

MENTORING STUDENT NURSES
UNDER THE 2008 AND 2018 UK
STANDARDS FOR PRACTICE-
BASED EDUCATION

Darren Paul Brand

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Abstract

Following the introduction of revised national (UK) standards in 2018 by the Nursing and Midwifery Council (NMC), a new approach to providing support to student nurses was implemented. Under the previous (2008) standards, a qualified nurse worked alongside a student nurse as a mentor for a minimum of 40% of the time the student spent in a practice placement.

The 2018 standards saw the mentor replaced with two new roles, a Practice Supervisor, and a Practice Assessor. The summative assessment element of the previous mentor role has been allocated to the Practice Assessor, while all other elements have been allocated to the Practice Supervisor. Given literature which states that mentors should not be tasked to formally assess their mentees, the Practice Supervisor might thus be considered more of a pure mentoring role than that associated with the 2008 standards.

Three questions were used to guide the research:

1. What are student nurses' experiences of mentoring under the 2008 and 2018 UK standards for practice-based education?
2. What are mentors' (including Practice Supervisors) experiences of supporting student nurses under the 2008 and 2018 standards for practice-based education?
3. What are student nurses' and mentors' perceptions of the relative benefits and limitations of mentoring under the 2008 and 2018 UK standards for practice-based education?

A qualitative methodology was employed, and semi-structured interviews conducted with both student nurses and qualified staff to explore experiences and perceptions of mentoring under the two sets of standards. Data were firstly analysed thematically, and secondly through the application of an analytical framework, namely Developmental Mentoring.

Findings indicate that student nurses favoured the 2018 NMC standards, as they enabled them to take responsibility for their learning more so than under the 2008 standards. A perception was held by student nurses that across both sets of standards, qualified staff had limited time to provide support, but the flexibility of the 2018 standards provided opportunities to overcome this.

Findings indicate that the Practice Assessor role has improved student nurses' experience of assessment, and that student nurses felt more enabled to ask questions of their Practice Supervisor because they were not responsible for their formal assessment. The 2018 standards have also afforded student nurses the opportunity to work with a wider range of staff involved in patient care. This was seen as a benefit and enables the wider interprofessional team to get involved in the support of the student nurse. On the other hand, some student nurses interviewed spoke of the qualified nurses who were supporting them not having a full understanding of the roles introduced under the 2018 NMC standards, which was unsettling and, in some cases, led to the student nurse having to provide an explanation to the qualified staff.

Among the implications of this study, there is a need for new Practice Supervisors and Practice Assessors to understand the remit of their roles, and how these differ from those under the mentor role under the 2008 standards. Furthermore, there is a need for all qualified healthcare staff to receive mentoring training.

This study makes an original contribution to knowledge by being one of the first to investigate the new roles introduced by the 2018 NMC standards. It has the potential to benefit student nurses, qualified nurses and nurse educators and, in doing so, to support and facilitate effective mentoring relationships and help provide positive learning experiences within practice placement environments.

Key words: Placement learning, mentor, nurse education, Practice Supervisor, Practice Assessor.

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Glossary

CAIPE	Centre for the Advancement of Interprofessional Education
HCP	Healthcare Professional
HCPC	The Health and Care Professions Council
HEI	Higher Education Institution
HRA	Health Research Authority
IPE	Interprofessional Education
NHS	National Health Service
NMC	Nursing and Midwifery Council
PA	Practice Assessor
PS	Practice Supervisor
RCN	Royal College of Nursing
SSSA	Standards for Student Supervision and Assessment (2018 NMC Standards)
SLAIP	Standards to Support Learning and Assessment in Practice (2008 NMC Standards)

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Finally, and perhaps most importantly, I need to thank my family for their love and general motivation offered to me since the outset of this period of study. They have understood the need for me to disappear upstairs for hours at a time and for that I am so grateful.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” — Maya Angelou

Author's Declaration

Declaration

I declare that the research contained in this thesis, unless formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree and does not incorporate any material already submitted for a degree.

Signed: 

Dated: 28th February 2023

Chapter 1 – Introduction and Rationale

This chapter will outline the focus of the research undertaken for this thesis and provide a biography of the researcher. In addition, it introduces the research aim and research questions and provides the rationale for the study. Furthermore, the chapter will provide an outline of the whole thesis, and the content of subsequent chapters.

The research explores the mentoring experiences of student nurses and the qualified staff who support them during learning in placement settings, with particular emphasis on mentoring support. The focus is on a comparison of experiences of mentoring under the 2008 and 2018 Nursing and Midwifery Council (NMC) standards to support learning in practice (NMC, 2008; NMC, 2018b). The NMC is the regulatory body for nursing in the United Kingdom and mandates the way in which nurse education is delivered, setting out standards that must be followed by universities, placement settings, and student nurses. The NMC quality assures education by ensuring that the standards for education are adhered to in respect of curriculum and practice.

At this early stage, it is important to outline the author's views of the mentoring process, which will be developed further later in the thesis. I see the role of a mentor as mainly being of a supportive nature, whereby learning and development is a partnership between someone who is more experienced and a novice practitioner who can learn from the expert. I would also argue that summative assessment does not align with the role of a mentor and will explain the rationale for this in Chapter 3 (Literature Review), section 3.2.

1.1 – Researcher biography

At the time of writing, I have been a registered nurse for 20 years in several clinical roles, and for the past nine years as an academic. In these roles I have gained experience of being a mentor and an assessor, two of the key roles that are being explored in this research. At the start of my career, I worked in a clinical capacity in the National Health Service (NHS) operating theatre departments. My role included the provision of patient care, the management of surgical operating lists and providing mentoring support to student healthcare practitioners who spent placement time in the department. These students were predominantly nurses, but I also supported Operating Department Practitioners (ODPs) in practice. I found the mentoring role to be one of the most rewarding and interesting areas of my clinical work. I valued the opportunity to share knowledge, promote and drive an interest in a new area of nursing, and to see student nurses develop in confidence over a short period of time.

This is where my interest in the education of others was initiated and has shaped my subsequent career pathway and research.

After spending seven years in operating theatres, I went on to gain a postgraduate teaching qualification which enabled me to register as a teacher with the NMC. This opened the door to my current position as a lecturer working in a School of Health Sciences at a university on the south coast of England. My current role is predominantly focussed on the education of pre-registration student nurses, whose course requirements will be outlined in Chapter 2. I support qualified nurses in practice who mentor student nurses whilst they are on placement. This may involve guidance in relation to documentation used for recording learning, pastoral support and liaison with other colleagues within the university. My role at the university also involves leading academic staff who work with students and practice colleagues, which has enabled me to gain insight into the practice learning element of the nursing course. This aspect of my role will be explained in detail in the next chapter.

1.2 – Focus of the research

Since working in higher education, my curiosity has developed around the differences between the more structured learning that occurs on the university campus, and the less structured learning that takes place in practice environments. In Chapter 2 (Context for the Research), I explain the way in which a student is educated to become a nurse and detail the purpose of a placement within the learning process. The education of nurses in the United Kingdom involves a combination of campus-based learning in Higher Education Institutions and practice-based learning within clinical settings. Practice-based learning, where students spend time learning and working alongside qualified staff, forms an integral and mandatory part of the nurse education curriculum (NMC, 2018). Student nurses rotate between the campus and practice settings for the duration of their three-year course. It is recognised that clinical practice is a very unpredictable setting because of the busy nature of nursing, and this is noted to be the case when comparing practice-based learning with the campus-based experience (Bhoyrub et al., 2010). When a student nurse is out in practice the learning is more variable and less controlled. It is important to note that the placement experience of student nurses will vary, and the learning experience will differ based upon the setting in which they find themselves. The qualified staff who work with student nurses will facilitate learning based upon the opportunities available in their learning environment, as well as those that form part of their role as a qualified nurse (NMC, 2018).

It is important to recognise that practice-based learning on placements forms 50% of the nursing curriculum, and the overall learning experience of a student nurse (Jack et al., 2018). In addition, I hold a strong view, informed by research evidence (Bjørk et al., 2014; Cooper et al., 2015; Materne et al., 2017), that qualified healthcare professionals (HCP) hold a key role when they are tasked with mentoring students on placement, and that more significance should be afforded to this educational role due to the responsibility attached to it. My professional interest and prior experience of undertaking the mentoring role led me to focus on experiences of mentoring in this study.

Further to previous discussion, my personal and professional drivers for this piece of research are based upon two additional considerations. Firstly, I wished to develop my previous work from Stage 1 of the Professional Doctorate in Education (EdD), which focussed upon the experiences of student nurses being mentored in placement settings. The findings from that research influenced my desire to explore student nurses' experiences of being mentored and supported in placement settings, and the role that a qualified member of staff must play in this process. Surprisingly, there is a dearth of research in this area (Foster et al., 2015). In contrast there is a larger body of literature that examines the views and experiences of the qualified staff undertaking the mentoring role. The introduction of new standards by the nursing regulator (NMC, 2018) provided an excellent opportunity to undertake this research. Fundamentally, the role of the mentor was replaced by two new roles – Practice Supervisors and Practice Assessors. This will be explained in more depth in Chapter 2 (Context for the Research).

Secondly and significantly, with the introduction of revised NMC standards to support learning in placements (NMC, 2018a), and subsequent wholesale changes to the roles that are undertaken by qualified staff to support and guide students, no published research currently exists into these changes, and how the mentoring experience may have been impacted by them. It therefore seemed potentially fruitful to seek to address this gap in the literature. The updated standards published by the NMC had to be implemented by Higher Education Institutions by September 2020.

Whilst I usually refer to student nurses throughout this research, the terms 'student nurse', 'learner' and 'student' are used interchangeably in the nursing literature to denote the same people. Similarly, 'practice placement environment', 'placement' and 'practice' all refer to the environment in which a student nurse gains practical experience.

At the commencement of this research, my view of the mentor role located within the 2008 standards was not consistent with my understanding of the role of a mentor. I believe that a mentor should seek to provide guidance and support to a novice learner through the facilitation of learning opportunities. They facilitate a positive experience of learning and should not direct the process, more so they should deliver a holistic level of support and act as someone student nurses can utilise when needed but not be reliant upon them. This person, in my opinion, is generally experienced in their field and they use that experience to guide novice members of the team. This understanding is supported by definitions of mentoring that will be discussed in Chapter 2, sections 3 and 4.

1.3 – Research aim and research questions

The aim of this study is to undertake a comparison of student nurse mentoring under the Nursing and Midwifery Council's 2008 and 2018 UK standards for practice-based learning.

Justification for each of the three research questions is provided below¹.

1. *What are student nurses' experiences of mentoring under the 2008 and 2018 UK standards for practice-based education?*

Through this question I aimed to explore student nurses' experiences of being mentored under two sets of NMC standards detailing the support for learning in placement settings. It explored the perceived support and experiences of learners working with a single 'mentor' (required under the 2008 standards which were phased out), compared with the experiences of learners working with both a Practice Supervisor and Practice Assessor, seen under the 2018 standards. As half of the course experience is situated in placement settings, effective mentoring support is intrinsic to a positive learning experience. In many respects, this was central to my curiosity, and is the driving force behind this research. With the "mentor" holding key responsibility for the practice-based learning in the nurse preparation process, I was driven to learn whether such experiences vary between the previous and current standards, and whether the new standards appear to have enhanced or detracted from student nurses' experience of mentoring.

¹ As the thesis developed, the specific wording of the research questions was revised slightly to ensure clarity of meaning. The reader may thus notice a slight variation between the questions listed here and those given in the participant information sheet used for the purpose of recruiting research participants (see Appendix 3 and 4). Since the substantive research questions did not change, ethics reapproval was not required.

2. *What are mentors' (including Practice Supervisors) experiences of supporting student nurses under the 2008 and 2018 standards for practice-based education?*

This question enabled the perceptions and experiences of qualified staff who support student nurses in placement environments to be explored. Crucially, it allowed those undertaking mentoring roles to highlight their experiences of doing so. Enabling participants to draw comparisons between the earlier mentorship role, where the mentor acted as both facilitator and assessor, and the more recent Practice Supervisor and Practice Assessor roles, would allow for the generation of rich data. As mentioned above, there is significant nursing literature that exists in relation to the role of the mentor, but little on the experience of student nurses being mentored. However, there is currently no published research that examines these new roles or has made comparisons with the older mentoring role.

3. *What are student nurses' and mentors' perceptions of the relative benefits and limitations of mentoring under the 2008 and 2018 UK Standards for practice-based education?*

Through this research question I sought to identify positive elements of mentoring arrangements under the two different sets of standards and outline any limitations or challenges associated with mentoring, under either set of NMC standards, or with the transition to the new ways of working. I was especially interested in the reflections of those with experience of supporting or being supported using both the previous and newer standards. This will be helpful in terms of being able to make recommendations to enhance the experience for future learners.

As noted at the outset of this thesis, with new standards through which to support student nurses in a practice placement environment introduced by the NMC in 2018, along with a dearth of literature that explores the experiences of student nurses of being mentored, there is a gap in the literature that this study will aim to fill. In order to gain an overview of such experiences, from both student and registered nurses, an appropriate methodological approach was needed. It was important to utilise an approach that would allow participants to speak freely and allow the researcher to not only probe and clarify, but further explore responses that are pertinent to answering the research questions.

1.4 – Thesis outline

So far in this chapter I have outlined my interest in the chosen topic and how at the time of designing the study, it was significant that a new system of supporting the learning of student nurses in a practice placement setting was being introduced, offering a timely opportunity to compare individuals' mentoring experiences of the 2008 and 2018 standards. The structure and organisation of the remainder of the thesis is outlined below.

Chapter 2 (Context for the Research) provides contextual detail relating to nurse education and policy at a local and national level in relation to this research.

Chapter 3 (Literature Review) presents the analytical framework of the study and will situate the research within the existing literature on supporting student nurses in health education placement settings, and on mentoring specifically. The mentoring literature includes that relating to nursing specifically and material from wider fields, including education, allied health professions (AHP), and the generic mentoring literature. The chapter presents the concept of developmental mentoring, which was adopted as an analytical framework.

In Chapter 4 (Methodology) I outline my research design and methodological approach to the research. This is linked to my world view in relation to the development of knowledge, and how I feel this justifies the use of qualitative methods of data generation and analysis. I justify why I felt an interpretivist approach was appropriate when exploring the perspectives and experiences of those being interviewed. I explain the choice of, and acknowledge the limitations of the use of individual, face to face interviews as my method of data generation and go on to outline the process used to analyse the data, which drew on the use of thematic analysis alongside the developmental mentoring framework. I also outline my ethical protocol and the ethical approval process.

In Chapters 5 - 7 (Findings), I will present the findings derived from the data analysis process. The three 'Findings' chapters each relate to one of the three research questions. The findings chapters will also address three overarching themes identified within the analysis: the role of individuals in supporting learning; the involvement of the wider team (nurses and other health professionals) in providing student nurse support, and assessment and feedback.

Chapter 8 (Discussion) will discuss the findings in the context of the existing research literature and the developmental mentoring framework. It will identify the unique contribution to the field made by this study, and identify recommendations for future

student nurses and their Practice Supervisors and Practice Assessors to develop the 'mentor' role and maximise the relationship between both parties. I will also reflect upon my personal key learning having undertaken this doctoral study within the discussion chapter.

In chapter 9 (Conclusion) I summarise the whole thesis and draw the piece of work to a close. It will highlight the original contribution to knowledge and identify opportunities for further research.

1.5 – Chapter summary

Within this chapter, I have provided an introductory overview of the research that was carried out and provided biographical information to show how my professional interest in the experiences of being mentored and in the placement learning of student nurses makes this research relevant at the time it was undertaken.

The chapter has provided some initial context and noted the developmental nursing framework that was used as an analytical framework. It has also provided an overview of the content of the subsequent chapters. I now turn to a fuller discussion of the context of the study in Chapter 2 and will provide the detail behind the changes that were introduced and outline the new roles that came into the placement element of nurse education in the United Kingdom in 2018.

Chapter 2 - Context

2.1 – Introduction

This chapter offers an overview of the current professional and educational context framing nurse education and the mentoring of student nurses, at a local and national level perspective.

The chapter addresses the following contextual considerations, in turn:

- The national and local nurse education context, including financial, capacity and availability considerations in relation to placement settings (section 2.2)
- An overview of nurse education in the United Kingdom – policy context (section 2.3)
- How student nurses are supported in placement settings (section 2.4)
- Practice-based learning in the Allied Health Professions (section 2.5)
- Covid-19 and its impact on this research and nurse education in practice-based and HEI settings (section 2.6)

Section 2.7 provides a summary of the chapter.

2.2 – The National and Local Context

2.2.1 – The national professional and educational context

In this section, I will outline the key changes that have occurred in placement learning support and the education of student nurses in the United Kingdom. Before that is provided, it is important to set out the other factors that affect nursing as a profession at the time of writing this chapter, as they have implications for the education and training of nurses in practice-based settings. As with most professional roles, the workforce that makes up the health service is faced with complex issues. Nursing education is no different and in recent years has faced a series of challenges.

The regulation of nursing has changed since 1984, when the previous regulatory body, the United Kingdom Central Council, was created. The role of the mentor was brought to the fore in nurse education in 1999, when a Department of Health (DoH) report entitled “*Making a Difference*” was very critical of the competency of newly qualified nurses. The report stressed the importance of placements, and the role that experienced staff should play in the development and support of student nurses (DoH, 1999). In recent times, the support for student nurses in some organisations has been seen as lacking, most notably in the enquiry into the Mid-Staffordshire care failings

(Francis, 2013) and the Willis Report, which was commissioned to examine the future of nursing education (Willis Commission, 2012).

In 2002, a new body, the NMC was formed and now regulates nursing across the whole of the United Kingdom (UK). Whilst the NMC has responsibility for nursing and nurse education in the whole of the UK, my study focusses on England, as the NHS management, funding and placement system differs in Scotland and Wales. As the chapter will explain in more detail, nursing became an all-degree profession in 2015, which brought nursing in line with the other health professions. Prior to this time, various routes into nursing existed, with an apprentice style utilised where learning occurred in practice settings with no involvement of a higher education institution (Peiser et al., 2018). This was followed by the introduction of a diploma course in 1989, called "Project 2000". A more academic approach to nurse education was adopted through the delivery of most theory-based teaching within a university setting. Although these measures were regarded as mainly effective, there was a need to align nurse education with that of other health professions. The regulatory body for nursing ensures that the standards for nurse education are reviewed regularly, as without changes to these standards, newly qualified nurses would not be fully prepared for the challenges of undertaking the role. The literature notes that there have been disagreements over the content of the nurse curriculum, and the exacting needs of modern nursing (Gray, 1997; Lord, 2002). Whilst these factors will be discussed in more detail later in this chapter, Figure 1 provides a timeline of the key developments in nursing education in the UK.

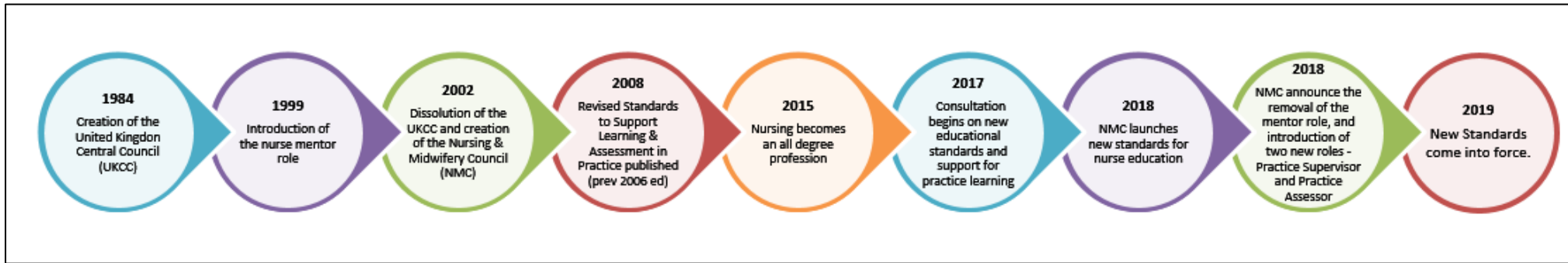


Figure 1 – Timeline of nurse education in the United Kingdom

To qualify as a registered nurse in the United Kingdom, a student nurse must successfully complete a three-year training programme. The NMC regulates the curriculum that is facilitated by approved HEIs and require a student nurse to spend 2,300 hours in a university setting, gaining theoretical knowledge, and a further 2,300 hours in a range of placement settings to develop their practical experience of caring for patients and gaining further understanding of the role of a qualified nurse. It is up to HEIs to decide how this course experience is managed, however most adopt a block approach, whereby a student nurse will rotate between campus based and practice placement learning. As stated previously, practice placements include hospitals, community, and other care settings.

The next section of this chapter provides context in relation to the financial implications and challenges associated with nurse education.

2.2.2 – Financial impacts on student nurse recruitment

Up until 2016, those applicants who wished to become a nurse were provided with a bursary and had their tuition fees paid by the government (Regan and Ball, 2018). Since the removal of the bursary and the introduction of fees in 2016, the number of people applying for nurse education has fallen, a consequence of which has been a drop in numbers of student nurses (Maguire, 2018). The Royal College of Nursing (RCN) report that numbers applying to begin nurse training in September 2018 dropped by 12% compared to the previous year, resulting in 16,580 fewer places being taken up since March 2016 when funding stopped (RCN, 2018). This has workforce planning implications for both the profession and for the wider public, as the number of qualified nurses was predicted to drop significantly in the coming years and is compounded by a significant number of current nurses approaching retirement age. In July 2019, the number of vacancies in nursing sat at 40,000 in England alone, which emphasises the importance of providing students on a nursing course with a high-quality learning experience, both in the university setting and the placement environment. There is wide-spread historical evidence to support the fact that high turnover of nurses is costly (Waldman et al., 2004; Jones, 2005; O'Brien-Pallas et al., 2006). By developing good educational practice, the retention of staff will follow (Jones and Gates, 2007), and it is pertinent to note that qualified nursing staff not only support student nurses, but newly qualified staff as well. The number of applicants to nursing courses saw an increase following the raised profile of nurses in caring for

individuals during the Coronavirus pandemic of 2020-21. The Universities and Colleges Admission Service (UCAS) saw a 32% increase in applications for the 2021/22 academic year in comparison with the previous year (UCAS, 2021).

The introduction of an all-degree pathway has also had an effect on numbers of applicants to nursing courses, with the number of mature students decreasing by 16% in 2018, and an overall reduction of 40% since June 2016 (RCN, 2018). As part of the revision of the nursing educational standards and the publication of the 2018 standards, a greater emphasis has also been placed on the need for graduates to be “work ready”, which in turn places qualified nurses who support students under the spot light further to ensure that support is provided (NMC, 2018a).

2.2.3 – Availability of clinical placements

Due to the budgetary constraints placed on National Health Service (NHS) Trusts to run a service, there have been frequent re-configurations of service provision (NHS England, 2018). These present in a variety of forms, ranging from the amalgamation of services (for example, two surgical wards being merged into one), through to the full closure of services. Other examples include the relocation of services (e.g. from one geographical location to another) and the scaling down of the size of a team. The private sector is not immune to such challenges, and many placement areas have either had to reduce the size of their service or close it entirely. As a result, placement capacity has been significantly affected and the number of placements that are available to student nurses is reducing at the current time, limiting the learning opportunities available. This increases the pressure on other areas to accept more students and can lead to additional issues pertaining to the demand in placement settings when students from other health professions also require support from qualified staff. The advance of the Coronavirus pandemic in the spring of 2020, requiring rapid adaptations of settings to accommodate additional demand on healthcare services during the pandemic, also impacted on the availability of placements. The ways in which Covid-19 impacted on this research is also discussed later in this chapter.

Placement providers are also working under the various directives that are issued at national level, which give direction in relation to how services should develop and adapt. The NHS Long Term Plan (NHS England, 2019) was published in the UK in early 2019, and sets out a pathway for a 21st century healthcare service. This places an emphasis on the provision of out-of-hospital care, and an expansion of the services offered away from hospitals. Thus, challenges are posed to placement learning, as

most mentors have traditionally been hospital based. Moving forward though, this will be of benefit as it is noted above that many nursing roles are no longer hospital based and there is a need to develop the understanding of students of nursing care in a range of settings. Recent years have seen a campaign by the Royal College of Nursing (Royal College of Nursing, 2019) to increase the number of staff working in the community capable of supporting student nurses and other student healthcare professionals. These issues are not new, and such changes were occurring in the 1990's following the creation of the Community Care Act, as discussed by Hilton and Morris (2001).

At the same time, with many experienced staff retiring and staffing levels running at lower levels than they could be (Jones-Berry, 2019), additional pressure is placed on the qualified staff remaining (Buchan et al., 2019). This issue is two-fold: firstly, they have a duty to deliver their primary role, that of care to the patients in their clinical environment. The NMC (NMC, 2018) make it clear that this is the main responsibility of a nurse, and must always come first. Secondly, the expectation to act as a mentor to student nurses is greater as with more staff in place, the role could be shared more widely. There is however a reluctance by some staff to take on this role in addition to their already heavy workloads (Gray and Brown, 2016). Whilst this is understandable, there is always a need to develop the next generation of health professionals, and without appropriate support the level of competence of newly qualified nurses may be affected. It has been suggested that a qualified nurse mentor, should work with a minimum of three students in three years (NMC, 2008). In my experience, most nursing mentors are asked to support a student nurse on a far more frequent basis. When combining the two roles (the delivery of patient care as well as mentoring to student nurses), the workforce is working harder than it would normally and nurse mentor fatigue is a risk (Schaffer, 2013).

2.2.4 – Capacity to support learners

Almost without exception, clinical settings that accommodate student nurses on placement are also utilised by other health professional students and have been for many years. It is recognised that healthcare is an interprofessional service, and it is very rare that only one discipline provides all aspects of care to a patient. As a result, there is demand for placement provision not only for nurses, but for students from a range of other health professions, including physiotherapy, speech and language therapy, medicine, occupational therapy, radiography, pharmacy, and dietetics, all of which need to be managed. If too many healthcare students are in the same setting, it is recognised that the quality of the learning experience may be compromised due

to a lack of mentoring support (MacLaren, 2018). With the health service in the UK working in a more integrated style than it has ever done before (Baxter et al., 2018), and healthcare professionals working closely together to support patient care, there are challenges for placement areas to be able to support students and their associated learning (Hellawell et al., 2018; McBride et al., 2018). Interprofessional education also provides the student nurse, and other student healthcare professionals with the opportunity to prepare them for learning from and working within integrated teams. Interprofessional education is defined by the Centre for the Advancement of Interprofessional Education (CAIPE) as *“occasions when two or more professions learn with, from, about each other to improve collaboration and the quality of care”* (CAIPE, 2002, p.6). This increasingly is the way in which care is delivered to patients, as opposed to each profession working independently (Machin, 2018).

With demand so high, clinical settings are not always able to meet the pressures of all healthcare disciplines requiring placements for their students (Hutchings et al., 2005). For this reason, most universities which run health courses employ a team of administrators to manage the allocation of students to placements. The allocation of student nurses to qualified staff is usually managed by one person within the placement setting, to ensure that the workload is equitable between all suitably qualified staff. This addresses the issue of spreading the workload across the whole team, and thus hopefully eliminating the risk of mentor burnout (Erickson and Grove, 2007).

2.3 – Nurse Education in the United Kingdom – policy context

Nurse education programmes in the United Kingdom are university based, and as mentioned previously, nursing has been an all-degree profession since 2015 (NMC, 2010). Within the UK, a total of 129 HEIs are approved to deliver nurse education (UCAS., 2020).

Whilst the NMC provides no standard or generic definition of a placement, the wider literature (Jokelainen et al., 2011) speaks of the aims of a placement to develop knowledge, skills and values and to become a skilled and confident professional practitioner. This view is held by several authors who argue that placements are vital in the development of practical knowledge and skills (Flott and Linden, 2015; Guile and Griffiths, 2000; Billett, 2001; Woodward, 2013; Franklin Torrez and Krebs, 2012).

Nursing courses are often structured in an approach whereby student nurses alternate between the theoretical teaching within the university, and the opportunity

to embed this knowledge into practice through placements. This is often referred to as “blocks” of theory and practice-based learning. The course is structured to allow the theory studied in the university to facilitate critical reflection on practice in previous and subsequent placements, and to inform practice in subsequent placements, alongside the development of skills and professional values. To provide a simple example, during the first theory block, students may be introduced to the basic skills and principles of the nursing processes (how to take blood pressure, pulse and respiration rates; theories of nursing, how to plan and implement care). The placement that follows this would then allow them to put this knowledge and skills into practice and to gain confidence in their use. In Year 2 the level of complexity increases: for example, on campus the student nurses may be taught about nursing acutely ill patients, and the skills required to do this. Placements that follow may then include Intensive Care, Accident and Emergency, or Operating Theatres. Figure 2 below highlights a previous course model, whereby student nurses completed nine shorter placements over the three years.

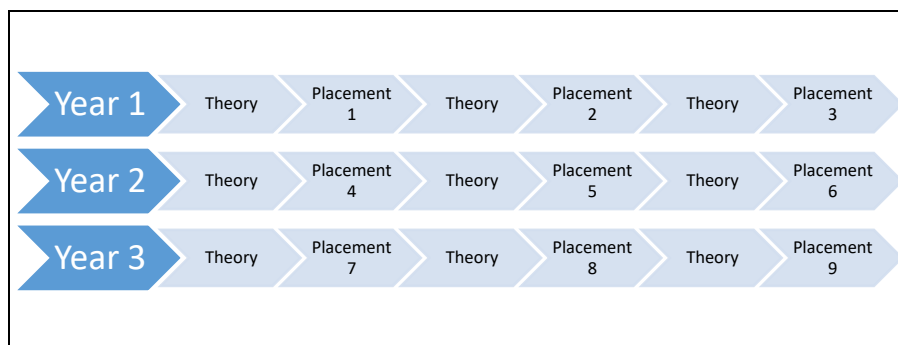


Figure 2 – Current course structure model

It is now increasingly popular in HEIs to arrange longer placement allocations for student nurses. The justification for this change is that it will allow more time to immerse student nurses more fully in the learning opportunities available in a placement setting, and to work alongside experienced, qualified staff. As well as developing their knowledge, skills, and professional behaviours by working alongside experienced colleagues, student nurses are also able to understand the importance of team working and the socialisation to the role of the qualified nurse. This fits with the research undertaken by Wenger (1991) who speaks of the importance of learning being more effective once the individual regards themselves as part of the wider team. The process of becoming part of the team is complex, due to the transient nature of placements. My own research (Brand, 2018) has identified that a student nurse may

only feel part of the team towards the end of a placement, at which point they leave, and the process begins once again.

Whilst on a placement, a student nurse always holds supernumerary status – meaning that they cannot be included in the staffing numbers. This is a requirement of the NMC (2008, 2018c) to protect the developmental status a learner holds in a practice setting. A student nurse will engage in many activities that facilitates their learning, including the observation of mentors and participation in clinical care, whilst being supervised by a qualified member of staff. This qualified staff member may be their mentor or could equally be another member of the wider team. This enables the development of knowledge, skill, and professional values, and as seen above, allows for the development of understanding of other healthcare roles (NMC., 2018). The expectation is that as a student nurse nears the end of their course, they can perform an increasingly independent role (NMC, 2008). It is important to note that some placements are more specialised than others and a student may be more limited in what they can do practically, which emphasises the variable experiences a student nurse can encounter in practice.

2.4 – The context of supporting student nurses in placement settings

This section will provide a more detailed overview of the standards that were introduced by the Nursing and Midwifery Council in 2018 and implemented from September 2019, as well as those that were phased out. In addition, contextual detail with regards to the requirements to become a qualified nurse will be provided.

2.4.1 – The 2008 Nursing and Midwifery Council (NMC) standards to support learning and assessment in practice

Across many professional fields, for example teaching and social work, various definitions of a mentor exist. Under the 2008 standards, the NMC described a mentor as a qualified nurse who, *“following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an approved education institute as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes”* (NMC, 2008, p19). In addition, under the old standards, the NMC also stated that a mentor was responsible and accountable for *“assessing total performance – including skills, attitudes and behaviours”* (NMC, 2008 p.19). Whilst other definitions may better characterise the mentor role, the NMC version provides very specific criteria that must be met in order to undertake the role.

Once qualified under the old 2008 standards, a new mentor of a student nurse was responsible for the whole placement learning experience, and mentor responsibilities included the completion of all paperwork. This encompassed the agreed learning contract, all progress review meetings held during the placement, and documented feedback following formative and summative assessments. Under the 2008 standards, mentors facilitated learning experiences for student nurses and liaised with colleagues in the department, as well as externally to ensure that the agreed learning objectives documented in the learning contract could be met. External colleagues may be other departments within the same organisation, other NHS Trusts, or private, independent, or voluntary sector groups. Mentors also liaised with academic tutors about more specific support needs that the student nurse or the mentor required. The mentor held a key role as the link between the HEI and the practice placement setting.

There were a series of essential requirements that were prescribed within the outgoing structure of mentoring. These requirements can be viewed as restrictive, and are listed below:

- To become a mentor, a nurse must have been qualified for a minimum of a year.
- The mentor allocated to a student nurse must have been on the same part of the NMC register as the student they are assessing. For example, an adult field registered nurse could not assess a student who was on a child or mental health field programme.
- The mentor must hold a professional qualification equal to, or greater than that of the student being mentored.
- The mentor must have undertaken and passed an approved mentor preparation course.
- The mentor must be able to make judgements about the abilities of the student they are working with. This requirement does not fit with my working definition of the mentoring role.
- Whilst on placement, a student had to spend a minimum of 40% of their time working directly or indirectly alongside their mentor. Indirectly means that they can be on the same shift but may be allocated to work with another member of the team.

The Nursing and Midwifery Council was very clear that under the 2008 standards, a named qualified mentor must be allocated to facilitate a student's practice learning experience (NMC, 2008). Registered nurses obtained a mentoring qualification by completing an approved mentor preparation module at a university. This ensured they were competent to facilitate and assess the learning of student nurses in the practice environment. This five-day course introduced prospective mentors to a range of teaching, learning and assessment approaches to equip them to undertake facilitation of learning and practice-based assessment. Under the 2018 standards, qualified nurses are not required to complete a mentorship course. As mentors were also tasked with delivering the results of practice-based assessments, the course also demonstrated techniques through which the feedback process could be managed. It is important that constructive feedback is provided to students to build upon developmental areas in future placements (Duffy, 2013; Cant and Cooper, 2011; Duers, 2017; Jones et al., 2018; Adamson et al., 2018; Paterson et al., 2020). In addition, mentors are familiarised with documentation that a student nurse must have completed to demonstrate competency in a placement. It is important to highlight that mentors, who are practitioners and whose priority is the practice of safe patient care, are not given additional time to undertake this extra responsibility, nor are they paid a premium but are expected to conduct the mentoring role alongside their normal clinical responsibilities (Royal College of Nursing, 2017). In recent years there has been a shortage of mentors in practice settings (Scammell, 2019; Brathwaite and Lemonde, 2011) which has added pressure to the task of supporting learning in practice. Whilst qualified nurses were able to choose to attend a mentor preparation course to become a formalised mentor, the NMC Code stipulates that all qualified staff have a responsibility to share their knowledge, and cannot refuse to support student nurses (NMC, 2018).

Mentors who supported student nurses within the 2008 standards may view themselves as gatekeepers to the nursing profession and will be conscious of upholding standards expected by the public. However, research in other contexts (notably teacher mentoring) suggests that there may also be a risk of what has been termed 'judgementoring' (Hobson and Malderez, 2013). This is where the development of an open, trusting relationship between mentor and mentee, and therefore the potential positive impacts of mentoring (see Chapter 3), are impeded by the mentor's provision of evaluative feedback relating to performance, an element which was effectively required (under the 2008 standards) due to the summative assessment role held by the mentor.

The 2008 standards for mentoring had been in place for a number of years, with the term “mentorship” closely associated with nursing since the 1980’s (Shaw and Fulton, 2012). Through this approach, the role of the mentor is seen as multi-faceted and can be formal or informal in action. The seminal work of Darling (1984) speaks of a mentor as requiring the traits of motivator, role model, envisioner, supporter, challenger, teacher-coach and many more.

In my own earlier research (Brand, 2018), I identified that tacit learning is a key mode of the process of learning from a mentor, as identified by Eraut, (2000) and Evans and Kersh (2004). By being immersed in a placement setting and working with qualified staff who may be viewed as experts in their field, learning occurs tacitly. Though clinical practice based learning can provide students with clear learning outcomes, a day in a practice based environment is very unpredictable (Schon, 1983). Whilst student nurses may not know at the start of a shift exactly what they will learn that day, just being with and observing qualified staff around them will be a learning experience in itself. A mentor should listen, provide professional advice, and enable the development of the student nurse (Eller et al., 2014). Student nurses have reported, as highlighted by West et al., (2007), that a challenge regularly faced is that the person identified to support them in practice is also the individual who undertakes assessment and scrutiny of their practice. In some cases, this may have deterred students from utilising their mentor as effectively as they might have done without the presence of the summative practice-based assessment element, as has been found in other professions such as teacher training (Hobson et al., 2016). Student nurses are aware that the mentor, as part of their assessor role, makes judgements about their ability to practice (Webb and Shakespeare, 2008; Burden et al., 2018), and on occasion students were fearful that asking questions may be perceived as a weakness. This reluctance is supported by research in health, education, and elsewhere, and will be explained in detail in the Literature Review chapter. Casey and Clark, (2011) recognise that the NMC’s 2008 view of a mentor is different from the traditional mentor role, as assessment would not normally be an expectation of a true mentor (Clutterbuck, 2008), and is not included in the Practice Supervisor role, which is explained in the next section of this chapter.

