Interviewing student and qualified nurses to find out what makes an effective mentor

Being a mentor is an essential part of the nurse's role. Qualitative research was undertaken to discover how successful mentoring relationships are developed.

**BACKGROUND**

Over the years, much has been written about mentoring in general, what are the main principles are in terms of encouraging nurses to be effective mentors.

The Nursing and Midwifery Council's (2008) Standards for Learning and Assessment in Practice presented the profession with a framework for mentors with identified outcomes to ensure "there is clear accountability for making decisions that lead to entry to the register".

The framework has eight domains, each of which has identified outcomes at four developmental stages. The domains are:

- Establishing effective working relationships;
- Facilitation of learning;
- Assessment and accountability;
- Evaluation of learning;
- Creating an environment for learning;
- Context of practice;
- Evidence-based practice;
- Leadership.

These domains give mentors clear instructions about their responsibilities. However, meeting these requirements alone will not make a nurse a successful mentor. According to Goppe (2008), effective mentoring encompasses "effective working relationships, relevant mentor-mentee communication, and includes generic and specialist communication skills. The characteristics... include the mentor as a role model for learners and ascertaining own mentorship potential."

A good mentor, then, is much more than someone who guides and supervises the learning experience and assesses the student's competencies in the practice area. By empowering students, mentors can enable them to find their own answers and solve problems (Wallace and Gravells, 2007).

Downie and Basford (2003) said that mentoring began with the student nurse -- or mentee -- being in a state of anxiety, fostering dependence (Bowly, 1997). Skilled mentors encourage their mentees to become more independent in terms of their learning. This involves mentees being self-directed and taking responsibility for their learning needs in the practice area (Downie and Basford, 2003).

Mentors can encourage this process by creating a secure base for their students, built on a trusting relationship (Rogers, 1983) in which students feel confident to begin to explore the world of nursing.

As students gain experience, accumulate skills and assimilate some theory into their practice experiences, they will then be more confident about seeking out new experiences, demonstrating a keenness to learn while feeling comfortable about asking for help (Downie and Basford, 2003).

The person-centred goal is for the mentee to move from being "subject centred to performance centred" (Downie and Basford, 2003). Miller (2002) described this type of mentoring as "holistic" mentoring, which involves tutoring, counselling and coaching, and stated it is likely that: "Holistic mentors will be very experienced and well trained individuals who are able to operate at a high level of skill."

**EFFECTIVE MENTORING**

Achieving a holistic style of mentoring requires effective mentors. The mentor has embarked upon the journey of nurse training with a vision of becoming a qualified nurse (Levinson et al, 1978). It is through a reciprocal effective mentoring relationship that the mentee can make the transition from student nurse to registered practitioner. This relationship indicates effective communication and a willingness to learn from each other, which can enhance the mentoring process.

The quality of their mentoring relationships can affect students’ achievement and progression (Foster-Turner, 2006). Mentees will expect their mentors to provide consistent support (Bowlby, 1997), so they can learn skills and experience the "craft work" (Barker, 2009) in the clinical environment (Foster-Turner, 2006). According to Foster-Turner (2006), students
will also presume that, in this safe environment, they will be able to learn through experience, examine their mistakes without ridicule, share their lack of knowledge, and experiment in decision making and problem solving, supported by their mentor.

However, there are external issues that can influence the effectiveness of the mentoring relationship.

External influences on the effectiveness of mentoring
Organisations that are responsible for training student nurses also have a responsibility to promote a positive learning environment (Foster-Turner, 2006). This can have a beneficial effect on the mentoring process, and the nature of the mentoring relationship (Downie and Basford, 2003).

Daloz (1986) suggested students’ development is not just influenced by the organisation, but also by the environment in which their development is being supported. It may be that the organisation where students undertake their practice placement promotes an atmosphere where learning is encouraged. In addition, the dynamics and cultural background of the team and the individuals within that team can affect the mentoring experience and, ultimately, the mentoring relationship.

Daloz (1986) suggested that individuals working for the same organisation may not have identical views and beliefs, while Stuart (2007) noted that they may have different expectations of themselves and others.

