Mentors play a crucial role in the training of student nurses. Mental health nurses share their views on how mentoring can be improved.

**Views of mental health nurses on mentoring**

**In this article...**
- Why good mentoring is essential in nurse education
- How mentors contribute to the success of clinical placements
- Mentors need support, training and recognition

**Author** Cathy Peake is clinical placement manager at Camden and Islington NHS Foundation Trust; Michael Kelly is director of programmes at Middlesex University, London


Mentoring student nurses during clinical placements is not always a positive experience for students or mentors. A study was undertaken to explore the views of mental health nurses on mentoring with a view to make improvements. Data was collected through a literature review and focus group interviews were held with eight nurses working in inpatient and community services in a London mental health NHS trust. The findings show that healthcare organisations need to appreciate mentorship more than it is currently appreciated, and that healthcare trusts and higher education institutions must get involved to ensure mentors have the tools, training and skills to provide good-quality placements.

Challenges around mentoring

All qualified mental health nurses are expected to mentor students (NMC, 2015). While some see this as an enjoyable and worthwhile task, others find it stressful (Ness et al, 2010). Mentors often feel inadequately prepared and equipped for their role (Myall et al, 2008). Students may feel discouraged if they encounter difficulties during their placement: Hamshire et al (2013) found that difficulties with clinical placements was one of the three main reasons why nearly half of all healthcare students had considered leaving their course. To ensure good-quality placements for students, healthcare organisations need to encourage nurses to be good mentors and supply them with the necessary knowledge and skills (McVeigh et al, 2009).

This is not as straightforward as it might seem, as the concepts of mentoring and mentorship in a nursing context are still not clear, especially when other terms – preceptorship, teaching, supervision, coaching – are used as well.

The NMC (2010) defines a mentor as ‘a registrant who facilitates learning, and supervises and assesses students in a practice setting’. Similarly, Carroll (2004) concluded that mentorship is where “a respected and seasoned person engages with a more novice person to ensure...”

**5 key points**
1. Half the undergraduate curriculum is delivered in clinical practice, so clinical areas must get mentorship right
2. Mental health nurses do not always feel adequately prepared and equipped for mentoring
3. Each mentor’s individual capacity to nurture students is at the heart of the mentoring relationship
4. To be good mentors, nurses need training, support, allocated time and better recognition
5. A common, UK-wide mentorship training course would help standardise practice
success of the novice”. Webb and Shakespeare (2008) comment on the interchangeable terminology and argue it should be clear that in nursing the term mentorship contains elements of both the nurturing role as well as the role-specific assessment part. So, both students and mentors may feel confused about what to expect from mentorship and what their respective roles entail (Kilgallon, 2012).

In 2015, with a view to help improve the mentoring process, we conducted a study aimed at identifying the views of mental health nurse mentors. The study consisted of two pieces of qualitative research: first a literature review, second a phenomenographical study investigating the views of nurses acting as mentors in Camden and Islington NHS Foundation Trust, a London mental health NHS trust.

Literature review

In the literature review, we looked at research articles published in nursing and generic scientific journals that primarily examined mental health student nurse mentoring, not only from the perspective of mentors but also of students and education providers. Box 1 describes the methods used for data collection and analysis. We were particularly interested in exploring the following themes: personal skills that enable mentors to teach in clinical placements; supporting mentors in their teaching role and using modelling and feedback to improve mentors’ teaching of professional behaviour.

Three main themes emerged:

» Integrating students;
» Providing the right experience;
» Instilling professional attitudes.

Integrating students

Saarikoski and Leino-Kilpi (2002) highlight that placements need to be planned ahead. This includes liaising with the higher education institution (HEI) to ensure the organisation is ready to integrate any students due to arrive, and working out what learning opportunities will be there for them (Myall et al, 2008). Pearcey and Elliott (2004) stress the importance of determining the primary mentor and co-mentor to prepare for a student’s first day.

Once the placement has started, students need help to familiarise themselves with the work environment – mental health settings can be intimidating places (Dyer, 2008). Students are supernumerary, but should still be encouraged to participate in the unit’s work as much as other staff, so they feel part of the team (Webb and Shakespeare, 2008).

Students work best when they feel supported, but providing adequate support can be a challenge because mentors sometimes lack time and have too many students at once due to heavy patient workloads and the amount of students coming through (Baglin and Rugg, 2010).