Whilst the NMC have used the term ‘mentor’ for several years, it may be questioned whether the 2008 standards can be viewed as a supportive process as it might have been, due to the requirements of the mentor to give feedback to, judge and formally assess the student nurse.

The next section will outline the changes that have been implemented from September 2019.

2.4.2 – The 2018 Nursing and Midwifery Council (NMC) standards for student supervision and assessment

In 2018, the NMC published revised standards for nurse education that came into force from September 2019 (NMC, 2018a; NMC., 2018; NMC, 2018c). Whilst the key components discussed in the previous section regarding the course hours and structure remained relatively unchanged, fundamental differences have been implemented in relation to the support of student nurses in the placement setting.

The previous single mentor role was divided up into two areas of responsibility, with student nurses in placements requiring two qualified practitioners to support them (NMC, 2018b). One takes responsibility for the facilitation elements and what could be described as the “traditional” aspects of a mentors’ role, i.e. facilitation of learning, formative feedback, welfare and support provision. This person is known as a Practice Supervisor, and the role can be held by any registered health professional such as paramedics, physiotherapists and Nurse Associates. The second person known as the Practice Assessor has responsibility for the formal aspects of summative practice-based assessment for a student nurse. This individual liaises with the Practice Supervisor with regards to the progress of the student nurse and arranges practice-based summative assessments at appropriate points within the placement. This role must be undertaken by a registered nurse, as stipulated by the NMC (2018). A Practice Supervisor and a Practice Assessor will be allocated in each placement a student nurse attends. A third role, the Academic Assessor, will be in place to co-ordinate learning. The Academic Assessor is based within the HEI, and a similar role existed under the previous placement model whereby they verify that learning in practice-based settings has taken place. This individual also holds a quality assurance role, as they confirm that the student nurse has met the requirements set in place within the NMC standards and can proceed to the next stage of the course. The move from the mentor role to the two new roles (Practice Supervisor and Practice Assessor) will arguably offer a form of mentoring that aligns to the working definition outlined in Chapter 1, and is developed further in section 3.2, as there will be a clear distinction between roles and facilitator and assessor, as stated by Cassidy, (2009).

The NMC state that by dividing the role of the mentor into two, there are now clear lines of role responsibility, and this will hopefully remove any problems experienced previously with consistency of role responsibility and lead to a more objective,

consistent, and fair assessment process (NMC, 2018). This might also have the potential to eliminate a historic issue in nursing of “failure to fail” (Duffy, 2003; Hughes et al., 2016; Vinales, 2015), whereby a mentor would pass a weak student in the hope that a future mentor would address any concerns. Through having an independent assessor, a more objective view of the ability of the student nurse will be gained as opposed to the potential for a more subjective view when the assessment role was previously part of the role of the mentor (NMC, 2008).

The new roles are less prescriptive than those identified in the 2008 standards. The requirement for student nurses to spend 40% of their time with their mentor has been removed, along with the ‘minimum length of time since qualification’ requirement to undertake these roles. Newly qualified staff have a lot to contribute to the support process, particularly in relation to their more recent experiences of being a student nurse, and the NMC expect all registered nurses to support the learning of others. Prospective Practice Supervisors and Practice Assessors will not be required to complete an NMC approved university module; the requirements for the preparation of these roles will be agreed locally between university and placement partners. The NMC (2018b) have said that qualified staff undertaking these roles must be supported and prepared for the roles based upon individual needs. The stipulation for these new roles is that non-nurses undertaking them have the experience relating to the scope of practice of the students being supervised. For example, to teach or assess a skill, the Practice Supervisor or Practice Assessor must have an understanding and competence through their own use of that skill in their area of practice.

The duty of the qualified member of staff to maintain patient safety and promote a learning environment which will offer the student nurse opportunities to develop their skills in a safe setting remains the same in the 2018 NMC standards. The new standards (NMC, 2018) place the student at the centre of the learning experience, which reinforces the working definition provided earlier of the role of the mentor. The Practice Supervisor is required to facilitate a positive learning experience by offering support, providing chances to learn and gain new skills and knowledge, and to provide feedback using formative assessment. Formative assessment can be defined as a method of providing feedback that moves a learner forward (Black and Wiliam, 2009).

Figure 3 highlights the main differences between the 2008 and 2018 standards for supporting learning in a placement setting. On the left-hand side of the diagram is the previous mentoring approach whereby the responsibility for the placement is allocated to one person. The diagram lists the responsibilities of this person whilst

they are working alongside a student nurse. The two columns on the right side of the diagram illustrate the division of responsibility between the Practice Supervisor and Practice Assessor. It is important to note that the Practice Supervisor holds responsibility for formative practice-based assessment.

2008 - Mentor	2018 - Practice Supervisor	2018 - Practice Assessor
<ul style="list-style-type: none"> • Teacher • Assessor • Role model • Provision of feedback • Coach / guide • Facilitator • Supporter 	<ul style="list-style-type: none"> • Coach • Guide • Teacher • Supporter • Facilitator • Role model • Formative feedback / assessment 	<ul style="list-style-type: none"> • Assessor (summative) • Provision of feedback

Figure 3 – Role responsibilities of student nurse practice support (2008 v 2018)

The role of Practice Assessor is in place to confirm the student's achievement of the learning outcomes agreed for the placement and they will work alongside the Practice Supervisor to gain a clear understanding of the ability of the student to practice safely. The Practice Assessor must be on the same part of the NMC register as that which the student nurse is training to enter. For example, an adult nurse can only assess a student adult nurse. They could not assess a student on a child nursing programme. This is known by the NMC as "due regard".

Whilst the Literature Review chapter will explore in depth the definitions that exist in relation to mentoring in nursing and the wider settings, it is interesting to note that the changes that are being made to the way in which student nurses are supported in placement settings are becoming more aligned to my working definition of the role of a mentor (Chapter 3, Section 2), even though the term 'mentor' is no longer used. By this, I mean that the NMC (2008) standards use the term mentor for the person allocated to support the professional learning and development needs of the student nurse, yet practice-based assessment was part of this role. Under the NMC (2018) standards, the role has been re-named 'Practice Supervisor', yet it is the closest it

could be to being a mentor in the context of the definitions I presented earlier, and those I outline later in section 3.2. There is also evidence that argues against the use of the term 'supervisor' in educational placements as it is seen as overly restrictive, and that the term 'educator' is better (Moore et al., 1997). For the reasons outlined in section 2.4.1, I believe the definition provided by the NMC is overly restrictive due to the prescriptive nature of who can undertake the role and what they must undertake to maintain the qualification. At the end of this research, I will revisit and review my understanding of my earlier views of mentoring.

A methodology that allowed the researcher freedom to ask questions of participants, and to make a comparison of the experiences of registered and student nurses between the 2008 and 2018 standards was important, and consideration had to be given to ensure that a design which might be considered overly restrictive was avoided. This will be discussed further in Chapter 4 (Methodology).

2.5 – Practice-based learning in other health professions

The changes made within the education of student nurses do not align with the education of other healthcare professionals. This section will briefly provide an overview of how Physiotherapy, Occupational Therapy, and Podiatry students are supported in their practice learning. It is of interest to note that not one of these three professions make use of the term 'mentor' within their placement support structures, yet the support provided by qualified practitioners can be viewed as forms of mentoring. The three health professional groups outlined below are all regulated by the Health and Care Professions Council (HCPC), which is the equivalent to the NMC for nursing, and all aspects of education and training are overseen by the HCPC (Health and Care Professions Council, 2012) as well as associated professional bodies, such as the Chartered Society of Physiotherapy, the College of Podiatry, and the Royal College of Occupational Therapists.

2.5.1 – Physiotherapy

Physiotherapy students and their associated learning are regulated by the requirements set within the standards issued by the regulatory body, the Health and Care Professions Council (HCPC, 2014). Under these standards, several criteria are set out with regards to the expectations in relation to education and training, key areas for practice, and availability and capacity of placement settings. Physiotherapy students should be supported in an environment which facilitates safe and effective practice-based learning, with the HCPC stating that appropriately qualified and experienced staff should be involved in practice-based learning (HCPC, 2014).

Student physiotherapists are supported by qualified staff known as “practice educators” as well as others working in a practice environment setting. A practice educator is defined as a person who is responsible for a learner’s education during their practice-based education, and the closest equivalent to a mentor. The Chartered Society of Physiotherapy (CSP), which is the professional body, does not set specific requirements about the knowledge, skills, and experience of these practice educators: however, they expect students to seek support from staff who can facilitate safe and effective practice-based learning. No stipulation is made in relation to any necessary qualifications or ratios for safe working, though a minimum of 1,000 practice hours must be achieved by a student physiotherapist over the duration of their course. The CSP recognises that support from colleagues in other professions may be appropriate on occasions. The practice educator will be involved in the teaching, assessing and facilitation of learning, and unlike the new nursing approach, practice-based assessment forms part of the role of the practice educator.

2.5.2 – Occupational Therapy

Occupational Therapy students are also allocated a qualified member of staff who will work alongside them and whose role also includes the development of practical skills and the assessment of their practice. This person is known by the Royal College of Occupational Therapy (RCOT), the professional body for Occupational Therapy, as the Practice Educator (PE). Just as with the outgoing 2008 NMC standards, these requirements sit with one individual and could be viewed as restrictive from a support perspective if the student felt that they could not open up fully to their PE. Whilst the duration of a pre-registration occupational therapy course may vary there is a requirement to spend 1,000 hours in a range of practice settings.

2.5.3 – Podiatry

Student podiatrists are also required to complete 1,000 hours of practice-based learning experience over the duration of their course and are supported by qualified podiatrists in a range of placement settings. These staff are referred to as practice educators or sometimes Practice Supervisors, though these are terms used interchangeably for the same role. The learning experience is overseen by their professional body, The College of Podiatry. Assessment is considered part of the role of the qualified practitioner working alongside the Podiatry student.

2.5.4 – Overview of other health professions

Whilst, as with nursing, these three health professions are accessed through university-based courses, and each includes practice-based learning as a key

component, that is where similarity with nursing ends, following the introduction of the 2018 standards by the NMC. Physiotherapy, Occupational Therapy, and Podiatry all utilise an approach whereby the Practice Educator takes responsibility for support, teaching, and practice-based assessment of student practitioners. Under the 2018 NMC standards, this approach is divided into two, with one-person responsible for the support, teaching and facilitation of learning, and another looking after the formal assessment requirements. Likewise, there are other areas of healthcare which were not outlined in relation to student practitioner support, such as Paramedic Science, and Midwifery – though the latter is also regulated by the NMC and generally aligns with nursing regulation. The three professions discussed in this section provide a comparison with nursing and are interprofessional colleagues who work closely with nurses.

2.6 – The Covid-19 pandemic and effects on my research

2.6.1 – Overview

In mid-March 2020, the global Coronavirus pandemic was declared and subsequently saw a significant shift in the way both healthcare delivery and university teaching were managed, in England as well as globally. For all English universities providing nursing education, placements were suspended for all but final year students who were six months away from completion of the course (Health Education England, 2020). The pandemic saw most universities close their campuses, based on the advice of Public Health England, and move to teaching remotely using online lectures and recorded material.

As academic staff at the University of Brighton, we were moved to home working and from a research perspective, all face-to-face data collection was suspended from March 2020 to September 2021 to prevent the spread of the disease. Campuses remained closed in most UK universities for the remainder of the 2019/20 academic year and into 2020/21, and the way in which nurse education was managed during this time is outlined in the section below. Chapter 4 (Methodology – section 4.4.4), will outline the changes that were made to the ways in which data were gathered.

2.6.2 - Temporary national educational changes

Rapid and significant changes were made to the nursing curriculum by the NMC in the form of Emergency Standards (NMC, 2020). These were published with the intention of bolstering the workforce undertaking front line care, and although not involved in this study, final year students saw an accelerated programme that led to

temporary registration. For these students, they would no longer be supervised under the 2008 NMC standards but move to the 2018 version (with changes as detailed below), thus allowing the wider team to provide support and act as Practice Supervisors (NMC, 2018), rather than receiving support from a single mentor. Guidance relating to these changes was issued by the Royal College of Nursing, and at local level by universities. First and second year nurses saw an alteration to their education, with Year 2 students departing from the previously discussed 50:50 split between university and placement learning to an 80:20 split in favour of placement learning. First year students reverted to a wholly HEI-based delivery, due to the higher level of support that would have been required in a practice placement environment.

The student nurses and the registered staff were undertaking their roles within environments that were different to what they would normally be familiar with, as in many cases elective settings were closed to cope with an increased number of emergency admissions. This, and higher levels of staff absence because of the need to self-isolate, meant that the teams within which they were working were different from one day to the next. As a result, the student nurses were able to be supported by a wide range of Practice Supervisors.

The main differences between the 2018 NMC standards and the 2020 NMC Emergency standards were as follows.

- Whilst the requirements for any registered healthcare practitioner to act as the Practice Supervisor remained the same, the Emergency standards allow for the same person to act as both the Practice Supervisor and Practice Assessor. This continued into 2021 when the NMC introduced their Recovery standards. The Recovery standards are due to be removed by the end of 2022.
- The supernumerary status of students was removed for final year students, as it was recognised that such an approach would not be possible in a pandemic situation, however student nurses were still expected to work within a delegated framework. Although supernumerary status was no longer in operation, students would always receive supervision from a registered practitioner.
- Student nurses also retained student status within the practice placement environment and the overall responsibility for them remained with the university. Student nurses remained accountable for the care they delivered, while supervised and working under an agreed delegated framework.

- In addition, student nurses were paid for their contribution to the care of patients, and to compensate them for a reduction in the level of support normally received in a placement setting. This also meant that, for the first time as students engaged in practice-placement learning, they received the same benefits as those supporting them (e.g. death in service).

The emergency standards introduced by the NMC were phased out in August 2020, with a move to what were regarded as “recovery standards” in late 2020. The main feature of the Recovery standards was that all student nurses would be supported in a placement environment by a Practice Supervisor and Practice Assessor, with the role of the mentor no longer in use irrespective of the point at which a student nurse was in their course. Participants in this study were asked to discuss their experiences of either being supported by a mentor or Practice Supervisor in the case of student nurses, and for qualified nurses, their experiences of acting as a mentor or Practice Supervisor / Practice Assessor. The impact of Covid-19 was a conversation that was not actively pursued. At the time of submission, it was announced by the NMC that the recovery standards would be withdrawn in September 2022.

2.6.3 - Local educational changes in response to Covid-19

Figure 4 summarises the changes made at a national level, and how they were incorporated by many institutions, including HEIs from which student nurses participating in the current research were recruited.

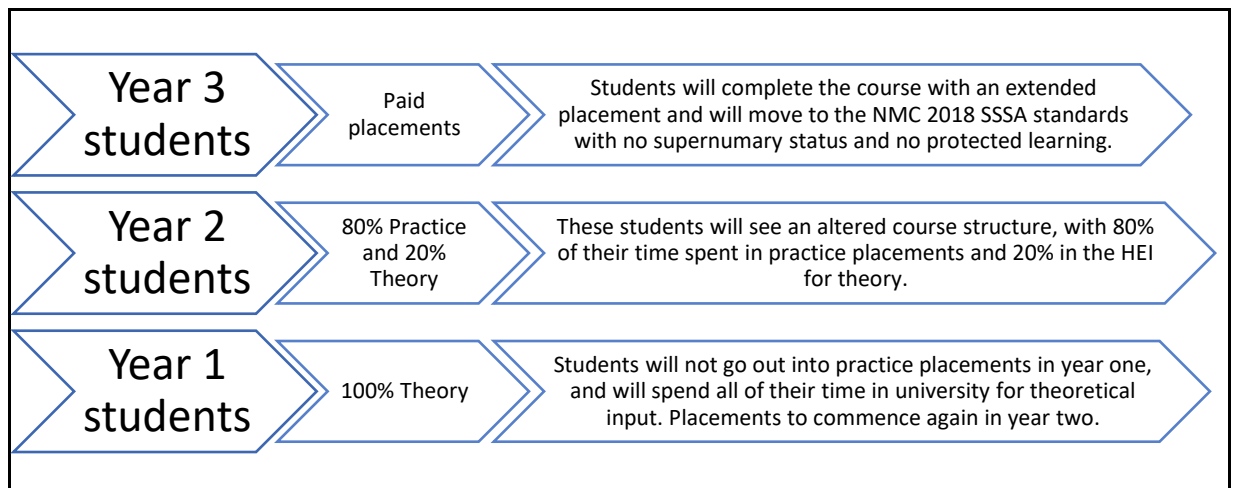


Figure 4 – Curriculum changes imposed as a result of Covid-19 (as at May 2020)

2.7 – Chapter Summary

In this chapter I have provided a detailed overview of the professional nursing context at the time of the study being undertaken, and that of the educational environment pertaining to the education of student nurses. The chapter has also provided a brief comparison of student nurse education with that of other healthcare professions. It has also outlined how the arrival of a global pandemic influenced nursing practice, nursing education, and my own research.

Chapter 3 – Literature Review

3.1 – Introduction

This chapter provides a critical overview of literature pertaining to mentorship, in the field of nursing specifically, but also in other health and social care professions, and in the parallel field of teacher training. In section 3.2, I outline various definitions of mentoring provided in the research literature and provide a working definition for this thesis. In section 3.3 I address what research tells us about the potential benefits and costs of mentoring. Section 3.4 draws on the literature to present student nurses' experiences of mentoring; and section 3.5 focuses upon the experiences of nurse mentors. In section 3.6 I briefly examine the mentoring arrangements for nursing in other countries. Section 3.7 provides detail of the links between student nurse mentoring and the equivalent process within teacher training; and in sections 3.8-3.9, I outline factors which enhance and detract from effective mentoring, respectively. Section 3.10 sets out the Developmental Mentoring Framework (Hobson and Manning, 2017; Tedder and Lawy, 2009; Clutterbuck, 2004), which is the analytical framework used to conceptualise this research and provides a justification for its use as an analytical framework. A chapter summary is then provided in section 3.11.

3.2 – Definitions and understandings of mentoring

Whilst acknowledging that many definitions of mentoring exist, the working definition that will be adopted for the purpose of this research, regarding the mentoring of student nurses, is outlined here. Mentoring is a supportive process, whereby learning and development is a partnership between someone who is a novice, and a more experienced practitioner. My working definition of mentoring and the analytical framework I have drawn on in this thesis places summative practice-based assessment outside the developmental and educational remit (Clutterbuck, 2004a; Clutterbuck, 2008), while feedback and formative assessment are an essential component of the developmental process.

This view aligns with that of the seminal work of Clutterbuck, who argues that:

“A mentor is a more experienced individual willing to share knowledge with someone less experienced in a relationship of mutual trust” (2004, p.15)

“Mentoring involves primarily listening with empathy, sharing experience (usually mutually), professional friendship, developing insight through reflection, being a sounding board, encouraging” (2004, p.15).

Clutterbuck provides a further view of mentoring, stating that the relationship between mentor and mentee should be a developmental activity, with the emphasis on empowering and enabling [mentees] to do things for themselves (Clutterbuck, 2004a) rather than have the mentor do things for them. This perspective aligns with mentoring in the context of nurse education because a fundamental role of the qualified nurse acting in a mentoring or Practice Supervisor role is to support the professional learning and development of student nurses. This may be in the form of one-to-one teaching, or through the opportunity of engaging in professional discussions with the student, and the observation of clinical practice whilst engaging with patients or service users. While consistent with Clutterbuck's seminal work cited above, and others (Bray and Nettleton, 2007; Hobson, 2020), formal and summative assessment are regarded in my working definition as a separate entity to the mentoring relationship between a qualified practitioner and a student nurse. This is not universally accepted, and some of the mentoring in nursing literature discussed in Section 4.5 - 4.6 below, indicate that assessment is often considered to be an accepted part of the mentoring role, though others (Casey and Clark, 2011) are consistent with Clutterbuck's. Other researchers identified that the role of the mentor should not include summative assessment, as this can lead to situations whereby the mentee, or student nurse in this example, may feel unable to ask questions for fear of showing weakness or inability (Hobson et al., 2009).

The literature review undertaken includes research that is concerned with both the mentor role (noun) as well as the mentoring process (verb), and it is important to do this, as both aspects are interlinked. The literature shows that the process of mentoring aims to benefit individuals, with mentees usually as the prime intended beneficiaries of the experience, in that they are learning from, or being supported by a (usually more experienced) individual, who may also benefit from the process as a mentor.

3.3 - The potential benefits (and drawbacks) of mentoring

Whilst it is recognised that there are benefits to both mentor and mentee, this section will focus more so on the mentee, since this thesis is a study of student nurses, but will briefly note the evidence of wider benefits of mentoring.

The original meaning of the word 'mentor' is said to be a reference to a "father figure" who supports, develops and guides a younger person (Byrne, 1991). More recent interpretations speak of the opportunities for a mentor and mentee to work together in more formal arrangements across a wide range of settings, including healthcare,

education, and industry, and to gain from the mutual support arrangement that has been identified. Hansford et al., (2002) talk of mentoring as being “a positive learning process for mentors and mentees alike” (p.3). The benefits of mentoring have been recognised and implemented by government departments over a long period of time (Ehrich and Hansford, 1999). Ehrich et al., (2011) found in their review of other studies that there is a general acceptance across the mentoring literature that mentoring offers benefits to both mentees and mentors. Several studies have identified many benefits of mentoring for both mentees and mentors across a variety of professions. In education, the ability for mentees to network and explore new ideas with a range of colleagues was noted (Downey, 1986), as was professional growth for the mentee (Showumni, 1996), and the sharing of ideas and knowledge for both mentor and mentee. Studies undertaken in the field of industry have demonstrated benefits to include the team feeling a sense of being valued as individuals and enhanced support for new staff members (Kram, 1985).

Mentees are recognised in the literature as benefitting from a formal support arrangement in a number of areas. These include the benefit of feedback, improved performance, coaching, and career and skill development (Kram, 1985). Lindgren, (2005) also recognises the improvement which mentoring brings to confidence and self-esteem. Hobson et al., (2016) examined a number of mentoring schemes across a range of professions nationally and internationally, including teaching, sport, business, and the police. It identified that employee mentoring schemes benefit mentees in a number of key performance areas. These include overall performance and effectiveness; enhanced communication skills; improved understanding of the organisation in which they are working; offering different or new ways of thinking; increased resilience and greater levels of motivation.

Levinson et al., (1978) felt that a mentoring relationship can often rejuvenate the mentor’s career, as it can enable them to shape the personal and professional development of the mentee they are working with. Simpson et al., (2007) highlights the positive impact on the mentors’ own professional identity and personal development. Douglas, (1997) highlights other benefits of a mentoring relationship to the mentor, including increased confidence, personal fulfilment, and the availability of assistance on projects being undertaken in the workplace. The work of Hobson et al., (2016) also notes that mentors can keep up to date with new ways of working through undertaking a mentoring role.

There are also recognised benefits of mentoring to the organisation in which mentoring participants are based, such as through enhanced working relationships, sharing of knowledge and best practice, and the development of the future workforce. Murray and Owens, (1991) identify further organisational benefits of mentoring, such as improved recruitment efforts, better levels of motivation, and enhanced productivity.

It is difficult to pinpoint monetary costs within the literature on mentoring, however the time of most mentors will obviously come with a cost. This is a drawback of mentoring when investment is not made into the support of novice practitioners

3.4 – Student nurses' experiences of mentoring

As previously noted, there is scant research that explores the experiences of student nurses in the UK in relation to being mentored (Foster et al., 2015). Foster et al. (2015) published one of a small number of overall studies aiming to explore the experience of student nurses being mentored. Foster et al.'s (2015) qualitative study, adopted a pragmatic methodology (Flick, 2014: see Chapter 4, Section 4.2), and utilised semi-structured interviews to explore the experiences of student nurses in the United Kingdom in relation to mentorship, and examined the interactions between mentors and student nurses. Foster et al.'s (2015) research is concerned with the mentee experience of being supported in a practice placement and how that is influenced by mentor behaviour. It was argued that experiences were generally positive, with student nurses appreciative of the support provided by mentors in practice placement settings. Foster et al. (2015) also noted several key priorities for student nurses. These include the need to understand the mentor's role and appreciate their wider workload; their desire to receive constructive feedback; their concern when perceived 'disinterested mentors' are encountered and the awareness that mentors themselves need to be supported. A limitation of this study is that it was undertaken in a single Higher Education Institute (HEI), and as such, the results may not be transferable to other HEI's. As stated previously, Foster et al. (2015) highlight a dearth of literature pertaining to the student experience of mentoring. Foster et al.'s (2015) study employed a mixed method approach, utilising an initial focus group, followed by a questionnaire. The participants involved in this study were from the same institution as the researcher, which may be considered a limitation due to the potential risk of the participant feeling obliged to respond in a way that they feel satisfies the researcher (Bryman, 2015). A further limitation is that the perspectives of registered nurses (mentors) were not uncovered by this study, thus limiting the opportunity for triangulating the participant voice.

Literature other than Foster et al. (2015) is somewhat dated (Baillie, 1993; Ahern, 1999; Andrews and Chilton, 2000; Burns and Paterson, 2005; Beskine, 2009; Gidman et al., 2011). Trede, et al. (2014) report that globally, student experiences in placement settings are important for many reasons (Kilminster and Jolly, 2000) for example, socialising students into their future professional role and identity (Higgs, 2012). There is consensus within the literature that mentoring is integral to the success of students' learning (Gray and Smith, 2000, Pellat, 2006).

Both Trede, et al. (2014) and Kilminster and Jolly (2000) discuss the importance of the arrangements for mentoring student nurses. Trede et al. (2014) undertook a scoping review of research literature pertaining to the mentoring experience of supervising student nurses in practice, and highlights that more literature exists in relation to mentor experience than that of the student nurse experience. The scope of the review is focussed upon the behaviours of mentors and the role that they play in providing support and examines the more formal arrangements that are in place. This study appears, in my view, to overlook the importance of the more organic nature of mentoring. A mixed-method approach has been utilised in three of the studies cited, with semi-structured interviews being adopted effectively to seek the views of participant experiences of mentoring. The studies included within Trede et al.'s (2014) scoping review are concerned with the interactions between registered and student nurses, but through the experiences of the mentor only.

Andrews and Chilton (2000) undertook a study that involved both registered and student nurses, focussed upon the aptitude and abilities of the mentor to undertake a mentoring role. A limiting factor of the study was that a questionnaire was utilised to seek responses to a series of set questions: the study could have been methodologically stronger if it had allowed for greater exploration of participant experiences.

An early piece of nurse mentoring research undertaken by Cahill (1996) aimed to examine the behaviours of the mentee. Cahill (1996) highlighted an expectation by students that they should not 'rock the boat', and that fitting in was important if a positive final outcome of the mentoring relationship was to be achieved. This can be seen as an outdated perspective of mentoring, whereby the mentor was in control of the placement experience gained by a student nurse. Cahill (1996) also reported that experiences at the time of her study showed little resemblance to popular descriptions of what mentoring should entail. In part, this was blamed on a lack of support for the qualified staff undertaking a mentoring role.

The wider nursing literature suggests that student nurses prefer an environment in which the mentor is welcoming and keen to engage with them (Doyle et al., 2017; Lambert and Glacken, 2005). It is also acknowledged that the clinical learning environment is a fast-paced setting, in which learning can be challenging, and where a supportive mentor is key to navigating the learning opportunities that are available (Cusack et al., 2020; Whitehead, 2013). The literature discussed above focuses on the interactions between mentors and mentees, in relation to the formal structures in place to support the relationship. The study undertaken by Doyle et al. (2017) is an Australian study, with a primary focus on the practice placement learning environment, and the factors that influence learning – including the mentor support. The nurse education system in Australia is different to that in England, with only 800 hours spent in practice settings at the current time (Doyle et al., (2017)). This research is more concerned with the formal arrangements for mentoring. A quantitative approach was taken, utilising a questionnaire, though some free text questions were included. A qualitative approach may have allowed for a greater depth of exploration into participant experiences, and may have generated a richer dataset. A further concern regarding this study was the fact that student nurses who did not complete a placement were excluded, thus limiting the ability to establish if poor quality, or a lack of mentoring, may have led to the non-completion of the placement. As in the case of Foster et al. (2015), the participants and researchers involved in this study all came from the same institution.

An earlier review of the literature by Lambert and Glacken (2005), focussed on the role of the mentor, and how the role is implemented in practice. It drew on the perspective of the registered nurse (mentor). The review findings identified that nurse mentors can be confused in relation to the boundary of their role, and that there is a need for HEI's to get involved in the support of mentor and mentee at appropriate times. The review demonstrated that research utilising a qualitative approach generally provides richer data that can be explored, and themes identified. Though this research was carried out in Ireland and is mainly concerned with the behaviours of mentors, it provides a useful contribution to the field. It could be argued that the research identified in this literature review could be strengthened by the inclusion of the student nurse perspective (Cahill, 1996, Lambert & Glacken, 2005, Trede et al. 2014).

Peiser et al. (2018) report that student nurses regard the multifaceted role of the nurse mentor may cause conflict, whereby they are also expected to seek support from those who are also responsible for judging their success. The study by Peiser et al.

(2018) referred to the mentoring role under the 2008 NMC standards, where the formal role did not meet my working definition of mentoring due to the assessment role of the mentor, which has now changed in the 2018 standards.

The minimal literature in this area both on student nurse mentoring in general and on student nurse mentoring under the 2018 standards, provides evidence of the identified gap in knowledge and supports the need for this study to be undertaken, being further validated by the introduction of new educational standards.

3.5 – The nurse mentors' role in supporting student nurses

As already recognised, at the time of writing (2021) there is no other UK research literature in the nursing field that is comparable to this study; however it is important within a literature review to examine the wider evidence base (Lingard, 2018). In an Australian study involving student nurses and student paramedics, Trede, et al. (2014) identified several factors that can both impede and enable the relationship between a mentor and students. It was felt that a strong relationship between the university and the placement is a real driver for a positive learning experience for the student, as the supervisor (mentor) must have a robust system of support to fall back on to ensure the expected level of support is provided. Likewise, acknowledgement of the importance of the mentor role within the clinical setting was identified as key, along with the need for mutual respect between supervisors and students being fundamental to the overall experience and success of the relationship between student and qualified practitioner. The importance of a strong relationship between qualified staff and students is widely recognised (Cahill, 1996).

Cahill (1996) is a seminal study, which has a focus upon the experiences of student nurses. The study authors discuss the quality of data extracted from the individual interviews and the benefit of such methods to hear and understand the subjective experiences of student nurses. Although the researcher used their own students in the research, they acknowledged that this was a risk, for the reasons discussed earlier, and one that I will bear in mind for my own research.

Factors identified by Trede et al. (2014), as impacting upon the experience of the mentor in supporting learning were a lack of time, (associated with a heavy workload), and the issue of poor communication. The issue of a lack of time is also noted in other studies (Ohrling and Hallberg, 2000; Ousey and Gallagher, 2010). Ohrling and Hallberg (2000) is another example of research that has a focus on the role of the mentor, and specifically of extracting the lived experiences of providing support to nursing students. This research aligned with my view that a qualitative approach may

be the best way of gaining access to the views and experiences of a group of participants. The researcher noted the importance of exploring the views of the mentors involved with the support of student nurses. Cahill (1996) spoke of the need to employ effective methods to understand how the organic role of the mentor is undertaken and identifies interviews as a good way to do this.

Both Trede et al. (2014) and Huybrecht et al. (2011) stated that the mentor's role in the summative practice-based assessment was also a key barrier to a positive mentoring relationship with their student. Huybrecht et al. (2011) is a Belgian study utilising a mixed methods methodological approach to seek the characteristics, advantages, and disadvantages of the mentoring process. Whilst it was pleasing to see both student nurses and registered nurses were participants in the research, conducted through questionnaires and semi-structured interviews, a slightly simplistic view of mentoring is made by the authors. They state the research topic is 'simple', but I would argue that the notion of mentoring student nurses is far more complex, and especially so when exploring the organic factors that come into managing an effective relationship between the mentee and mentor. I feel the semi-structured interview element of this study enhances the study and led to some very rich data being generated. The research discussed above is directed more towards examining the behaviours of mentors providing support to student nurses, within the context of the environments in which they are operating.

There is common acknowledgment of the importance attached to the role of mentoring by qualified staff in such positions, with recognition given to the need for sufficient time for, and an interest in, undertaking the mentoring role (Hallin and Danielson, 2010; Trede et al., 2013).

Jokelainen et al. (2011) highlight that despite many general studies of mentoring in nursing, there is still confusion about the description of mentoring in the context of student experience (Bray and Nettleton 2007). It seems that, in most cases, the focus of previous research has been on nurses, academics and managers, and the relationships that exist between mentors and student nurses. Mentoring activity related to nursing professionals and student experiences is presented as being different due to the particular variations in the role held in the mentoring relationship (Andrews and Wallis, 1999). A systematic review of nurse mentoring literature undertaken by Jokelainen et al., (2011) identified two key themes, namely "facilitating students' learning in clinical placements" and "strengthening students' professionalism". The authors argued that the mentor had a key role in providing and

facilitating an environment in which the student nurse should feel supported and enabled to grow professionally (Jokelainen, 2011). This included the need for mentors to be proactive and plan for the arrival of the student nurse, to negate a feeling of not being expected when they arrived at the placement setting. In addition, it was reported that there was a need for a plan to exist whereby the absence of the main mentor was covered (Jokelainen et al. 2011).

As far back as 1996, nursing literature evidences the need to find effective ways to support student nurses in a practice placement setting, and their wish to feel supported by mentors in a placement (Cahill, 1996; NHS England, 2018). The nursing literature shows the importance placed on the role of the mentor in relation the success of the placement, and how this conflicts with the mentor holding a dual function: teacher, and assessor (Mead, 2011; Price, 2012; Helminen et al., 2014; Cooper et al., 2015). However, the wider literature argues that the mentor role is wide ranging, both facilitating the learning process as well as supporting the well-being of the learner (Lomax and Jones, 2014; Franklin Torrez and Krebs, 2012; Cowan, 2009). The literature identifies expectations by the learner, and as such a mentor's role could be viewed as a combination of teacher, assessor, expert in practice, provider of pastoral support, and curriculum link (Mead, 2011; London, 2014; McIntosh et al., 2014; Cooper et al., 2015; Gale et al., 2016; Materne et al., 2017). McIntosh et al. (2014) undertook a funded research project which focussed upon the mentor's perception of supporting student nurses. The study utilised a mixed method approach, with questionnaires followed up with a focus group. The remit of the funding body was to reduce student nurse attrition, and whilst this was, and remains very important, the student nurse voice was missing from this research. The study design placed a greater emphasis upon the behaviours of the mentor and their interactions with mentees (student nurses). A positive aspect of this study was the employment of a research assistant to undertake the focus groups, thus reducing the risk of any bias or influence in the sessions by the researcher. Whilst the focus groups were based upon the themes identified from the questionnaires, it is unclear as to whether the themes were verified by the participants prior to the focus groups, though this is not a requirement in all qualitative research.

Mentors in nursing settings range in seniority from relatively newly qualified, through to department managers / leads. This can affect the mentoring experience as a senior member of staff can be heavily involved with running the department (Ness et al., 2010; Cooper et al., 2015; Barry et al., 2016). Pedagogically, the literature illustrates that over time, mentoring in nursing has taken the form of a guiding role. The qualified

practitioner is there to help the student make the connection between theory and practice, through engagement with the evidence base.

There is recognition within the nursing literature that the mentor acts as a role model and should exemplify good nursing practice, whilst also delivering and facilitating learning (Ness et al., 2010; Henderson et al., 2012; Foster et al., 2014; Barry et al., 2016; Gale et al., 2016; Foster et al., 2015). They take responsibility for the timely completion of documentation, including records of initial meetings / interviews, learning contract agreement and the placement plan – i.e. facilitation of learning opportunities, practice-based assessment of clinical skills and the NMC expected competencies. At the end of a placement, the mentor would be responsible for the completion of end-point documentation, and the creation of action plans that feed into the next placement. Providing feedback to a learner on their placement performance is an integral part of the role of the mentor – both in terms of communicating with the learner and colleagues who may be involved in supporting the learner, as well as with the university team (Walsh, 2010; Foster et al., 2014; Ness et al., 2010; Duffy, 2013). Feedback is provided both in verbal and written form.

Mentoring has a long-established history as a method of supporting individuals new to an area of practice (West, 2016). It also links to the seminal work of academics such as Vygotsky (1978) who spoke of it as a process whereby one person helped another move from one point to another point beyond which alone would be beyond their reach. In addition Hobson, (2020) shows that there are benefits to the experienced individual acting as the mentor, including enhanced knowledge and practice.

