Assessment of a study day to recognise the value of mentors

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An acute trust has developed a successful one-day programme for nurse and midwife mentors to acknowledge the importance of their role and recognise their worth to the organisation. The programme content and its usefulness for practice were evaluated using a short questionnaire. Results showed that attendees valued sessions on the importance of mentoring, learning styles, managing difficult students and managing time.

Nursing students recognise the importance of a good mentor during practice placements (Andrews and Chilton, 2000; Earnshaw, 1995; Hayes, 1994), but do mentors actually feel valued? Being a mentor can be rewarding but so often appears to be yet another task for a nurse or midwife who already has competing clinical demands.

Watson (2000) suggested that trusts need to invest more in mentoring. At Brighton and Sussex University Hospitals NHS Trust we have developed a ‘Valuing Mentors Day’ in addition to the formal preparation that mentors receive in accordance with national guidelines (Department of Health/ENB, 2001). Our aim for Valuing Mentors Days has been to make nurses and midwives feel their role is appreciated, recognising the worth that they bring to the organisation, combined with education through practical workshop sessions. As this day is innovative we felt it would be useful to evaluate its relevance to mentors in practice.

**Literature review**

‘The term “mentor” is used to denote the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in the practice setting’ (DoH/ENB, 2001). It has been suggested that support for mentors should be psychosocial, educational and practical (Watson, 2000; Atkins and Williams, 1995).

Since the publication of *Preparation of Mentors and Teachers* (DoH, 2001) it has been recommended that mentors working with preregistration students be prepared for their role by doing a level 3 course (DoH/ENB, 2001). This document advises on the content of preparatory courses for mentors, including communication and working relationships, facilitation of learning, assessment and role modelling. However, as the Valuing Mentors Day is a single day rather than a course, it did not attempt to address all these areas.

Valuing mentors can be linked to the psychosocial and practical support they receive. O’Malley et al (2000) noted that in order to fulfil their role, mentors need to be supported by their organisation. Traditionally, support is viewed as being provided largely by link lecturers. For example, in a study in Glasgow, 51 per cent of mentors (n=71) felt that mentor support was inadequate in their area, and it was perceived that support would be given by lecturers visiting the placement area (Duffy, 2000). Fellow mentors are also recognised as providing a good source of support (McCarty and Higgins, 2003).

Atkins and Williams (1995) suggested that mentors can find their role difficult, particularly the conflicting responsibilities it brings, but job satisfaction influences their commitment to the role (Dilbert and Goldenberg, 1995; Yonge et al, 1995). Among the recognised contributors to general job satisfaction are autonomy, professional status and satisfaction with performance (Yonge et al, 1995). Role satisfaction from mentorship has been associated with the sharing of knowledge and facilitating learning and development (Atkins and Williams, 1995; Dilbert and Goldenberg, 1995), and receiving acknowledgement for this role (Yonge et al, 1995).

Acknowledgement for the worth that mentors bring an organisation through educating and supporting students is not always apparent. In a Canadian study two-thirds (n=295) of student nurse mentors believed they should be acknowledged for their role, with appropriate recompense being viewed largely as letters of acknowledgement (50 per cent) and access to a workshop (42 per cent) (Yonge et al, 1995). In this study only a small number of mentors received any of these types of reward.

Yonge et al (1995) differentiated between internal rewards for mentorship – such as job satisfaction – and more tangible external rewards such as the opportunity to network with other mentors or financial reward. Different individuals may prefer different types of reward, but the internal rewards were highly regarded by the majority of mentors (n=59) in another Canadian study (Dilbert and Goldenberg, 1995). Joshua-Amadi (2002) suggested many nurses feel undervalued and that managers need improved leadership skills to address this. We hoped that the Valuing Mentors Day would begin to address the issues of support and recognition.

**Method**

As information on people’s opinions and attitudes was required, a survey was used to collect data for this evaluative research (Polit and Hungler, 1989). Data was
gathered through questionnaires, as there were insufficient resources to interview the required sample size and personal contact with senior nurses could intimidate the mentors, influencing reliability (Bowling, 1997).