These complex issues will influence the effectiveness of the mentoring experience and students’ development. As a result, the mentoring experience is highly variable in different clinical environments (Taylor, 2008).

AIM AND METHOD
Hoping to increase understanding within the profession as to what makes an effective mentor, we conducted a study examining mentors’ and mentees’ views on the subject. The study is part of a larger piece of research carried out by Anglia Ruskin University into shifting perceptions of mentoring in mental health nursing.

The overall study is based on findings from a longitudinal survey, which looks at the changing attitudes of a group of nurses from being students to eventually working in professional practice. It aimed to understand the essential meaning of the everyday reality of being a mentee and a mentor in mental health practice.

The study mainly used qualitative methods, initially interviewing eight third year mental health student nurses, and sending postal questionnaires to 270 qualified mentors. There was a 23% response rate to the questionnaire and the final data for the overall study will be based on interviews with the students once they have qualified as nurse mentors.

Data from the eight interviews with students was selected from transcriptions validated by interviewees, and from the seven qualitative questions in the mentor’s anonymous piloted questionnaire. The latter proved valuable in that many respondents provided detailed responses.

This research was designed to explore students’ and nurse mentors’ perceptions and the dynamics and environment in which they operate in mental health nursing.

Ethical approval was obtained from the National Research Ethics Service (www.nres.npsa.nhs.uk).

FINDINGS
The analysis of the data from the students and mentors clearly indicates that effective mentoring is dependent on a secure, productive relationship and that both parties have a responsibility to commit to this. One student respondent believed that mentoring was about “a mentor passing their experience to you as a student, and preparing you for what you’re going to encounter, once you’re actually a qualified nurse yourself.”

The mentors said that effective mentoring depended on the attitude, motivation, experience and quality of the mentor. The students acknowledged that some mentors were not as good as others, and said one of the reasons for this is that nurses sometimes have no choice but to become mentors.

One student said: “Some do it reluctantly… you need to have a passion for mentoring.” Another pointed out: “Everyone cannot be a mentor… it’s like nurses – everybody cannot be a nurse.” Some mentors agreed with the student’s view that becoming a mentor should be optional.

Mentors believed that effective mentoring also depended on the students’ ability, skills, motivation and attitude. Mentoring, they said, was more beneficial to willing students. One student agreed that the experience of the placement was affected by the student’s attitude, perception and willingness to learn, pointing out that “some students are more willing to learn than others”.

Effective mentoring from a student perspective is about having a mentor who is able to calm their anxiety, especially in a new placement; this then helps them to settle, focus, learn and understand how the unit works. It is also good to have a mentor as a source of practice knowledge. “If I need to know something, if I haven’t been taught something, it’s the support I suppose,” one student said.

The mentors generally said that effective mentors guide, supervise and teach their students. They act as role models, ensuring students know what to expect.

Mentors felt they needed to be committed to the role and be aware of individual students’ strengths and weaknesses. Students made similar comments and said that mentors should point out their weaknesses at the earliest stage possible in the placement so they could address the issues promptly.

The mentoring relationship
One student believed that mentoring was about the relationship between the mentor and mentee, and also “the interest of the mentor in imparting knowledge to you”. This knowledge is important because not everything is learnt at university and in practice students are often not aware of what they should know.

Many of the mentor respondents believed that effective mentoring allowed for a professional relationship or partnership to develop, where the student is able to observe, learn new skills, ask questions and be supported. Student and mentor can then promote good standards, get results and ensure good practice is safely delivered.

One student described a good mentor who was able to admit they did not know RECOMMENDATIONS FOR PRACTICE

| Nurse mentors need to be | responsible for fostering a positive, effective working relationship. |
| need to be motivated, have a positive attitude, take an interest in their students’ learning and encourage them to reach their full potential. | Mentors have a responsibility to reduce students’ anxiety and promote independence during the learning process. |
| Students need to show a willingness to learn. | Mentors need protected time to develop effective, committed working relationships, which support learning that is evidence based and to promote accurate assessment processes. |
| Both mentor and mentee are | As part of their responsibility to educate students, mental health trusts should provide protected time and formal support for mentors. |

...
something: “They said, ‘Can you find out the research? We’ll look at it together and I’ll learn from it as well, so we’ve both learnt something’.”