For several years, there has been debate within the literature as to how mentoring within nursing should be managed, particularly because a shortage of mentors exists across all areas of practice. There is a growing literature (Bray and Nettleton, 2007; Henderson and Eaton, 2013; Houghton et al., 2013; NMC, 2015; Materne et al., 2017) that advocates the introduction of two distinct roles – one to facilitate and generally act as the “support”; and another impartial person to take responsibility for practice-based assessment. As discussed in Chapter 2 (Context), this change was enacted by the NMC in 2018 through the introduction of the Practice Supervisor and Assessor roles (NMC, 2018b). It was felt that this would lead to a more reliable and robust assessment process and has been deemed the most appropriate way of maintaining professional standards. As noted previously, it would also develop a more productive relationship between the mentor and learner. Argument also exists in relation to the

challenges faced by individual mentors to offer a quality mentoring experience, mainly due to the time demands placed on qualified staff, and the need to move towards a new model of supporting learning (Harvey and Uren, 2019). The counterargument is that the 2018 changes are a way to address these existing shortages, by encouraging all registered healthcare staff to act as Practice Supervisors. That said, whilst the 2008 standards have provided a more formal arrangement regarding the preparation of mentors, the 2018 standards could be seen as more organic, with student nurses able to access the support of a wider membership of the placement team, who may not have undertaken any formal mentoring training.

Mentors are used in one form or another in other professional vocational training and education programmes, including teaching, social work, and the allied health professions (AHP). Cross et al., (2006) note that as well as being a practitioner, a mentor has a dual role in also supporting mentees to be productive in their learning, without fear of failure. In social work, supervision is regarded as a key facet of placement-learning, as it offers the opportunity to meet with educators to discuss ongoing development needs (Lomax and Jones, 2014).

3.6 – Student nurse mentoring arrangements in other countries

Whilst mentorship has been adopted by many countries to support nurse education, there are international variations. As with the United Kingdom, much of Europe has adopted an all-Degree approach, ensuring that there is a balance between the academic and practical elements of the course. There is general comparability in terms of the course duration, with three to four years seen as common place. What does differ though, is the way in which student nurses are supported whilst in practice placement settings, with no apparent standardised approach in place. Similarity to the United Kingdom exists in countries such as Denmark, Belgium, and Sweden, whereby a member of the qualified nursing team will supervise practice; however no formalised mentoring process exists in the same way as in the UK. In Switzerland, student nurse support and assessment is undertaken by specially trained academic staff, who go into the practice setting to work with student nurses, and as such the qualified staff in that setting have less involvement (Muleya et al., 2015). Such variance would indicate that no single best approach has been identified to support the learning of student nurses in a practice placement setting.

3.7 – Nurse mentoring and links with teacher training

Literature from the field of teacher training speaks of the mentoring process as the support of a novice or less experienced practitioner by a more experienced

practitioner (also known as a mentor). The process is designed to induct the novice into the culture and specific local environment they are to learn within (Hobson et al., 2009). Hobson also highlights the need for mentoring to be non-hierarchical and a separate process from line management and supervision (Hobson, 2016). Hobson (2016) builds on the work of Clutterbuck by highlighting that mentoring support should be off-line (i.e. no managerial responsibility held by the mentor), developmental, and empower the novice learner. A non-hierarchical approach also demonstrates the outcome of a mentoring relationship that is organised and enacted in a more supervisory, evaluative, and judgemental manner, which are the negative impacts of what Hobson and Malderez (2013) term 'judgementoring' and is outlined later in this section.

Similarly to nursing, teacher training also shows that an internal approach to supporting the development of novices (teachers or student nurses) has existed since at least the early 1980's (Hobson and Malderez, 2013). The authors state that mentoring should be a developmental process, with emphasis on the empowerment of the learner, enabling them to lead the learning activity. Teacher training draws close comparisons with the nurse preparation process, and highlights the potential benefits of a novice (be they a newly qualified teacher or trainee) being attached to an experienced practitioner to be mentored in a practice setting (Hobson and Malderez, 2013). It is also worthy of note that in direct opposition to the way in which nursing mentoring is currently managed, there is literature which advocates that the preferred "off-line" approach to mentoring should not include practice-based assessment or the evaluation of mentees' work (Megginson and Clutterbuck, 1995; Clutterbuck, 2004a).

Effective support in any placement setting is key to ensuring that the learning experience is a positive one, and although learners do not choose their mentors, a good working relationship is important (Hinton, 2016). When mentoring relationships are negative, the effect on the learner and the overall experience can be significantly harmed; and in the worst-case scenario a learner may choose to leave the course as a result.

Hobson (2016) has identified in his work on mentoring in teaching, that for a successful mentoring relationship to exist, several elements must normally be present. Students (mentees) must operate in an open-minded way and be prepared to step out of their comfort zone, and both mentor and mentee must work together to develop the level of trust in a relationship. For a learner, this can be a challenge if the

placement is somewhat short. In their work, Hobson and Malderez (2013) also highlight that there remains some debate around what can be termed 'conflicting roles'. In the 2008 NMC mentorship model in nursing, an allocated mentor was responsible for all aspects of the facilitation role, including facilitation of learning, along with assessment and feedback. Hobson and Malderez, (2013) identified a form of mentoring which they termed "judgementoring", in which the potential benefits were unlikely to be realised due to various conditions for effective mentoring not being present. Judgementoring is an evaluative form of mentoring whereby mentors for trainee teachers were over-reliant on mentor-led feedback which could be unduly negative or critical. This approach goes against a supportive relationship which results in learners who can effectively self-reflect and problem-solve, enjoying increased confidence levels and reduced feelings of isolation (Hobson, 2016). Judgementoring can be an issue, particularly if a mentor compromises the relationship of trust by offering feedback too early, especially if an element of criticism exists. In an environment which may be unfamiliar to a learner, the support given by a mentor is crucial to the success of the placement. Irrespective of the fact that learners are adults - and research exists that argues that, as such, such learners need to take responsibility for their placements (Burns and Paterson, 2005; Cooper et al., 2015) - for novice learners in particular, the support of a mentor is key. With the division of facilitation of learning and practice-based assessment, this provided a more supportive framework for learners. In short, mentors having an assessment role poses disadvantages when compared with those who do not, so the new standards set out by the NMC (2018) may have a beneficial impact allowing a Practice Supervisor to concentrate on their facilitative role without the interference of assessing and making judgements about learners.

Pedagogically, mentoring might be underpinned by the concept of third space theory (Peiser et al., 2018). The concept of third space was originally conceived by Bhabha (1994) to illustrate contrasting cultural experiences, combining to create what can be viewed as a hybrid transformational space. The notion of third space may thus incorporate a safe space in which mentees may raise issues that would not conventionally be discussed with mentors who hold relative positions of power. The existence of such a space also offers potential for mentoring participants to challenge orthodox ways of thinking and acting. Mentoring pedagogy, as understood in a third space learning framework, enables the taking of risks to approach a situation differently, whilst developing mentees' professional identity (McIntyre & Hobson, 2016). For this to be effective, arrangements should be put in place, such as time for

the mentor to support mentees and appropriate financial compensation for the mentor (Peiser et al., 2018). In third space learning, conversations should take place in a safe environment, in which both mentor and mentee engage in honest and critically reflective discussion about issues which may otherwise go unspoken (McIntyre & Hobson, 2016). Peiser et al. (2018) considered that the notion of third space learning also encapsulates McNamara et al.'s (2014) emphasis on the importance of productive dialogue.

3.8 - Factors found to enhance mentoring support

Studies have shown that the impact of a positive mentoring relationship is often enhanced through the provision of training or mentor preparation for the experienced individual within the mentoring relationship (Ehrich et al. (2011), though this is dependent upon a number of factors that will be discussed later in this section.

A key factor that must exist in order to enhance the relationship between mentor and mentee is that of trust and collegiality between both parties (Brady, 1993). Whilst this will not happen immediately, it is important to ensure that the development of relational trust occurs and can be facilitated by both parties (Hobson, 2017). This is more likely to occur when mentors and mentees can be matched based upon personality and an agreed commitment to make the relationship work (Ehrich et al., 2011). This is a particular risk in the support of student nurses, as mentors and Practice Supervisors and Assessors are generally allocated prior to the commencement of a practice-placement experience. (Ganser, 1995) noted that personality and professional mismatches were a major concern for the teachers involved in his study. The ability to document the mentee's learning aims and records of discussion is seen to be advantageous (Hobson et al. 2016), though it is recognised that this is not always easy to implement. Further enablers of a positive mentoring relationship for the mentee identified include having the time to reflect, hold discussions, and share ideas with a mentor (Spargo, 1994; Hanson, 1996). Mentors should also be able to demonstrate a range of strategies to support the needs of the mentee, and often need to react to the learning requirements identified at short notice if an opportunity arises.

In line with the notion of developmental mentoring (discussed in section 3.10 below), the mentee should demonstrate a commitment to their learning and development and take the lead in driving this forward within the mentoring relationship. Similarly, the mentee should show a willingness and ability to be open and honest in relation to any perceived performance weaknesses, as this will enhance the trust relationship

between the two. Hobson et al. (2016) note the significance of the ability of the mentor to develop the confidence of a mentee, and the importance of making time for the novice learner.

The teacher training literature pertaining to mentoring notes the importance of the mentor holding subject specialism (Smith and Ingersoll, 2004; Hobson et al., 2015) and as such, demonstrating credibility with the mentee to ensure a fruitful mentoring relationship (Kutsyuruba, 2012; Lejonberg et al., 2015).

Several characteristics or “ingredients” were found by Hobson et al. (2016) to enhance the prospects of mentoring, bringing about positive impacts. Among these ingredients, firstly the individual undertaking the mentor role must be committed to the process and the ethos of supporting the learning needs of others. At the same time, they must also be fully committed to their own learning and development needs and be in a position to be able to share their experience and expertise which match the needs of the mentee.

Secondly, in a similar way to the mentor, the mentee must also be in a committed frame of mind in relation to their learning and development requirements and be willing to ask for help. Additionally, there is a need for the mentee to discuss their learning requirements in an open style with their mentor.

Thirdly, for the mentoring process to be a success, there is a clear and overriding need for the mentor and mentee to have opportunities for regular contact. In line with definitions of mentoring outlined in this thesis, the mentoring relationship must be non-judgemental and non-evaluative, and it should empower mentees through a developmental and non-directive approach. This also endorses the use of the developmental framework as the analytical framework in this thesis. All mentees should be encouraged to take the lead in managing their learning. Mentoring should also be individualised and personalised, as all mentees are different and will demonstrate varied needs; the mentor should support the achievement of these needs. As noted previously, a healthy dynamic should exist between the mentor and mentee that is focussed on the development of their professional relationship. In turn, this should lead to a joint responsibility to ensure regular mentoring and meetings take place. Whilst generally a supportive relationship, the mentor should also provide a suitable level of challenge to the mentee in order to develop thinking and practice (Daloz, 2012).

The fourth aspect relates to institutional support, and Hobson et al. (2016) found the importance of strong institutional support for mentoring if it is to be a success. This

includes providing mentors with both appropriate and effective preparation. There should be an individual responsible for overseeing the mentoring programme, which includes the matching and allocation of mentor to mentee and the ongoing development of those in mentor roles. This in turn helps to facilitate a developmental mentoring relationship between mentor and mentee. Organisations should consider the gap in seniority between mentee and mentor when considering who is best placed to undertake a mentor role.

The final ingredient is the programme structure, and Hobson et al. (2016) note that in order to be successful, a mentoring programme should have a clear structure with defined aims which both parties can sign up to. This is provided by the NMC in both the 2008 and 2018 standards. In line with the principles of developmental mentoring, the support provided should be confidential and positive. When the approach to mentoring is developmental and non-directive, the programme should allow for the mentor to adapt their technique and approach, to meet the needs of both the mentee and their own personal strengths. It is also noted in the report written by Hobson et al. (2016) that if the relationship between mentor and mentee is not progressing smoothly, the option to dissolve and request an alternate match should be available, with no fear or consequence for either mentor or mentee.

3.9 - Factors which impede effective mentoring

A pivotal concern in a mentoring relationship, and one that can cause the relationship to fail, relates to a situation whereby the mentee is line-managed by the mentor, or the mentor is involved in the evaluation of their performance in any way, as the element of trust and open support is noted to be lacking (Hobson et al., 2016). When conflicting roles or power relations come into play, problems are likely to arise, and line managers should not be involved in the mentoring process, nor in the assessment or appraisal of mentees. For mentoring to be a success, the relationship between both should be “off-line”, with mentors in no way tasked with formally evaluating the work or performance of their mentees. Over time, and across different professional contexts, the mentoring process has moved away from a position whereby the more experienced individual may hold ‘power’ over the mentee, to one that is recognised as being more beneficial when the mentee is encouraged to lead the partnership, free from any line-management relationships (Colley, 2005).

Pedagogically, the role of the mentor in nurse education has also evolved over the last 20 years or so, with mentoring now seen as an integral support role in the practice placement setting. Although a variety of different names are given to the mentoring

support role across healthcare, the literature has shown that the key to student success in a placement environment is often linked to effective support from someone who is more experienced and familiar with the setting in which the mentee is learning. The role has been shown to be multi-faceted, and the mentor role requires an individual to be able to draw upon a wide range of both professional and interpersonal skills, often at a moment's notice in order to make connections between what is occurring within a placement environment and linking it to the prior learning of a student nurse within a classroom setting (Houghton et al., 2013; MacLaren, 2018).

Whilst the previous section outlines a number of benefits of mentoring to individuals and organisations, there can be disadvantages when the mentoring process is not managed effectively. Long, (1997) notes the problems posed by a shortage of time for mentoring, poor initial planning for the support process, and the unsuccessful matching of mentors with mentees. The issue of time is noted across a number of studies in various industries and is a recognised challenge to effective mentoring (Hobson and Malderez, 2013; Hobson et al., 2015). In the medical professions, in addition to time shortages, increased workload and the burden of responsibility were also noted as pressures that had an impact on the ability to act as a mentor.

Challenges pertaining to time available to provide effective mentoring is widely recognised as an impeding factor (Peiser et al., 2018). This is noted in many fields of practice and is not just specific to nursing (Jervis and Tilki, 2011; Clark and Casey, 2016), but also in social work (Waterhouse et al., 2011) and teaching (Thornton, 2014). If time to support novices cannot be facilitated, there is a risk that the quality of mentoring is watered down, and the mentee suffers consequently.

Long (1997) also highlights risks to the wider organisation, including a lack of support or investment in the mentoring process due to the resources needed for effective mentoring work. The challenge of coordinating organisational tasks has also been shown to pose problems when linking individuals in a mentoring relationship. Similarly, if there is a lack of understanding by mentors of the requirements of the programme to support mentees, an additional burden can be placed on other team members should there be a need to "mentor the mentor" (Hanson, 1996). The literature also notes a hesitancy for some mentees to fully share their feelings if the allocated mentor is internal, and they might feel more comfortable if the support came from an external source. There are a number of practical and resource-based issues that make this a difficult approach to implement for many organisations (Hobson, 2016).

The recognised fact that an assessment role of the nurse mentor can be restrictive to the overall mentoring delivery, and to an extent, can hold them back because learners are aware that the person working with them is also making judgements about their practice (Cassidy, 2009; Fitzgerald et al., 2010). Cassidy (2009) suggests that the removal of the assessment element opens the relationship between learner and mentor, as the learner feels able to ask questions and develop their understanding of the nurse role without the worry of the assessor element of the role of the facilitator being influenced or affected. However, this is not widely noted in the nursing research, and it is hoped that this study will contribute to this area of literature. Health Education England (HEE, 2019) suggested that with the removal of the assessment element the Practice Supervisor role will become more focussed on supporting the learner. This may improve the relationship between the learner and the Practice Supervisor, as this person should observe the learner on an ongoing basis, whereas the Practice Assessor engages as and when they are required for summative assessment purposes. Assessment in practice currently takes place in two main forms. Formative assessment is ongoing throughout, with feedback on clinical skills provided by the mentor and other members of the team; and summative assessment is managed solely by the allocated Practice Assessor. Summative assessments relate to the competencies that are set out by the NMC that are required to be assessed by the end of a placement.

A further factor that can detract from a positive mentoring relationship relates to a perception that a mentor is critical, out of touch, defensive, or untrusting. Indeed, the credibility of a mentor is seen as an important factor in any mentoring relationship (Tin, 1995). In the medical professions, Ehrich et al. (2011) also noted that a problematic outcome which was unique to mentoring in this area of practice, related to a perception of the mentee being weak or unable to ask for help if needed. This is perhaps linked to the more informal arrangements (Clutterbuck, 2004b) for support in medicine, yet the fundamental notion of mentoring is based upon support and development.

3.10 - Developmental Mentoring – an analytical framework

This section will outline the Developmental Mentoring Framework and explain why it is appropriate for use in this research as an analytical framework. Chapter 4 (Methodology) outlines how this is applied to the data co-created by the researcher and research participants in this study.

The Developmental Mentoring Framework devised by Clutterbuck (2004) generally pertains to organisational mentoring and is relatable to the field of healthcare, and to the relationship between the student nurse and the qualified nurses supporting them. The concept of developmental mentoring aims to provide a non-directive approach to supporting learning and development through mentoring, rather than a directive one. This approach is initiated from the earlier work of Clutterbuck, who argues that a non-directive approach allows for an empowering and developmental experience (Clutterbuck, 2004a). Manning (2018) also argues that mentoring should be a developmental process, which focusses on the support of an individual, helping them to transition to become an autonomous practitioner. A key element in developmental approaches is the absence of hierarchical relationships (Hobson, 2016; Hobson, 2020). That said, there may be times in a developmental mentoring relationship when the mentor needs to adapt their approach to offer clear direction, advice, and guidance when appropriate (Manning and Hobson, 2017).

Developmental mentoring draws on several commonly utilised methods of enacting the mentoring role, and although not exclusive, features include observation, listening, identification of problems or challenges being experienced by the mentee, supporting and challenging, facilitating dialogue between both parties, and the development of an inquiring approach to practice (Clutterbuck, 2013). These features relate closely to nurse education, with student nurses' learning needs sometimes being immediate, but also having a more long-term learning experience over the three years of the nursing course.

Manning and Hobson (2017) highlight examples of a developmental approach to mentoring in the context of mentoring trainee teachers in the further education sector. One example involved the mentor using open and probing questions that enable the mentee to provide reflective responses about both positive and more challenging aspects of their practice. Secondly, the use of paraphrasing when in conversation with a mentee is also shown to be key, allowing the mentor to confirm that they have understood what has been communicated by the mentee. By not casting judgement or comment on the mentee, this approach seeks to ensure the mentor can base any ongoing decision upon the reflections they, as an individual, have provided. A further research finding relates to mentors' modelling the notion of "wondering" about their own practice, and encouraging the mentee to undertake the same form of reflection about their work (Manning and Hobson, 2017).

In Table 1 below, Manning (2018) sets out key concepts of a developmental mentoring approach.

Concept of the mentoring relationship	Developmental Mentoring
Purpose	Transitional
Function	Educative / supportive
Process	Non-directive
Mentor role	Coach, guide, networker, counsellor
Mentoring moves	Facilitative
Outcome	Individual growth

Table 1 – Key concepts of developmental mentoring (adapted from Manning (2018))

Research outlined in this chapter has suggested that the experience of being mentored should be one of being supportive in nature. It should also encompass a positive working relationship between the more experienced practitioner and the novice learner. The Developmental Mentoring Framework strongly advocates this approach and enables the student nurse to be the driving force in the learning relationship. The central tenets it advocates are consistent with the removal of formal assessment from the role of mentors in nursing in the 2018 NMC standards. Section 3.8 of this chapter has identified several factors that have been shown to enhance the mentoring support provided to a novice learner - in the case of this research, a student nurse. These factors, including a relationship of trust and openness between both mentor and mentee, are traits that would be expected to be demonstrated in the professional relationship between a qualified nurse and the student nurse they are supporting. In their review of the wider research pertaining to mentoring, Ehrich et al. (2004) identified that mentoring has the potential to bring about significant benefits to both mentor and mentee, which links with the aims of developmental mentoring, and as such is identified as a strong tool to provide additional analysis of the data. Chapter 4 (Methodology) will outline how the framework will be applied in order to undertake this analytical function.

3.11 – Chapter Summary

This chapter has discussed literature on mentoring, and more specifically, nurse mentoring. The chapter shows that there is a wealth of literature in mentoring in

education, but there is a lack of literature exploring the experiences of student nurses of being mentored, whilst recognising that there is a significant amount of research which focusses on the experience of qualified nurses undertaking a mentoring role. It has presented a working definition of mentoring, whilst identifying the existence of alternative definitions, and noting that some 'mentoring' practice – most notably that which positions mentors as summative assessors as well as supporters of mentees' learning and practice – is inconsistent with the working definition proposed. The chapter also outlines factors which can enhance mentoring support, as well as some of the elements that detract from mentoring support. The chapter highlights that the literature pertaining to nurse mentoring is concerned with the relationship between qualified and student nurses, whilst the wider mentoring literature also recognises the importance of specific mentoring arrangements in influencing the potential impact of mentoring. For example, studies suggest line management should be separate from the mentoring arrangement in order that it does not impede an open, trusting, productive relationship (Clutterbuck, 2008; Hobson, 2020). The existing research that has been undertaken into nurse mentoring has also shown that generally a mix of both qualitative and quantitative methods have been utilised, offering differing end results. Whilst qualitative and quantitative approaches are effective in different ways, the studies reviewed have indicated that qualitative methods are considered to be more effective in increasing our understanding of the views, opinions and experiences of participants. The literature also shows that the role of a mentor in any area, and in nursing in particular, has grown in both importance and significance in the recent years. The earlier studies (Cahill (1996) and Ohrling and Hallberg (2000) use a less descriptive explanation of the role and responsibilities of a mentor, which is not the case in more recent studies. It is now more widely recognised that the role of the mentor should be removed from any relationship of power, and when undertaken effectively, is a key driver in promoting evidence-based practice, connecting theory to practice within a practice placement setting, promotes ethical and reflective practice and supports formative assessment (Foster et al. (2015), Doyle et al. (2017). The chapter also outlines the third space learning pedagogy in relation to mentoring (Peiser et al., 2018).

Finally, the chapter presents the Developmental Mentoring Framework, which is used to enhance the data analysis process. These issues are revisited in Chapter 8 (Discussion), in light of the findings of this study.

Chapter 4 – Methodology

4.1 – Introduction

This chapter presents the Methodology of the study and outlines the underpinning rationale for the chosen methodology and research design. Following a brief reminder of the aims and research questions of the study, I provide an overview of the Methodology, explain how a qualitative approach was selected, and how this decision was informed by my ontological and epistemological viewpoints in section 4.2. The chapter then explains the ethical review process and ethical protocol (4.3); participant sampling, selection and recruitment (4.4); method of co-creation of data (4.5); data analysis (4.6). A summary of the chapter is provided in section 4.7.

Chapter 3 (Literature Review) has highlighted existing research into mentoring both within nursing and other areas of practice, and the methodological approaches utilised to gather data. It has indicated that though several methods have been used, and often used very well, the most effective methodological approach for obtaining the views and experiences of participants have been qualitative in nature. This chapter will seek to explain why, based upon my exploration of other research, a pragmatic methodological approach was adopted.

4.1.2 – Study aims and research questions

As set out in chapter 1, the aim of this research study was to undertake a comparison of student nurse mentoring under the Nursing and Midwifery Council's 2008 and 2018 UK standards for practice-based learning. The study sought to address the three research questions outlined below:

1. What are student nurses' experiences of mentoring under the 2008 and 2018 standards for practice-based education?
2. What are mentors' (including Practice Supervisors) experiences of supporting student nurses under the 2008 and 2018 standards for practice-based education?
3. What are student nurses' and mentors' perceptions of the relative benefits and limitations of mentoring under the 2008 and 2018 UK standards for practice-based education?

4.2 – Overview of Methodology

4.2.1 - Identification of suitable research methodology: a qualitative design

As the intention of this research was to explore the experiences and accounts of student nurses and mentors of two differing mentoring models, a qualitative design was considered fit for purpose, as well as being consistent with my ontological and epistemological position.

The purpose of qualitative research is to try to understand and interpret social interactions of individuals and their experiences (Flick, 2007). Qualitative research enables a nuanced approach to research in comparison to a quantitative approach, especially when the experiences of those involved in the co-creation of data may vary from that of their peers. This was the case in this research – student nurses and the qualified staff who provide them with mentoring support will offer different experiences based on several characteristics, including age, gender, previous experience, placement factors (placement setting, location, pace and busyness of the practice placement, staffing levels and workplace pressures).

Lichtman (2013) suggests that qualitative research enables questions to be asked and answered. Whilst a quantitative survey design would also allow for this, qualitative approaches enable the researcher to follow up on responses in a way that a quantitative approach could not (Rahman, 2017). The perceptions and experiences of individuals can vary considerably, and a qualitative approach enables the experiences and perceptions of participants to be heard. I argue, in section 4.2.4, that reality is socially constructed and a qualitative research design allowed me to access the perceptions of student nurses, and qualified nursing staff who are mentors, about the previous and new models of supporting learning on placement (Garner et al., 2009). In addition, Rahman, (2017) argues that qualitative approaches “enable detailed descriptions of participants’ experiences and perspectives” to be generated (p.104).

By utilising a qualitative design, I was able to gain an understanding of the participants’ experiences of two different approaches to supporting the learning of student nurses in a placement setting. It allowed me to ask ‘why?’ in response to questions and to ask probing questions (in contrast to a questionnaire or survey).

I was also seeking a design that was inductive, and qualitative research permitted this approach as it allowed the transition from concrete to abstract, or the specific to the general. It is important to note that qualitative research places the researcher in a pivotal role. It is through my ears and eyes that data has been gathered, viewed, and realities co-constructed with the participants involved in the research. A qualitative design then allows for the co-creation of data by working with participants to check the understanding of the researcher and to make meaning (Lichtman, 2013). A qualitative approach to design is non-linear, and allows for flexibility in the research process, without the need for a formal, set order of doing things. It allows the researcher to move forwards and backwards based upon the needs of the research project, which is a distinct advantage.

Rahman (2017) recognises that a qualitative approach holds some disadvantages, the main one being that because the process of collecting, analysing, and processing detailed accounts and descriptions is very time consuming, sample sizes are necessarily generally smaller than in a quantitative design. Hence, whilst findings may be potentially transferable to other settings, representativeness and claims of generalisability tend to be beyond the scope of qualitative studies.

A pragmatic methodological approach to the research design was adopted (Flick, 2014). This involved selecting research methods that were considered most appropriate to finding answers to the research questions posed. The use of this approach effectively facilitated the elicitation of the views and experiences of those involved in providing mentor support to student nurses, as well as being mentored. This methodology was also adopted in the study undertaken by Foster et al. (2014), which investigated similar research aims to my own research.

Pragmatic research designs allow for the exploration of individual experiences and enables insights into how knowledge and knowing are developed through the interaction with others (Morgan, 2014a). In the eyes of pragmatist philosophers, the experience of others is central (Wagenaar et al., 2022). A pragmatic approach to research is recognised as holding three core elements when considering an approach to inquiry (Kelly et al., 2020). Firstly, it has an emphasis on actionable knowledge. Secondly, it recognises interconnections between experience, knowing and acting, which are key elements of mentoring and are of interest to my research and the research questions set out in section 4.1.2. Thirdly pragmatic approaches to research recognise inquiry as an experiential process. Kelly et al., (2020) speak of a pragmatic approach as being an effective fit when research within an organisation is being

undertaken, and in the context of my own study, a practice placement setting can be compared with an organisation due to the composition of the teams in which student nurses are allocated to gain experience of the nursing role. A pragmatic approach also provides an effective way to explore how knowledge and knowing is shared between individuals. Onwuegbuzie & Leech (2005) write about the ability of pragmatic designs to be flexible, which is important when considering that individuals within social settings such as practice placement environments can have differing experiences. In the words of some, a pragmatic approach allows for a design that “works” (Hesse-Biber, 2015), and this helps to validate the research questions set (Kelly et al., 2020). Within the literature pertaining to pragmatism, a prominent theme is that no single choice of methods is dictated, and that the most appropriate method should be selected (Teddlie & Tashakkori, 2003; Feilzer, 2010; Morgan 2014b).

A pragmatic research approach also allows for a sampling strategy that best meets the needs of the research, allowing for participants to volunteer to engage if they see a connection with their own experiences and the research being carried out. The three key principles of a pragmatic approach, outlined above, are also appropriate when considering the sampling requirements, as they enable the recruitment of participants who will be able to provide insight and experiences that are related to the aims of the research. In this case, student nurses and qualified nurses involved in either receiving or providing mentoring support.

It is suggested that interpretivism and pragmatism can be effectively combined in qualitative research, to allow explanation, interpretation, understanding and interventional change (Braa and Vigden, 1999). This view is endorsed by Creswell (2014), who states that a pragmatic paradigm can effectively be adopted to meet the needs of practice-based research. A pragmatic approach interconnects well with my interpretivist world view. A pragmatic approach to research methods allowed me to explore both the ‘what’ and the ‘how’ in relation to the two sets of standards for supporting student nurses in practice placement settings.

My methodological approach was informed by the literature discussed in Chapter 3, as I needed a design that met the needs of the study, and one which would answer the research questions. The design also needed to address some of the points identified in other research. For example, when studies were restricted through the use of participants from one institution, my research used two Higher Education Institutions. Likewise, previous studies have used participants from the same institution as the researcher, whereas I chose to recruit participants from external

organisations to my own. Other research has only mentors involved as participants, whereas my study design enabled me to recruit both student and qualified nurses. Therefore, the methodological design addresses some of the concerns that were noted in the Chapter 3 (Literature Review) and opened up the ability to discovering the support provided by the mentor role related to my research questions.

4.2.2 - Qualitative research and individual, face-to-face interviews

Careful consideration was given as to the most appropriate qualitative method for constructing data, with group interviews, focus groups, observations, and action research all considered. I wanted a co-creation of data approach that enabled participants to speak freely about their experiences of either being mentored or being a mentor (Bryman, 2015). I felt that with other people present, there may have been a risk of participants being less open or honest, or of agreeing with the opinions of others. Whilst observation would allow the opportunity to gain insight into the way relationships develop between student nurses and qualified staff, and to listen to professional discussions, this method would be less able to facilitate the exploration of the thoughts and feelings of participants (Mulhall, 2003).

Research interviews are regarded as an effective method of gaining in-depth information relating to the experience or perspectives of an individual (Brinkmann and Kvale, 2015). They involve a researcher taking the lead through the coordination of the conversation and the asking of questions. The interviewee responds verbally, and in their own time. Interviews are normally conducted face-to-face, though increasingly, video interviews are utilised when distance between both parties is a difficulty. Lichtman (2013) identifies three formats for interviews: structured, semi-structured and unstructured.

Structured interviews generally follow the same format from one participant to the next, using a set of pre-determined questions (Brinkmann and Kvale, 2015). Data analysis is relatively straightforward, as the researcher can directly compare the responses of each interviewee in a sophisticated manner when the analysis is undertaken. Unstructured interviews are regarded as being the least reliable approach from a research perspective as the interview is conducted in a less formal and consistent manner. There is a risk of disparity in data when comparing responses due to variance in the formulation and verbalisation of questions. Semi-structured interviews comprise of a mix of both structured and unstructured approaches to interviewing. The interviewer utilises a list of pre-prepared questions but is also able to ask additional questions to clarify responses or to expand further on certain points

(Moser and Korstjents, 2018). Such interviews are frequently utilised by researchers - “semi-structured interviewing is the most widely used method of data generation in qualitative research” (Willig 2008, p. 29). However, interviewing is more demanding of time due to the undertaking of the interview itself and the subsequent transcribing requirements, but it allows the researcher to directly control the process and the direction in which it is steered (Ritchie et al., 2014).

Though several approaches to co-creation of data, as detailed previously, could have been appropriate, individual, semi-structured, face-to-face interviews were felt to be the most appropriate, given the research aims and research questions of the study. Interviews are seen as a positive way of understanding the experiences of participants (Denscombe, 2014; Van Manen, 2016), which in this case were related to placement mentoring experiences of student nurses and qualified staff.

Research textbooks regularly use the term “data collection” when referring to information gathered from participants (Parahoo, 2014). In this context, my participants would be sharing their perceptions, experiences, and opinions of placement mentoring, or being mentored. Therefore, through engagement in conversation in an interview situation, I consider this process to be the co-creation of data, with the collected information then used to develop themes for further discussion (Elg et. al. 2012).

4.2.3 – Justification of semi-structured, face-to-face interviews

In this section I justify my use of semi-structured, face-to-face interviews and why it was appropriate as a means of co-creating data in my study (Coffey and Atkinson, 1996; Denzin and Lincoln, 2005; Bryman, 2015). A semi-structured interview forms an effective conduit through which to access the experiences of those engaging in practice placement learning. A semi-structured approach allows for the participant to speak freely about their perceptions, whilst allowing the researcher to retain a degree of control to keep the interview on track and capturing the intended level of detail (Gidman, 2013; Gillespie, 2017).

Bryman, (2012) highlights the benefit of interviews and the ability to ask participants the same questions about specified subject matter. As I wanted to explore the perspectives of all participants in relation to mentoring, a grid of questions was used to ensure that each interview had the same focus, but at the same time allowed me flexibility to deepen my understanding of a response if needed. Bryman identifies errors that can occur in the interview process in relation to the interviewee misinterpreting the questions asked. I was mindful of this and ensured that

clarification was provided if a question was not understood by the participant. A pilot interview (see section 4.5) demonstrated that students understood the questions and generated useful data.

A reflective diary informed the conduct of the research, as it was a useful method for recording thoughts both at the beginning of the study and throughout, as the literature was engaged with on a continuous basis, and especially as my interview questions were developed. The diary was of significant benefit, providing insight into my own thinking and a way of linking each stage of the research. It also enabled me to reflect on the earlier stages of the research to aid reflection on the evolution of the study (Borg, 2001).

4.2.4 – Ontological and epistemological positioning

The literature states that ontological assumptions will give rise to epistemological assumptions, and therefore it is crucial for the researcher to state their perspective, as it will potentially influence the research process (Guba and Lincoln, 1994; Denzin and Lincoln, 2005; Willig, 2011; Thorne et al., 2015). Whilst I make no claims that this research will offer an absolute truth, it will provide insight into the experiences of student nurses and qualified staff in relation to supporting learning and development in a placement environment.

Cohen et al. (2014) state that ontological and epistemological assumptions shape methodological choices. This research is positioned within the interpretative paradigm, which I considered the most appropriate for exploring the perceptions of individuals in relation to their experience of being supported, and providing support, in practice placements. Parahoo (2014) proposes that an interpretative paradigm is concerned with the world from the perspective of the individual experience, drawing on methodologies that rely on a subjective relationship between the researcher and subjects. An interpretivist approach enabled me to explore the individual experiences of participants in relation to placement learning, and to develop an understanding of how students make sense of their learning with a mentor within a placement setting. In addition, to add rigour to my study, links were made between themes in the data and themes in the literature review, as suggested by Connelly, (2016).

My study recognises the fact that there are defined roles to support learning during a practice placement for Practice Supervisors / Practice Assessors, whether they be a mentor or a Practice Supervisor / Practice Assessor. However, individuals may interpret roles differently, which lends itself to two lines of thought: social constructionism, and constructivism. Though both terms are frequently used

interchangeably, constructionism emphasises that the meanings that we construct “always arise in and out of interactive human community” (Crotty, 1998, p.5).

The research design is informed by my epistemological worldview as a constructionist who believes that individuals seek understanding of the world in which they live and work (Creswell, 2014). Whilst other positions exist, such as objectivism and subjectivism, the constructionism perspective argues that knowledge is created as a result of the researcher’s interactions with participants. Furthermore, I believe that multiple realities exist in relation to the creation of meaning, which aligns to the following view of constructionism:

“...realities are social constructions of the mind, and..... there exist as many such constructions as there are individuals (although clearly many constructions will be shared).” (Guba and Lincoln, 1994)

4.2.5 – Social Constructionist Worldview

This section will outline why I have adopted a social constructionist worldview (Darlaston-Jones, 2007), the basic contention of which is that reality is socially constructed by, and between the persons who experience it (Gergen, 2015). The perception of the experience of reality can be different for each person based upon our unique understanding of the world and our experience of it (Berger and Luckmann, 1991).

Social constructionism provides a perspective with which to view the world that allows for the unique differences of individuals to come into focus, whilst at the same time allowing for the ‘sameness’ that unites human beings to be identified (Ashworth, 2003). In other words, each individual reality is true for the person as they experience it.

My own experience of working with many student nurses has shown that the social construction of knowledge is linked to these individuals’ bringing knowledge and experiences with them into the course. In turn, this allows a student nurse to develop their own understanding of placement learning experiences as they encounter them (Denzin and Lincoln, 2005; Cohen et al., 2011; Flick, 2014; Bryman, 2015; Gilbert and Stoneman, 2016). Therefore, this points towards an interpretivist research design as I wished to gain an understanding of these experiences and develop my own understanding of the meaning attached by the students to placement learning and mentoring.

Darlaston-Jones (2007) argues that the constructionist view fits with the interpretivist tradition, as an exploration of multiple meanings and interpretations. She states that truth is relative – there is no one single reality, but many. It all depends on our individual perspectives. The realities of student nurses and qualified staff who act as mentors are different because of their prior experiences, social and cultural aspects. From a constructionist perspective, each student nurse will hold a unique interpretation of the support experienced on a placement.