Providing the right experience

Mentors need to ensure students go through certain learning experiences vital to the job of a mental health nurse, and that they get hands-on experience in dealing with real service users – with adequate supervision (Atkins and Williams, 1995). Mentors should also assess students’ communication skills with mental health service users. Another key aspect of the mentoring role is to avoid an overly generic approach, and consider each student as an individual and tailor learning objectives accordingly (Hughes, 2011).

Instilling professional attitudes

Ness et al (2010) stress that mentors need to encourage students to work more independently over time; nurture their confidence to move from being ‘observers’ to ‘practitioners’; develop their ability to reflect and monitor how they develop critical thinking. For Marshall and Shelton (2012), mentors should prompt students to continuously reflect on their learning, so they participate in their own development.

The mentoring role also encompasses assessing, evaluating and giving feedback to students. Some authors, such as Duffy (2003), argue that, historically, mentors have not always been good at giving constructive criticism to students, partly because they worried about students reacting badly to negative feedback; this may have resulted in some students passing when they were not reaching the required standard.
Phenomenographic study

Our phenomenographic study explored the views of eight nurses – four working in an inpatient setting and four in the community – currently acting as mentors. We used focus-group interviews to find out what they thought about student mentoring, what issues they felt mentoring raised in their workplace, and what consequences this had for them personally and for the mental health profession as a whole. We also wanted to elicit their views on what makes an effective placement, what encourages good practice and what is detrimental to good mentoring. Box 2 explains the study methods and describes participants.

Five main themes emerged:
» Planning placements;
» Mentors’ attitudes;
» Improving students’ competence;
» Relationship with HEI;
» Support from the trust;

Despite being based in two different settings, the two groups expressed similar views, so the themes and quotes below are undifferentiated.

Planning placements

The participants’ first objective as mentors is to create a learning environment that is supportive of, and conducive to, learning: “[Students] look at team literature before they arrive, what expectations are and opportunities available. Student introduction packs are sent out before they get here. It sets out week by week what the student should be expecting to be doing – it gives them a bit of structure.”

Participants mentioned capacity issues, at the organisational and individual level: “We are inundated with requests to take students [including from other professions for example, social work and psychology]. There are sometimes more students than staff!”

These capacity issues and competition with other professions for nurse’s time influence how well the organisation plans learning opportunities for students, as well as how knowledgeable mentors are about practice assessment documentation and the nursing curriculum.

Examples of good planning include arranging a suitable mentor before the student arrives; aligning the mentor’s and the student’s work shifts; and organising mentorship training updates throughout the year and ensuring availability of a HEI link lecturer.

Improving students’ competence

Participants explained that they help improve students’ confidence by monitoring their interactions with service users, treating them with respect and making them feel valued as colleagues. Students’ clinical competence increases as they first ‘shadow’ staff and then take on clinical tasks under supervision. Improving students’ problem-solving skills enables them to work safely under supervision and practise decision-making in a safe environment.

Mentoring techniques used include reflection, discussion and feedback. “Participants said that good mentorship relies principally on mentors’ attitudes towards students”

Regular supervision is required to check students’ progress and ensure they connect their theoretical knowledge with real-life practice. Mentors’ key contribution is to give students timely, honest and constructive feedback, although this can be a challenge: “In the ‘sandwich’ feedback process (a positive remark, a negative remark, a positive remark, and so on), sometimes it’s difficult to find the ‘bread’.”

Having a user-friendly evaluation tool with clear assessment criteria is helpful, but mentors also need enough time to do the evaluation.

Participants praised the value of a frank relationship with students, so issues could be raised and dealt with openly rather than pushed under the carpet:
“You have to be blunt with a student [and tell them] that’s not good enough. We don’t pussyfoot around with third-year students – we have high expectations.”

Mentors’ attitudes

Participants said good mentorship relies principally on mentors’ attitudes towards students, how competent mentors feel about their role, and the team’s capacity to have students on board. What matters most is the personal ability of the mentor. If students will perceive mentors as lacking interest, commitment and teaching skills, they will have a poor experience.

Some participants felt that, because mentoring takes time but does not entitle them to any benefits (for example, additional pay), some mentors may have a negative attitude:
“The mood of the ward changes … which affects your ability to carry on with the job. If patients are disturbed on the ward it takes your time. But it is useful for the student to see what they are getting into.”

