

This document is the Accepted Manuscript version of a Published Work that appeared in final form in British Journal of Nursing, copyright © MA Healthcare, after peer review and technical editing by the publisher. To access the final edited and published work see

<https://doi.org/10.12968/bjon.2023.0148>

Abstract

This is the first of 2 papers, comparing the mentoring experiences of student nurses and qualified nurses of mentoring in practice placement settings. This paper will explore the experiences of the support provided by the standards introduced in 2018 by the Nursing and Midwifery Council (NMC) (NMC, 2018 a,b,c) to facilitate learning and assessment in practice. Using interviews, it identified that the 2018 NMC standards afforded several benefits to student nurses. These include the enhanced assessment process, whereby student nurses felt better prepared by being able to ask questions, and the value of the wider team acting as Practice Supervisors.

Background / Context

Overview

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 2018a). It is important to recognise that practice-based learning on placements forms 50% of the nursing curriculum (Jack et al. 2018). Surprisingly, there is a dearth of research in the area of student experiences of being supported in practice (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 for supporting practice-based learning by the nursing regulator (NMC 2018a) provided an excellent

opportunity to undertake research in relation to the student experience. Fundamentally, the previous single role of the mentor was replaced by two new roles – Practice Supervisor and Practice Assessor.

Under the previous framework for supporting nurses in practice settings, the standards to support learning and assessment in practice (NMC, 2008) required a student nurse to be allocated a qualified mentor, and to predominantly work with them to meet the requirements of the placement. The Standards for student supervision and assessment (NMC, 2018b) moved towards a more flexible approach, whereby a student nurse is supported by a wider range of people to meet the requirements of practice. Since 2018, the term mentor is no longer used in nurse education although the general principles of the role remain, and the responsibilities this role held previously are distributed between the practice supervisor and assessor.

Historical context

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 2002, a new body, the NMC was formed and regulates nursing across the whole of the United Kingdom (UK). 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.

Nurse education in the United Kingdom

To qualify as a registered nurse in the United Kingdom, a student nurse must successfully complete an NMC approved training programme. This traditionally is a three-year undergraduate course, however

other routes exist, including at postgraduate level. 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.

Almost without exception, clinical settings that accommodate student nurses on placement are also utilised by other health professional students and have done so for many years. 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.

Whilst on a placement, a student nurse should always hold supernumerary status – meaning that they cannot be included in the staffing numbers. This is a requirement of the NMC (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 a nurse or could equally be another member of the wider team.

This paper is the first of two that reports the findings of research undertaken as part of a Professional Doctorate in Education (EdD) with a focus on the experiences of student nurses of being supported by the 2018(c) NMC standards. The second paper will explore the experiences of qualified nurses who

provide support to student nurses, either as a mentor under the 2008 NMC standards or as a Practice Supervisor or Assessor under the 2018 NMC standards.

Aim / Research Questions

Whilst the research undertaken aimed to answer three research questions, this paper focuses on elements of question one and three, which are outlined below. with the study itself aiming to explore mentoring experiences under the Nursing and Midwifery Council's (NMC) 2008 and 2018 UK standards for practice-based learning.

1. What are student nurses' experiences of mentoring under the 2008 and 2018 UK 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?

The research was undertaken in stages, using students from two different higher education institutions. One university had transitioned to the 2018 NMC standards, whilst the other had not yet done so, with interviews initially conducted with year two student nurses regarding their experiences of the 2008 standards (mentor) pertaining to RQ 1 and 3. Further interviews were then conducted with students in relation to experiences of working under the 2018 standards (Practice Supervisor & Assessor), upon which this paper will focus, again pertaining to RQ 1 and 3. The interviews with students regarding their experiences of the 2018 NMC standards were undertaken towards the end of their second placement allocation, so they would have had time to become accustomed to the new support structures. Interviews with qualified nurses explored their involvement with both the 2008 and 2018 standards will be reported in paper 2, which linked to an additional research question (RQ 2).

Literature review

Mentor definition

Whilst acknowledging that many definitions of mentoring exist, the working definition that was adopted for the purpose of the research 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 (developmental mentoring) I have drawn on in the research places summative practice-based assessment outside the developmental and educational remit (Clutterbuck 2004; 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 2004; Bray and Nettleton 2007; Hobson 2020) 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 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.

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.

Whilst the NMC have moved away from using the term 'mentor' in nurse education, the remit of the Practice Supervisor role could be regarded as the closest to the true definition of a mentor.

Developmental Mentoring – an analytical framework

The Developmental Mentoring Framework devised by Clutterbuck (2004) 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 2004). Manning and Hobson (2017) also argue that mentoring should be a developmental process, which focusses on the support of an individual, helping them to transition to become an autonomous practitioner.