Darlaston-Jones (2007) speaks of the need to utilise methods and research design that accept and value the perceptions of participants, and constructionism fits with this requirement. Darlaston-Jones (2007) also highlights the role of the researcher in the investigation, and how their value-base may interact with the research process. Chapter 1 has already outlined my role in the education of student nurses, the support of the qualified nurses who support student nurses, and my previous experience as both a student and as a mentor. As a researcher, I wanted to obtain the experiences and perceptions of student nurses and of qualified staff who support learning in placement settings. I also wanted participants to speak freely about their experiences and to tell their stories. Darlaston-Jones (2007) advocates the formulation of a research design that allows for voices to emerge from the study, which further justifies the choice of a qualitative approach.

4.3 – Ethical considerations

To attempt to gain open and honest opinions and experiences of being mentored and of mentoring, it was considered beneficial to engage with participants who were unfamiliar with myself as a researcher. This was the justification for utilising participants from other universities, whereas the risk of feeling coerced into participating would be eliminated by using an intermediary to recruit participants. As the researcher I would have no influence on the placement allocations or practice-based assessment outcomes of research participants, who it was thus considered might be more able to speak freely about their experiences. In terms of the ethical approval process the two main concerns of the internal Ethical Approval Panel were to ensure that:

- i. Participation was entirely voluntary.
- ii. Participants could be open and candid in interviews.

Ethical approval for the study was gained in two parts, and this is outlined in more detail below.

4.3.1 – Tier 1 approval

Following consultation with Ethics Panel Chairs within my own institution, permission to interview student nurses about their experiences was granted by the Ethical Approval Panel, as the risk level was regarded as low. The application was submitted in line with the university requirements, and was also aligned to the British Educational Research Association (BERA, 2018) Ethical Guidelines.

In particular, the research proposed considered the ethical aspects of the following areas:

The Person – as the researcher undertaking this work as part of a doctoral qualification, it is of implicit importance that all activity is conducted in a moral and professional fashion, and reflects the expectations of both the BERA (2018) guidance, as well as my own professional Code (NMC, 2018).

Consent – all those who participated in this research study provided voluntary informed consent at the start of the study. During the interviews, as the researcher I was fully mindful of and sensitive to the fact that any participant had the right to withdraw their consent. By making them aware in advance of the format of the research, no participant chose to withdraw at any point. In addition, support was provided for those participating in Stage 2 or Stage 3 interviews to make sure they had access to the technology required to undertake online interviews (e.g. Microsoft Teams, Skype, and a PC or Tablet device). The need for the use of such technology is explained in section 4.4.6.

Transparency – throughout the research I have endeavoured to be open and honest with all those participating. A full explanation of the purpose of the research was provided in a participant information sheet (see Appendix 3 and 4) and enhanced through inclusion of the option to ask the researcher any follow-up questions. Full consent (see Appendix 5 for the consent form) was obtained prior to the commencement of interviews, and all those taking part were assured of the anonymity which would be provided at the writing-up stage, with the identity of all interviewees being protected. This enabled participants to be open and honest in all responses provided.

Right to Withdraw – from the first point of expressing interest in participating in the research, participants were advised of their right to withdraw at any point. This was also outlined in the participant information sheet and on the consent form.

Incentives – there was no incentive offered to potential participants in this research. Those who chose to take part did so purely out of their own desire to both participate and to share their thoughts and experiences of supporting learning or being supported in a placement environment.

Harm Arising from Participation in Research – this research was regarded as very low risk, both from an ethical perspective, and from the point of view that it placed very minimal demands on those taking part. There was no perceived harm or disadvantage posed to those participating in the interviews which formed the research itself.

Privacy and Data Storage – As noted in the Transparency paragraph above, all those who participated were provided with information that outlined how their contribution to the research would be stored and given an assurance that anything they said in the interviews would be held securely and their identity protected. All transcriptions were held in a university-approved, password-protected storage area, accessible only by myself as the researcher.

Disclosure – prior to the commencement of the interviews, all participants were advised that, whilst all contributions would be confidential, as a registered nurse myself I had a duty under the NMC Code (2018) to report any poor nursing practice. Aside from a breach of the law, this was the only reason that would have led to a breach of disclosure.

The application was submitted in March 2019 and was approved the following month. A copy of the University of Brighton, Tier 1 approval letter, can be found in Appendix 1. To avoid potential issues associated with the conduct of insider research, which is discussed in section 4.4.2, student nurses were selected utilising a convenience sampling approach from three neighbouring universities to my own. These will be referred to using pseudonyms as follows: Lakeview, Dockview and Willowview. Qualified staff were recruited from National Health Service (NHS) Trusts supporting students from the three institutions listed above.

Each university required different ethical approval processes. Willowview were happy to accept the approval given by my own institution and issued approval immediately. Dockview requested a copy of the research proposal to accompany the ethical application undertaken at the University of Brighton and, being satisfied with the research proposed, issued permission to recruit. Lakeview required me to follow their own ethical approval processes, and therefore the process was more protracted than that of the other two. As well as ethical approval, I was also required to gain authority

through their Legal Contracts Department. Consequently, it took four months from application to approval in order to recruit at this HEI.

4.3.2 – Health Research Authority (HRA) approval

The process for gaining approval to interview the qualified nurses who provide mentor support was more complex. As these participants were working for the NHS, across a wide geographical area, I was required to obtain approval from the Health Research Authority (HRA). This level of approval is required for research that is considered low risk but involves staff working in the NHS. A detailed research protocol document had to be produced and submitted alongside an online application form. This was submitted in July 2019, and following a thorough scrutiny process, approval to proceed with the research was given on 27th July 2020. To support the main HRA application, a University of Brighton scrutiny process enabled the prepared documentation to be reviewed, with feedback provided by an internal Expert Panel. A copy of the HRA approval letter can be found in Appendix 2.

4.3.3 – Participant information and informed consent

Student nurses and qualified nurses invited to participate were provided with a participant information sheet (Appendices 3 and 4) and a consent form (Appendix 5). Communication with potential participants was undertaken through the local intermediaries, who made it very clear to those whom they approached that I had no connection with their course, placement, or university, and that I was interested in speaking to them purely as a researcher. Prospective participants were given a full explanation of the research and advised that the intention was to hopefully improve the placement experience for future students.

In line with expected practice, voluntary informed consent was obtained for each interview undertaken, and a signed copy of the consent form was retained. All prospective participants were given the opportunity to ask any questions, and to ensure that they were happy to proceed with the interview. In the case of online interviews, consent forms were emailed back to me as the researcher, following electronic completion. If any conflict of interest was identified, a decision would be made on how to proceed by holding a conversation with my supervisory team, although it is recognised that by inviting students and qualified nurses from institutions away from my own, the likelihood for this was low. Should any conflict have been identified, the interview would not have been undertaken if there was the potential to impact the participant negatively.

I recognise that through the process of speaking about their placement learning and support experiences, there was a low, but possible risk of participants becoming upset if they had had difficulties in the past. Should this occur, they would be given time to gather their thoughts, with the option of withdrawing from the interview at their request. Prospective participants were advised that they did not have to give any reason for withdrawing from the interview, nor would there be any consequences for doing so (Carpenter et al., 2000). Prospective participants were also informed that if it was evident that the upset was related to 'poor practice', under the terms of the NMC Code (NMC, 2018), this would be formally reported by the researcher, who would escalate practice concerns to senior university staff. It is a professional requirement of all registered nurses under the Code (NMC, 2018) to report any suspected poor standards of patient care and a requirement I must adhere to as a registered nurse on a professional register. In the event of such disclosure, participants would have been put in touch with appropriate individuals who could offer support in the event of becoming upset during the interview.

The participant information sheet was also used at the start of the interview to remind participants that I was carrying out this study as a researcher, rather than a university staff member, and that all discussions were confidential and would not be passed to mentors or university staff, as advocated by O'Leary, (2014).

All the interviews were audio recorded, and subsequently transcribed verbatim for data analysis purposes. This process is explained in detail in section 4.6. All recordings and subsequent transcriptions were held securely, either in a locked and secure cabinet within a locked office for hard copies, or password-protected in electronic form (Kumar, 2014). The transcription document was anonymised and therefore contained no detail that identified the participant, with pseudonyms used when writing-up the research. Therefore, all participants could feel assured that anything that was said in the interview setting was fully confidential and not attributable to them when the research was written-up. Participants were regularly reminded throughout the process that they could feel free to speak openly about their experiences, as no information that identified individual participants would be shared with clinical or university staff. The data will be retained for the duration of the EdD process, and in line with university protocols will be destroyed following the conferment of an award (Brighton, 2020).

4.4 – Participants: sampling, selection, and recruitment

4.4.1 – Sampling and selection

In order to attempt to meet the aims and to answer the research questions, all those participating in the research were members of one of two groups. One group were qualified nurses who had experience of supporting the learning of student nurses in a placement setting. These nurses either had experience as a mentor, supporting students under the 2008 framework, or as a Practice Supervisor under the 2018 framework, or both. The second group of participants were student nurses in Year 2 of their course, comprising two cohorts at different stages in their studies relating to their experience of mentoring under the 2008 or 2018 NMC standards.

Year 2 students were recruited as they have experience of the placement element of a nursing course, and subsequently will have stories to tell of being mentored by qualified nursing staff under the 2008 or 2018 NMC standards. Second Year students were also chosen as it is recognised that Final Year students are often targeted to participate in several surveys, including the National Student Survey (NSS), Health Education England, and internal HEI surveys.

Due to the interpretivist nature of the research and the sample size, it meant that it was not appropriate to apply the principles of generalisability. A convenience sampling approach was utilised, with potential participants based upon their availability, being invited to take part in the study. Convenience sampling was utilised primarily for ease and simplicity, as there were no additional requirements to participate other than being Year 2 student nurses (Moser and Korstjents, 2018). It is acknowledged that there is a risk of bias, if all volunteers are representative of the same characteristics (i.e. age, gender, ethnicity); however the participants were not selected by the researcher, but by the intermediary from the local HEI.

4.4.2 – Insider Research

Insider research notes similarity between the characteristics of the researcher, and those being researched (Mercer, 2007). I fully recognise that as someone actively involved in the education of student nurses, and as a qualified nurse, I may always be regarded as an “insider” and cannot fully remove myself. However, through interviewing students who are not known to me, nor I to them, I minimised the risk of them not wanting to talk in an open and frank manner. Much has been written about the notion of insider research in a variety of educational settings, including nursing

(Carter, 2004); social work (Kanuha, 2000); and family research (Olson, 1977; Surra and Ridley, 1991; Christensen and Dahl, 1997).

Mercer (2007) states that there are three main issues associated with insider research, namely: informant bias, (which will be discussed here), interviewer reciprocity (see section 4.4.3) and research ethics (see section 4.3). Mercer (2007) identified informant bias to be a potential hazard of insider research. Informant bias involves a situation whereby the interviewee tries to fit the expected stereotype and is often described as 'saying what they expect us to say'. In any research, the risk of distortion is known, and in this research was also a determinant in electing to interview student nurses from other institutions. A key role of the intermediary within the external HEI was to ensure that participants felt comfortable in speaking openly about their placement experiences, and this was reinforced by the participant information sheet. If participants did not feel comfortable to speak openly and honestly, the research would not be trustworthy. As outlined in section 4.3.3, reassurance was given to all participants that their responses were to be kept confidential and not disclosed to others. I discuss my awareness of affinity bias in Chapter 9 (Conclusion).

4.4.3 - Reflexivity

Interviewer reciprocity relates to the researcher inadvertently influencing the views of those being interviewed by disclosing their own opinions. As a former mentor to student nurses, a current academic member of staff, and a one-time student nurse, there was a risk that my own personal experiences might have been drawn into the interviews undertaken.

I hold my own beliefs around the purpose and benefits of mentoring, which were likely to differ from some individuals' views, and match with those of others. This had the potential to be problematic as there is a risk that my personal and professional views could influence the co-construction of data. However, this was not restrictive when exploring the perceptions and opinions of students and qualified staff, as I declared my experience and interest in the area of placement learning and I endeavoured to maintain a neutral position whilst in interviews. The literature highlights, and I acknowledge, that it is difficult to remain neutral as a researcher and it is important to avoid my thoughts influencing the research process. I do recognise that my prior experience of being both a student nurse and a mentor means that I am able to understand the participants' mindset when they discuss their experiences. I can understand the pressures faced in placement settings. This challenge was managed

through the use of a reflective diary and regular debrief meetings as part of the supervision process.

4.4.4 – Fieldwork

The interviews conducted within this study were undertaken in three stages and are aligned with the three research questions outlined previously. Contact was made and permission granted to access student nurses and mentors, at three Higher Education Institutions (HEIs) offering a pre-registration nursing course as well as in NHS organisations in the case of qualified nurses acting as mentors.

As noted previously, insider research can be seen as high risk (Costley et al., 2010), and although assurance was given to those participating that I was undertaking the research solely in a student role, there would no doubt have been a constant awareness throughout that I was a member of a lecturing team who was involved in campus-based assessment and that I liaised regularly with practice placement colleagues. As such, there was a risk that the responses given to the questions being asked could be moulded to meet the perceived expectations. This endorses the decision to interview students with whom the researcher had no existing teaching relationship, and as a result it is hoped that the responses given were open, honest, and represented the true experiences they have encountered.

In summer 2019, contact was made with the three HEI's to request commencement of recruitment of student nurses who had experience of being supported by a mentor (2008 NMC standards) in placement settings. At the time, this would have been any student nurse on the course as the 2018 standards did not come into force until later that year. Dockview University were unable to recruit any participants to the study, and for consistency was therefore withdrawn from any later involvement. In this first phase, between January and February 2020, 8 interviews were carried out with Year 2 student nurses at the other two HEIs.

Stage Two of the interviews took place between August and October 2020, with a total of 8 interviews undertaken with Year 2 student nurses who had been supported in placement settings by two qualified nurses under the 2018 standards – one as a Practice Supervisor who is the individual acting as a mentor in the truest sense of the word. They were also allocated a Practice Assessor who took responsibility for all practice-based assessment requirements related to the placement. Because of the Covid-19 pandemic, and the suspension of face-to-face data collection by the University of Brighton Doctoral College in March 2020, these interviews were conducted utilising Microsoft Teams.

The third group were qualified nurses who had undertaken either a mentor role (2008 standards) or had acted as a Practice Supervisor (2018 standards). These interviews were conducted in late 2020 and early 2021 utilising Microsoft Teams. In total, 7 interviews were conducted. These interviews were more challenging to arrange because of the second peak of the Coronavirus pandemic, which placed immense pressure on all healthcare staff. I reflect on this within Chapter 2 (Context) and in section 4.4.6 of this chapter.

Table 2 below indicates the number and distribution of interviews with participants, broken down further by respective home institution.

	Willowview	Lakeview	Total
Stage 1 – Student Nurses (2008 standards)	4	4	8
Stage 2 – Student Nurses (2018 standards)	4	4	8
Stage 3 – Qualified nurses supporting student nurses	4	3	7
Total	12	11	23

Table 2 – Distribution of participant interviews

Each of the seven qualified nurses interviewed had experience of undertaking both the mentor role (2008 NMC standards) and that of a Practice Supervisor (2018 NMC standards). Of the seven, six had also undertaken the Practice Assessor role under the 2018 standards.

Interviews with the student nurses were conducted in person at their home university, or online, for the reasons outlined in section 4.4.6 relating to Covid-19. For the qualified nurses, all interviews were held online because of restrictions imposed by the Covid-19 pandemic, as outlined in Chapter 2 (Context). The use of local HEI's was also a necessity as there was no budget to cover the costs of participants travelling to my own institution.

Table 3 below illustrates the timeline of interviews:

Date	Fieldwork	Notes	Miscellaneous
<i>October – December 2020</i>	Student nurses invited to participate in interviews.	Recruitment undertaken using HEI contacts.	
<i>January – February 2020</i>	Stage 1 interviews undertaken x 8 with Year 2 student nurses.	In person. Focus of interviews – 2008 NMC standards.	All transcribed verbatim.
<i>June – July 2020</i>	Student nurses invited to participate in interviews.	Recruitment undertaken using HEI contacts.	
<i>August – October 2020</i>	Stage 2 interviews undertaken x 8 with Year 2 student nurses.	Remotely interviewed. Focus of interviews – 2018 NMC standards.	All transcribed verbatim.
<i>October 2020</i>	Qualified nurses invited to participate in interviews.	Recruitment managed by NHS Practice Education Facilitators (PEF) in collaboration with the researcher.	
<i>November 2020 – January 2021</i>	Stage 3 interviews undertaken x 7 with qualified nurses who act as mentors to student nurses.	Remotely interviewed. Focus of interviews – 2008 and 2018 NMC standards.	All transcribed verbatim.

Table 3 – Fieldwork Timeline

4.4.5 – The challenge of undertaking interviews

A relationship of trust must exist between both parties if honest and open answers are to be provided by the participant, and the process of building a rapport is important; though this can be a challenge as, more often than not, both parties meet for the first time just prior to the commencement of the research interview (King et al., 2019). Whilst this is difficult to achieve upon first meeting another person, I ensured that time was made available before the recording commenced to talk to the participant, allow them to ask any questions, and to talk about the purpose of my research. I started each interview with a ‘soft question’ that allowed the interviewee to speak about a recent experience that would be familiar. This strategy worked well and acted as an icebreaker in each interview. Furthermore, the use of Microsoft

Teams to conduct interviews following the restrictions imposed by the Covid-19 pandemic assisted with the process of putting participants at ease. Although there were some technological issues associated with the reliability of wi-fi connections, because of the work involved in setting up the interview remotely, several emails had been exchanged in addition to providing details about the study, which helped to build a connection in advance of the interview itself. This meant that the researcher and interviewee appeared to feel more relaxed, and the conversation flowed smoothly during the interview, generating data that was relevant to the research questions.

The consistent challenge observed within all interviews was the participant giving short responses to some questions. In numerous interviews I needed to encourage the participant to provide more detail and to give a more descriptive response to the question asked. I found that this tended to occur early in the interviews, and once settled the responses to questions became much more detailed without the need for further probing on the part of the researcher.

I maintained a reflexive journal, as suggested by Shaw, (2010) to help with the analysis of the data, and to reduce any assumptions I may have held. This assisted my thinking within the co-creation of data and analysis process and helped to ensure that my own views did not unduly influence the findings identified.

4.4.6 – Covid-19 challenges

Whilst Stage 1 interviews with student nurses had been conducted face-to-face, in person, as originally planned, the Covid-19 pandemic led to the Stage 2 interviews taking place in a different context. Students were reflecting on their experience of being supported under the 2018 standards, but who were operating in significantly different circumstances to those they had been used to or would have expected. In what was a period of national emergency, the Covid-19 patients requiring care demanded far more from students and qualified staff, in situations that were unfamiliar and unnerving. At the time, this was an unknown virus which challenged care delivery in all placement settings, and increasing cases meant that clinical staff from all professions had to live separately from their families to minimise the spread of the virus. In addition to the unfamiliarity of Covid-19, all staff caring for affected patients had to do so wearing full personal protective equipment (PPE) for the duration of their shift, which is not a task for which students had previously been prepared by the HEI.

As outlined in Chapter 2, the effects of the Covid-19 pandemic took hold in March 2020 just as ethical approval for the interviews with qualified staff was being sought. Due to the suspension of face-to-face data collection by the home University Doctoral

College, a revised plan was required to maintain the projected research timeline. Whilst it was not possible to interview staff face-to-face, it would also have been inappropriate to enter an environment classified as high risk and with staff working under pressure, in order to undertake research interviews.

The interviews with nurse mentors were also delayed, as a result of the demand placed on healthcare settings and the resultant requirement for many nurses to work additional hours in the workplace. At the time these interviews were undertaken, the workforce in healthcare was facing several challenges due to the increased number of patients being admitted to hospital with Coronavirus, and because of the redeployment of many staff in order to address staffing gaps across all areas of nursing. As a result, there was an expected difference in the responses given to the interview questions. In many ways the model of support student nurses were working with was more attuned to the work they were expected to undertake, as it was highly unlikely that students would be mentored by one individual during the pandemic situation.

A decision was made to switch to online virtual interviews using digital media. This meant that participants could involve themselves in the research and speak about their experiences at a time that was convenient to them as individuals, which would be of benefit to the research being undertaken, enabling them to speak openly and honestly in a setting that was comfortable to them as individuals. This may also have been beneficial to mentors as an enabler to participate in the interviews. It is recognised that practice placements are busy and unpredictable environments, and through being able to undertake interviews at a time that was convenient to them, this may have had a positive effect on decisions being made to participate. Qualified nurses who are employed in a busy area may have been disinclined to volunteer for fear of not having the time or the capacity to be released if the interview had been scheduled to take place during a clinical shift.

The fact that a pandemic situation arose mid-way through my co-creation of data also opened new avenues for exploration. Whilst the standards introduced by the NMC in 2018 required changes to the way that qualified staff supported the learning of student nurses, the environment up until March 2020 was a familiar one for student nurses and the qualified staff supporting them. However, almost overnight, significant changes were introduced to manage patient care, including the wearing of personal protective equipment (PPE), and the creation of red and green treatment areas to separate Covid-19 admissions from general health-related conditions. Colleagues

from other departments, who may have been unfamiliar to the existing team, were allocated to work alongside staff, and stress levels were significantly elevated. As stated above, the way in which mentors were expected to support students shifted, but the expectation to provide this support remained. This gave an additional area of exploration for the interviews with this group of staff, whilst continuing with making the planned comparisons between experiences under the 2008 and 2018 NMC standards.

It is also important to consider that the qualified nurses who were acting as mentors or Practice Supervisors, and who participated within the Stage 3 interviews, were not necessarily directly involved in the support of the student nurses interviewed in this research. Although there was potential for previous professional connections between student and qualified nurses participating in this study, no links were explored. This was because it could also have led to confidentiality issues and a potential risk of the student nurses, mentors and Practice Supervisors, not wishing to fully disclose their experiences, as if I was, and they were aware that I was also interviewing their mentors or student nurse. Interviewing qualified staff who were not known to be directly connected to the student nurses who were interviewed might also have led to the identification of themes and sub-themes that may not have been apparent should there have been a prior relationship in existence.

4.5 – Co-creation of data

As presented above, qualitative research can be undertaken in a variety of ways, based upon the needs of the researcher and the study. For this study, the researcher was most interested in the experiences of individuals and recognised that there may be variation in the mentoring experience of one participant as compared to another. Interviews were arranged at a time that was convenient for them, with all participants given the choice in relation to the day and time that the interview was undertaken, based upon the availability of the researcher. The process of conducting interviews utilising digital means also has benefits, as in most cases, the participant can choose the setting in which they undertake the interview, and this can be beneficial to the research if they are comfortable in their own surroundings.

The questions that were used as prompts for the face to face, semi-structured interviews arose from the themes identified within the literature review and my previous research in Stage 1 of the EdD, namely:

- The role of the mentor
- The purpose of the mentor
- Experiences of being mentored in the clinical placement.

The questions formulated were also discussed at length with the study supervisory team to ensure a balanced set of questions were developed. A pilot interview using potential questions to be employed for Stage 1 of the research took place with two students who were not included in the main co-creation of data, to ensure that the wording of the questions was understood. A pilot interview was also an opportunity to ensure that the questions took me through a route of questioning which allowed for an open-ended approach, whilst also ensuring that the focus for the research was maintained. This aligns with my earlier identified need for a non-linear research design. A copy of the question grids used for the interviews is found in Appendix 6. The pilot was successful and highlighted the importance of allowing time at the start of the interview for participants to talk about a recent experience in practice placements, as this led to a rich and detailed description. The students involved in the pilot stated that they enjoyed speaking about their experiences of being supported in practice and spoke at length and in detail. A pilot interview in the second stage of interviews was helpful in identifying challenges in relation to student nurses who had been involved in paid placements (see Chapter 2 (Context) for more detail in relation to Covid-19). Each pilot interview lasted for approximately 60 minutes, and the subsequent co-creation of data lasted in the region of 75 minutes each. The shortest interview was completed in just over one hour. This was a face-to-face interview with a student who attended with a heavy cold and this may have had an influence on the duration of the meeting. The longest interview was 80 minutes in length and was with a qualified nurse participant and was held online.

Following transcription of the recorded interviews, after the first stage interviews, it was important to the researcher to ensure that the initial themes that were identified in the data analysis were checked by participants to ensure that they reflected the view held (Glasgow, 2013). Each of the student nurse participants in stage one were offered the opportunity to participate in “member checking” This is a recognised process (Lichtman, 2013) which aims to ensure that the researcher’s interpretation is plausible and not distorted or misunderstood. In this research, participants were provided with extracts of the coded transcriptions of their interview electronically and asked to confirm that what had been extracted was a fair and accurate representation

of their views. All participants agreed that what was presented represented their experiences.

4.6 – Data analysis

The analysis of qualitative data generated from semi-structured interviews can be undertaken by using many methods, including discourse analysis and content analysis. Analysis is an intuitive process that requires dynamic thinking and theorising (Basit, 2003). It is not mechanical nor solely administrative and is a fundamental part of the research process that enables the understanding of the data (Boyatzis, 1998).

This section of the chapter will outline the analysis process that was utilised and how it was undertaken in two stages. The two stages involved a thematic analysis and then the application of an analytical framework. Sechelski and Onwuegbuzi, (2019) argue for the need for rigorous analysis that examines the same data, but from multiple analytical perspectives. It is further argued that a second level of analysis can lead to the identification of further themes of interest (Leech and Onwuegbuzie, 2007; Onwuegbuzie and Leech, 2007). The use of more than one method of data analysis can also facilitate greater depth, through the ability “to generate more meaning, thereby enhancing the quality of inferences” (Leech and Onwuegbuzie, 2007, p. 579).

The data analysis procedures also followed a pragmatic approach in so far as it involved two stages and was sufficiently tailored to addressing the research questions. The first stage of data analysis followed an inductive approach to identify the themes of key importance to the participants. The second stage involved the application of the Developmental Mentoring framework, using Developmental Mentoring to identify any data potentially relevant to the research questions that had not emerged via the initial phase of inductive analysis.

Thematic analysis, a recognised method of working with qualitative data (Saldana, 2013) is beneficial because it pinpoints patterns or themes within the data that are helpful in describing the subject being focussed upon, and has been successfully used in numerous studies linked with understanding experiences of student nurses (Cahill, 1996; Braun and Clarke, 2006; Courtney-Pratt et al., 2012; Houghton et al., 2013; Wallin et al., 2013). Thematic analysis is viewed as the “breaking down, examination, comparison, conceptualisation and categorisation of data” by Strauss and Corbin, (1990, p.61).

In conducting thematic analysis, the six-phase model devised by Braun and Clarke (2006) informed the way I managed my data. Table 4 below provides an overview of the phases advocated by Braun and Clarke, after which I provide a more detailed overview of the process involved in each stage.

Phase	Process description / overview
1. Familiarising yourself with the data	Transcribing the data. Reading and re-reading the data. Noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the whole dataset, collating data to each relevant code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to potential themes.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts and the entire dataset, generating a thematic map of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definition and names for each theme.
6. Producing the report	The final opportunity for analysis – selection of clear, vivid and compelling extracts for examples. Final analysis of selected extracts relating back to the research question and literature, producing a scholarly report of the findings.

Table 4 – Phases of thematic analysis (adapted from Braun and Clark, 2006, p.87)

4.6.1 – Phase 1: familiarisation with the data

In this first stage of the process, Braun and Clark (2006) speak of the need to fully immerse yourself in the data in order to gain familiarity. This process is also endorsed by Guba and Lincoln, (1994) as a recognised element of the research process. Each of the recorded interviews was listened to within 24 hours of the interview taking place, and field notes revisited to ensure that they were clear and would be useful when read alongside the transcriptions.

Transcription of the audio recordings was then undertaken to provide verbatim accounts. The 2008 standards interviews, and half of the 2018 standards interviews were transcribed externally, whereas the remainder were transcribed by the researcher. External transcription enabled the quicker production of transcripts as they were undertaken by a professional transcriber. The interviews transcribed

externally were checked by the researcher (by listening back to the audio recording) to ensure that the accuracy and context of the interview had been captured.

A verbatim account of the interview transcription was important to address the research questions and to explore the meaning of the responses provided by the respondents to the questions asked. An example of the transcriptions can be found in Appendix 8. To ensure parity of analysis, although the interviews conducted using Microsoft Teams allowed for a visual recording of the participant, the recording was only used for audio transcribing purposes.

4.6.2 – Phase 2: Generating initial codes

In the second phase of the process, the generation of succinct labels that identify important features of the data that might be relevant to answering the research question is required. This involved coding the entire dataset, and after that, collating all the codes and all relevant data extracts together for later stages of analysis as suggested by Braun and Clark, (2006).

An inductive approach to analysis was undertaken, whilst at the same time I was aware of the need to look for themes that had been identified within the review of the literature. This also endorsed the decision not to use alternative methods of analysis such as grounded theory. The deductive themes seen in the literature included the provision of feedback, role-modelling and developing professional growth – all of which are widely reported in the nursing mentoring literature.

A grounded theory approach would not allow for the deductive themes from the literature review to be used within the coding process, though the same themes might have been identified.

Initially a broad approach to the data was undertaken, which included the identification of themes that were evident across other interviews within the same stage of co-creation of data, and then also by looking at the other interviews. A sample of the coding can be found in Appendix 8.

4.6.3 – Phase 3: Searching for themes

This third phase involved examining the codes and collated data to identify significant broader patterns of meaning (potential themes). It then involved collating data relevant to each candidate theme, so I could work with the data and review the viability of each candidate theme (Braun and Clark, 2006, Braun and Clarke, 2021). Participant themes were identified once the initial coding had been completed, by seeking to identify those that could be combined according to shared meaning. It was

important to look at relationships between the data, and how they may inform the narrative provided by participants within a theme. Such themes at this point are shown within Figure 5, and then grouped under the three general themes as indicated at the top of each column.

The process of coding to identify themes in the data is recognised as being an interpretive act (Saldana, 2013) that is driven by and reliant upon the perspective of the researcher.

Whilst Saldana, (2013) advises that skilled coding is rarely achieved at first attempt, as a novice coder I was careful to ensure that patterns were identified. This process was undertaken using qualitative data analysis software, namely NVivo. NVivo was an effective tool in making comparisons between each stage of interviews as the use of nodes (codes) was an effective approach when undertaking the coding of each interview. Within NVivo, nodes are a method of linking or referencing common themes that are identified in the transcription, and can provide the researcher with a snapshot of where an identified theme has been coded. NVivo also allowed for the inclusion of notes and captions within the transcription, and this benefitted the correlation of each stage of the interview process, particularly for making connection between the student and qualified nurse interviews. Whilst there is a view that software is not the only way of undertaking thematic analysis and that manual coding is just as effective, I found the software to be beneficial in making comparisons between individual interviews and between the stages of interviews.

The second stage of the analysis process involved the reviewing of the transcripts to look for evidence of themes directly related to evidence of a developmental mentoring approach, as outlined in Chapter 3 (Literature Review). The analytical framework was also applied to the data to look for additional themes that may not have been evident in the first stage of analysis, and to add depth to the analysis. The Developmental Mentoring framework was identified as a relevant framework that promotes a positive mentoring experience and has been discussed in Chapter 3 (Literature Review). With the principles and features of developmental mentoring in mind (Manning & Hobson, 2017; Manning, 2018), the transcripts from each stage of interviews were analysed for the presence or absence of aspects of this style of mentoring that may not have been picked up within the initial thematic analysis.

The use of a reflective diary enabled me as the researcher to consider my own views and experiences of undertaking the mentoring role in practice, as well as of being mentored myself. Reflexive entries in my diary made during the interviews, and during

the analysis process were an effective way of putting my thoughts to one side and to maintain a dispassionate approach to data analysis, whilst considering the views and experiences of the participants in my study. My experience in a practice setting related more to the 2008 Standards, whilst the support I provide now to student nurses pertains more to the 2018 Standards, and as such throughout the research I maintained a balanced perspective of both whilst speaking to student and registered nurses.

4.6.4 – Phase 4: Reviewing themes

Braun and Clark (2006) state that the fourth phase involves checking the candidate themes against the dataset, to determine that they tell a convincing story of the data, and one that answers the research questions. In this phase, themes are typically refined, which sometimes involves them being split, combined, or discarded.

The process of confirming themes worthy of inclusion was a lengthy one, and as part of the process I was conscious of the fact that there would be themes and sub-themes that could have been included but would not have been beneficial to answering the stated research questions.

The themes and sub-themes selected were considered relevant to research questions of the study.

Following the data analysis and the subsequent identification of themes, contact was made with some participants to check that the themes encapsulated the views they presented within the interviews. Analysis of the data was also discussed in supervision sessions and conversations relating to reflexivity and my position as a researcher were held regularly. Supervision sessions enabled open reflection on the analysis of data and provided a sounding board for the identified findings with critical discussions held in relation to the themes. I attempted to be dispassionate throughout, and open to finding out the experiences of student and registered nurses. At the outset I was not committed to any particular approach, but beyond the initial inductive analysis, the application of the Developmental Mentoring Framework appeared to align with the 2018 standards, deepening the analysis and revealing potentially valuable findings.

4.6.5 – Phase 5: Defining and naming themes

This fifth phase involved developing a detailed analysis of each theme, working out the scope and focus of each theme, and determining the ‘story’ of each. It also involves deciding on a name for each theme (Braun and Clark, 2006). The initial themes identified can be seen in Figure 5, in Chapter 5, Section 1.

The identified themes in each interview were member-checked by asking interviewees to verify the themes through email contact and to confirm that they were a reflection of their experiences (Kirk and Miller, 1986). Whilst only half of the participants contacted responded, they had no issue with the themes identified and advised that they felt satisfied that the themes identified resonated with their experience.

Whilst a wide range of themes and sub-themes are presented above, the final stage of the analysis process was to cluster all sub-themes and to identify final over-arching themes that I considered to be the most pertinent and relevant to the three research questions. The Findings chapters will outline which sub-themes will be presented in detail.

4.6.6 – Phase 6: Producing the report

The over-arching themes that have been identified following the analysis process are presented in three connected Findings chapters (Chapters 5-7) and will be structured utilising the research questions previously outlined. The themes sit across the Findings chapters as they have arisen in the student interviews and those with the qualified staff. The first (Chapter 5) explores the experiences and perceptions of student nurses; Chapter 6 provides an exploration of the experiences and perceptions of qualified nurses who act as mentors to student nurses: and the final Findings chapter (Chapter 7) is concerned with the perceived benefits or limitations of the two different sets of NMC standards.

4.6.7 - Demographics

Table 5 in Chapter 5, Section 1 provides an overview of the participant demographics, including their gender, age range, role held, and the relevant code allocated to align with the extracts used in the findings chapters.

4.7 – Chapter Summary

This chapter has identified the way in which a qualitative research design can meet the needs of the research and should be effective in answering the intended research questions. A qualitative approach, using face-to-face interviews was adopted as it was considered that it would enable the participants in the study to verbalise their thoughts and feelings in order to deepen the understanding of their experiences and perceptions of mentoring. The data analysis process has been explained, and the themes identified for exploration in Chapters 5 – 7 are provided. The forthcoming chapters will provide outcomes of the analyses of the responses co-created through the interviews undertaken.

Chapter 5 – Findings I: Student nurses' experiences of mentoring under the 2008 and 2018 NMC standards.

5.1 – Chapter overview

This first of three findings chapters provides an overview of the themes identified in the data analysis process, followed by an exploration of the experiences and perceptions of student nurses interviewed regarding their experiences of being mentored under the 2008 and 2018 NMC standards. As explained in Chapter 2 (Context), under the earlier standards, student nurses were supported by a single allocated mentor. In contrast, under the later standards, student nurses were allocated two qualified members of the practice placement team to provide support, namely a Practice Supervisor and a Practice Assessor. The Practice Supervisor role aligns more closely with that of mentor, who in this case is not charged to undertake formal assessment as part of that role.

This findings chapter addresses the first research question:

RQ 1 - What are student nurses' experiences of mentoring under the 2008 and 2018 UK standards for practice-based education?

In relation to the experiences and perceptions of student nurses across both the 2008 and 2018 NMC standards, this chapter will focus on the three over-arching themes outlined in Chapter 4 (Methodology), namely the role of individuals in supporting learning; the role the wider team in the placement plays and assessment and feedback. Section 5.2 will explore common sub-themes relating to both the 2008 and 2018 NMC standards, Section 5.3 will focus on sub-themes identified as being specific to the 2008 standards, and Section 5.4 addresses sub-themes specific to the 2018 NMC standards.

As noted in section 4.6.2, an inductive approach was taken to the analysis of data, whilst also maintaining an awareness of the main themes emanating from the literature review, those being provision of feedback, role-modelling and developing professional growth. The thematic analysis identified three initial themes: communication, support, and environment. These are presented, with their associated sub-themes in Figure 5, below.