Evaluating students and mapping their skills requires mentors to be teachers and assessors. Participants said they value any opportunity to receive mentorship training, whether offered by educational partners or the NHS trust.
“It’s important to attend updates and be used to the assessment tool, [otherwise] you don’t know what you’re doing.”

Support from the trust

Participants stressed the importance of being supported by the trust, having sufficient funds for staffing and a work culture where students are seen positively.

“Participants said that good mentorship relies principally on mentors’ attitudes towards students”

It can be argued that little importance is put nationally on deciding what courses to fund for staff, and mentorship training is not seen by many employers as a priority (Nettleton and Bray, 2008).

Also important is having supportive managers and clinical practice facilitators, especially when there is a problem with a student. Effective mentorship relies on the trust providing the right resources, offering placements that respond to students’ training needs, ensuring
adequate staffing levels and keeping mentors’ workload reasonable: “It’s about the right amount of mentors available on the ward.”

However, staff shortages and mentor fatigue kept cropping up during the focus groups.

**Relationship with the HEI**

A good, mutually beneficial relationship between the clinical placement setting and the HEI is key. Participants stressed that they need the HEI to provide link lecturers who can clarify the students’ curriculum and give guidance on how to complete assessment documents. They also expect the HEI to send them students who are keen to learn, committed and caring, and appreciate students who share their newly gained knowledge: “We get information from the student – hot off-the-press latest tools … It’s a way of keeping ourselves updated as well.”

**Discussion**

Our findings reinforce some important ideas: that successful mentoring requires strong stakeholders’ input, and that mentors need the right personal attributes but also ongoing training.

Both regular collaboration with HEI link lecturers and mentorship update workshops helped the study participants keep up to date with changes in the nursing curriculum and in assessment practice documents. The HEI in our study requires mentors to grade the student’s clinical practice skills while on placement, rather than just give a pass/fail mark. Participants generally saw this as a positive factor, as it encouraged students to work hard to get a good grade. Support from the trust’s practice education facilitators, managers and colleagues was deemed crucial when dealing with difficult mentoring situations.

The study confirmed the importance of mentors to have good interpersonal skills and an interest in the students’ learning needs, but also strong teaching and assessing skills; the latter can be an issue, as mentors sometimes feel educationally adrift (Saarikoski et al, 2007). Reflection emerged as an essential tool for successful learning, and an individualised approach was deemed critical by participants, as the quality of the relationship between mentor and student is one of the keys to the success of a placement (Saarikoski et al, 2007).

**What needs to happen next**

We suggest all mentorship preparation courses in the UK be examined in terms of their usefulness and viability. It may be necessary to develop a common, UK-wide mentorship training course for nurse mentors. This would achieve the result of having national guidelines and standards for mentorship training.

There is also a more urgent question of retention, which is how to persuade experienced nurse mentors to stay within the workforce. Allocating more time to the mentoring role, improving mentors’ preparation and enhancing their status (for example, through a financial incentive) could be part of the answer.

**Table 1**

<table>
<thead>
<tr>
<th>Planning placements</th>
<th>Thorough preparation – including choosing and training the mentor, and determining learning opportunities for the student – is needed ahead of the placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving students’ competence</td>
<td>Students must feel integrated and encouraged to play an active role, by first shadowing staff and then taking on clinical tasks. Reflection, discussion, feedback and supervision are useful mentoring techniques</td>
</tr>
<tr>
<td>Mentors’ attitudes</td>
<td>Good mentorship relies principally on mentors’ personal attitude and commitment. Mentors need training so that they have the necessary teaching and assessment skills</td>
</tr>
<tr>
<td>Support from the trust</td>
<td>The trust’s involvement should include ensuring mentors are trained, providing adequate staffing levels and resources, and creating an environment conducive to learning</td>
</tr>
<tr>
<td>Relationship with the HEI</td>
<td>A strong, mutually beneficial relationship with the HEI is key. The HEI is expected to provide link lecturers who can update mentors on the curriculum and the assessment documentation</td>
</tr>
</tbody>
</table>

**References**


Nettleton P, Bray L (2008) Current mentoring schemes might be doing our students a disservice. Nursing Education in Practice; 8: 3, 205-212.

Nursing and Midwifery Council (2010). Standards for Pre-Registration Nursing Education. London: NMC.


For more on this topic go online...

- Setting standards for high-quality placements
- Bit.ly/NTplacements