of studies. The

term 'community of practice' originated from Lave and Wenger's (1991) work as part of their theory of "situated learning." Situated learning according to Lave and Wenger (1991) has 3 characteristics:

- Relationships between novices and experts
- Learning through participation and socialisation into practice
- The development of an identity within a practice community

Situated learning identifies a shift away from the emphasis on the individual as a learner to learning as social participation. In particular, this model emphasises the importance of acquisition of overt knowledge and skills and the development of role identity as the novice becomes fully integrated into participating within the community of expert practitioners. This might be a useful model to explore in relation to mentor support networks whereby the ongoing learning and development of novice mentors could be enabled by working with and exploring their mentoring practice with more experienced, expert mentors. Becoming a nurse mentor is essentially about joining a community of practice represented by experienced nurse mentors just as much as learning the skills and knowledge required to effectively support nursing students. Although there appears to be no evidence of its use within mentorship or mentor development, the idea of a community of mentors forming a supportive network to enhance their practice seems an attractive one

Discussion and recommendations

The evidence suggests that students should be working with and alongside skilled and motivated practitioners who are able to role model best practice within the messy, unpredictable real world of healthcare. However, there appears to be significant risks to this in some areas due to a lack of understanding of the centrality of the mentor role in ensuring a future nursing workforce that is fit for registration and practice. This manifests itself in a lack of protected time and supportive infrastructure.

It seems likely that these issues could be address by:

- Improved partnership working between universities and placement providers to ensure robust evidence based models to support the tri-partite relationship are developed and evaluated

- Mentor workload and the need for protected time to support learning in practice needs to be acknowledge and resourced in models of nursing and midwifery workforce planning
- Ensuring only mentors who have the enthusiasm, skills, knowledge and values to role model professional practice to learners should undertake mentoring programmes
- Mentor networks embracing a community of practice philosophy should be piloted to enable new mentors to work through the challenges of mentorship practice utilising the support of experienced mentors as they integrate into the mentor community

It is to be hoped that when new NMC standards for both pre-registration nursing programmes and supporting learning and assessment in practice are published, that the issues of mentor support and a more supportive infrastructure for student placements will be addressed. There is also an opportunity for these to be translated into a fully resourced policy, as part of the HEE Shape of Caring taskforce work (HEE, 2016a), to finally acknowledge the fundamental role of mentors as the gatekeepers to excellence in future nursing and midwifery practice.

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