Communication	Support	Environment
<ul style="list-style-type: none"> •Development of working relationships. •Assessment arrangements. •Confidence. •Acceptance / creating a good impression. •First impressions. •The role of the HEI. 	<ul style="list-style-type: none"> •Improved assessment experience through enhanced questioning. •Not being a burden. •Interest in the learner. •Mentors with memory. •Newly qualified v experienced mentor. •Limitations of a single mentor. •Enhanced role of the practice supervisor role. •Role confusion. •Pressure on the mentor. •Facilitator role. •Managing expectations. •Student nurses seen as future colleagues. •The availability of senior staff to support. 	<ul style="list-style-type: none"> •Time. •Team support. •Role transition. •Role expectations. •Spare pair of hands. •Increased workload for qualified staff.

Figure 5 – Inductive analysis: initial themes and sub-themes

To ensure that no significant themes had been missed, the analytical framework (Developmental Mentoring) was then also applied to the interview transcripts. This provided an additional layer of assurance in an effort to ensure that all key themes of relevance to the research questions were extracted from the interviews.

The application of the developmental mentoring framework identified a further six themes which are presented in Figure 6. Specifically, the transcripts were analysed to seek examples of student nurses and qualified staff discussing occasions whereby the relationship was open, progressive, and generally supportive, in a non-directive style towards the student nurse (Moser and Korstjens, 2018).

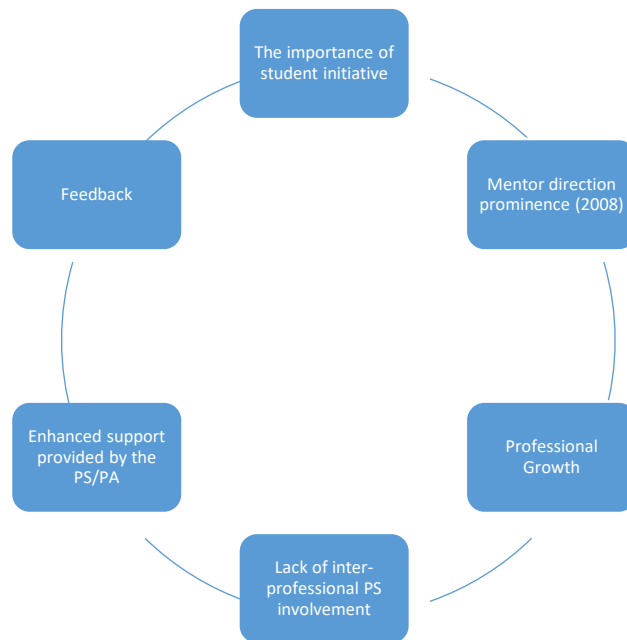


Figure 6 – Identification of themes through the application of the Developmental Mentoring Framework

After undertaking the thematic analysis and followed by the application of the Developmental Mentoring framework, the identified themes that are presented in Figures 5 and 6 were grouped under three final overarching themes. The three final central themes that inform the findings chapters are presented in Figure 7, below and will be explored in Chapters 5, 6, and 7. Whilst the initial thematic analysis identified many of the main themes, the use of the Developmental Mentoring Framework was useful in providing a further layer of analysis.

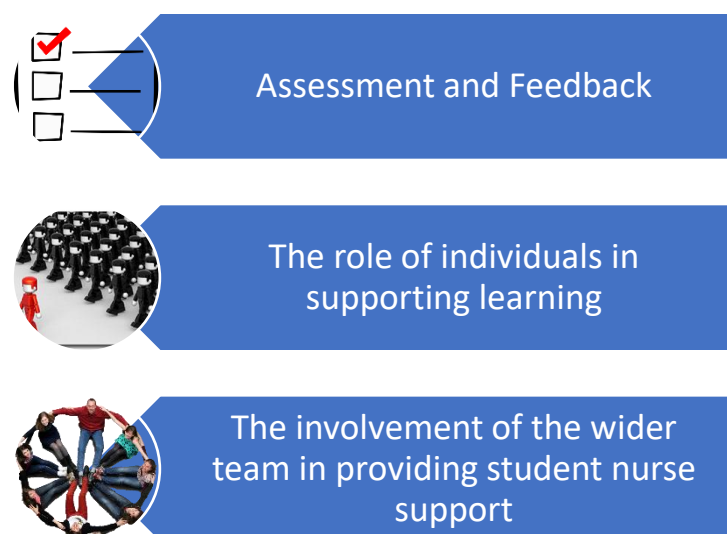


Figure 7 – Final Themes

Table 5 (below) provides an overview of the demographic profiles of those involved in the interviews and provides a code that will be used in Chapters 5, 6 and 7 (Findings) to attribute quotations to participants.

Role	Institution	Gender	Age Range	Years qualified	Code for interview extracts	Interview Stage²
Student Nurse	Lakeview	Female	20 – 30	n/a	SN 2008 INV1	1
Student Nurse	Lakeview	Female	40 – 50	n/a	SN 2008 INV2	1
Student Nurse	Lakeview	Female	20 – 30	n/a	SN 2008 INV3	1
Student Nurse	Lakeview	Female	20 – 30	n/a	SN 2008 INV4	1
Student Nurse	Willowview	Female	40 – 50	n/a	SN 2008 INV5	1
Student Nurse	Willowview	Female	20 – 30	n/a	SN 2008 INV6	1
Student Nurse	Willowview	Male	20 – 30	n/a	SN 2008 INV7	1
Student Nurse	Willowview	Female	30 – 40	n/a	SN 2008 INV8	1
Student Nurse	Lakeview	Female	20 – 30	n/a	SN 2018 INV1	2
Student Nurse	Lakeview	Male	20 – 30	n/a	SN 2018 INV2	2
Student Nurse	Lakeview	Female	30 – 40	n/a	SN 2018 INV3	2
Student Nurse	Lakeview	Female	20 – 30	n/a	SN 2018 INV4	2
Student Nurse	Willowview	Male	40 – 50	n/a	SN 2018 INV5	2
Student Nurse	Willowview	Female	20 – 30	n/a	SN 2018 INV6	2
Student Nurse	Willowview	Female	20 – 30	n/a	SN 2018 INV7	2
Student Nurse	Willowview	Female	30 – 40	n/a	SN 2018 INV8	2
Qualified Nurse	NHS	Female	50 - 60	35	QN INV1	3

² Stage 1 – Student Nurse (year 2) 2008 NMC Standards
 Stage 2 – Student Nurse (year 2) 2018 NMC Standards
 Stage 3 – Qualified Nurses 2008 and 2018 NMC Standards

Qualified Nurse	NHS	Female	40 - 50	22	QN INV2	3
Qualified Nurse	NHS	Male	30 – 40	15	QN INV3	3
Qualified Nurse	NHS	Female	50 – 60	28	QN INV4	3
Qualified Nurse	NHS	Female	40 – 50	10	QN INV5	3
Qualified Nurse	NHS	Female	40 – 50	13	QN INV6	3
Qualified Nurse	NHS	Female	40 – 50	8	QN INV7	3

Table 5 – Interview Participant Demographics

5.2 – Student nurses’ experiences of mentoring

It is worthy of mention that all student nurses interviewed spoke in a generally positive way of their overall experiences of learning in a practice placement environment and found that they gained significant learning. They also indicated that the opportunity to work alongside mentors, Practice Supervisors and Practice Assessors, was central to this positive experience, and when they had encountered any challenges, it pertained to a perceived lack of support from one of those colleagues, as I will explain and illustrate in section 5.2.1 below.

This section will address the three theme headings in turn (The role on individuals in supporting learning (5.2.1); The involvement of the wider team in providing student nurse support (5.2.2); Assessment and Feedback (5.2.3)).

5.2.1 – The role of individuals in supporting learning.

The sub-themes identified during the analysis process that are discussed in this section are outlined in Table 6.

The role of individuals in supporting learning
Mentors with memory.
Being mentored by a more senior nurse
Student confidence and taking the initiative.
Sharing concerns with a mentor or Practice Supervisor in an open relationship and the value of peer support
Time available to provide support.

Table 6 – Sub-themes presented in section 5.2.1

Mentors with memory – relating to personal experiences of being a student

A sub-theme relating to student nurses' experiences under both sets of NMC standards, was that of the importance to them of their mentor retaining a memory of what it was like to be a student.

“It is so refreshing to work with a qualified nurse who still remembers how it is to be a student, it makes the support and general learning much more effective in my mind” (SN 2008 INV1).

“My mentor taught in a way that aligned with my way of thinking. Before I asked the question, it had been answered for me and was clear that she knew how my student mind worked. That also put me at ease as I had fewer questions to ask at the end of the teaching session” (SN 2018 INV3).

In addition, this also highlighted that more recently qualified nurses were seen by the students as being their preferred support when their mentor or allocated supervisor was unavailable. Seven out of the eight student nurses interviewed about the 2008 standards spoke in a negative way about being supported by a senior member of the nursing team. They suggested that the support they received was affected by additional demands placed on qualified staff who have responsibilities in relation to the running of the department or similar calls on their time. It was apparent that if they were to be given the choice, student nurses interviewed would pick a more junior member of the team. This correlates with the findings later in this section, as senior staff mentors or team members were more likely to be called away from mentoring activities to address other priorities.

Interviewee 5 spoke of how refreshing it was to be supported by a mentor who was still able to relate to how it was to be a student or a novice in an unfamiliar area (see below). In addition, a further five student nurses also made this point within their interview.

“I guess with my mentors I've had generally if you like fairly new nurses, I mean my current one at the moment she's a year qualified and I actually feel very, a lot more comfortable with her because she, I feel like she knows where I'm at and she you know she says I know where you're at, I know you've got lots going on and you know she's very supportive of that but she's also very sort of proactive in getting me involved and it's quite a nice, it just feels very comfortable but not in a way that, sort

of in a complacency way, I just I feel more confident in going to, you know trying things because she's sort of there.” (SN 2008 INV5)

Another interviewee noted that *“The people supporting me were only out of uni about five or six years ago, so they know what it is like and how it feels” (SN 2018 INV8)*

“For me, the best type of mentor are those who have qualified more recently and really know how it feels to be a student. They understand and often bend over backwards to help me learn. You don't get that as much with the more experienced nurses” (SN 2008 INV6)

At the same time, just two interviewees also identified the benefits of working with an allocated Practice Supervisor who had more extensive experience and could teach them not only how to undertake clinical tasks but to also deal with challenging situations.

“As a learner, I want to be surrounded by support that meets my needs, and this includes those who are experts and have built up years of experience and can teach me not just knowledge and skills, but also how to deal with the many differing situations I may come up against” (SN 2018 INV5)

In the 2008 interviews, a further participant made a similar point, as evidenced below:

“My mentor was one of the most experienced nurses in the department. There was nothing that phased her and that was reassuring from a learning support point of view, she could teach or show me anything as she had been there and got the t-shirt” (SN 2008 INV6)

One of the qualified nurses in the stage three interviews supported this viewpoint by talking of the importance attached to empathy and understanding how the student might be feeling whilst in a potentially unfamiliar environment. She spoke of the need to see things from the shoes of the learner and the responsibility placed onto the shoulders of a mentor or supervisor to provide the support in time of need and to identify when a student may be struggling.

Being mentored by more senior nurses

In a similar way to the preference to work with a more recently qualified nurse, it was verbalised by most participants that there were varied experiences of working with a qualified nurse who is more experienced, and one who holds a senior position within the team.

Whilst the issue of time available to support learning will be discussed later in this section, a separate concern arose from the students who were allocated a senior member of the team. Whilst they held significant levels of knowledge and experience of nursing, it was evident that due to this experience student nurses were not able to easily gain from it as staff were often involved in taking charge of the placement area and had a need to delegate to other members of the team when it came to student support.

“...(I) had a senior member of the team and had some challenges with spending time with them as a mentor and her availability that affected my learning.” (SN 2008 INV2)

“They were constantly being called upon by others, regularly in the office answering emails...” (SN 2008 INV6)

“they can also be too busy to have a student so senior members of the team aren’t always best in terms of being able to access them and to get learning and support effectively” (SN 2008 INV2)

Interviews indicated that whilst student nurses did not expect to be observed for every minute of the shift, prolonged periods without support available from their allocated mentor or supervisor had a detrimental effect on the learning experience.

“I appreciate that we have to steer our learning, but when I was left without direct supervision it could feel quite unsettling” (SN 2008 INV6)

A preference to be supported by a member of the team who was on the shop floor became clear, and the quote below illustrates a developmental approach to mentoring through the way in which the Practice Supervisor allowed the student nurse to develop knowledge and practice skills.

“Participant - I was so happy when I found that my supervisor was regularly patient facing...they were great and each day had a conversation with me about what I wanted to learn and how I might access opportunities to enable this...it felt like I was the boss and they were in the background for support if I needed it. When I have worked with the band sixes in the past they have tended to tell me what I was doing that day...”

Researcher – How did this approach make you feel?

Participant – Liberated!” (SN 2018 INV7)

It was interesting to note that except for one participant, the student nurses interviewed in the interviews pertaining to the 2018 standards all highlighted that the allocated Practice Assessor was a senior member of the team and tended to be a band six³ or above. This was valued as they felt that a more robust assessment process existed as a result, with the teaching provided by the Practice Supervisor verified by a senior colleague, as evidenced in the quotes below:

“I was pleased that my assessments were carried out by someone so experienced, both in the team and in terms of years qualified...it made me feel that if I could meet the standard she held I must be doing okay...” (SN 2018 INV3)

“The ward manager was quite a formidable character and had a reputation for being hard to impress...it made me feel good when I passed as I must have made a good impression.” (SN 2018 INV1)

“the Practice Assessor tended to be the ward management team, so it meant that my PS [Practice Supervisor] was generally more accessible” (SN 2018 INV5)

Whilst the smooth running of the department is a priority that directly relates to patient safety that will always come first, it is important that the support and overall learning experience gained by student nurses is not affected, and the discussion chapter will look at the significance of responsibilities held by those also acting as mentors or Practice Supervisor. Student nurses clearly value the placement experience, and with half of the overall course spent in such settings there is a clear need to ensure that

³ Entry level, newly qualified nurses are band five within the NHS pay scale. Band 6 and 7 staff are senior and hold management responsibility within the team.

the learning opportunities are maximised through working with appropriate members of the team who can support and facilitate as required.

Student confidence and taking the initiative

This sub-theme was identified following the application of the developmental framework, as part of the second stage of analysis. It was widely recognised, except for one interviewee, across all interviews noting that as student nurses, they are adult learners and must take responsibility for their own learning. In many interviews, student nurses spoke about the challenges of being placed in busy environments and being supported by qualified staff with very heavy workloads and how this could have impacted on their learning. Student nurse participants in the 2018 interviews talked about the freedom the new standards provided, enabling them to work with a wider range of colleagues. This in turn led to new opportunities in contrast to those seen under the 2008 NMC standards. This is another key finding of this study

There was also evidence of developmental mentoring occurring, with student nurses commenting on the fact that the Practice Supervisor was not there to direct every moment of the shift, and that they could clearly see the importance of seeking out opportunities for their own learning and development. These views are demonstrated in the quotes provided below.

*“The Practice Supervisors are not there to do everything for us, we have to be responsible for the learning that goes on and take the **driving seat** in that process. I see the supervisor as being a crucial **cog** in the overall machine as they are there to help us access the learning opportunities that we need in order to develop and grow.” (SN 2018 INT8)*

“...recognise that as an adult learner I am ultimately responsible for my own education and learning” (SN 2008 INV8)

The language used in the first quote emphasises a developmental approach to mentoring, with terms such as ‘driving seat’ being key, and the inclination to the Practice Supervisor acting as a tool or ‘cog’ in this process. It is widely recognised that student nurses are adults, and although a mentor or Practice Supervisor has a key role to play, the responsibility for learning and meeting any individual requirements sits squarely on the shoulders of the student.

It is also apparent that through taking the lead for their learning within a placement environment, this has a direct impact on the confidence of student nurses as they gain a feeling of empowerment.

This research also highlighted the importance of professional growth, which links closely with the sub-theme of confidence and the part a mentor or Practice Supervisor plays in this area. The two quotes below talk specifically about this aspect of the student / mentor relationship.

“You learn by doing and the mentor [Practice Supervisor] should be there to help shape your development as you progress.” (SN 2018 INV4)

“I find that if they can see I am willing and keen to learn, it can often motivate them to want to mentor and support me and my development as a nurse.” (SN 2008 INV1)

The first quote, taken from the 2018 interviews, indicates a reliance on the mentor for learning and I would argue leans more towards a directive approach, rather than the developmental mentoring perspective that others in this group have inferred that the 2018 standards offer. When this was explored in more depth, the interviewee spoke about the notion of a safety net provided by the Practice Supervisor, but felt that their experience was developmental, with all conversations between them and the supervisor being driven by them as the learner.

The ability to share concerns with mentors or Practice Supervisors in an open relationship and the value of peer support

As highlighted at the outset of this chapter, students talked about the positive experiences they encountered whilst in a practice placement setting, which directly links to the support they received from either a mentor or a Practice Supervisor. All student nurses across all interviews spoke about the ability they had to do so, talking about the relationship that existed which facilitated open and honest conversations. The quotes below demonstrate that student nurses under both sets of standards felt empowered to talk about any concerns they had with their Practice Supervisors in particular (2018), but also note that the mentor (2008) was seen as approachable.

“My mentor was very friendly and over time we got to know each other. He encouraged me to come to him with any worries or concerns I had, which was reassuring” (SN 2008 INV3)

“I felt comfortable to share concerns with my supervisor, and knew that they would take them seriously” (SN 2018 INV5)

“I was able to talk about pretty much anything with my PS [Practice Supervisor] as they encouraged me to share any worries with them...this was helpful and eased any learning concerns I may have had.” (SN 2018 INV2)

The participant below reflected on their ability to talk to both mentor and Practice Supervisor, but felt that the 2018 standards facilitated this discussion more freely:

“I did talk to my mentor last year, but with my supervisor I felt much more comfortable and it felt that they took me more seriously and wanted to help support me [the supervisor]” (SN 2018 INV5)

With practice placement experiences holding the potential for unfamiliarity for many student nurses if they have never worked in such settings before, it is important that they feel able to share any worries to address them and move forward with meeting their learning aims and objectives as early as possible. This aspect also links with the previous section in this chapter, as the ability to share concerns with an allocated mentor or supervisor also helps with the development of confidence. Student nurses also spoke about the passage of time and getting to know their mentor or Practice Supervisor better as each week of the placement passed by.

There were examples of the approach utilised under the 2008 NMC standards of being more directive in nature, which was not always beneficial to the student nurses interviewed, nor did it facilitate an open discussion when needed, as these quotes illustrate.

“It sometimes felt that my mentor was in control of everything.....they told me what we would be learning that day and how we would go about it. At first I liked it because I felt they were focussed on my learning, but it became a bit regimental and I went along with it” (SN 2008 INV6)

“One of the down sides of working predominantly with one person is that it can feel like they run the placement. I mean, we spoke about what I wanted to learn at the start but that was it...it would have been nice to be asked about how I wanted to go about it...” (SN 2008 INV4)

Further exploration with regards to challenging the approach adopted by the mentor in these situations, the consensus from the student nurses was one of not wanting to upset the mentor, or risk damaging the relationship they had built with the possible

outcome of receiving no support for learning. In turn, this is a concern as a key part of developing effective working relationships and being able to share concerns is also about addressing when a student nurse feels improvements could be made to the quality of the placement. It was interesting that these students did not view this situation as one where a concern could be shared and explored in depth with their allocated mentor.

In three of the interviews pertaining to the 2018 standards, the ability to address any worries was also discussed in the context of utilising peer support, as other student nurses are aware of the pressures of being a student and can often help with sharing their own experiences or making suggestions to help move forward.

“Although it doesn’t always happen, I find it really helpful if there is another student nurse in practice with you as I can share any worries with them or ask for their advice if they have been there longer. It’s often about silly things that I don’t want to trouble the team with, like where to put my bag or how breaks are arranged.....” (SN 2018 INV 1)

This is not always possible, as the number of students accepted by a practice placement area at any one time varies but does provide the potential for enhancing the developmental approach, and where appropriate utilising a coaching style of supporting learning. Where this occurred, student nurses in the 2018 interviews spoke of the benefits and enabling way of being supported by qualified staff.

“My most recent placement was great as there were a few students there and we were set a task together, with the supervisor there in the background to support us if we needed it...I liked it as you almost forgot you were a student and were taking a more prominent role in the team.” (SN 2018 INV5)

5.2.2 – The role of the wider team in providing student nurse support.

This section of the Chapter will address the themes shown in Table 7 below.

The involvement of the wider team in providing student nurse support
Support of other members of the placement setting team.
Acceptance into the placement setting.

Table 7 – Sub-themes presented in section 5.2.2

The support of other members of the placement team

Whilst the allocated mentor or Practice Supervisor was found to play a key role in supporting the overall experience of a student nurse within a practice placement setting, there is also a correlation with the wider team as well.

Six of the students interviewed about the 2008 standards spoke about what can be termed as a perception of dis-interest in their presence and overall learning from other team members. Their view was that the mentor was the only person who showed a genuine interest in them as a learner. Whilst I noted at the start of this chapter that students generally felt well supported under both sets of standards, the exception is in relation to the absence of the allocated mentor under the 2008 standards, as shown in the quotes below:

“On the days my mentor was not in, I may not have existed in the eyes of the rest of the team....no one was interested in my needs” (SN 2008 INV3)

“I do feel lucky that all those I have worked with in my training so far have been supportive and interested in me as a person, it must be so hard to work with a mentor or supervisor who is not supportive” (SN 2008 INV2)

“...it was only my mentor who had the energy and the kindness and the interest and the excitement to show how a student how to do the role – to engage them and motivate them to continue learning” (SN 2008 INV1)

“when you have someone who takes an interest in your learning it makes a huge difference.” (SN 2018 INV3)

These student nurses acknowledged that the person in charge of the team that day allocated staff to work with them, but many did so reluctantly, and some spoke of the rare occasions where there was interest in supporting them:

“..on some days it would be whoever was allocating staff to bays would tell me where to work on that day but that also says that they took an interest in my learning and indirectly were supportive.” (SN 2008 INV6)

In contrast, the experience of the 2018 interview participants differed from the 2008 student nurse participants, with the wider team becoming far more involved in their overall support. This occurred if the allocated Practice Supervisor was absent or not, with meaningful contributions made in addition to the Practice Supervisor, as illustrated below:

“I was very lucky in that the whole team, not just those allocated to me took an interest in my learning” (SN 2018 INV8)

“There were some days when my supervisor was running the ward, especially the band six, but this didn't really affect my learning as there were always other people that I could go to or work with.” (SN 2018 INV1)

These extracts emphasise the enhanced support that the 2018 NMC standards provide to student nurses within a practice placement setting, especially when compared to the previous model of mentoring which appears from the findings to be more restrictive in nature. It seemed that, in some cases, members of the wider teams were acting as informal mentors, to student nurses. The quotes below illustrate aspects of the role of informal mentoring and relate to the definitions provided earlier.

“Other members of the team were supportive of me from a distance, by being there if I needed them for support but not being overtly intrusive in my learning. It was reassuring that they were there in the background if I needed them.” (SN 2018 INV1)

“My supervisor was so supportive, as were the rest of the team. If my Supervisor was not on shift, the others supported and guided me in my learning and asked what I wanted to try and cover that day. They then worked with me to identify opportunities to learn” (SN 2018 INV4)

The 2018 interviews suggest that a key factor seen to encourage productive relationships with and support from the wider team – or to encourage and enhance opportunities for informal mentoring, was the removal of the requirement under the 2008 standards for student nurses to spend 40% of their time working with a single mentor.

“The fact that I no longer have to spend just under half the time with one person has opened up the learning I can gain from the whole team – it has felt very refreshing” (SN 2018 INV8)

Student nurses in both groups interviewed held a desire to build their knowledge and understanding of the practical side of nursing, and value the support of the qualified practitioners immensely in this area. They very much viewed this as one of the main purposes of spending time in practice placement settings.

Being accepted into the team also provided the student nurses with a sense of belonging, and with the overall feeling of well-being that is recognised as being a crucial part of settling into an established team. There was a clear difference observed

between the two sets of interviews, and the benefit seen by those in the 2018 group from being supported beyond their allocated Practice Supervisor. Once qualified, all nurses work as part of a team and this study identifies the importance attached to team acceptance in the future.

In Chapter 8 (Discussion), I will discuss how this perception is linked to an existing concept, known as dispersed mentoring.

Acceptance into the placement team

Findings from the study demonstrated an over-riding desire by the student nurses to want to feel welcomed and part of the team, which correlates with my previous research in this area (Brand, 2018) and the work relating to the challenges of peripheral participation (Lave and Wenger, 1991). This showed that on arrival to a new placement setting, student nurses very much feel like an outsider, and that until they are accepted into the team, learning cannot occur fully. All participants in the interviews about the 2008 standards commented that mentors either took an interest in them as individuals or not, and sometimes that this came down to personalities. This is illustrated in the following quote:

“But then, and this is the thing I feel strongly about, you are at the mercy of the personality of that nurse. I had some brilliant days because I was put with X or whatever, who would show me things or let me do things, or say I am doing this now, do you want to come and look ‘P’ or come and help? Or I could be with people who would literally not talk to me all day.” (SN 2008 INV1)

This may be one of the challenges of being mentored primarily by a single member of the team, as whilst the 2008 NMC standards allow for working alongside other colleagues under the 40% rule, some mentors choose to reduce the level of support and involvement provided by other nurses. The quote above shows that the attitudes toward student nurses can vary significantly and influence the success of a placement in the eyes of a student.

An aspect associated with being accepted into a team that was discussed in both 2008 and 2018 interviews was the importance of first impressions. The student nurse participants in the study spoke of the need to feel that the mentor or supervisor was interested in their role and appeared keen to support them whilst in the practice placement setting. The student nurses valued this highly, and a number of those

interviewed referred to this as a key part of the learning journey, with a perceived unsupportive mentor or supervisor being detrimental to the experience.

“...they had a huge struggle with getting their supervisor to show an interest in them and spent much of the placement in contact with the support tutors at the uni to try and move placements.” (SN 2018 INT4)

“I do feel lucky that all those I have worked with in my training so far have been supportive and interested in me as a person, it must be so hard to work with a mentor or supervisor who is not supportive” (SN 2018 INV5)

“...who had the energy and the kindness and the interest and the excitement to show how a student how to do the role – to engage them and motivate them to continue learning”
(SN 2008 INV1)

“but the willingness, the eagerness and being available to support has to be there and is key. I would hope that a mentor mentors because they want to and not because they are being made to do so.” (SN 2008 INV2)

Interestingly this point did not arise as prominently in the 2018 interviews, which may possibly be related to the fact that the role of supporting the student nurse could be shared more across the team, and as a result everybody had increased levels of involvement with a student joining the team temporarily.

5.2.3 – Assessment and Feedback

In this section of the Chapter, I will present the findings shown in Table 8, below:

Assessment and Feedback
The provision of feedback in relation to progress and assessment.

Table 8 – Sub-themes presented in section 5.2.3

The provision of feedback to student nurses

Feedback relating to the progress and performance of the student nurse was identified as an additional sub-theme following the utilisation of the developmental mentoring framework. In both groups of interviews, student nurses talked about the

value they placed on their progress updates received through feedback by all those supporting them, and especially from the mentor or Practice Supervisor. They also regarded feedback after the completion of an assessment as being important to their development as a student nurse and aligned this responsibility to the wider remit of their qualified colleagues.

“the feedback [on progress] I gain from my mentor is so important to me, it is a key role of the mentor in my view and integral to my ongoing development....” (SN 2008 INV2)

The involvement of the Practice Assessor in feedback was also seen as a key part of the process to develop further following the completion of practice-based assessments, and the inclusion of the Practice Supervisor is viewed as being important for clarity of communication.

“the delivery of feedback involved us all though so that and action points could be worked into the remainder of the placement and my supervisor could support them” (SN 2018 INV5)

“We always sat down as a group of three, so that the supervisor could also hear the feedback and knew what was needed in the remaining time I had in the placement” (SN 2018 INV2)

The importance of a clear feedback loop is a clear indicator of a professional working relationship between mentor and mentee, if the way in which feedback is delivered is done well. There is a risk that the provision of feedback can become overly prescriptive and enables the more experienced person in the relationship to control the situation and detracts from a developmental mentoring approach. Fortunately, this was not seen in the 2018 standards interviews, with student nurses highlighting the benefits of the feedback received, both in formative and summative assessment situations. They spoke of the reflective opportunities feedback provided to them, and the ability to think about what they needed to do next within the practice placement, and indeed further into the future. Importantly, student nurses spoke of the way in which they managed the feedback process, by taking ownership for it and seeking specific feedback from their Practice Supervisor when they felt it was needed, demonstrating that they retained control and agency in their mentoring relationship.

“At the mid-point of the placement, I spoke to my PS and asked for feedback specific to one aspect of my practice. This then led to a wider discussion about when and how

I wanted to get feedback from them. This felt empowering and that I was in charge....if that makes sense.” (SN 2018 INV6)

Feedback under the 2018 NMC standards appears to be more available than in the earlier standards, with less importance attached to it by student learners in the 2008 interviews as there were opportunities to seek feedback from the wider team and not just the Practice Supervisor. The quotes below illustrate that feedback was not as forthcoming to student nurses from their mentors under the 2008 standards.

“As my mentor was assessing me, I found that I knew if I had passed or not, but had to ask for feedback or I didn’t really get anything substantial” (SN 2008 INV8)

“My mentor didn’t provide me with much formal feedback.....obviously we spoke to each other whilst we were working together about how I was getting on....but I had to ask to sit down and review my progress” (SN 2008 INV5)

Whilst students in the 2008 standard interviews did not appear to receive feedback as easily as those under the 2018 standards, the proactivity of seeking feedback might be seen as developmental, however the interviews identified a one-sided approach, illustrating that mentors were predominantly enacting directive mentoring. This was apparent through student nurses in the interviews relating to the 2008 standards and speaking about their mentors doing much of the talking within such meetings. This removes the ability of the student to drive forward their learning and development needs.

5.3 – The experiences and perceptions of student nurses of mentoring under the 2008 NMC standards

This section will examine findings of student nurses specific to the 2008 NMC standards.

Time available to provide mentor support

Whilst all the participants in stages one and two spoke positively about their experience of being supported in a placement and the overall learning experience, there were some more noticeable challenges faced when being mentored by qualified staff under the 2008 NMC standards. The first relates to time, and in particular the time that the qualified staff had in a clinical shift to be able to dedicate to the learning of the student nurse. Across both Willowview and Lakeview universities, there was clear consensus of the appreciation of mentors finding time to support and facilitate the learning process.

“I assumed she was there to teach me, show me things and teach me things and encourage me to get on with things and you know, help me to understand stuff – the whole caboodle but you know, it is a lot to put onto somebody who already has too much to do” (SN 2008 INV1)

“Time was the big one for me – in my first one [placement] erm, I mean trying to get hold of her was an absolute nightmare” (SN 2008 INV1)

“But it was also, yep we will do that in a minute and she was then always busy busy. And then you just want to go home and say we will try again tomorrow – and tomorrow never happens”. (SN 2008 INV2)

“Time is huge and there is never enough to be able to spend as I would want with my mentor.” (SN 2008 INV5)

“When a mentor has some time to spend with us it is amazing, I feel that I am learning from them and gaining from their knowledge and expertise.” (SN 2008 INV6)

For participant one in the 2008 interviews, from Willowview University, the impact of time appeared to be a restrictive factor in relation to her learning, across many placement experiences. She spoke of the difficulties of finding what she called “golden time” with her mentor to develop her understanding of the role of a nurse, and to gain the full benefit of having an expert in the field allocated to her to learn from. Whilst there is no allocated or protected time for the undertaking of a mentoring role, challenges in this area are not new and are recognised within the nursing mentoring literature (Cusack et al., 2020; De Vos et al., 2019; Foster et al., 2014; Courtney-Pratt et al., 2012).

Some students in the interviews pertaining to the 2008 standards felt that the lack of time led to a feeling of isolation or abandonment. This will be discussed in section 7.2.2

“There have been occasions whereby I have felt isolated when the mentor has not been available to meet my needs or to refer to, but the wider team have generally always been there for me when I have needed them.” (SN 2008 INV4)

Whilst it is a recognised challenge, and this research substantiates the issues of time management and establishing opportunities to support learning, there was wide acknowledgement across all participants that support was accessible from other members of the team, especially if the allocated mentor was not available or if they were not working the same shift. It appears that value is attached to this, as although mentor support is regarded as key, there is significant benefit through working with other members of the team as the philosophy held by each qualified nurse differs, as does their approach to supporting the learning process.

When asked how the support system for student nurses could be improved, all students in both groups commented on how they would like to see protected time made available, which may signify that this shows the value of quality teaching time on a one-to-one basis. In Chapter 6, the issue of time will also be examined from the perspective of the qualified nurses who acted as mentors and Practice Supervisors and assessors. It is interesting to note that they held a different view in relation to the sub-theme of time.

This sub-theme also links closely with that of the need for the student to take the initiative for their learning, as there is an expectation that as an adult learner the student nurse should not be dependent on the mentor or Practice Supervisor for the whole duration of the placement.

5.4 – The experiences of student nurses of mentoring under the 2018 NMC standards

This section of Chapter 5 will address sub-themes specific to the 2018 NMC standards.

5.4.1 - The role of individuals in supporting learning.

This section of the thesis will illustrate the role of the Practice Supervisor under the 2018 NMC standards in supporting learning, which aligns with the first main theme.

It was clear from the interviews with students about the 2018 standards that, following their introduction, there was a greater prominence placed on the role of the Practice Supervisor. This sub-theme was identified following the second stage of analysis utilising the developmental mentoring framework. This chapter has already described how the Practice Supervisor provides a greater degree of input in term of the teaching,

facilitation, guidance, and general support of student nurses in comparison with the Practice Assessor, and this is further evidenced in the quotes below.

“I see the supervisor as being a crucial cog in the overall machine as they are there to help us access the learning opportunities that we need in order to develop and grow” (SN 2018 INV7)

“To be totally honest, my contact with my PA was much less, we only really met up when there was a need to be assessed – my supervisor was the key point of contact” (SN 2018 INV3)

It is also worthy of note that, bearing in mind the introduction of the Practice Supervisor role was to open-up the learning available to student nurses with the use of any registered healthcare professional in the supervisor role, all those in the 2018 interviews were allocated a nurse to fulfil this responsibility. Whilst this did not cause any undue concern from any participant, it does somewhat limit the value that can be attributed to interprofessional learning. Part of the purpose of a placement is to assist the student nurse with gaining a clear understanding of their role within the patient care team and being supported by other members of the multi-disciplinary team would very much enhance this objective.

Conversely, this can be viewed as providing support in a developmental way, as the nurse would be a constant presence within the practice placement setting, rather than the more transient presence of team members such as physiotherapists, occupational therapists, or social workers who work across a wider area of a healthcare setting. By utilising a nurse as the designated Practice Supervisor, the student nurse would always have support that could be accessed if a challenge arose, or if guidance were required.

The enhanced role played by the Practice Supervisor has already noted the benefit provided in terms of the perception of enhanced readiness for assessment, through the ability to ask questions without fear of it having a bearing on the overall outcome.

5.4.2 – Assessment and Feedback

This section will present the experiences and perceptions of student nurses interviewed in relation to the 2018 standards. Findings suggest that student nurses experienced a more supportive assessment process. This section links to the third main theme, that of Assessment and Feedback.

A key finding of the analysis of the interviews pertaining to the 2018 standards, was that all student nurses interviewed reported that the 2018 NMC standards enhanced their overall experience of assessment. Related to this, they spoke about the benefits of having assessment removed from the responsibility of the Practice Supervisor. This had a beneficial effect and appeared to facilitate a developmental mentoring approach. As will be explored, this was because the removal of assessment from the remit of the Practice Supervisor enhanced the relationship student nurses had with this person and led to the ability to ask more questions and hold open and honest conversations with qualified colleagues. In contrast, those interviewed about the 2008 standards did not speak as positively about assessment preparation, as responsibility for summative sat with their allocated mentor. The student nurses in the 2008 interviews felt more restricted in the questions they could ask due to the fear of it influencing their assessment outcomes.

Without the need for any probing by the researcher, participants spoke in detail about their previous reservations under the 2008 standards to ask questions of a mentor for fear of being viewed as a weak practitioner, or not holding the levels of knowledge that they perceived they should have.

All those participating in the interviews pertaining to the 2018 standards spoke of the ability to utilise their Practice Supervisor far more than they would have done when comparing their experiences with those of the 2008 standards, under the single mentoring arrangements seen in those standards. This was evident through the responses given as they were aware that the Practice Supervisor was not there to make judgements about their abilities or to undertake summative assessment as a mentor may have previously.

“I also found it helpful having the assessment part removed from the role of the supervisor as it meant I felt comfortable in asking absolutely any question I had. I think that I may not have been quite so open if I knew that they were also assessing me. It did mean that I ended the placement with the feeling that I gained the maximum level of learning possible, and I can't say that was the case with my placements in the whole of the first year of the course.” (SN 2018 INV8)

The 2018 standards interview participants spoke about what could be termed as ‘freedom’ of working with a qualified practitioner in the Practice Supervisor role, as they viewed them as solely being in place to support their learning and to develop knowledge and practice. They spoke of a developmental mentoring relationship in

this sense, with the ability to hold open and honest conversations with the supervisor they were working with.