There were several objectives for the Valuing Mentors Days, not all of which were measured outcomes for the nurses and midwives attending. For example, we wanted individuals from different specialist areas to mix and share their ideas, but we were not concerned whether the mentors recalled this at a later date.

The two key areas we were interested in were whether the sessions included were helpful once the mentors were back in their practice setting, and whether the day had influenced how the nurses and midwives felt about their mentor role.

A simple format was used for our original self-report questionnaire. It was kept to one side of A4 paper, as lengthy and complicated questionnaires are known to reduce response rates (Bowling, 1997). First, feedback was requested on the usefulness of practice of the different sessions included during the day (Box 1). A Likert scale of 1–10 was selected to elicit the mentors’ attitudes towards these different sessions as it allowed the collection of comparable data (Edwards and Talbot, 1999). Mentors were also given the opportunity to comment on the reason for selecting a particular score for each session.

Sections two and three of the questionnaire used open questions to request feedback on whether the Valuing Mentors Day had influenced how the nurse or midwife felt about their role as mentor, and if they had any suggestions of how future days could be improved (Oppenheim, 1992). The mentors’ opinions were required, but closed questions do not facilitate the expression of personal views. A limitation of surveys is that only superficial data is collected (Edwards and Talbot, 1999), and using open questions goes some considerable way towards preventing this problem.

A questionnaire was sent via internal post to all 50 staff who had attended a Valuing Mentors Day in the previous 18 months. Eighteen completed questionnaires were returned (36 per cent response rate). At this point we felt that in addition to the usual reasons for non-completion of questionnaires, such as priority being given to clinical work and not wishing to give controversial views (Pollet and Hungles, 1989), nurses and midwives might have moved on from the area they were employed in at the time they attended the study day. We could not be sure how many questionnaires actually reached the participants or whether those who responded were representative of the total sample.

Because of the small sample size, inferential statistics could not be used. However, comparisons of the responses with the stated objectives were possible and the qualitative data was also analysed in this way.

Edwards and Talbot (1999) have suggested that researchers should aim for a 60 per cent response rate. The low response rate and sample size in this survey limits the potential to generalise the findings. But the evaluation forms that were completed at the end of each session mirrored the findings from the questionnaire, suggesting that the survey had some degree of reliability (Crombie, 1996).

Consent to participate was inferred from receipt of a completed questionnaire. The purpose of the survey was highlighted at the start of the questionnaire and the participation required was apparent on reading. Anonymity was assured, as a participant’s name did not appear on the questionnaire.

Results

Each of the sessions listed in Box 1 was evaluated as being ‘useful’ to ‘very useful’ in practice. ‘Investing in the future – the importance of mentoring’, ‘the learning styles quiz’, ‘managing difficult students’, ‘managing time and learning opportunities’, ‘support for mentors’, and ‘giving praise, feedback and constructive criticism’ were perceived as being very useful in practice by over 70 per cent of the respondents. The comments indicated that the remaining two sessions, ‘characteristics and qualities of a good mentor’ and ‘the clinical learning environment’ were viewed as helpful but the respondents had not necessarily had the opportunity to use the content widely in their practice.

When asked how the day influenced feelings about their mentor role, half the respondents mentioned feeling more valued and positive (Box 2). These findings correlated with the feedback we had received at the time of the study days. The other group of responses to the second section related to improved knowledge and to different approaches to mentoring (Box 2).

Mentors’ comments on future study days indicated they recommended keeping the present format. A couple of respondents mentioned specific areas, such as students’ curriculum and assessment documentation. These topics are covered in locally held mentor update sessions.

Discussion

The findings suggested that, overall, Valuing Mentors Days were useful, though we acknowledge that the low response rate limits the transferability of the findings.

REFERENCES


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Two lecturer/practitioners at the trust supported nurse and midwifery mentors in the hospitals. The topics included within Valuing Mentors Days were areas identified by them as not being otherwise addressed or as causing mentors some difficulty in practice. This gives a possible explanation of the usefulness of the sessions to mentors’ practice.