Mentoring and nurse education

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) study 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.

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).

Methodology

Research aim & suitable methodology

As the overall intention of this research was to explore the experiences of student nurses and mentors of two differing mentoring / support models, a qualitative design was considered most appropriate. The perceptions and experiences of individuals can vary considerably, and a qualitative approach enables the experiences and perceptions of participants to be heard.

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 (Bryman 2015).

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. 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.

Ethical approval

Favourable ethical approval was given at tier two within the home institution of the researcher, followed by approval to undertake the research within two universities in the southeast of England who deliver nurse education courses. These were external organisations to which the researcher was employed. Tier 2 approval was required, as the research involved human participants, and as such was regarded as being more than the minimal risk that is posed at tier one in line with institutional policy (University of Brighton 2022). Pseudonyms for these universities have been used in table 1 below, namely Lakeview and Willowview to protect the identities of participants. Participation was entirely voluntary, and those who volunteered could withdraw at any time. Participants were recruited from the second year of their respective course, either having had experience of the 2008 or 2018(c) NMC Standards. As noted previously, one university had transitioned over to the NMC standards introduced in 2018, whilst the other had not yet done so. Due to the onset of the global pandemic midway through

data collection, interviews in this phase of the research were conducted online, utilising Microsoft Teams. Table 1 below shows the demographics of the student nurse participants.

Role	Institution	Gender	Age Range	Years qualified
Student Nurse	Lakeview	Female	20 – 30	n/a
Student Nurse	Lakeview	Male	20 – 30	n/a
Student Nurse	Lakeview	Female	30 – 40	n/a
Student Nurse	Lakeview	Female	20 – 30	n/a
Student Nurse	Willowview	Male	40 – 50	n/a
Student Nurse	Willowview	Female	20 – 30	n/a
Student Nurse	Willowview	Female	20 – 30	n/a
Student Nurse	Willowview	Female	30 – 40	n/a

Table 1 – Participant Demographics

Data analysis

Following the completion of eight interviews in this stage of the research, interviews were transcribed verbatim by the researcher and then a thematic analysis of data undertaken.

The data analysis procedures 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.

Findings

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.

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 (the second paper mentioned previously will show registered nurse experiences in more depth, but this is a notable correlation with the student nurse interviews). 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.

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. The quote below illustrates this, as well as a clear developmental approach to mentoring as seen under the 2018 NMC standards.

“The new standards mean that I can work more freely with other people in the team....it doesn't just have to be one which is good for everyone”

A key finding of the analysis of the interviews, 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 summative assessment removed from the responsibility of the Practice Supervisor. This had a beneficial effect and appeared to facilitate a developmental mentoring

approach. This was because the removal of formal 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.

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.”

Participants in this study perceive that the standards introduced by the NMC in 2018 remove 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.

Perceived limitations identified by student nurses

Student nurses noted the introduction of the 2018(c) NMC Standards to have been mainly positive. The main limitations identified in the interviews pertained to the need to gain familiarity with a new way of working, along with the introduction of revised documentation to be used in the practice setting. It was also noted that for some student nurse participants, they felt that their new Practice Supervisors and Assessors took some time to adapt to the new model of working, with some confusion in relation to terminology and where responsibility might lay for support on a day-to-day basis.

Conclusions

It is proposed that the introduction of the 2018 standards have provided more benefits than limitations to student nurses. Overall, analysis supports the interpretation that a central reason for this is that the 2018 standards potentially facilitate a more developmental mentoring approach for the student nurses.

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 this study examines the experiences of the 2018 NMC standards, the findings extend the work of Peiser and colleagues (2018), has been further developed.

Keywords Placement learning, mentor, nurse education, Practice Supervisor, Practice Assessor.

Reflective questions

- As a registered nurse, what are your experiences of supporting student nurses?
- As a student nurse, how do you like to work and learn in a practice-placement setting?
- What does a good “mentor” or practice supervisor look like?