“I truly felt that I could speak to my supervisor about anything...if I had worries about my learning, forthcoming assessments or even more general concerns. They were so supportive, and it felt like they would move mountains to help me. That wasn’t always the case with my mentors in the past.” (SN 2018 INV6)

Participants were aware that under the 2008 NMC standards, a mentor held a key assessment role, with a view held that even whilst undertaking a teaching role, a mentor may still be undertaking an informal assessor perspective, and this is illustrated in the quotes below:

“I found it so liberating that with the new way of working, my supervisor would not be judging me in the same way that my old mentor would have done, it almost gave me a sense of freedom to learn in a way I had not been able to before.....just asking questions without the fear of being judged was amazing...”(SN 2018 INV8)

“In the most recent placement, it made me feel much more relaxed about my learning and that fact that I was encouraged to ask lots of questions, it almost felt like I could do this fully as X would not be assessing me.” (SN 2018 INV1)

Participants viewed the allocation of two qualified staff to support them in placement (Practice Supervisor and Practice Assessor) as beneficial and talked of comparisons with previous placements where they felt that a single mentor was more restrictive. One participant talked about opportunities for a more collegiate relationship with their supervisor, and the enhanced learning they perceived as receiving also benefitted them when it came to being assessed as they felt better prepared.

“I found having the split of teaching support and assessment to be of great benefit to my style of learning and likewise the opportunity to spend time working with a variety of people also opened up my learning experience...I have found it quite claustrophobic in the past having to spend most of my time with the one person.....” (SN 2018 INV3)

“...it is hard to explain, but it almost felt that I was working with a colleague rather than someone who was supporting me like a mentor before.....it felt a much stronger and productive relationship than I had known before” (SN 2018 INV4)

This also demonstrated that students felt far more prepared for summative assessments, as the Practice Supervisor would want to ensure that they had been

provided with the necessary time and opportunities to ensure a successful outcome. There was a viewpoint from one student nurse interviewed that the 2018 NMC standards could reflect negatively on the Practice Supervisor in the event of a poor assessment result and as such, the supervisor would better prepare students as part of their role. In turn, this would be of benefit to the wider profession, as the new standards published by the NMC aims to produce newly qualified nurses who are “practice ready”. These points are illustrated in the quotes below.

“I also feel that the assessment has been more robust as the new Practice Assessor role has less involvement with me on a day-to-day basis and they have to be really assured that the requirements have been met.” (SN 2018 INV4)

“I think that perhaps in some ways it puts a bit of extra pressure on them in order to ensure that the students are fully prepared for assessments as they might feel it is a reflection on them of the assessment does not go well.” (SN 2018 INV6).

Students across stage two interviews talked about an increased sense of empowerment following the revised approach to assessment and noted that the overall learning experience was more effective than in previous practice placements, as seen in the quotes below.

“I feel so much more empowered, now I can ask questions of my supervisor and not feel like they may influence the assessment, or be seen as a weaker student in her eyes” (SN 2018 INV2)

“It felt like the elephant in the room had been removed....in the past the assessment was always a dark cloud looming over me and in the new arrangement, I found being able to work with my supervisor so liberating. I didn’t need to constantly think I was being watched so closely.” (SN 2018 INV5)

“In the most recent placement, it made me feel much more relaxed about my learning and that fact that I was encouraged to ask lots of questions, it almost felt like I could do this fully as ‘Jo’ would not be assessing me.” (SN 2018 INV1)

The changes to the way in which assessment is managed under the 2018 NMC standards has also led to an increased need for effective communication between the student nurse, Practice Supervisor and Practice Assessor, as assessment under the

latest standards leaves less opportunity for sporadic arrangements. Assessment under the 2008 NMC standards could take place with very short notice based upon the convenience of the placement. Varying shift patterns may mean that a student and the allocated Practice Assessor only work together once a week, so the need for communication and organisation is vital. There is a need for careful planning and communication between all three parties to ensure arrangements can be put in place, as seen below.

“This meant that there was a need for effective communication between the three of us” (SN 2018 INV1)

The theme of communication will also be discussed in Chapter 6, as the qualified nurses also identified this to be a key change seen from the introduction of the 2018 standards.

5.5 – Chapter Summary

This chapter has provided an overview of findings in relation to the first stated research question, with a focus on the experiences and perceptions of student nurses of being mentored under two sets of NMC standards for practice-based education. The next chapter will examine the experiences and perspectives of qualified nurses who are acting as mentors or Practice Supervisors / assessors and are supporting student nurses.

Chapter 6 – Findings II: Qualified nurses' experiences of providing mentoring support under different NMC standards.

6.1 – Chapter overview

This second findings chapter provides an overview of the expectations and experiences of qualified nurses regarding their support for student nurses under both the 2008 and 2018 NMC standards.

This findings chapter addresses the second research question:

RQ 2 - What are mentors' (including Practice Supervisors') experiences of supporting student nurses under the 2008 and 2018 standards for practice-based education?

In a similar style to Chapter 5, the content here will be structured as follows, and linked to the three main themes (where relevant), presented in Chapter 4 (Methodology). These are the role of the individual in supporting learning; the role the wider team plays in support, and the processes of assessment and feedback. The main component of this chapter will draw on the interview data in respect of the experiences of qualified nurses who are providing mentoring support to student nurses. This will involve a comparison of their experiences under the 2008 standards, whereby a single mentor delivered all aspects of support, including teaching, facilitation, feedback, and assessment requirements, and the 2018 standards, whereby assessment is removed from the 'mentoring' (Practice Supervisor) role. In section 6.3, the chapter will then focus on sub-themes specific to the 2018 standards.

6.2 – Qualified nurses' experiences of mentoring student nurses under the 2008 and 2018 NMC standards

The qualified nurses interviewed, who provide mentoring support to student nurses, generally spoke positively about their experiences as mentors. They also held a perception that the student nurses they worked with felt well supported. Interviews with these participants explored their experience of working with the 2008 and 2018 NMC standards to support learning. Whilst the questions posed in these interviews asked participants to talk about their experiences of the 2008 and 2018 NMC standards interchangeably, it was identified that there was more general positivity noted by the support they could deliver under the 2018 standards. This will be evidenced in more detail in the next section of this Chapter.

6.2.1– The role of individuals in supporting learning.

This section will explore the experiences of the qualified nurses in relation to their experiences of supporting the learning student nurses. The sub-themes addressed are the time available to support student nurses and managing the expectation of student nurses.

Time available to support student nurses

Conversely to the interviews with student nurses, qualified nurse participants in their interviews felt that although they were busy professionals, there was not a significant concern in relation to the time they had available to provide support to student nurses. There was consensus from this group of participants that the supernumerary status held by students, allowed student nurses time away from the ward to work on their identified learning needs.

“Students often feedback that they would like to spend more time with us, but to me the placement experience is not just about shadowing the mentor....there is so much more to learn.” (QN INV6)

“...it is also a case of how many balls can they [qualified nurses] keep juggling at the same time and may also have other commitments to maintain...” (QN INV1)

“...all of our students get what we call a golden hour of learning every single clinical shift they work, so they have an hour where they go away from the clinical area to visit the library or wherever to go away and do some independent learning...” (QN INV4)

The evidence suggests that qualified nurses view the time factor from a different perspective to that of the students, as the responses gained in the interviews with student nurses relate to time spent on a one-to-one basis with the qualified practitioner allocated to them. This was seen by the student nurse participants as being a valued aspect of the relationship with the qualified practitioner supporting their learning and the qualified nurse regarding the 2018 NMC standards as being effective.

“I think that overall the new system ensures that the student is much better prepared for assessments than they were before as the supervisor is making doubly sure that

they are not setting up their student to fail by not covering all the required elements.”
(QN INV2)

The qualified staff interviewed spoke of the flexibility, both under the 2008 but especially with the 2018 NMC standards, to work with other people. One participant identified that the removal of the requirement for a mentor to work with a student for 40% of the time provided opportunities for others in the team, who previously may have not been able to engage in the education of student nurses. This is shown in the quote below:

“With the removal of the 40% ruling, we have a lot of part time, night staff and a lot of specialist nurses who are now able to contribute more fully to the role and are embracing their role as a Practice Supervisor and many are coming to the update sessions that we run than ever before. They are really interested and excited to be part of the team and can now be recognised as part of that team.” (QN INV3)

Furthermore, as Practice Supervisors and Practice Assessors spent more time with each student nurse, they perceived that students were better prepared for assessments (as seen above).

Qualified nurse participants understand that their primary role as nurses delivering care could have an impact on their ability to support student nurses, and they worried about the effect this could have on meeting student nurse expectations. This is captured in the interviews with the student nurses and presented in the previous chapter where students reflect on the adult learner role they hold, and recognise that a mentor, supervisor or assessor will not necessarily be available at every moment of the shift. Likewise, this denotes a developmental mentoring attitude from the qualified staff who support the learning of student nurses as it was evident that they wanted their student to gain the maximum benefit from the placement experience, as seen in the quote below.

“There is so much that can be learnt whilst on placement and I always hope that every student working with us can feel like they have had a great experience when they leave” (QN INV5)

Managing the expectations of student nurses

Findings from the study did not refer to role modelling of best practice. There was more of a focus upon the need to ensure a facilitative delivery to assist student nurses with meeting their learning outcomes. There was a shared view between qualified nurses that the role of the mentor or supervisor was to provide student nurses with

opportunities to enable professional growth. This was mainly in relation to the physical learning environment and the opportunities it affords, rather than the support and teaching that the individual supervisor could provide. In contrast the student nurses spoke openly about the opportunities to gain knowledge and develop skills working alongside and observing the practice of those who were supporting them.

“It is a complex role but to me the most important part is helping to ensure that the learning outcomes are met. I cannot control the physical ward environment but I use it to best meet the learning needs of my students” (QN INV2)

“I talk to my learners to ensure they understand how my role is to support them, and to make sure they are clear that we can’t cover everything in their books. We have to be realistic” (QN INV4)

Mentors acknowledged in their interviews that the role held by the qualified staff is multifaceted, with responsibility for the well-being of the student as well as needing to demonstrate emotional maturity to effectively carry out the role to best effect.

“The role we hold is very different to how it used to be. I not only support the skill development of my student but also pick up on emotional support, and issues outside of the placement. It can be quite draining some days, but very worthwhile as the students have a lot to deal with as part of the learning process.” (QN INV5)

“I like to think that the students can approach me about anything and see me as a friendly face who is keen to support them in any way I can. Part of my job is to outline what they can expect of me just as what I expect of them.” (QN INV3)

The first quotation above supports more recent definitions of mentoring which include an explicit focus on well-being, as discussed by Hobson and van Nieuwerburgh, (2022) Qualified nurse participants spoke about the challenges they face from student nurses when comparisons are made between placements, which is not always appropriate when the focus of the setting may differ considerably. Likewise, students may often commence a placement and wish to achieve a high number of skill assessments, which are not always manageable, as shown in the quotes below:

“It can be difficult when a student arrives having completed very little in their prior placement and expect to get it all done with us. It is an unrealistic expectation and I

feel that the uni needs to do more to remind students about planning ahead” (QN INV3)

“I work in a community nursing team, and our case load is very different to the sort of patients encountered on a ward. I think sometimes the students don’t recognise this and think they can achieve the same skills they would in a hospital. (QN INV7)

Within the findings, it was evident that the qualified nurses were motivated to provide a positive experience for student nurses and a key part of this process is to make it clear to students about what is achievable and what is not. They spoke about the importance of the working relationship with the Higher Education Institution (HEI) and valued the support they received when a student held unrealistic expectations about what could be achieved without making the job of the mentor or Practice Supervisor impossible, as seen below.

“We work very closely with the lecturers and the uni[versity] to ensure the support is as robust and the student nurses get what is needed. This is especially important when the student expectation is too high”. (QN INV2)

“It can be really hard, you want to provide as much as you can for the student you are working with, but there is a limit. We have a job to do first and foremost and if the world is expected, it doesn’t happen...” (QN INV3)

Mentors spoke about the importance of showing an interest in the students they are supporting, and some participants spoke about the value they attached in ensuring the student nurse could recognise this. Other participants were mindful of the fact that the demands of their nursing role can sometimes seem that they appear as disinterested. Qualified nurses spoke of the need to build a rapport with their student early in the relationship. They were also able to relate back to their own experiences of learning, which links to the “mentor with memory” subtheme covered in the previous chapter and recognised the importance of settling the student into the team and ensuring the student nurses knew how to access support if, the qualified nurses, Practice Supervisors, and Practice Assessors, were not immediately available.

“I can still remember how it felt to be a student, and there is nothing worse than that ‘fish out of water feeling’. I spend time getting to know my student and will give them

my mobile number in case of questions away from the workplace [placement setting]. (QN INV6)

“It is so important to show that the student is welcome, valued and we want to help them. It must be horrible to feel ignored...we have all been in that position at some point.” (QN INV3)

Some qualified nurses spoke about comprehensive support structures within their departments that showed who was available to students and their contact details. Such approaches appeared to reduce the number of concerns held by student nurses, and if issues did arise in the absence of the mentor or Practice Supervisor, they could be addressed quickly and to good effect.

“by knowing who to go to, they can quickly get sorted out and I feel our student document helps with this.” (QN INV2)

The next section of this chapter will go on to identify the elements of the findings linked to the theme of assessment and feedback.

6.2.2 – Assessment and Feedback

This section will explore the sub-theme of feedback exchange between mentor and mentee and the importance of open conversations.

The exchange of feedback and the importance of open conversations

Under both the 2008 and 2018 NMC standards, qualified nurse participants acknowledged that a key requirement of their role is to provide feedback to student nurses about their progress and performance, as well as feedback following the completion of a summative assessment. Under the mentor role requirements (2008), the allocated mentor held responsibility for all aspects of learning, teaching, and assessment (including feedback). As the quotes below show, qualified nurses engaging in Practice Supervisor or assessment roles (2018) viewed feedback highly.

“When I was a mentor, the responsibility to deliver feedback was huge as I was the person responsible for their learning and it all sat on my shoulders. If the feedback was not clear, they would struggle” (QN INV6)

“As a supervisor, my feedback is key in preparing the student to be successful in their assessment process. I always make sure I work closely with the student to provide clear feedback that is hopefully helpful” (QN INV4)

“When I have my assessor hat on, it is key that whatever the outcome of the assessment, the feedback is given clearly, accurately and in a timely fashion.....the student can then use this as they see fit to move on.” (QN INV1)

It is interesting to note the different language used here in relation to the styles of mentoring provided to students. The first quotation appears to be more directive in nature, with the mentor demonstrating a position of control and indicating a feeling of placement success solely resting on their shoulders. The second, and particularly the third, demonstrate a more developmental approach, with the feedback one element of the support provided, and enabling the student nurse to utilise the feedback to aid their professional development.

The qualified nurses commented on the ability to provide the student with formative feedback and general updates on the progress being made to assist with the meeting of agreed objectives, and particularly so under the 2018 NMC standards:

“The provision of feedback in a constructive way is also vital in building someone in becoming and feeling like a professional at the end of the course.” (QN INV2)

All participants mentioned the importance of feedback as part of the role of the mentor, supervisor, and assessor, and this has not changed following the transition from the 2008 to the 2018 NMC standards.

It was evident that the qualified nurses felt more enabled by the 2018 standards to hold open, honest, and frank conversations with the student nurses they were supporting and felt that the 2018 standards empowered them to do so more than under the 2008 version. Participants spoke of the better relationship they held with student nurses and colleagues, as there was a more collegiate approach to supporting students following the removal of assessment responsibility from the Practice Supervisor. As part of the process of delivering feedback to students in relation to their development as a student nurse, the 2018 standards appeared to facilitate honest discussion to enable progression and a better degree of preparedness for assessments. The two quotes below illustrate this.

“I find that the conversations I have with students are more open now...I don’t need to worry so much about how the assessment part of the old role might impact our relationship.” (QN INV 3)

“I find that speaking to my students is now much more open and positive. At the end of the day, I want them to succeed as much as they [students] do. As a result, I am more honest about what they do well and what needs more work.” (QN INV5)

6.3 – The experiences and perceptions of qualified nurses of mentoring student nurses under the 2018 NMC standards

6.3.1 – The role of individuals in supporting learning

The sub-themes presented in this section are the perception of additional workload for the mentor, and the role of the qualified nurse as a facilitator.

Perceived additional workload for the mentor

There was a perception among five out of seven of those interviewed that the introduction of a new role, that of the Practice Assessor, created additional work for them as qualified nurses. In contrast to the views of the student nurses interviewed, who viewed the revised assessment process as more beneficial to them, the qualified nurses felt this was not the case. This was an accepted limitation of the benefit noted in the previous section, whereby the ability to support student nurses as a Practice Supervisor was enhanced following the removal of formal assessment from this role. They put forward the views that there was now more of a greater need to liaise with colleagues to ‘book an appointment’ for assessments to take place, whereas under the 2008 NMC standards, this was not a necessary requirement. Participants talked about the new standards creating additional work for them, either through having to manage additional emails or to ensure conversations took place between the Practice Supervisor and assessor to make the required arrangements. This is shown in the quotes from the qualified nurse participants below:

“It does seem to take longer to manage the assessment process now though, as you have to liaise quite closely with the other colleague...that never happened in the old way and will take some getting used to” (QN INV2)

“At the moment it feels to me like more work is involved as you can’t just assess at a time when it is convenient. There are more levels of complexity required to get things arranged” (QN INV4)

The roles that were introduced in 2018 by the NMC do not fundamentally change the support requirements, merely the way in which the assessment process is delivered, yet it is interesting to note the perception of qualified nurses that these changes have led to a greater workload for them.

The qualified nurses interviewed demonstrated a desire to provide a quality experience and a high level of support to the student nurses they were working with. They commented that although they felt more work was involved (2018 standards), this was not an issue as it was part of their responsibility as a Practice Supervisor. This was also apparent in other areas of the sub-themes identified, and all participants were keen to talk about the reward they gained from their role, under both the old and more recent standards.

“ Although I do feel I am working harder to support students than before, It is so rewarding being a mentor and when you see the progress a student makes, all the effort is so worth it” (QN INV4)

The qualified nurse as a facilitator

The qualified nurses held a shared view that their role as mentors or supervisors was not a didactic one, and that they viewed themselves very much as a signpost to guide the learner towards key opportunities to support learning. This lends itself towards a more developmental style of mentoring by supporting the notion that student nurses are adult learners and should take responsibility for their own learning, as evidenced in the quote below.

“it is like acting as a facilitator – you are getting the students in the right place at the right time to enable the required learning to happen” (QN INV1)

Whilst the qualified nurses agreed that student nurses should lead the learning process, they recognised the significant role played by mentors or supervisors in affording the opportunities to students. Some felt that there was a joint responsibility to ensure that the learning needs of the student nurse was met, as shown in the quotes below:

“I have always found it a partnership. The student outlines the priorities they feel they have for the placement, and it is then my job to facilitate the opportunities to meet these needs. I see no differences between the old and new NMC rules” (QN INV3)

“I hope I have never overlooked the responsibility I hold as a qualified nurse, and see it as a two-way process between me and the student to ensure the learning happens” (QN INV7)

The changes made to the standards introduced in 2018 have also enabled Practice Supervisors to utilise the skills of the wider team, depending upon the learning needs identified with the student nurses at the beginning of the placement. They spoke about the ability to facilitate learning by utilising expertise that existed in the colleagues they work alongside.

“The new [2018] way of working has made life better for everyone in my opinion. I can draw on link nurses⁴ to teach depending on the need of the student and my confidence in that area.” (QN INV4)

This demonstrates a more developmental approach to mentoring, as the Practice Supervisor can utilise the expertise held by others, whilst also ensuring that the student nurse gains teaching that is delivered by those who are the most familiar with the latest clinical evidence base.

6.3.2 – The role of the wider team in providing student nurse support

The sub-themes presented in this section are the importance of student preparation and the acceptance of the student nurse into the clinical team; the role of the wider interprofessional team in providing student nurse support; and that of senior staff in mentoring roles.

The importance of student preparation and the acceptance of the student nurse into the clinical team

The qualified nurses interviewed identified the importance of “first impressions” of the ward team and the student nurse.

“The first impression that the student gives and the first impression that the ward gives and I think that if that is effective it will be a positive learning experience” (QN INV1)

⁴ Link nurses are those who undertake a specific additional role, relating to the running of the department, for example Infection Control or Equipment Liaison. They receive additional teaching in relation to the area they manage and attend central meetings with peers, after which they can disseminate new protocols, updates or audit practice in their department.

“I also think it helps if a student comes prepared for the placement and try to find a little bit out about where it is they are going and try to pick up some background knowledge as well...this makes a very good impression on us” (QN INV2)

The qualified nurses interviewed were aware of the need to support the student and integrate them into the team as early as possible.

“...you kind of sink or swim and to me that isn't right, part of the qualified nurse role is to assist with the integration of the student into the team from a wider perspective.” (QN INV6)

Qualified staff can be very influential to the process of the student nurse being accepted into the team, and evidence has shown that the pressures of their clinical role can come across as them being unfriendly to student nurses. It was clear that those who were acting as a mentor to student nurses wanted to create a good impression to that individual, and there was a strong desire to provide a consistent positive placement experience. Qualified nurses spoke about the importance of viewing student nurses as potential colleagues of the future, and not simply as a transient individual passing through the department they work in.

“These could be colleagues or members of the team in the future, and it is important to give the time that is needed to adequately support them.” (QN INV6)

This demonstrates further evidence of a developmental mentoring approach, as the qualified nurse participants spoke about the importance of integrating student nurses into the wider team and how they felt that the 2018 NMC standards enabled this. They recognised the diversity of learning opportunities available through working with a range of colleagues, and this aspect will be explored in more detail within the next section.

Although it was not a factor that was identified in the interviews with student nurses, the qualified staff spoke of the importance of making sure that the name of the student was used, as it has been seen previously that the term “the student” has been used to refer to those on placement.

“I remember as a student being referred to by anything but my name....it is important that as supervisors and assessors we call them by their name and give them an identity that is valued” (QN INV1)

“Some of my colleagues need to be reminded that they have a name, and should not be called the student at handover or other times” (QN INV 5)

The establishment of a supportive learning environment will mean that a student nurse can become settled into the team more quickly, and the fact this was recognised as a small but important element denotes a more developmental approach, leading to a productive and supportive experience for the student.

The role of the wider interprofessional team in providing student nurse support

A key finding within this study is the enhanced support provided by the wider interprofessional colleagues in the placement setting team. Under the 2008 standards, there was evidence from my data that a single mentor was somewhat restrictive, both in terms of the support provided to the student and in relation to the workload of the qualified nurse acting as the mentor. In the interviews, qualified nurses spoke about how the senior staff responsible for the allocation of mentors to students would also give students identical shift patterns to the mentor to ensure that the 40% rule required under the 2008 standards was met, enabling the student nurse and mentor to work together more often. This chapter has already highlighted the perception that under the 2008 standards, other members of the placement team had a reluctance to support student nurses who were not allocated to them. The requirements of the 2008 standards also meant that most of the time spent in placements saw student nurses working with qualified nurses only.

Findings from this study have identified a new way of working, where the 2018 standards have seen the removal of the 40% rule, which has opened opportunities to work with a greater range of health professionals. Participants spoke of the benefits of this to themselves, as well as the students they support. The quotes below illustrate this, as well as a clear developmental approach to mentoring as seen under the more recently introduced standards.

“The new standards mean that my students can work more freely with other people in the team....it doesn’t just have to be me which is good for everyone” (QN INV2)

“My students so far have loved spending time with the physios and the others, as we all work closely to support the patients on the ward and it helps their understanding of where the role of the nurse is positioned as well as other skills such as communication and professional attitudes” (QN INV5)

“Since the introduction of the Practice Supervisor role, I find that my stress levels have dropped significantly, as other people in the team can take a role in teaching...this frees me up and keeps me fresh and engaged in the role” (QN INV7)

The third quote shown above I feel is an important finding, as mentor burnout has been noted in the past (Erickson and Grove, 2007). An interview with student nurses about the 2018 standards also highlighted the perception that Practice Supervisors have provided an enhanced level of support, leading to better preparedness for assessments and this may correlate with the student nurse interview findings. The qualified nurses were also implicitly suggesting that other members of the wider team were acting as informal mentors to student nurses. This was in the absence of the Practice Supervisor, as well as on occasions when they were present.

The opportunity to work with the wider interprofessional team is beneficial in that the learning opportunities provide a more rounded perception of the role of the qualified nurse in relation to the work of other healthcare professionals.

The previous chapter noted that the role of the Practice Supervisor supporting the student nurse was held by a nurse, even though the NMC have enabled all registered healthcare professionals to undertake this position. Qualified nurse participants appeared to endorse this, as in their experience they have not seen anyone other than a nurse act as the main supervisor. This would appear to be because of the documentation that is required to be completed, and a perception that only qualified nurses are familiar with it. This may be an aspect that leads to a less developmental experience for student nurses, and links to the role of the HEI in delivering preparation to supervisors. If other HCPs were included in receiving preparation for Practice Supervisors, there is scope for a more valuable interprofessional learning experience.

“In our team, it is always the nurse who is the supervisor” (QN INV4)

“I am not sure that the other teams fully understand the PAD⁵ document enough to be the main supervisor so it tends to be a nurse in that role” (QN INV1)

⁵ Practice Assessment Document – the record of student progress, including learning contract, progress meetings and sign-off of the NMC required skills and proficiencies.

“I am not sure that the student coordinator would be comfortable allocating a non-nurse to the role. They always tell us we [nurses] have the role to ensure adequate support” (QN INV7)

These quotes may also indicate that there is still a lack of understanding by qualified colleagues of the 2018 standards. Under the 2008 model, only a nurse could act as the allocated mentor, this is not the case under the 2018 standards. At the same time, qualified nurse participants indicated a feeling that this way of allocating Practice Supervisors enabled a better level of support to student nurses, because in most practice placement settings, nurses were working alongside students almost all the time, whilst the wider interprofessional team was more transient, visiting the department sporadically for the purpose of working with specific patients. Likewise, with the expectation that student nurses gain experience of working night and weekend hours, not all professions would work similar shifts and be able to accommodate this requirement. One of the participants who worked in a community rehabilitation team⁶ spoke of the benefit of student nurses being able to work with a range of interprofessional colleagues, and how this was beneficial to the student nurse.

“By spending each day with a different colleague, the understanding of other roles that support patient care was enhanced hugely.” (QN INV6)

Senior staff in mentoring roles

The issue of senior staff undertaking mentoring roles was raised and reflected challenges under both the 2008 and 2018 NMC standards. These findings reflect the earlier comments from student participants. Participants spoke about the busyness and restrictions in relation to the availability of senior staff working and supporting students. The quote below represents the experiences under the 2008 standards:

“...there isn't much I could do, but I hated it if a student was on shift whose mentor was the ward sister as they [ward sister] were always so busy and palmed their student onto others. I find that to effectively support a student you need continuity, and all I used to do was to get them to follow what I was doing that day” (QN INV5)

By being repeatedly placed in this position, the student nurse is likely to experience a more directive than developmental approach, as they would not be able to build up the relationship with the main mentor to gain a positive experience. The quote above

⁶ A team comprising of a range of professional disciplines, aimed at supporting patient needs in the community setting. Likely composition includes nurses, physiotherapists, social workers, occupational therapists, and nutritionists.

demonstrates the desire to ensure that mentoring support to student nurses is consistently of a high quality. Inference was made by qualified nurses interviewed that senior nursing staff in an informal mentoring role was encountered, but in their opinion did not provide a consistent mentoring experience for student nurses for the reasons outlined above.

Similar concerns were expressed when the interview focussed on the 2018 standards. It was common to hear that the role of the Practice Assessor was allocated to experienced and senior members of the team. When it came to arranging the assessments required to sign off the competencies that students need to achieve, disruption was commonplace because of the responsibilities and demands on senior team members, as seen below.

“I do feel sorry for the students when they have prepared themselves for an assessment, only for it to be cancelled at short notice if the band 6 or 7 could not be released” (QN INV2).

6.3.3 – Assessment and Feedback

This section will focus on the sub-theme of enhanced communication between qualified nurses supporting student nurses.

Enhanced communication between qualified nurses

As previously outlined in Chapter 5, a key finding in this study relates to an enhanced assessment experience for student nurses under the 2018 standards. There was commonality across all qualified nurses interviewed that the new model had improved communication and organisation across the team because of the need to ensure that students were supported with their assessment requirements. Participants spoke of the enhanced channels of communication that had been opened with colleagues with whom they previously had little contact. This also links with the student nurse interviews, where the importance of communication was raised.

“I have spoken to members of the team who I wouldn’t normally, as they would perhaps work opposite shifts to me, but that has been nice” (QN INV2)

“If nothing else, I think my ability to organise has improved ten-fold as things have to be thought about in advance much more now and need to speak to a wider range of colleagues” (QN INV3)

The enhanced communication noted by qualified nurses because of the need to manage the assessment experience of student nurses also benefits the overall

support provided by qualified nurses in other areas of their mentoring role, as seen in the quote below. This is a benefit of the 2018 standards.

“The Practice Supervisor role has seen a shift in the way we work as a team. We now regularly discuss how we can best support the needs of student nurses on the unit and share best educational practices.” (QN INV2)

“I would say that the communication between all of us is much better than it was in the past, as we all support each other with student education...it’s far less insular than it has been in the past and we all work together more effectively” (QN INV5)

6.4 – Chapter Summary

This chapter has provided evidence to support the second research question of this study and has specifically explored the experiences of qualified nurses who support student nurses. Amongst the findings presented in this chapter, we have seen that those acting as mentors to student nurses under both 2008 and 2018 NMC standards see that a key aspect of their role is to hold open and honest conversations with student nurses. Mentors have shown that they do not see time available to work with students as big a concern was identified by students in the interviews presented in the previous Chapter. Likewise, they see a key role held by qualified nurses to be managing the expectations of student nurses in a practice placement setting.

When discussing the 2018 NMC standards, mentors argue that they have seen an increased workload, that their role is very much that of a facilitator and that they have seen an enhanced level of communication with colleagues. The next chapter will explore perceived benefits and limitations of the two sets of standards, drawing on data from both student nurses and those supporting them.

Chapter 7 – Findings III: The benefits and limitations of two different approaches to mentoring

7.1 – Chapter overview

This third and final findings chapter will draw upon the experiences of student nurses and the qualified staff who support them in a mentoring role to identify perceived or experienced benefits and limitations of mentoring support under the 2008 and 2018 NMC standards.

It will address the third and final research question:

RQ 3 – What are student nurses' and mentors' perceptions of the relative benefits and limitations of mentoring under the 2008 and 2018 UK standards for practice-based education?

The third research question refers to a mentor, and in the context of this chapter it denotes any qualified nurse acting in a formal mentoring role as recognised by the NMC, namely a mentor or Practice Supervisor. However, as suggested in Chapter 5 and 6, the findings reported here also suggest that the new standards had implications for informal as well as formal mentoring.

7.2 – Perceived strengths and limitations of the 2008 NMC standards

The chapter will begin by exploring the perceived benefits and limitations of being mentored under the 2008 and 2018 NMC standards, in turn.

7.2.1 – Perceived strengths of the 2008 NMC standards

This section (7.2.1) will begin by identifying the perceived strengths of the 2008 NMC standards, and in section 7.2.2 will discuss perceived limitations.

The mentor and student nurse knowing each other well

Six out of the eight qualified staff interviewed about the 2008 standards spoke about a perceived strength of this model of mentoring to be that the mentor really got to know the student nurse well and could subsequently see their progress developing as the placement evolved.

“I found the old [2008] system better enabled you to get to know the student better, as so much time was spent with them on a shift and helped me to know how to best support them” QN INV4).

The student nurses also spoke about the way in which this helped with assessment processes as they recognised when they were ready.

“Having the main mentor meant that you had somebody in the team who got to know you really well, and had a firm grip of your wants and needs in respect of learning.”
(SN 2008 INV8)

“When they were available, the continuity afforded by a single mentor was great as you didn’t need to constantly talk about what you had done with others [mentors].”
(SN 2008 INV5)

The mentors interviewed also referred to knowing their student in relation to assessment, as they felt that when they were responsible for teaching and assessment, they recognised when the need for assessment arose and could manage it at the time, rather than having to arrange it (as with the 2018 standards). This enabled them to hold a sense of control in relation to the timing of the assessment process.

“It was easy in the sense that once you knew the student was up to it, you could suggest that the summative [assessment] took place. It was done there and then and most convenient.” (QN INV6)

The mentors also spoke of the benefits of knowing the abilities of the student nurses they were supporting, and often used this to inform their decision making if an assessment did not go to plan. They spoke of being able to use their professional knowledge to reach a decision as to whether the past performance of the student nurse indicated competence, and whether to award a pass even if the formal assessment was not perfect. This is demonstrated in the quotes below.

“Under the old system, if the student messed up in the assessment, you had the benefit of knowing that they could do whatever was being assessed as you had worked closely with them previously.” (QN INV3)

Mentor overview of student nurse progress

In the interviews with qualified nurses acting as mentors to student nurses, a benefit experienced by mentors under the 2008 standards, was the feeling that as the sole individual responsible for the learning, development, and assessment of a student nurse, they had a good view of competency and professional progress.

“As a mentor I always found that I had a clear and up to date understanding of how my student was progressing as they worked closely with me most of the time, but this is not the case so much now [with the 2018 standards].” (QN INV3)

“I find that with the new way of working [2018 standards], I have to keep in touch with my colleagues much more closely now to know what is going on and needs that my student may have.” (QN INV6)

Whilst the previous chapter has outlined the perceived benefit by student nurses of working with the wider team, it was not so widely recognised by the mentors delivering that support as being an advantage due to a perceived need to communicate more regularly with qualified colleagues.

Ease of mentors managing the assessment process

Mentor participants commented on the perception that assessment was previously easier to facilitate under the 2008 standards. Three out of the seven qualified nurses held the view that through being able to observe the practice of students, and undertaking formative assessment opportunities, they were well placed to suggest summative assessment dates as and when the time was right and could also assess the student there and then. They also spoke about the benefit of holding knowledge of the abilities of the student nurse and how this benefitted them when making a judgement call about whether to award a pass or not.

“I found it easier and more self-contained under the old system, whereby I could assess as and when we felt ready, without the need to book in with the PA [Practice Assessor].” (QN INV2)

“The previous system definitely worked well for me when it came to assessments, as I knew their capabilities...this was a huge benefit if they encountered exam nerves” (QN INV7)

Although some of the qualified nurses interviewed found this a benefit of the 2008 NMC standards, the previous chapter (Chapter 6) has identified a key finding in that from the perspective of the student nurses, the changes made to assessment under the 2018 standards was seen as a significant improvement and enhancement to their learning journey.

7.2.2 – Perceived limitations of the 2008 NMC standards

Intense working relationships

A negative experience shared by both student nurses and qualified mentors under the 2008 NMC standards, related to the intense relationship that is created when a

single mentor is allocated to support the learning and assessment needs of a student nurse. When speaking about the 2008 standards, student nurse and mentor participants spoke of the stress it placed on both parties as, even though the NMC stated that only a minimum of 40% of overall time had to be spent working with the mentor, most spent far more time together. Likewise, other members of the placement setting team appeared reluctant to involve themselves in providing support, with the experience of student nurses and qualified nurses stating that their experience could be isolating, as identified in Chapter 4.

“It could be very hard work, spending the majority of the time with the same mentor, more so when you don’t get to choose that person.” (SN 2008 INV5)

“I found it quite stressful at times, and more so if there is some friction as you could be two very different types of people.” (SN 2008 INV1)

Student nurses spoke about the importance of building a positive and professional working relationship with mentors and Practice Supervisors. Likewise, the qualified nurses talked about the importance of first impressions. If there were any difficulties in this area, created potentially by issues in working on the same shifts together or sickness, the relationship could be difficult, as it could be if there were very different personalities at play.

“You don’t have to like everybody you work with, but if there are clear differences between the two of you the placement can feel longer than it should [laughs].” (QN INV3)

Limited opportunity for interprofessional working

Findings from the study suggest that the 2008 standards limited the potential to work with other colleagues in the clinical setting, especially when compared to the 2018 approach. The more recent standards allow for other health-professional colleagues to undertake the role of the Practice Supervisor.

Student nurses in the 2018 interviews spoke positively about the enhanced learning opportunities they gained by working with physiotherapists, occupational therapists and social workers and other team members. Under the 2008 standards, although student nurses could arrange time to shadow other allied healthcare professionals, the amount of time was limited and perhaps more restrictive from a learning perspective. This could also be seen as less developmental, as the opportunity to maximise the opportunities available within a practice placement setting would be more limited under the 2008 standards. In contrast the implementation of the 2018

standards have resulted in an experience that is potentially more transformational. Through working with interprofessional colleagues, student nurses can now gain deep and meaningful experiences of working with colleagues across the practice setting.

The student nurse perception of isolation in the absence of the mentor

There was a perception held by four of the 2008 student nurse interviews that if the allocated mentor was absent from the placement setting for any reason, for example due to sickness or being allocated to another department to provide cover, a sense of isolation may arise. Student nurses held a genuine concern that if their mentor was not there to work with them, and nobody else within the team was prepared to work with them, they would be unsupported and would not gain the learning hoped for. When this did occur in practice, it was disruptive for student nurses, as outlined in the quote below:

“I always worried about my supervisor being off. Everybody is so busy and as a student I often felt that I was getting in the way and that they did not have time for me...that made me feel quite despondent and not valued” (SN 2018 INV5)

7.3 – Perceived strengths and limitations of the 2018 NMC standards

This section of the Chapter will present findings to support perceived benefits of the 2018 NMC standards.