In the workshops, mentors were split into three smaller groups to facilitate discussion. The format for the workshops was based on the sharing of experiences, finding solutions through discussion and analysing situations more fully. Essentially this describes a reflective process as described by Fry et al (1999).

As the workshops were focused on situations from the mentors’ experiences rather than formalised sessions, the mentors were able to use new ideas and perspectives gained from the workshops in their practice settings. Reflection on situations from practice has been previously recognised as a valid means of identifying the need for change, and implementing this in practice (Martin and Mitchell, 2001). Results from the questionnaire suggested that Valuing Mentors Days achieve this.

Using mentors’ own experiences reduced any potential gap between theory and practice. Learning through reflection on personal experiences allows the mentor to acquire knowledge relevant to their practice (Fry et al, 1999). It also allowed the mentors to recognise that others were having similar experiences and this promoted support and reduced feelings of isolation. Group supervision is recognised as an effective way to help nurses to support themselves (Jones, 1999), and some aspects of Valuing Mentors Days also facilitated this outcome.

The approach used was based on humanistic theories of learning. With these, the basic concern is the human potential for growth (Fry et al, 1999). This theory featured in our day in that mentors were at the centre of their learning process – they were actively involved in every session throughout the day. There was acknowledgement of learning and cognition in each session, past experiences were used and a non-threatening environment was fostered, for example, by use of an ice-breaking exercise at the outset of the day and participation by those running the day as described by Rogers (1969).

The learning environment has an impact on the activities taking place within it (Quinn, 1995). A relaxed and comfortable environment away from clinical areas was therefore needed, which we largely managed to achieve by selecting buildings separate from workplaces and by offering the participants refreshments during the day. Although the effects of the pleasant environment were not measured, potentially they contributed towards the mentors’ feeling more valued and reduced any distractions to learning.

When nurses and midwives are placed in an environment with cultural norms and expectations they learn their role through professional socialisation (Henderson, 2002), and it would appear that nurses and midwives have also been socialised into their mentor roles. Mentors’ own experiences as students could influence their attitude to this role. Andrews and Chilton (2000) note that observing how other mentors work is one way to prepare for the responsibility. If mentors are working in settings where this role with students is not viewed as important and is regarded as a responsibility to be completed after clinical work has been addressed, this attitude is one they may adopt themselves.

Comments from several of the participants indicated that mentoring students was not valued in their practice settings and that the Valuing Mentors Day had allowed them to see the role from a different perspective. The questionnaire did not allow assessment of what the mentors actually took on board in their practice, but perhaps this could be investigated in a further study.

With regard to professional socialisation, the impact of senior nurses as role models is recognised as important (Henderson, 2002). The first session in the Valuing Mentors Day, ‘Investing in the future – the value of mentoring’, was taken by the trust’s deputy director of nursing. Receiving a message about the importance of mentoring from a senior nurse may have influenced how the information was received and processed.

During this session, anonymised feedback from practice placement evaluations of student nurses was shared. Mentors have commented that they only infrequently receive such feedback in the normal course of their job. Positive feedback from students would seem to promote feeling valued in a mentor role. Feedback can also improve perceptions of support (Yonge et al, 1995).

**Conclusion**

While the provision of mentors for student nurses and midwives is recognised as essential for effective learning in the clinical area, the role is often difficult to carry out in the context of conflicting priorities. It is also difficult to remunerate the work of mentors, yet it is important for job satisfaction that the value of the role is acknowledged. While the response rate to the questionnaire was low, the provision of this day appears to have had a positive impact on mentors, by providing them with practical support and the opportunity to share and use their experiences with others.

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**REFERENCES**


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**BOX 2. RESULTS OF THE MENTOR SURVEY**

**Feelings of being valued:**
- ‘I feel more positive about my role and that I am making a difference’;
- ‘I realised that the role of mentor is highly under-valued in the workplace’.

**Improving knowledge:**
- ‘The whole day was very useful and allowed us to swap ideas. Some sessions, such as managing difficult students, were informative and made me think’;
- ‘I feel more confident and well equipped’.

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