According to one mentor, effective mentoring is “enabling and facilitating students to practise their theoretical knowledge and skills in clinical areas and enhancing their practice through reflection in and on practice”. Some of the student respondents agreed with this comment, and felt they learnt most from those who were both supportive and encouraging.

Many student respondents said they had mentors who would not sign the practice document until they were certain their students had a clear comprehension of the learning outcomes, even asking the students to research certain concepts first.

One student said that, in areas that were not so busy, mentors took the time to question their students before signing the book: “They actually sat there and questioned you about medication and planning of care, and things like that, instead of it being ‘quick, quick, come and we can do your book now for half an hour’.”

One student said there was not always enough time to go through the documents and look at everything. “Sometimes it’s all done in a rush, all the document signing and the assessment.” The mentors did ask questions but, as one noted: “Sometimes we did not have time to discuss it in depth… in hospital, time is precious.”

TIME TO MENTOR

Mentors and students made similar frequent comments on the paucity of time.

However, this was not always the case. One student said there was not always enough time to go through the documents and look at everything. “Sometimes it’s all done in a rush, all the document signing and the assessment.” The mentors did ask questions but, as one noted: “Sometimes we did not have time to discuss it in depth… in hospital, time is precious.”

Another organisational issue for the students was that they felt much more secure and less anxious if the mentor had been allocated before they arrived in a new clinical environment.

Some students considered that having good and consistent mentors made them keen to become mentors themselves. One said: “I think it’s helped that I have a good mentor and a consistent mentor… it’s made me enthusiastic about becoming a mentor and I am looking forward to the day I start my mentorship course.”

DISCUSSION

It is important these results are explored in relation to the NMC’s (2008) framework for mentoring; this can then be reviewed in regards to future implications for practice. Mentors and students agreed that a positive attitude and being highly motivated are important attributes for both mentor and mentee if mentoring is to be effective. According to Gopee (2008), these characteristics will also form the basis of an effective working relationship, in which both parties learn from the experience.

One student taking part in the survey was encouraged by the mentor to research and then share the findings and learn together – an approach that fits in with the NMC (2008) framework in terms of “establishing effective working relationships”.

The students in this study acknowledged differing levels of anxiety between different students (Downie and Basford, 2003). A skilled mentor can reduce this anxiety by ensuring the student feels secure (Bowbyl, 1997), especially if the mentor makes the student feel welcome when starting on a new placement.

If the mentor is able to reduce the student’s anxiety (Bowbyl, 1997) the student is then able to explore the craft of caring (Barker 2009). As the students said, they are then more able to settle and focus on learning, so facilitation of learning has begun (domain 2, NMC, 2008).

The committed mentor guides, supervises and teaches the student, acting as a role model, ensuring students are safe and that good practice is safely delivered. These effective mentoring relationships will help students develop (Foster-Turner, 2006), and encourage them to become performance centred (Downie and Basford, 2003) and more confident in learning new skills and asking questions, thus enhancing the learning environment (domain 5, NMC, 2008).

These results of this study highlighted the effective working relationship that encourages learning in the environment (NMC, 2008) is affected by external factors, including time.

Allocation of time is essential for these mentoring relationships to be developed. However, both mentors and students referred to the lack of time available to mentor effectively.

Foster-Turner (2006) suggested that mental health trusts should have a negotiated time allocated for a nurse to mentor, for their future workforce to become competent in the craft of caring.

Therefore, although the organisation may not always be able to monitor the effectiveness of each individual mentor (Daloz, 1986), it could take some responsibility in ensuring that some time is protected for mentoring.

As one student said: “I think mentorship can be really good when done properly, as with everyday within nursing and life.”

CONCLUSION

While this preliminary report only refers to a small section of the results of this study, effective mentoring featured strongly throughout the data. Effective mentoring produces effective students who, in turn, become competent, confident registrants who will have mastered the art and craft of caring for patients with mental health needs.

REFERENCES