References

- Baxter S, Johnson M, Chambers D, Sutton A, Goyder E, Booth A. 2018. The effects of integrated care: a systematic review of UK and international evidence. *BMC Health Services Research*. 18(350): 1-13.
- Bray L and Nettleton P. 2007. Assessor or mentor? Role confusion in professional education. *Nurse education today*. 27(8): 848-855.
- Brinkmann S, Kvale S. 2015. *Interviews - learning the craft of qualitative research interviewing*, London: Sage Publishing.
- Bryman A. 2015. *Social research methods*. United Kingdom: Oxford University Press.
- Byrne E. 1991. Investing in women: Technical and scientific training for economic development., in *Training Policies Branch*, Geneva.
- Clutterbuck D. 2004. *Everyone needs a mentor: fostering talent in your organisation*. 4th edition. London: Chartered Institute of Personnel and Development.
- Clutterbuck D. 2008. What's happening in coaching and mentoring? And what is the difference between them? *Development and Learning in Organisations: An International Journal*. 22(4): 8 - 10.
- Cusack L, Thornton K, Drioli-Phillips P, Cockburn T, Jones L, Whitehead M, Prior E, Alderman, J. 2020 Are nurses recognised, prepared and supported to teach nursing students: Mixed methods study. *Nurse Education Today*. 90 (July 2020).
- Denscombe M. 2014. *The Good Research Guide for small-scale social research projects* 5th ed. Maidenhead: Open University Press.
- DoH. 1999 *Making a Difference*, London: Department of Health
- Doyle K, Sainsbury K, Cleary S, Parkinson L, Vindigni D, McGrath I, Cruikshank M. 2017. Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students. *Nurse Education Today*. (49): 27 - 32.
- Foster H, Ooms A, Marks-Maran D. 2015. Nursing students' expectations and experiences of mentorship. *Nurse education today*. (35): 18 - 24.
- Hellawell M, Graham C, O'Brien C. 2018. Is practice placement capacity helping the NHS to recruit healthcare professionals?. *British Journal of Healthcare Management*. 24(4): 198 - 202.
- Hobson A. J, Ashby P, Maldarez A, Tomlinson, P D. 2009. Mentoring beginning teachers: What we know and what we don't. *Teaching and Teacher Education*. 25 (1) pp. 207 - 216.
- Hobson A. J, 2017. The Terrors of Judgementoring and the Case for ONSIDE Mentoring for Early Career Teachers in Clutterbuck D, Kochan F, Lunsford L, Dominguez N, Haddock-Millar J. (Eds.). *The SAGE Handbook of Mentoring*. London: SAGE.
- Hobson A. J. 2020. *ONSIDE Mentoring: A Framework for Supporting Professional Learning, Development and Well-being* in Irby B J, Searby L, Boswell J N, Kochan, F, Garza R. (Eds.), *The Wiley International Handbook of Mentoring: Paradigms, Practices and Possibilities.*, New Jersey: John Wiley & Sons, Inc.

Jack K, Hamshire C, Harris WE, Langan M, Barrett N, Wibberley C. 2018. "My mentor didn't speak to me for the first four weeks": Perceived unfairness experienced by nursing students in clinical practice settings. *Journal of Clinical Nursing*, 27: 929 - 938.

Kram KE. 1985. *Mentoring at work: Developmental relationships in organisational life*. Glenview: Scott Foresman.

Lambert V, Glacken M. 2005. Clinical education facilitators: a literature review. *Journal of Clinical Nursing*, (14): 664 - 673.

Lindgren U. 2005. Experiences of beginning teachers in a school-based mentoring programme Sweden. *Educational Studies*, 31(3): 251 - 263.

McBride L-J, Fitzgerald C, Costello C, Perkins K. 2018. Allied health pre-entry student clinical placement capacity: can it be met?. *Australian Health Review*, 39(5): 577 - 581.

MacLaren JA. 2018. Supporting nurse mentor development: An exploration of developmental constellations in nursing mentorship practice. *Nurse Education In Practice*. 28: 66 - 75.

Manning C, Hobson AJ. 2017. Judgemental and developmental mentoring in Further Education Initial Teacher Education in England: Mentor and mentee perspectives. *Research in Post-compulsory Education*. 22(4): 574 - 595.

Nursing and Midwifery Council. 2008. *Standards to support learning and assessment in practice*. London: Nursing & Midwifery Council.

NMC. 2018a. Part 1: Standards framework for nursing and midwifery education. London: Nursing and Midwifery Council.

NMC. 2018b. Part 2: Standards for student supervision and assessment. London: Nursing and Midwifery Council

NMC. 2018c. Part 3: Standards for pre-registration nursing programmes. London: Nursing and Midwifery Council

Peiser G, Ambrose J, Burke B, Davenport J. 2018. The role of the mentor in professional knowledge development across four professions. *International Journal of Mentoring and Coaching in Education*, 7 (1) pp. 2 – 18

University of Brighton. 2022. *University of Brighton Research Ethics Policy*. Brighton: University of Brighton

Van Manen M. 2016. *Researching Lived Experience*. Abingdon: Taylor & Francis.

Whitehead B. 2013. Getting the most out of your clinical placement. *Nursing Times*. 109(37): 12 - 23.