7.3.1 – Perceived strengths of the 2018 NMC standards

This section will discuss the perceived strengths of the 2018 standards, as viewed by student and qualified nurses.

Enhanced support and wellbeing of student nurses and qualified staff

A perceived benefit identified in this study is the enhanced wellbeing of both student nurses and mentors, facilitated by the introduction of the 2018 NMC standards, which have been shown to have had a positive impact. Participants in the qualified nurse interviews spoke of their perceptions that student nurses felt more supported under the 2018 standards, and that they had noticed a more positive relationship with them as a result. This placed the mentor in a position of comfort and enhanced wellbeing because of providing effective support. The notion of wellbeing is endorsed in more recent mentoring literature (Hobson = van Nieuwerburgh, 2022).

“I can’t put my finger on it explicitly, but the new system feels more conducive and I hold a better relationship with my students in comparison with before.” (QN INV2)

“Students have commented on what one called a more professional working relationship than their first year when they had an old fashioned mentor.....in many ways it is now more therapeutic and my stress levels are much less knowing that I am part of a team.” (QN INV6)

“The new [2018] standards have left me feeling much better in myself. I feel that the pressure is less than it was previously because I share the role. I look forward to coming into work now knowing that I can make a difference” (QN INV3)

Findings from the student nurse interviews also identified that a positive placement feeling and a sense of achievement was gained though being well supported. Students suggested that the improved support led to an enhanced outcome when it came to their wellbeing during and at the end of the placement, and especially in relation to their preparedness for assessment. This has been shown previously, and in the quotes below.

“I really hope the rest of my placements are as supportive as this one. In the past [2008] I often lost sleep with worry about who would be mentoring me. I have found I am much better supported under the PS system.” (SN 2018 INV4)

“I can honestly say that the most recent placement I had was anxiety free....I usually get myself quite worked up about going in but having the support of my Practice Supervisor and assessor made all the difference.” (SN 2018 INV1)

“At the end of the placement, the way I had been looked after by my supervisor meant I felt a real sense of achievement...at no point did I feel lost or unsupported.” (SN 2018 INV8)

A key factor in the wellbeing of qualified nurses supporting student nurses is the ability to share the responsibility and workload. In turn, the supervisor and assessor can gain a feeling of being supported and calmer about the demands of the traditional mentoring role. When qualified nurse participants were asked to compare their experiences under the two different models of providing support to student nurses, this aspect was identified by all participants, with examples provided below.

“I definitely prefer the new [2018] standards as the intensity on me as a nurse is far less. I am able to support my student alongside other members of the team and that means I am more energised to teach them when they are with me.” (QN INV3)

I feel that one of the benefits of the 2018 version is that the student can gain from all the team, rather than the one person that has happened before. This also means I don't feel so tired because of the demands of the role" (QN INV7)

A further factor that enhanced the placement was the increased level of trust and the professional relationships that developed, especially between the student and the Practice Supervisor.

"I found that with each week passing, the levels of trust between me and my supervisor got stronger. I felt able to approach them about anything and felt that they viewed me increasingly as a professional rather than as a novice." (SN 2018 INV5)

This study has identified a key finding in that student nurses felt able to ask more questions of their supervisor because they felt this would not be used against them in an assessment situation. Under the 2008 NMC standards, this was identified as a factor that deterred students from asking their mentor questions and will be picked up in the later section of this chapter, exploring challenges of the standards. As a result, more open conversations took place between student nurses and qualified staff. This resulted in any perceived limitations in the student's competence being identified by the Practice Supervisor and worked on prior to the involvement of the Practice Assessor. This potentially may lead to a beneficial placement experience for the student, and ultimately means that they should be better prepared for newly qualified nurse status at the end of their three years of training.

Enhanced preparation for assessment

Whilst the subtheme of enhanced assessment preparation has been explored in Chapter 6, it must be recognised as a significant benefit of the 2018 standards, as experienced by student nurses in the 2018 standard interviews. Quotations were used in chapter six that illustrated the way in which the relationship between students and Practice Supervisors were more open and conducive to learning than the ones seen under the 2008 standards. The students' ability to ask questions illustrates a developmental and transformational experience of being mentored, through the depth of the experience gained and the fostering environment created by the Practice Supervisor that encourages growth and positive development of the student nurse.

The related benefit of this means that student nurses are better prepared for the assessment process, and, with a greater level of confidence and competence, more likely to succeed. In turn, they should become safer in their practice and less likely to make mistakes. Under the 2018 standards they feel more able to ask questions to clarify their understanding. This is further reflected in the two quotes provided below.

“It feels to me like an invisible barrier has been removed. The ability to ask your supervisor as many questions as you need really enhances my confidence levels.” (SN 2018 INV1)

“When I compare the lead up to assessments between year one and this one, there is so much difference. I have felt much more ready for the assessment day this year than ever before.” (SN 2018 INV5)

The first quote above refers to an invisible barrier. Within the interview, this participant spoke of what can be classified as a developmental mentoring experience, as she was encouraged to take the lead in her learning and ask as many questions as she needed in order to gain familiarity in relation to the subject being taught. The participant spoke with an impassioned voice about how this was so positive for her, and the removal of the perceived barrier enhanced the mentoring experience enacted.

This also highlights the benefit of dividing the role of the mentor into two, as assessments are booked in advance with the Practice Assessor. The student nurse now has a better “lead in” period, with the likelihood of “spur of the moment” assessment becoming less common. It can also be argued that the assessment of learners by a dedicated Practice Assessor is now more robust, as the Practice Assessor is only assessing the student’s performance on the day. Previously, their judgement may have been influenced by their relationship with the student nurse and this could lead to difficulties in being fair and objective.

High quality learning experience for student nurses

A further perceived benefit of the 2018 standards voiced by the student nurses was the perceived enhanced learning experience that is facilitated. This positive outcome is achieved because of several factors, some of which have been explored in previous chapters.

The main benefit is derived from the ability to work with a range of other team members, including nurses and other healthcare professionals. Student nurses in the 2018 interviews reported increased learning opportunities and an enhanced understanding of the role of a registered nurse.

“I am a real sponge when it comes to learning and being able to work with the whole team means I can learn in different ways. My supervisor has been amazing and shared so much with me and arranged for me to learn from others as well” (SN 2018 INV3)

“The fact that I am not tied to one person so much means that I can benefit from many different teaching styles. I find that I am building an image of the nurse I want to be by taking the best bits from the people I am working with.” (SN 2018 INV1)

The support of the wider team, including nurses, and interprofessional colleagues, also led to student nurses being able to access specialised knowledge and teaching to meet the needs of their learning contracts established at the start of the practice placement experience.

The ability to spend time with a range of supervisors has led to students being able to work with nurses in the team who previously may have been unavailable or inaccessible. With some staff working permanent night shifts or weekends only, under the 2008 NMC standards such staff would not have been involved as much as a mentor. The 2018 model allows staff in these unsocial hours of working to now work alongside student nurses, who in turn can gain experience of when the support from other disciplines may be different to core working hours. For example, some, though not all, therapy teams and senior medical staff may only work daytime shifts, Monday to Friday between 9am and 5pm.

Peer support

In three of the student nurse interviews pertaining to the 2018 standards, the ability to address any worries was also discussed in the context of utilising peer support, as other student nurses are aware of the pressures of being a student and can often help with sharing their own experiences or making suggestions to help move forward. This was perceived to be a benefit of the 2018 standards.

“Although it doesn’t always happen, I find it really helpful if there is another student nurse in practice with you as I can share any worries with them or ask for their advice if they have been there longer. It’s often about silly things that I don’t want to trouble the team with, like where to put my bag or how breaks are arranged.....” (SN 2018 INV 1)

This is not always possible, as the number of students accepted by a practice placement area at any one time varies but does provide the potential for enhancing the developmental approach, and where appropriate utilising a coaching style of supporting learning. Where this occurred, student nurses in the 2018 interviews spoke of the benefits and enabling way of being supported by qualified staff.

“My most recent placement was great as there were a few students there and we were set a task together, with the supervisor there in the background to support us if

we needed it...I liked it as you almost forgot you were a student and were taking a more prominent role in the team.” (SN 2018 INV5)

Improvements in communication

A clear benefit of the 2018 standards, as identified by participants interviewed about the 2018 standards is a perceived enhanced level and standard of communication, both with the student nurses and wider colleagues when it comes to monitoring the progress of student nurses and arranging the necessary assessment tasks.

Effective communication is not only a skill that a registered nurse must possess to ensure patient safety, but, in the context of this study, it also leads to a smooth and robust support structure for student nurses within a practice placement setting. In turn this should lead to a reduction in stress and anxiety levels if the group of people involved in mentoring a student are all aware of teaching and assessment requirements, and the student nurse does not have to spend time updating many members of the team each time they work with somebody new.

“I felt that the whole group of people in the team I was placed within had an understanding of my needs, and I did not have to waste time saying the same thing over and over again when I worked with a range of colleagues – communication was great.” (SN 2018 INV4)

“Communication in the team has really improved following the introduction of the new model....we all speak or email to keep updated in terms of what has been covered in a shift, especially if somebody else will be working alongside them [student] next shift.” (QN INV6)

Both mentors and student nurses also spoke about effective communication between placement settings and the university, especially if a concern or query arose and necessitated a quick response. The improvement in communication also links to enhanced wellbeing, as more effective working relationships are developed and in turn will lead to a more positive learning experience. With all interested parties involved in the support of student nurses having a clear overview of what is needed to support and build on the achievements made at each point of the placement, the student is enabled to progress and meet their learning contract outcomes. Effective communication is integral to this.

Whilst this thesis does not claim that the quality of student nurses' practice is any different as a result of the introduction of the 2018 standards, the data suggests that students appear to be better prepared and supported to begin their careers as

registered nurses as a result of the wider support of the team and the preparation for and separate arrangements for undertaking summative assessment. This has come about as a result of student nurses feeling more comfortable with the mentoring and support arrangements that they have in place.

There is a risk that by being able to spend time with a wider number of the practice placement team, if a student nurse were to not ask questions, their learning could be detrimentally affected as a result. Therefore, it is important that a lead, or designated Practice Supervisor is in place to liaise with both the student nurse and the wider team to help facilitate the positive learning experience desired by the student. Whilst the 2008 NMC standards were effective, the introduction of the Practice Supervisor and Practice assessor roles enabled the student nurses interviewed to feel effectively supported in their placement settings. This extends the existing literature in this area and reinforces the need for support by a mentor who can provide coaching, guidance, and advice, free from any hierarchical relationship, and is keen to do so.

7.3.2 – Perceived limitations of the 2018 NMC standards

This section will present findings that show perceived limitations of the 2018 standards.

Access to senior staff holding Practice Supervisor and assessor roles

Whilst the student nurses in the 2018 interviews generally spoke positively in relation to their experiences of being supported by Practice Supervisors, there were some exceptions. Students who were allocated senior members of the nursing team as supervisors and particularly assessors struggled to spend time with them because of the workload and demands on the shoulders of this section of the team. Whilst it was less significant for those in a Practice Supervisor role, because of the availability of other team members, it was problematic if the senior staff member was the assessor.

“Given the choice, I would prefer not to have a ward manager as my PA [Practice Assessor] as they are pulled in all directions – they are too busy for the role.” (SN 2018 INV6)

“There were times when it was a bit stressful.....my assessor was the nurse in charge and on more than one occasion my planned assessment was postponed because of urgent meetings or the like.” (SN 2018 INV2)

Through interviewing both student nurses and qualified nurses, it was evident that some practice placement settings implement a system whereby the responsibility for

assessment lies with the senior nursing team members, with their experience given as the rationale for this approach.

“In our team, it is always the band six and seven nurses who are the Practice Assessors, though they aren’t always the best placed for the role.” (QN INV3)

“All of our band six and seven nurse are the assessors, the band fives are the Practice Supervisors.” (QN INV4)

This can lead to additional pressure being placed on both student and staff to get the required assessments completed, and could also impede the learning experience, if there are delays in completing teaching and assessment that has been scheduled as part of a carefully planned programme.

Practice Supervisors in the qualified nurse interviews spoke about their frustration when this occurred and the associated need to provide additional support to student nurses if a date could not immediately be arranged (this will be explored in the next part of this section). This could be seen as a limitation of the 2018 standards, as there is less flexibility in relation to the person undertaking the assessor role, with an appropriately qualified nurse having to be allocated.

“There were times when the old system would have been more convenient.....I mean, the student is all ready to be assessed and then it gets cancelled.” (QN INV3)

Protracted assessment arrangements for mentors

Previous chapters have discussed the way in which assessment is managed, under both the 2008 and 2018 NMC standards. However, findings identified that the introduction of the 2018 standards resulted in a perception of additional work for qualified who were responsible for teaching and then arranging assessments. Whilst the need for enhanced liaison with colleagues, was a positive factor in other parts of their work, it also led to an increase in their workload and could be seen as a burden that previously did not exist.

“We are busy enough and I feel that the need to liaise with the Practice Assessor adds to our workload.” (QN INV4)

“On a couple of occasions, I have stayed late to email colleagues and arrange potential assessment dates. I don’t mind doing it, but never had to do so before.” (QN INV1)

All the mentors interviewed saw this responsibility to liaise and agree a date for assessments as sitting firmly with them. There is no reason why the student could not

do this, and in many ways, it would enhance the developmental mentoring approach if they had more responsibility, allowing them to take ownership, thus empowering them to control their mentoring experience. It would also benefit them though being able to liaise with members of the practice placement team in terms of developing communication and time management skills.

Confusion in relation to the new support roles and the need for mentor support by the HEI

A further limitation to the way in which learning is supported (NMC, 2018) and noted by a small number of student nurses in the 2018 standard interviews was the initial role confusion of the qualified nurses supporting them. This was with regards to the responsibilities aligned to the Practice Supervisor and Practice Assessor. Students spoke of varied experiences, with some experiencing well prepared staff who fully understood their roles and where the division of responsibility sat. When this occurred, the experience was one that was developmental, with the student nurse able to utilise the principles set out in the 2018 NMC standards to lead the learning experience with the support of the Practice Supervisor. For others, there was confusion as to who could undertake which aspect of the support, and this was noted to be somewhat unsettling in the early days of the placement.

“It was obviously the first time that they had supported a student under the newer way of working and I don’t really know why, but they seemed to struggle with it a bit and to me it seemed like we kept on reverting back to the mentoring system. It made it feel quite a disjointed placement”. (SN 2018 INV7)

“I think that some of the team had received an update to the new support system and others were due to get it soon after I started and that was where the confusion started.” (SN 2018 INV3)

One student in the 2018 interviews talked about her experience of having to teach her qualified colleague about the differences between the new roles.

“I had been given a Practice Supervisor who hadn’t been updated and he believed it was also his job to assess me. I had to explain that the new NMC standards meant that the role of the assessor was separate to the supervisor and that he was there to support and teach me, whereas the Practice Assessor should look after any assessment needs that arose in the placement.” (SN 2018 INV2)

Further exploration identified an initial feeling of concern and anxiety for this student, as she was worried about the lack of clarity held about the new roles by the Practice

Supervisor allocated to her and the potential implications of this confusion. She felt that those supporting her were unclear about who was responsible for what and for this student, the local HEI was able to get involved to ensure the Practice Supervisor was familiar with the requirements of his role. From a student nurse perspective, this anxiety is not beneficial at the start of a placement experience, and there is an expectation that those allocated to support are adequately prepared for their roles.

The student nurses affected by this confusion, though not harmed in the long term with respect to learning, spoke of the frustrations attached to it. They argued that their HEI had prepared them for the changes in support and new roles on placement and could not understand whilst this was not the case in practice placement settings. Further exploration identified that they had momentarily overlooked the workplace pressured faced by qualified nurses, and the issue of time in relation to being released from the front line to receive such updates.

Many mentors spoke in the past tense about the mentoring role seen under the 2008 standards, even when the interview was focussed on the 2018 roles. Some spoke openly about not fully understanding how their responsibility sat under the 2018 NMC standards and realised that they needed more preparation to fully undertake the role effectively under the newer model, and this is reflected in the quotes listed below.

“If I am totally honest I am not fully clear about how the new system works....it is the two roles instead of the one that confuses me...I am sure we will work it out quickly enough” (QN INV2)

“I have been supporting student nurses for a little while now, and this is a total change in the way we work. I am fairly confident in how my roles now work but will need to test them out to be fully confident.” (QN INV3)

The effective and adequate preparation of mentors (and associated variations of the role) is integral to the relationship with the mentee and the overall experience they gain as a result. It is recognised that this is not an overnight process, but at the same time the student nurse should not be disadvantaged by being supported by a mentor who does not understand the requirements of their role as Practice Supervisor or Practice Assessor.

It may also be argued that the Covid-19 pandemic had an influence on the roll out of training as well as the capacity of nurses in patient facing roles to be able to accommodate this, with some areas of clinical practice suspending such training and redeploying the staff who would be responsible for its delivery.

7.4 – Chapter Summary

This chapter has provided an overview of perceived benefits and limitations of the 2008 and 2018 NMC standards, as experienced by student nurses and qualified nurses who have experience in acting as a mentor or a Practice Supervisor / assessor.

Identified benefits of the 2008 standards covered in this chapter include the student nurse and mentor getting to know each other very well, the mentor's overview of the student nurses' progress and the ease of mentors managing the assessment process. The 2008 standard interviews highlighted several limitations, these included: the intensity of working relationships, limited opportunities for interprofessional working and a perception of isolation by the student nurse in the absence of their allocated mentor.

Benefits discussed in relation to the 2018 standards included the enhanced support and wellbeing of student nurses and qualified staff undertaking mentoring roles, the enhanced preparedness of the student nurse for being assessed, improvements in communication and provision of a high-quality learning experience for student nurses. Finally, the limitations of the 2018 standards include: access to senior staff holding Practice Supervisor and assessor roles, protracted assessment arrangements for mentors and confusion by qualified staff about the new Practice Supervisor and Practice Assessor roles.

The next and penultimate chapter of this thesis discusses the three research questions in the context of both my research findings and the wider literature.

Chapter 8 – Discussion

8.1 – Chapter overview

This chapter discusses the findings of this study in relation to its three research questions. Section 8.2 will discuss the first research question, specifically the experiences and perceptions of student nurses in relation to being mentored under the 2008 and 2018 NMC standards. Section 8.3 discusses the second research question, on the experiences of qualified nurses supporting student nurses in a practice placement. Section 8.4 will discuss the third research question, relating to the perceived relative benefits and limitations of mentoring under the 2008 and 2018 standards.

8.2 – The experiences and perceptions of student nurses of being mentored

The student nurses who were interviewed for the purposes of this study indicated that their experiences of being mentored under both the 2008 and 2018 standards were generally very positive. This aligns with the experiences of participants in the study undertaken by Foster et al. (2014) exploring the 2008 NMC standards. Chapters 5 and 7 identified several findings to illustrate positive and more challenging elements of mentoring under the 2008 and 2018 standards that support learning in the practice placement setting. A key finding of this study was the enhanced relationship with the mentor or Practice Supervisor, provided by the introduction of the 2018 standards. The most significant aspect of this relationship is the ability of the student nurse to feel better prepared for assessment through the enhanced ability to ask questions and seek feedback in relation to their performance. This builds on the work of Cassidy (2009), whose research identified the assessment role of a mentor can be a factor that holds back the overall mentoring relationship. Student nurses identified, that under the 2018 standards and the removal of the assessor role, the Practice Supervisor was able to provide valuable feedback in preparation for the summative assessment. This aspect was more challenging under the 2008 standards as the mentor was responsible for both teaching and assessment of competency. Student nurse participants expressed the importance of feeling valued and supported, and that their mentor or Practice Supervisor showed an interest in their learning when having the time to support them. They spoke of the importance attached to the placement aspect of their course and the key role that an individual in a mentoring role plays. As adult learners, student nurses are responsible for their own learning needs, and following the application of the Developmental Mentoring Framework as

an analytical tool, it was apparent that the 2018 standards facilitated a system of support that could be seen as more developmental than the 2008 arrangements. Findings demonstrate that with the introduction of the 2018 standards, student nurses are able to work with a range of other health professionals. As a result, they appear to be more proactive in accessing support from qualified staff and taking responsibility for their own learning, which aligns with existing studies that talk of the role of the adult learner (Gidman et al., 2011).

As outlined in Chapter 3 (Literature Review), the need for a mentor to be detached from any line management responsibility appears to be key. Whilst in nurse education a mentor does not hold any management responsibility for a student nurse, under the 2008 standards there remained the responsibility for undertaking formal assessment of the student, which for some student nurse participants was problematic and detracted from the quality of students' relationships with their mentors.

My analysis suggests that the 2018 standards may be more effective at facilitating the learning of student nurses, and a key finding identified earlier in this thesis is the enhanced ability for the student nurse to ask more questions of their allocated Practice Supervisor. This was regarded as a benefit of the new roles of Practice Supervisor and Practice Assessor, as in the past there may have been reluctance for student nurses to ask the person assessing them too many questions for the risk of being perceived as a weak student.

The introduction of new standards to support mentoring thus appears to have enabled a change in the way a registered nurse is able to support a student nurse by allowing the support to be shared more widely. The 2018 standards have provided an opportunity for there to be more freedom in the mentoring relationship, whilst the requirement to support the learning of a student nurse remains unchanged. Previously, the 2008 standards may have been regarded as more restrictive, and the pressure on a single mentor greater than it is under the 2018 standards.

In a developmental mentoring environment, there is a need for mutual respect and for the student nurse to approach their allocated mentor or practice supervisor to discuss anything that may be causing concern (Clutterbuck, 2013). The study has demonstrated the value seen by student nurses of being supported by newly qualified staff and still operate in the mind-set of a learner, and this finding is mirrored in other studies of other health-professionals. Evidence suggests that newly qualified health professionals remember how it is to be a student and that, in this case, physiotherapy students could relate to such staff, with their clinical reasoning and decision making

considered easier to follow (Morris, 2011). The approach to teaching may be more developmental in nature and provide student nurses with placement experiences that are more beneficial and in line with developmental mentoring. The findings of this study lend support to the claimed virtues of a developmental mentoring approach, as developmental mentoring supports student nurses and qualified nurses to work effectively under the auspices of the 2018 standards, and to enable student nurses to gain the maximum benefit from a practice placement experience.

In the literature review chapter, I referred to the earlier work of Cahill (1996), who spoke of student nurses not wishing to “rock the boat” or cause additional workload as part of fitting in, and to not be seen as a burden. Whilst this goes against the principles of a positive mentoring relationship, these concerns were also recognised in this study in relation to the old standards. It is concerning that such views were still held, as the role of the mentor is to share knowledge and practice to develop the understanding of the student working alongside them. Without clear avenues of support within the placement area, there is an increased risk of students developing feelings of isolation, and an effect on the ability to learn (Berntsen and Bjørk, 2010; D'Souza et al., 2015; Flott and Linden, 2015). The removal of formal and summative assessment from the ‘mentor’ role may have reduced (or ‘appeared to reduce’) student nurses’ concerns about rocking the boat under the 2018 NMC standards.

It is important that student nurses can enter a placement with a clear focus on the learning that can be gained from the experience, and do not carry any worries about their presence or the effect that it may have on the mentor or practice supervisor allocated to them. It is understandable that a degree of anxiety existed, as these student nurses had prior placement experience and had witnessed the fast pace of clinical environments, and this may have influenced their thinking. This indicates that there is a need for reassurance from those in a mentoring role (Doyle et al., 2017) to address any concerns early in the placement experience. There is also possibly a need for additional preparation by the university to give examples to student nurses of how support can be accessed if the mentor or supervisor is genuinely too busy at any given point (Cusack et al. 2020).

Within the interviews with student nurses (and to a lesser extent the qualified nurses), the challenge of time to mentor was identified, and the perception that mentors are sometimes too busy and do not have sufficient time to be able to teach or facilitate learning to the level expected by the student. Whilst it can be noted that aspirational support levels will no doubt always be greater than the reality of practice, this view is

highlighted in this research, and extends previous studies such as those by Ohrling and Hallberg (2000) and Ousey and Gallagher (2010). This study has seen that student nurses hold a desire to be supported in the practice placement setting, and that this support can be from a range of different people. The evidence of this study suggests it may be beneficial to work with a more diverse range of Practice Supervisors as opposed to being restricted to a single mentor, as seen under the 2008 standards.

As noted above, there was a preference amongst student nurse participants in this study to be mentored by a more junior or a recently qualified nurse. In the eyes of student nurses, this enabled a developmental approach to mentoring through the use of the mentor or supervisor sharing thoughts but encouraging the student nurse to reach an outcome independently. What was not always picked up on by those interviewed was the potential for a reduced level of overall nursing experience by working with a more recently qualified mentor. Whilst a mentor or supervisor who qualified several years ago may not have the benefit of recalling how it is to be a student in recent times, they do have the opportunity to share experience in relation to nursing more generally and to share wider skills such as leadership and non-clinical skills, including dealing with distressed relatives and other organisational or role requirements.

The field of nursing is underpinned by evidence-based practice, with treatment and care interventions directed by the latest research. In terms of mentoring, I would argue from the responses of student nurses participating in this study, that a mentoring approach could also be evidence-based, drawing upon the experience of the registered nurses. This could be provided from a combination of both experienced and more recently qualified nurses, as well as the wider team who work alongside the student nurse or 'mentee'. Whilst it was evident that there was a value attached to a mentor or Practice Supervisor who was available and readily accessible, student nurses in both stage one and two interviews have indicated a preference for support from one who is experienced in undertaking the role of the nurse and can share their expertise. This finding extends the work of Smith and Ingersoll (2004) and Hobson et al. (2015) who endorse the need for credibility and subject specialism in the mentor role. This indicates a potential conflict in the analysis, as it is often the case that those who have gained experience of nursing are likely to be placed into positions of responsibility for mentoring and running the department as a result.

Overall, the data suggest that the student nurses reported experiences seem to be more positive under the 2018 standards. This is because they can work with a qualified member of staff in a more developmental style, and to take the lead or take responsibility for their own learning needs. The students spoke of the enhanced ability to ask questions of their Practice Supervisor and felt better prepared for formal assessment with the Practice Assessor as a result. Within the finding's chapters, I have referred to the concept of informal mentoring and ability to be more engaged with the wider interprofessional team is also aligned with the concept of "Dispersed Mentoring" (Hobson et al., 2009), a process whereby mentoring support comes from a variety of different people, and the student nurse can potentially seek support from an appropriate member of the team based upon their skill set and the learning need in question. This is a positive way to learn, as each nurse may hold their own individual values and will have experience to share with the student nurse to enhance their placement experience. Dispersed mentoring incorporates the support of formally named mentors (currently Practice Supervisors) and other members of the wider teams who act as informal mentors. Whilst I set out to compare experiences of formal mentoring, this study has found that student nurses' experiences of mentoring – and the overall support provided in placement – may be shaped by appropriate opportunities for informal as well as formal mentoring. In the case of the NMC 2018 standards, mentoring support could be from nurses as well as any other registered healthcare professional. To engage in a developmental approach to mentoring, it is important for the other members of the team to input into the general support process. This is key as all qualified staff will have something different to offer in terms of prior experience, nursing philosophy and their own personal educational outlook. In a similar way, interprofessional team colleagues will also have a lot of knowledge and skills to offer the student nurse, and are an important resource through which to access support (Hilton and Morris, 2001; CAIPE, 2002). This is important to ensure student nurses have an understanding of the role of colleagues they will be working with once qualified as a nurse, and to explore other ways of accessing support when their Practice Supervisor may not be available.

As a result of this study, I would modify the definition of mentoring provided at the outset of this thesis to incorporate both informal and formal mentoring roles that are encountered in a practice-placement setting.

8.3 – The experiences and perceptions of qualified nurses of supporting the mentoring of student nurses

The experiences of the qualified nurses interviewed about their time acting as mentors to student nurses were generally very positive, and can be regarded as career enhancing, with the findings of this study building on the seminal work of Levinson et al. (1978). Levinson et al. spoke of the importance of mentors maintaining their own skill set and developing new skills that are learnt from the student they are supporting. The qualified nurses interviewed felt that the way in which they worked under the 2008 standards may have been more controlled by the mentor but ensured that they had a clear overview of the progress the student nurse was making as they were the responsible person. They also felt that the move to the 2018 standards had increased their workload due to the need to arrange formal assessments with the allocated Practice Assessor. This was not a requirement previously. I would propose that this could be seen as a task that can be delegated to the student nurse, as under the Developmental Mentoring Framework would enhance an approach which places the responsibility into their hands. In turn, this would decrease the perceived additional workload for the qualified staff member. Qualified nurses recognised the benefits of an improved level of communication within their team as they had to liaise with colleagues to put assessment arrangements in place.

Findings from this study reflect earlier research, including that of Hallin and Danielson (2010) and Trede et al. (2013) who identified the importance attached to qualified nurses undertaking a mentoring role and the recognition the role deserves. It was apparent from speaking to participants in the interviews that they felt proud of the part they play in mentoring and guiding the next generation of nurses as they progress through their training.

The interviews with the qualified nurses identified some variation in understandings of the role of the qualified nurse in the mentoring relationship. Whilst some qualified nurses' views were aligned with the more generic mentoring literature, which sees the mentor as the supporter and guide (Byrne, 1991; Clutterbuck, 2004, (Ramage, 2004)) and the need for the process to be developmental in nature, as advocated by Clutterbuck (2013), a minority of participants felt that the process was most effective if the relationship was led by themselves as the mentor.

In the previous section, I referred to identified benefits of Dispersed Mentoring to the student nurse. This approach to mentoring is also advantageous to the qualified nurses, as they can help to ensure the learning needs of their students are met by

drawing upon the expertise held within the wider team of nurses. For example, if in discussion at the start of the placement, a student identifies a desire to learn about a particular aspect of nursing, the Practice Supervisor could pair them up with a colleague who holds more recent knowledge in that area and ask them to support the student nurse.

8.4 – The perceived benefits and limitations of mentoring under two sets of UK standards for mentoring

This section will compare perceived limitations and strengths of both the 2008 and 2018 standards, as revealed in the data generated for this study.

8.4.1 – Limitations associated with the 2008 and 2018 NMC standards

Student nurses value the support of a mentor or supervisor under both the 2008 and 2018 NMC standards. It could be argued that by spending too much time working directly alongside their allocated individual under the 2008 standards, the relationship that exists could become more directive in nature, and as such a limitation. Whilst there was no evidence for this interpretation, an alternative interpretation is that a mentor trained in a developmental approach could enact what Hobson (2016) calls as part of the ONSIDE framework 'progressively non-directive mentoring'. Being able to work under their own initiative may be more beneficial for the development of the student nurse, with the Practice Supervisor available in the background. This is a suggested advantage of the 2018 standards and could enhance the experience of student nurses when working with qualified colleagues in a practice placement setting.

Four student nurses felt that the availability of qualified staff to support them was a challenge, and on occasions led to a feeling of not being supported. This was noted by some of the qualified staff interviewed as well, but from a different perspective as they felt that a student should be able to take the initiative and identify appropriate learning to occupy themselves in periods in which a mentor or Practice Supervisor may not be immediately available to provide direct support. As a student nurse gains confidence and progresses through their course, it should become less of an issue but is an area for consideration if they are very inexperienced or relatively early on in their training. By not being able to spend time with a qualified nurse, there is reduced time for the student to observe qualified nurses role model the types of behaviour they are there to develop (Ness et al. 2010; Gale et al. 2016).

Both student nurses and qualified staff noted the continued the lack of ability for the mentee to choose their mentor (Practice Supervisor). That said, there are examples noted whereby staff in placement settings will wait for their student nurse to arrive and then allocate staff to support them once they have established who would be a good match in relation to personality. This is an improvement to practice that I would encourage following the completion of this study. Precedent appears to dictate that a named person has to be made available to the student even before the placement has commenced, sometimes weeks in advance, whereas some of the evidence in this study suggests that the overall experience for student and qualified nurses might be enhanced in doing so at a later point in time.

Following the analysis of the interview transcripts, there is evidence of a perception held by the student nurses that the 2008 standards felt more limiting and somewhat more restrictive in nature because of the dependent on a single, allocated mentor.

8.4.2 – Benefits associated with the 2008 and 2018 NMC standards

Sharing concerns

Part of the remit of mentor and Practice Supervisor roles is to support and guide the student nurse both professionally as well as with an overarching pastoral role. As part of the need identified by the student nurses who experienced both the 2008 and 2018 standards to build effective working and professional relationships, this also enables both parties to share any concerns. The participants spoke in the interviews about the importance of speaking freely as part of a successful mentoring relationship. The student nurses indicated that by being able to work with a wider pool of people under the 2018 standards, they were able to build bonds and develop relationships with a larger group of qualified staff. It was recognised that the allocated Practice Supervisor held a central role, and there was a need to communicate closely with that person, but if they found it difficult to talk to that individual, they had more options through which to discuss concerns and seek guidance.

Learning experiences

Regardless of whether they experienced the 2008 and / or the 2018 standards, by being able to work with a wider range of qualified staff, student nurses are also able to develop their understanding of the patient experience, for example by developing an understanding of the role of a physiotherapist, and the impact of shift work. This thesis has already noted that the Practice Supervisor role can be undertaken by any registered healthcare profession and is not restricted to nurses. Consequently, this

provides students with the opportunity to build a deeper understanding of how other healthcare staff work alongside nurses and how they support the needs of patients. This is of significant benefit once qualified, as interprofessional learning enables this knowledge to be built prior to joining the nursing register and should allow for smoother professional working relationships (CAIPE, 2002). The data analysis and subsequent findings did suggest that working with mentors holding specialist knowledge is a benefit to student nurses. However, to provide a valuable learning experience it might be best for a dispersed mentoring approach, which includes some vocation specific support from a nurse, along with some wider generic support from other professional roles, where such an opportunity may exist. It is recognised that the nature of some placement settings may not permit this, and that because of the pandemic, more creative opportunities have arisen through adversity (Bartlett et al., 2021; Marchant, 2021). Having stated at the start of this thesis that there is a growing need to nurse patients outside of hospital settings, mentor support must diversify to meet might be termed 'non-traditional' healthcare environments.

There is more evidence in the findings of this study to show that student nurses under the 2018 standards met some of the conditions of pedagogical learning in the third space, as outlined in Chapter 3 (Literature Review). Namely there is evidence of mentees being able to hold open conversations, which they might not have been able to have done with their mentors as line managers and assessors, therefore being consistent with the notion of third space. The Findings Chapters also discuss the way in which student nurses felt better enabled to ask questions of their Practice Supervisors, within what could be regarded as a safe space. An example of this is seen in section 5.4.2, when the following observation was made by a participant in relation to the 2018 NMC standards.

"I found it so liberating that with the new way of working, my supervisor would not be judging me in the same way that my old mentor would have done, it almost gave me a sense of freedom to learn in a way I had not been able to before....just asking questions without the fear of being judged was amazing..."(SN 2018 INV8).

The analysis of data did not identify any clear examples of another feature of third space learning, namely the student nurses challenging the orthodoxy. This is potentially explained by the fact that Practice Supervisors were primarily concerned with supporting student nurses to be able to demonstrate their competence against the prescribed NMC standards.

The current arrangements (2018 standards) do not include all the enablers of third space learning, as referred to by Peiser et al. (2018) in Chapter 3 (Literature Review). Although registered nurses are not paid for the mentoring role they undertake, or provided with dedicated time, this would not prevent mentees, in the right conditions, from feeling safe under their mentor's guidance and not prevented from taking risks.

For some participants perhaps, the interview for this research itself became a third space in at least one respect, as it provided an opportunity to explore and discuss their experiences in a safe setting, and to critically on the role they and others played in their learning journey.

I would propose that the introduction of the 2018 standards have provided more benefits than limitations to both student and qualified nurses, as illustrated in the previous two chapters. Overall, my analysis supports the interpretation that a central reason for this is that the latter standards potentially facilitate a more developmental mentoring approach for the student nurses. Chapter 3 (Literature Review) has outlined that the mentoring relationship should be supportive and ideally led by the mentee, and the 2018 standards enable this by providing a wider range of support through a more dispersed approach.

Mentoring opportunities

Whilst the 2018 NMC standards suggest a lead Practice Supervisor should be in place, and that all registered staff are able to undertake this role irrespective of whether they are a nurse or not, there is evidence in this study to recommend that all interprofessional staff would benefit from receiving mentor training. This would be advantageous not only to student nurses, but also to the wider health professions, as the training could be used in either a formal or informal basis within their own specialisms.

Chapter 9 - Conclusion

9.1 – Chapter overview

This chapter will identify strengths and limitations of this study (9.2) and highlight the original contribution to knowledge that the research makes to the field (9.3). Section 9.4 will identify implications for policy, practice, and further research. In section 9.5, I will reflect upon my experience of undertaking this study and how it has shaped my identity and future plans as a researcher.

9.2 – Strengths and limitations of the study

In their seminal work, Lincoln and Guba (1985) speak of the importance of trustworthiness and quality in qualitative research and note four criteria to ensure that research is regarded in such a light. These criteria are transferability, credibility, dependability, and confirmability – and are outlined in more detail here.

