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Unpublished research from the University of Hertfordshire shows that nurse mentors are still “failing to fail” poor students, seven years after the issue was first raised.

In 2003 the Nursing and Midwifery Council published research by Kathleen Duffy entitled Failing to Fail, which showed mentors were passing students they thought should have failed. That research eventually led to the NMC issuing revised guidance on mentoring in July 2008.

But seven years after the original research, a study led by University of Hertfordshire senior lecturer Louise Lawson shows the problem has not gone away.

Ms Lawson spoke exclusively to Nursing Times about the findings from her research, which corroborates Nursing Times’ own survey results.

The academic research was based on interviews with more than 300 nurse mentors. A quarter said they did not feel confident managing challenging behaviour and poor performance by students. This figure tallies with the 37 per cent of Nursing Times readers who said they had passed weak students and 31 per cent who said they did this because they believed the university would overturn a fail.

Ms Lawson told Nursing Times: “Many of the mentors I interviewed told me it was difficult to fail a student. Doing so is both time consuming in terms of the paperwork but also emotionally difficult.

“Many felt they should give students the ‘benefit of the doubt’. But doing that cannot be in the best interests of patients.”

Mentors also found it difficult to create and maintain professional boundaries between themselves as mentors and their students, she said. “They have a relationship with the student and they are often counted as a part of the team and they might socialise with them, which makes it difficult to fail them,” she added.

Through her research Ms Lawson found that mentors commonly had problems knowing how to deal with personality clashes, emotional blackmail, poor personal hygiene, aggression, punctuality and learning difficulties such as dyslexia from their students.

Reasons for passing concerning students

- Couldn’t prove my concerns were valid: 40%
- Believed the university would overturn a fail: 31%
- Gave them the benefit of the doubt: 26%
- No training in how to manage the situation: 16%
- Lacked the confidence to deal with the situation: 15%
- Concerned I would be blamed as a bad mentor: 11%
- Concerned my manager(s) would not back my decision: 10%
- Worried about conflict with the student: 9%

An imperfect system: problems flagged up by mentors

- Always or often a struggle to find practical experiences for students: 20%
- Assessment based on direct observation half the time or less: 16%
- Paperwork fudged and competencies ticked off without checking: 15%

Student skills and aptitude: worst areas

- Attitude (e.g. work ethic, time keeping): 69%
- Clinical skills: 49%
- Communications skills: 39%
- Drug knowledge and administration: 37%
- Essential care: 32%
- Literacy: 26%
- Numeracy: 20%
- Compassion and patient dignity: 19%

Source: Nursing Times survey responded to online by 1,945 registered users of nursingtimes.net