Transferability relates to the findings of the research and their potential to be transferred by others to similar situations or participants (Noble and Smith, 2015). In my research (notably in section 4.5.7) I provide details of the sample population and associated demographics, which helps readers decide whether the findings of this study may be applicable to their own or others' contexts. Those taking part in the interviews, whether student nurses or qualified staff who facilitate learning were drawn from two separate HEIs and represent different learning experiences from their peers at other institutions. Since participants are drawn from a wide population of gender, age, and ethnic background, the findings are not specific to a single localised population. The mentors represent professional life in different geographical locations and potentially enhances the likelihood of transferable findings (Shenton, 2004; Connelly, 2016). Whilst at no point does this study claim generalisability, it can state that the findings identified are potentially transferable to other HEI's in England who provide nurse education. Nonetheless, it is acknowledged that research participants were associated with only two HEI's out of the 99 institutions (UCAS., 2022) which educate and train student nurses in England, and that data were generated at a snapshot in time (2020-2021) which Cohen et al. (2011) note as a limitation of the enquiry process. The data and findings may thus not be representative of all student nurses in England or further afield at the current time.

Patton (1999) identifies three elements that are key for ensuring credibility, these being the use of rigorous techniques, rigorous method and the beliefs and values of the use of qualitative research. To enhance its credibility, the thesis draws on rich

quotations and description within the analysis and findings sections. In addition, the process of asking some participants to verify the outcomes of the research, also known as “member checking”, was employed. Guba and Lincoln (1985) speak of this process as the need to ensure that reconstructed views are recognisable within the research.

Dependability refers to the need for the researcher to adopt an “auditing” approach (Bryman, 2015). Bryman notes the importance of an accurate audit trail that can be produced and evidenced. This detail can be found in Chapter 4 (Methodology) of this thesis, and my use of a research journal. The audit trail presented in section 4.4.5 allows for the potential replication of the study by others. It provides details of the questions used, the pilot study undertaken, the recruitment of participants, management of the interviews and subsequent management and analysis of the data. Confirmability is intrinsically linked to the data and is established when credibility, transferability, and dependability are all met (Guba and Lincoln, 1985. p.323).

The adoption of a pragmatic approach to research was considered beneficial in so far that it allowed for the interviews with mentors and mentees to explore the views and experiences of participants of the 2008 and 2018 NMC standards and for the research to probe, when needed, to gain the required depth or to follow up on any response provided that was key to answering the research questions. The approach to data analysis also enabled me to uncover the experiences of student and registered nurses that were significant to them, but also allowed for the identification of data that addressed the extent to which the 2018 standards became more developmental.

It is recognised as a limitation that not all themes were representative of all the interviews conducted. Similarly, the onset of the Covid-19 pandemic should be noted as a limitation of the study, due to the fact that a clear comparison of responses of participants could not be undertaken like for like. When the first group of student nurse participants were interviewed, Covid-19 was unheard of, and the interviews were able to focus solely on the experiences of being mentored. The stage two interviews were undertaken when the world had changed, and it was inevitable that the experience of nursing within a pandemic would influence the thoughts and experiences of some participants. Likewise, the 2008 NMC standards were enacted outside of a global pandemic.

Whilst attempts were made to reduce the risk of affinity bias (Flick, 2014), which included the recruitment of student nurse participants from HEIs other than the one I am employed by, and the use of an intermediary to recruit participants (see section

4.3 for more detail), it is recognised that a risk still exists. Due to potential perceptions of power held by student nurse participants in relation to the lecturer role held by the researcher, there would have been a chance that student nurses gave responses that they felt might be expected. All participants were advised prior to the commencement of interviews that anything said would be kept confidential, and in the case of student nurse participants, unless it related to a patient safety concern, no comment would be shared with their tutors or practice placement colleagues. That said, the risk of affinity bias cannot be fully removed.

A further potential limitation of this study is linked to the process of “member checking”, which is discussed in section 4.5, and earlier in this section as a potential strength. Whilst this process was utilised in an attempt to ensure that the researcher interpretation of the themes from the data analysis resonated with the participants, there was also a risk that participants may have felt compelled to agree that the extract provided to them was a fair and accurate representation of their views, if they perceived a power imbalance with my position as a lecturer and researcher.

9.3 – Original contribution to knowledge

This study extends the existing literature, and the work of Lambert & Glacken (2005) and Foster et al. (2015) in particular, through recognising the role of the HEI in providing support to the mentor and mentee whilst a practice placement experience is being undertaken. This may be through the ongoing need to provide training and support to the qualified staff undertaking mentoring roles, as well as the student nurses who may be experiencing any challenges or concern in relation to the support they are receiving.

The way in which mentoring is enacted, as noted in the research discussed in Chapter 3 (Literature Review), extends the existing nurse mentoring literature following the completion of this study. The 2018 NMC standards have removed the role of summative assessment from the Practice Supervisor, which has indicated that student nurses feel more effectively supported and better prepared for the final assessment task with the perception that questions can be asked more freely of their Practice Supervisor. The mentor role, seen under the 2008 NMC standards, possibly held an unbalanced power relationship, with the mentor holding greater responsibility for the mentor / mentee relationship. Whilst this is discussed widely in other fields, and teacher training in particular (Hobson et al., 2009; Manning & Hobson, 2017; Hobson, 2017), the nurse mentoring literature is not as expansive in this area. This

study will reinforce the work of Peiser et al. (2018), which spoke of the potential conflict seen by the 2008 multifaceted role of the nurse mentor. As my study was able to include experiences of the newer 2018 NMC standards, the findings can extend the work of Peiser and colleagues.

Participants within this study, and student nurses in particular, spoke of the benefits of accessing the wider interprofessional team for support whilst in a practice placement setting. The work of Hilton & Morris (2001) spoke of such benefits, but I believe that the somewhat more restrictive nature of the 2008 NMC standards made it difficult for students to experience this as freely. It is hoped that this research will enable the experiences of student nurses to be shared and encourage student nurses in the future to make the most of such opportunities whilst they are in placements. The utilisation of the wider team will also build upon a common theme within the mentoring literature, and experiences discussed in this study, pertaining to the amount of time qualified staff have available to spend with student nurses. Studies published over a relatively long period of time speak about a perception that staff providing mentoring support are too busy (Ohrling and Hallberg, 2000; Ousey and Gallagher, 2010; Jervis and Tilki, 2011; Trede et al., 2014; Clark and Casey, 2016; Peiser et al., 2018).

This study further extends the existing literature pertaining to nurse mentoring by providing one of the first comparisons of the 2018 NMC standards with the 2008 version. This adds to the previously noted, limited quality of research that focuses upon the student nurse experience of being mentored, whilst also including the perspective of the qualified nurse responsible for providing the support.

It is my view that the behaviours of mentors are unchanged, but the introduction by the NMC of new standards to support student supervision have led to more flexibility to provide support in a practice placement setting. Through student nurses being able to interact with a wider range of registered staff (nurses and other colleagues), the responsibility for mentoring is now spread more equally and in the eyes of qualified staff, may lighten the load somewhat. The counter argument against this, is there may be a risk that student nurses could move between one Practice Supervisor and the next until they get the answer or level of support they are seeking. This maintains the need for the allocated or what could be termed "lead Practice Supervisor", to have oversight of the placement experience, and ensure that registered colleagues have a point of contact for any feedback relating to student nurses. I would also argue that the change to the system of supporting student nurses was necessary, and the

revised approach has enabled mentees to progress through practice placements and being able to seek answers to questions, develop knowledge and skills and generally feel better prepared for their summative assessment experiences. A further piece of research would be required to identify whether the 2018 NMC standards have led to student nurses achieving a better standard of practice.

It was intended that this study would be one of the first pieces of research undertaken which compares the experiences, of student nurses and qualified staff, of mentoring under the 2008 and 2018 standards for nursing practice-based learning. It is noted in Chapter 3 (Literature Review) that there is a dearth of nursing literature that examines the experiences of student nurses of being mentored, and as such this study has aimed to extend existing knowledge in this area of practice. The findings will enable suggestions to be shared with both student nurses and qualified staff who are acting as Practice Supervisors and Practice Assessors, regarding how they might work together effectively and ensure that mentees experience a more developmental mentoring experience. Mentees might do so by being able to draw on the expertise of the Practice Supervisor they are working with, and concurrently working with the wider team to maximise their learning opportunities.

Overall, the study has produced two main contributions to knowledge that will be presented in more detail in this section. They are:

1. An enhanced assessment experience for student nurses, in that through feeling able to ask questions of their Practice Supervisor, they are better prepared for the summative assessment.
2. The enhanced role of the wider interprofessional team, seen under the 2018 standards, to enact dispersed mentoring by undertaking informal mentoring of student nurses alongside the more formal mentoring that is provided by the nominated Practice Supervisor.

Perhaps the single, key finding of this study is the perception that the 2018 standards have led to an enhanced experience for student nurses in respect of being prepared for assessment, notably through an enhanced ability or willingness to ask questions of their Practice Supervisor. This is because they were not concerned that asking questions, or sharing concerns, might detrimentally impact the 'mentor's' assessment of their practice. All student nurse participants spoke of a positive and supportive relationship with their Practice Supervisor, which they recognised as being of benefit to their assessment preparations. In addition, student nurses' ability to work alongside a wider range of healthcare staff, including other qualified nurses as well as

interprofessional colleagues, has facilitated dispersed mentoring (Hobson et al., 2009) which has enabled student nurses the opportunity to be supported by other members of the interprofessional team, and not only qualified nurses acting in the role of mentor or Practice Supervisor. It has also promoted a greater understanding of teamwork, and how other professions support the care of patients and service users alongside nurses. The study recognises that the 2008 standards held advantages to both student and qualified nurses alike, with the predominant benefit being the potential for student nurses and mentors to build strong professional relationships, due to the need for so much time to be spent working alongside each other. However, the data identified a more restrictive relationship with other members of the team under the 2008 standards, through the student nurse being mandated to spend almost half their time with the allocated mentor.

In summary, this study has developed our understanding in the following areas:

1. A greater understanding of the experiences of both student nurses and qualified nurses of mentoring under the 2008 and 2018 NMC standards.
2. The 2018 NMC standards can provide increased opportunities for dispersed mentoring, with the potential for a greater level of interprofessional mentoring.
3. The 2018 standards appear to have afforded student nurses with an enhanced assessment process, whereby they can more confidently ask questions of their Practice Supervisor to clarify understanding prior to engaging in the assessment with their allocated Practice Assessor.
4. The importance of ensuring that all staff who will be involved in providing mentoring or educational support within a practice placement setting are suitably prepared for the role.
5. Finally, this study is one of the first to use the Developmental Mentoring Framework as an analytical tool within nursing research.

9.4 – Implications for policy, practice, and future research

In relation to my own practice, this research has shown that mentoring can provide mutual benefits for the mentor and mentee, in this case, student and registered nurses. My role as an educator in the future may need to focus on helping student nurses to understand the benefits of the mentoring relationship and how to access the support available within a practice placement setting, and how to work with their Practice Supervisor and Practice Assessor to best manage the learning opportunities available to them. In my role as an educator, I may also introduce mentors (Practice Supervisors) to the concept of third space mentoring pedagogy, which could facilitate

open conversations in a safe space in which student nurses and their mentors / Practice Supervisors are able to question orthodox practices in placement learning settings. Similarly, I will also aim to ensure that the registered nurses I work with fully understand their role, and how they can best utilise their knowledge and skill set to support student nurses coming into their place of work. This may include the provision of mentor training, or to share thoughts with more recently qualified staff in relation to how the wider interprofessional team can be utilised to support any student nurses they are working with.

As noted above, this study is timely following the release of a new standards to support student nurses in a practice placement setting, which were first introduced into practice in 2019. The 2018 NMC standards have demonstrated the importance of regular review of the way in which support is provided. The study has found that both nursing students and the qualified staff supporting them have spoken in a positive light about the most recently introduced system of support. The enactment of the new 'mentoring' (Practice Supervisor) role appears to be experienced more positively than that of the previous one (2008 standards). The evidence also suggests that a more dispersed mentoring approach is favoured and has benefits to mentees and mentors alike. This research has shown that, in some cases, the previous support provided by a singular mentor could now be regarded as somewhat claustrophobic and restrictive for a student. That said, if 10 years from now the current approach to mentoring students may not remain fit for purpose and demonstrates the need for policy makers to review and evaluation to ensure best practice is in place to support student nurses, further research will be necessary. This may include the need to look at the ways in which other professions support their novice learners, including other professionals in health, social care, and education, all of which include practice-placement elements to their courses.

The practice placement element of a pre-registration nurse education and training course in England, at the current time, comprises of half the overall course and is an opportunity to develop a solid grounding of the complexities of nursing practice. The findings of this research may be used to help both student nurses and qualified nurses with understanding how to get the best from the working relationship they hold with each other. The findings of this study will hopefully inform the Nursing and Midwifery Council through providing feedback on the enactment and experience of student and qualified nurses of the 2018 standards in particular. As noted in Chapter 8 (Discussion), the concept of dispersed mentoring was found to be important to both the learning of student nurses, and the way in which qualified staff are able to support

their learning to best effect. My findings support the decision to separate assessment from the support role, which indicates that this was a positive action taken by the NMC, and one that should be retained in future iterations of student nurse support. Dispersed mentoring will be an important method of helping student nurses to learn the practical element of nursing practice. As noted in the previous section, with student nurse participants in this study emphasising the enhance level of support provided by the whole team, it is important to ensure that all registered staff are provided with the opportunity to gain skills in mentoring. This recommendation could be introduced within the final stages of university courses, so that graduates qualify with an understanding of how to support the learning of others but could also be addressed at post-graduate level through the development of interprofessional practice educator courses. By making these courses more interprofessional, opportunities for networking could also be enhanced.

Further research might follow up the experience of student nurses and qualified nurses operating under the 2018 standards once they have been more fully embedded in practice over an extended period. The research in this study was completed whilst the 2018 standards were relatively new, and participants were adjusting from moving from one way of working to support the learning of others, to another. The voice of student nurses in relation to their overall educational experience, including that of being mentored is integral to the success of pre-registration nurse education and the need for ongoing research has the potential to inform ongoing improvements to this important endeavour.

9.5 – Reflections on Doctoral Study

I often find that when I hear other people speak of a “journey”, it sounds very clichéd, but I can honestly say that at the time of writing (January 2022) and heading towards my submission deadline, this has been quite some adventure. I have found that the entire doctoral study process has been a huge learning curve, which has always been my intended aim. As well as undertaking research into an area that is of huge interest to me professionally, I also wanted to develop – and have developed new skills in research, and to develop existing ones such as the analysis of interview transcripts.

I underestimated the demands the programme would take on my time, and it has been challenging at points to balance the pressures of the EdD with the demands of my full-time job, none more so than at the outset of the pandemic and the huge challenges placed on us all by having to revert to home working. This meant having

to learn to work as well as undertake research using previously unfamiliar tools such as Microsoft Teams and other online media.

I have gained a deeper understanding of the process of gaining ethical approval from organisations outside of my own HEI and working with the Health Research Authority (HRA) will stand me in good stead for future research. The level of detail that is required to provide a clear overview of the research proposal is significant, but justified, for approval bodies to make a judgement in relation to the integrity of the research and the overall risk of the research proposed.

My doctoral journey has identified the need for further developments in my own teaching with student nurses, to ensure they have a good understanding of criticality, and how it is delivered in the undergraduate curriculum. This is an aspect of writing that was somewhat limited in my own learning experience as a nurse and would have better prepared me for doctoral study with more exposure beforehand.

I consider myself very privileged to do the job I do, and this research has afforded me opportunities to interview student nurses and qualified nurses about their experiences of mentoring. Their detailed accounts of their experiences and perceptions will enhance the way I teach and support both groups of people in the future, and might help to ensure that the mentoring delivered and experienced within nursing more widely is as effective as possible, if the NMC and other HEIs take into account my knowledge dissemination. Such dissemination will be personally driven through my efforts to use the findings of this research to complement the existing nurse mentoring research evidence base. This is particularly important when it is considered that nursing is very much an evidence-based profession.

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Appendices

Appendix 1 – University of Brighton - Tier 1 Ethical Approval Letter



University of Brighton

School of Education Research Ethics Panel

School of Education
 Checkland Building 325
 Falmer
 BN1 9PH

30/04/2019

Ref: 2019-2351-Brand A comparison of participant experiences of meeting the 2008 and 2018 standards for student teachers' practice based education.

Dear Darren

The School of Education Research Ethics Panel are happy to offer a favourable ethical opinion for this study.

Favourable ethical opinion is given on the basis of the information provided in your application, including a project end date of 30/09/2021. Please note that the School of Education Research Ethics Panel must be informed of any changes to the research process after a favourable ethical opinion has been given. If you need to make changes to your proposal, including requesting an extension, please complete and submit a change request form in order that the School of Education Research Ethics Panel can determine whether the changes will necessitate any further ethical review.

We wish you all the best with your research and hope that your research study is successful.

Best wishes

Dr Brian Mack

Chair, School of Education Research Ethics Panel

Appendix 2 – HRA Approval Letter



Professor Andrew Hobson
University of Brighton
Village Way
Falmer
BN1

Email: approvals@hra.nhs.uk
HCRW.approvals@wales.nhs.uk

27 July 2020

Dear Professor Hobson

**HRA and Health and Care
Research Wales (HCRW)
Approval Letter**

Study title:	A comparison of participant experiences of mentoring under the 2008 and 2018 standards for student nurses' practice based education
IRAS project ID:	263489
Protocol number:	2020-7142-Brand
REC reference:	20/HRA/3620
Sponsor	University of Brighton

I am pleased to confirm that [HRA and Health and Care Research Wales \(HCRW\) Approval](#) has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, [in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.](#)

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see [IRAS Help](#) for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?

HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to [obtain local agreement](#) in accordance with their procedures.

What are my notification responsibilities during the study?

The "[After HRA Approval – guidance for sponsors and investigators](#)" document on the HRA website gives detailed guidance on reporting expectations for studies with HRA and HCRW Approval, including:

- Registration of Research
- Notifying amendments
- Notifying the end of the study

The [HRA website](#) also provides guidance on these topics and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?

Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **263489**. Please quote this on all correspondence.

Yours sincerely,
Rekha Keshvara

Approvals Manager

Email: approvals@hra.nhs.uk

Copy to: Dr Lucy Redhead

Appendix 3 – Participant Information Sheet – Student Nurse



University of Brighton

Participation Information Sheet

Title of Study

A comparison of participant experiences of mentoring under the 2008 and 2018 standards for student nurses' practice-based education.

Introduction and what is the purpose of the study/project?

The research is being undertaken by Darren Brand, a Senior Lecturer in the School of Health Sciences at the University of Brighton. This research is being carried out as part of a Professional Doctorate in Education (EdD). I am aiming to explore the experiences of learners (student nurses) and qualified staff of the existing mentoring model and the forthcoming Practice Supervisor and Practice Assessor model. These experiences will help with the aim of identifying advantages or disadvantages of the new proposed way of supporting learners in the placement setting.

Invitation paragraph

I would like to invite you to take part in a research study. Before you decide I would like you to understand why the research is being done and what it would involve for you. Take time to go through the information sheet and feel free to contact me with any questions you may have. Talk to others about the study if you wish, and ask me for further information if there is anything that is not clear. You will be given time to think about whether you wish to take part before making a decision, and may take this sheet away with you.

Why have I been invited to participate?

You have been invited to take part in the research because you are a student nurse who attends clinical placements as part of your course. This research is designed to involve student nurses and mentors and explore their experiences of the mentoring process. You will be one of approximately 25 participants across three university courses.

Do I have to take part?

Participation is totally voluntary, and if you agree to be interviewed, you are free to withdraw at any time without giving a reason. In particular, it is important to emphasise that your decision will have no influence on any aspect of your course experience or assessments and all interviews will be confidential.

What will happen to me if I take part?

If you agree to take part, you will be invited to be interviewed individually by me at a time that is mutually convenient to us all, and the interview will last no longer than one hour.

During the interview, I will ask questions that will enable me to build a picture of your views and opinions regarding clinical placements for student nurses, and your experience of being mentored in practice. The interview will be audio recorded and then transcribed in order to enable the data collected to be analysed.

Will I be paid for taking part?

Participation in this research is entirely voluntary, and no payment can be offered. There will be potential benefits to student nurses through the identification of improved support for student nurses in a placement setting.

What are the potential disadvantages or risks of taking part?

There are no identified risks or disadvantages to individuals taking part in this research. The research conforms to the University of Brighton Ethical Research guidance. The research has also been approved by your own university as suitable for you to participate in it. You are free to withdraw from the research interview at any point.

What are the potential benefits of taking part?

The findings from this research may be of benefit to you and/or other student nurses in the future in relation to the overall placement experience. Participation in the research will also offer you the opportunity to gain insight into the research process.

Will my taking part in the study/project be kept confidential?

The interviews will be audio recorded, and then transcribed for data analysis purposes. The audio files will be held in electronic format in a secure setting. File names will not identify staff or students by name. Transcribed recordings will also be anonymized, and will not identify the individuals who participated in the interview. Therefore, participants can feel assured that confidentiality and anonymity will be maintained. When the research is written up, or subsequently published, comments or thoughts will not be attributed to named individuals. As a result, you can feel assured that any views expressed in the interview will be fully confidential. The researcher and supervisory team will be the only people with access to the data, with all outputs either anonymized or pseudonyms used. Please see the University of Brighton's [guidance on Research Privacy](#) for further information on data protection.

What will happen if I don't want to carry on with the study?

You are fully entitled to withdraw from or stop the interview at any time, without having to give any reason for doing so and without any detrimental consequences. Any data collected to that point in the interview will be used in the data analysis process, unless you explicitly request that it is not.

What will happen to the results of the project?

The findings of this piece of research will be published in the form of a thesis that makes up part of the Professional Doctorate in Education (EdD). The findings may subsequently be published in appropriate peer reviewed professional nursing or educational journals. The findings of the research can be made available to participants upon request, once the data has been analysed. In accordance with the Nursing and Midwifery Council Code, if there is disclosure of poor clinical practice raised within the interviews, a discussion will take place with the research supervisor and potentially the Head of School (or equivalent) with regards to potential escalation.

What if I have a question or concern?

Any query or concern that cannot be managed by the researcher should be referred to one of the contacts listed below.

Contact details

Researcher	Supervisors	Independent Contact
Darren Brand School of Health Sciences University of Brighton 01273 643832 d.p.brand@brighton.ac.uk	Prof Andrew Hobson School of Education University of Brighton a.hobson@brighton.ac.uk Dr Jane Morris School of Health Sciences University of Brighton Jm309@brighton.ac.uk	Prof Carol Robinson Stage 2 Programme Lead School of Education University of Brighton 01273 644568 carol.robinson@brighton.ac.uk

Who has reviewed the study?

This study has been reviewed by the Tier One, School of Education Ethical Approval panel and given a favorable opinion.

Appendix 4 – Participant Information Sheet – Mentor



University of Brighton

Participation Information Sheet

Title of Study

Mentoring student nurses under the 2008 and 2018 UK standards for practice-based education.

Introduction and what is the purpose of the study/project?

The research is being undertaken by Darren Brand, a Principal Lecturer in the School of Health Sciences at the University of Brighton. This research is being carried out as part of a Professional Doctorate in Education (EdD). I am aiming to explore the experiences of qualified staff of working with the 2008 mentoring model and the 2018 Practice Supervisor and Practice Assessor model. These experiences will help with the aim of identifying advantages or disadvantages of the new proposed way of supporting learners in the placement setting.

Invitation paragraph

I would like to invite you to take part in a research study. Before you decide I would like you to understand why the research is being done and what it would involve for you. Take time to go through the information sheet and feel free to contact me with any questions you may have. Talk to others about the study if you wish and ask me for further information if there is anything that is not clear. You will be given time to think about whether you wish to take part before making a decision and may take this sheet away with you.

Why have I been invited to participate?

You have been invited to take part in the research because you are a qualified nurse who supports student nurses attending clinical placements as part of their course. This research is designed to involve student nurses and mentors and explore their experiences of the mentoring process. You will be one of approximately 16 participants across two NHS trust sites used for placements by the University of Surrey and Canterbury Christchurch University.

Do I have to take part?

Participation is totally voluntary, and if you agree to be interviewed, you are free to withdraw at any time without giving a reason. In particular, it is important to emphasise that your decision will have no influence on any aspect of your support role and all interviews will be confidential.

What will happen to me if I take part?

If you agree to take part, you will be invited to be interviewed individually by me at a time that is mutually convenient to us all, and the interview will last no longer than one hour. Due to the current social distancing and non-essential travel requirements, the process will be undertaken using video conferencing (e.g. Zoom or Skype). During the interview, I will ask questions that will enable me to build a picture of your views and opinions regarding clinical placements for student nurses, and your experience of mentoring in practice. The interview will be audio recorded and then transcribed in order to enable the data collected to be analysed.

Will I be paid for taking part?

Participation in this research is entirely voluntary, and no payment can be offered. There will be potential benefits to student or qualified nurses through the identification of improved support for student nurses in a placement setting.

What are the potential disadvantages or risks of taking part?

There are no identified risks or disadvantages to individuals taking part in this research. The research conforms to the University of Brighton Ethical Research guidance. The research has also been approved by your own trust and the Health Research Authority as suitable for you to participate in it. You are free to withdraw from the research interview at any point and if you chose to do so, your data would not be used in the subsequent analysis and dissemination.

What are the potential benefits of taking part?

The findings from this research may be of benefit to you and/or other student nurses in the future in relation to the overall placement experience. Participation in the research will also offer you the opportunity to gain insight into the research process.

Will my taking part in the study/project be kept confidential?

The interviews will be audio recorded, and then transcribed for data analysis purposes. The audio files will be held in electronic format in a secure setting. File names will not identify staff or students by name. Transcribed recordings will also be anonymised and will not identify the individuals who participated in the interview. Therefore, participants can feel assured that confidentiality and anonymity will be maintained. In accordance with the Nursing and Midwifery Council Code, if there is disclosure of poor clinical practice raised within the interviews, a discussion will take place with the research supervisor and potentially the Head of School (or equivalent) with regards to potential escalation. When the research is written up, or subsequently published, comments or thoughts will not be attributed to named individuals. As a result, you can feel assured that any views expressed in the interview will be fully confidential. The researcher and supervisory team will be the only people with access to the data, with all outputs either anonymized or pseudonyms used. Please see the University of Brighton's [guidance on Research Privacy](#) for further information on data protection.

What will happen if I don't want to carry on with the study?

You are fully entitled to withdraw from or stop the interview at any time, without having to give any reason for doing so and without any detrimental consequences. Any data collected

to that point in the interview will not be used in the data analysis process. Once data has been anonymised, it would not be possible to remove content from the study at that point.

What will happen to the results of the project?

The findings of this piece of research will be published in the form of a thesis that makes up part of the Professional Doctorate in Education (EdD). The findings may subsequently be published in appropriate peer reviewed professional nursing or educational journals. The findings of the research can be made available to participants upon request, once the data has been analysed.

What if I have a question or concern?

Any query or concern that cannot be managed by the researcher should be referred to one of the contacts listed below.

Contact details

Researcher	Supervisors	Independent Contact
Darren Brand School of Health Sciences University of Brighton 01273 643832 d.p.brand@brighton.ac.uk	Prof Andrew Hobson School of Education University of Brighton a.hobson@brighton.ac.uk Dr Jane Morris School of Health Sciences University of Brighton Jm309@brighton.ac.uk	Dr Lucy Redhead Chair – Life, Health and Physical Sciences CREC University of Brighton 01273 643650 L.Redhead@Brighton.ac.uk

Who has reviewed the study?

This study has been reviewed by the ERRP Panel, Life, Health and Physical Sciences CREC approval panel at the University of Brighton and the Health Research Authority (HRA) and given a favorable opinion.

Appendix 5 – Consent Form



University of Brighton

Participant Consent Form

Title of Project: A comparison of participant experiences of mentoring under the 2008 and 2018 standards for student nurses' practice based education.

Name of Researcher: Mr Darren Brand

Please
initial or
tick box

I have read and understood the Participant Information Sheet for the above study and have had the opportunity to consider the information and ask questions.

The researcher has explained to my satisfaction the purpose, principles and procedures of the study and any possible risks involved.

I am aware that I will be required to take part in an interview that will be audio recorded via online video conferencing and understand that this will only be used for the specific purpose of this research. I understand that recordings will be kept securely, and transcriptions will be anonymised.

I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason and without incurring consequences from doing so.

I understand how the data collected will be used, and that any confidential information will normally be seen only by the researchers and will not be revealed to anyone else.

I agree to take part in the above study.

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 6 – Example Semi-Structured Interview Question Grid

Interview Protocol – question justification and alignment to Research Questions

Research Questions v1:

1. What are the experiences and perceptions of student nurses of mentoring under two different (2008 and 2018) sets of standards for practice-based education?
2. What are the experiences and perceptions of mentors supporting student nurses under the two different sets of standards for practice-based education?
3. What perceived benefits or limitations of mentoring under the 2008 and 2018 UK standards are experienced?

Introduction given to qualified nurses at the outset of the interview:

This interview will ask question about your experiences of supporting nursing students under the 2008 NMC Standards (of an allocated mentor), and the newer 2018 NMC standards where a Practice Supervisor and assessor are allocated. I will use the word “mentor” generically as a term to refer to supporting students but will ask specifically about differences between the 2008 and 2018 standards throughout the interview.

2008 Standards Interview question (Phase 1)	Proposed 2018 Standards Interview question (Phase 2)	Link to Research Question or new data to be elicited	Qualified Nurse interview questions (Phase 3)	Link to Research Question
Please talk to me about a placement and your experience of being mentored.	Please talk to me about a placement and your experience of being mentored.	RQ 1	Please talk to me about a recent student placement and your experience of being a mentor?	RQ 2
Was that typical of other placements, or was that unique to that placement?	Was that typical of other placements, or was it unique to that placement?	RQ 1	Was that typical of other placements regarding mentoring / support arrangements under those standards, or was that unique to that placement?	RQ 2

What is your view of a mentor and their role?	What is your view of the role of your Practice Supervisor?	RQ 1	If not typical, in what way / how did it relate to changes in the standards?	RQ 2
	and assessor?	RQ 1	What is your view of a mentor and their role?	RQ 2
Did you feel able to discuss any concerns with your mentor?	Did you feel able to discuss any concerns with your supervisor?	RQ 3 Question separated to cover the two new roles and to see if one was preferred over the other for any concerns.	Did you feel able to discuss any concerns with your student at any point when supporting a student? Were there differences in doing so between the 2008 and 2018 Standards?	RQ 2 RQ 3
	and assessor?	RQ 3 See above	How do you see the role of a mentor in supporting the learning of a student?	RQ 2
How do you see the role of a mentor in supporting your learning?	How do you see the roles of a Practice Supervisor and assessor supporting your learning?	RQ 1	What do you see as the role of a student in the mentoring relationship?	RQ 2
What do you see as your role in the mentoring relationship?	(Depending on response to previous question) — What do you see as your role as a learner in the relationship with a Practice Supervisor and Practice Assessor?	RQ 1	In your overall experience, what factors enhanced or restricted the mentoring relationship? (Explore time challenges, engagement etc)	RQ 2
What factors enhanced or restricted the mentoring relationship?	What factors enhanced or hindered the relationships you built with	RQ 1	Were there differences noted between the 2008 and	RQ 2 RQ 3

	your Practice Supervisor and assessor in a placement?		2018 standards?	
How did the mentoring role work in practice?	How did the Practice Supervisor and assessor roles work in practice?	RQ 1	How does the role of supporting students work in practice when comparing 2008 and 2018 standards?	RQ 2 RQ 3
How do you like to be supported in practice placements?	How do you like to be supported in practice placements? or <i>What helps to facilitate and support your learning during practice placements?</i>	RQ 1	Do you feel supported to undertake your mentoring role in a placement setting? (If so, who from, if not, what support would be desirable and who would provide it?)	RQ 2
Do you feel supported in a placement setting?	Do you feel supported in a placement setting?	RQ 1	How do you view assessment in terms of the role of the mentor under the 2008 compared to the 2018 standards?	RQ 2 RQ 3
	Where did this support come from primarily?	RQ 1 Additional question to establish where the support emanates from with two qualified staff allocated to a student.	Has the removal of assessment responsibility from the Practice Supervisor role under the 2018 standards changed the relationship between you and your student?	RQ 2 RQ 3
How do you view assessment in	What has your experience of assessment	RQ 1 RQ 3	How might you change or improve the	RQ 2

terms of the mentoring relationship?	<p>been since the new standards have been implemented? or What impact do you feel the absence of (formal? summative?) assessment from the role has on your relationship with the Practice Supervisor? or <i>As the Practice Supervisor is no longer involved in assessment of your learning how did your relationship with them work? Or was there a difference in your relationship with them?</i></p>		support for learning in a placement environment?	
How might you change or improve the support for learning in a placement environment?	How might you change or improve the support for learning in a placement environment?	RQ 1 RQ 3	Have you noticed any operational differences between the 2008 NMC standards and those published in 2018? (Explore this)	RQ 2 RQ 3
Do you utilise your mentor to maximise the learning experience in practice placements?	<p>Do you utilise your Practice Supervisor to maximise the learning experience in practice placements?</p> <p>Follow up if a yes/no answer is given –</p>	RQ 1 RQ 3	Has the recent Covid-19 pandemic and the subsequent emergency standards altered the way you undertook your mentoring role? How?	RQ 2

	<i>I'm interested in the learning opportunities on placement and how you maximise them. How do you use your supervisor?</i>			
	or assessor? <i>How do you use your Practice Assessor?</i>	RQ 1 RQ 3		
	How did having more than one person to support your learning benefit you?	RQ 1 RQ 3		
	Please talk to me about your Practice Supervisor – were they from a nursing background or another member of the HCP team?	RQ 1 Additional question to establish if the PS was a nurse, as the 2018 Standards do not limit this role to a nurse.		
What are the benefits of working with a more (or less) experienced practitioner in terms of supporting your learning?	What are the benefits of working with a more (or less) experienced practitioner in terms of supporting your learning?	RQ 1		
Did the fact that your mentor had responsibility for assessment affect the ability to ask questions of your mentor?				
	Did you find that there were any challenges in relation to time (access to	RQ 1 RQ 3		

	staff, learning, assessment etc)?			
	Did you utilise more than one qualified staff member (supervisor) to support your learning whilst in the placement? or <i>Who else supported your learning on placement? How did that work?</i>	RQ 1 RQ 3		

Appendix 8 – Example of Interview Transcript

INV-001-SUR-F-P INV-002-CNT-F-G

rather than a supervisor, in your experience and understanding – what is your view of the mentor and their role?

P (Sigh) well given the time and inclination – too – this is how we learn isn't it. You can't do it any other way you have to learn on the job and you need someone to show you stuff....I mean on my first day when I didn't know anything I was allocated an HCA who stuck with me all that day and the next day and we started with making beds and washing people and she showed me stuff. I mean she could be a good blooming mentor (sigh) but with the nurses erm, the second as better at saying look, ok I know we need to look at the first bit and later the mid and end parts and ticking off things and she did teach me a little bit but to be honest it was down to the personality. There was another woman there – I remember now – and er, she was a band six she was very bossy but I liked her and she kind of took me under her wing a bit and she did show me stuff and she did say look I am doing this, come on.... there was also a chap there who would say look I am doing some dressings and I would go with him. It was just luck of the draw. I assumed she was there to teach me, show me things and teach me things and encourage me to get on with things and you know, help me to understand stuff – the whole caboodle but you know, it is a lot to put onto somebody who already has too much to do

R Absolutely. Would you say a mentor should be a role model and if you agree – did you see that in practice?

P I suppose they do feel watched don't they....

R It is almost a two way process....

P Erm, well say for instance if they were showing you how to do a dressing it would be helpful

Coding Density

Personality
Positive
Shift differences
Positive
Fitting into an established team
Availability of mentor to support
Supervisory
Mentored by senior staff member
Interest in me as a student
Support provided by other team members
Practice development
Time pressures of mentor

INV-001-SUR-F-P INV-002-CNT-F-G

student it's like, great – I have struck gold but you should always go in knowing that they want to have a student – which it doesn't feel like at the moment all of the time.

R It is good to feel welcomed?

P Very much so, especially as you are going into an existing team who know each other well and it can be like starting a new job and two weeks in you realise that this isn't the job for you – why did I come here [laughs].

R Do you feel that the settling in process affects your learning and when it happens?

P Absolutely – I feel I have learnt loads more in the ones where I have felt comfortable – I can already feel that I am closed off from where I am now. I am not comfortable and don't like it and feel unwilling to go in to work really which is very unlike me and so I think I am not open am I and my learning is going to be massively impacted – I'm already saying I'm not learning anything although I probably am but I am already switched off – I know I am and I feel bad about that.

R Do you find that you are comparing this mentor and placement with others that you have had?

P Very much so – when I think of some of the mentors I have had – those that were fighting over me for example, I do think of how much better it could be if the mentor just shows some interest in me, and I am the sort of person who does extra work, takes things home and looks it up – and I am not doing any of that this time. You willingness to do that goes out of the window when the support is not there.

Click to edit

Coding Density

Positive
Negative
Positive
Need for structure
Negative
Personality
Interest in me as a student
Wanting to be a mentor
Fitting into an established team
Practice development
Disinterest in me as a student