STUDENT NURSES' PERCEPTION OF MENTORSHIP:

A PHENOMENOGRAPHIC EXPLORATION OF STUDENT NURSES WHO HAVE EXPERIENCED A RETRIEVAL IN CLINICAL PRACTICE

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Contents

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I wish to dedicate this study to Dee, Josie and Lisa.

Abbreviations and Glossary of Terms

AEI Approved Education Institution

Appendices are small sections of additional information

Abstract is a summary of major elements to enable a reader to understand the basic features of the article

AHP Allied Health Professionals are a distinct group of health professionals who apply their expertise to diagnose, treat and rehabilitate people of all ages

DH Department of Health

HEI- Higher Education Institutions

HENW Health Education Northwest is a Local Education and Training Board (LETB) and part of Health Education England.

Mentor is a NMC registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited

by an approved education institute as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes.

NHS National Health Service

NMC Nursing and Midwifery Council is an Organisation set up by Parliament to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.

PEF Practice Education Facilitator.

UKCC United Kingdom Central Council for Nursing, Midwifery and Health

Explanation of NMC terminology taken from the NMC Glossary of terms 2018

Competence: This considers the nurse's levels of competence as a whole. It combines the skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions.

Competencies: The various competencies are achieved in stages throughout periods of practice experience during a programme. At the end of the final period of practice experience, or supervised practice, sign-off mentors or practice teachers will use the evidence of achievement of all competencies to decide whether the student is competent to practise as a nurse.

Competency: The knowledge, skills and attitudes required by a nurse at the point of registration. A competency describes the nurse's skills and abilities to practise safely and effectively without the need for direct supervision.

Failed Clinical Practice: The student nurse has not achieved the specific learning outcomes for the core clinical competency to a standard appropriate to their level of training, and there is a clear need to re-assess the competency / competencies on their next clinical practice placement leading to a retrieval of clinical practice.

Fitness for practice: This shows that the student is able to practise safely and effectively without supervision. It also shows that they have met the standards for competence and all other requirements for registration.

Mentor: a registrant who, following successful completion of an NMC approved mentor preparation programme (or comparable preparation that has been accredited as meeting the NMC mentor requirements), has achieved the knowledge, skills and competence required to meet the defined outcomes. The NMC (2008b) Standards to support learning and assessment in practice, London: Nursing and Midwifery Council.

NMC: The UK Nursing and Midwifery Council (NMC) established in 2002 is the professional regulator for nurses and midwives and their role is to safeguard the health and wellbeing of the public.

Pre-registration: This term is used to describe the education programme that students take in order to become a registered nurse or midwife. Students can apply for registration with the NMC after they have completed a pre-registration programme successfully.

Pre-registration nursing student: The term 'pre-registration nursing education' describes the programme that a nursing student in the United Kingdom undertakes in order to acquire the competencies needed to meet the criteria for registration with the NMC

Proficiencies: These relate to the criteria that nursing students must meet in order to successfully complete their programme and apply for registration with the NMC (NMC, 2004)

Retrieval of Clinical Practice: A retrieval of practice placement is a repeat of the summative placement with a clear action plan, with additional support to address the learning outcomes that have not yet been achieved

UKCC: Established in 1983 the United Kingdom Central Council for Nurses Midwives and Health Visitors (UKCC) with core functions to maintain a register of UK nurses, midwives and health visitors, provide guidance to registrants, and manage professional misconduct complaints. The UKCC was replaced in April 2002, by the NMC

Abstract

Nursing students undertake a series of practice placements over the course of their programme where they are mentored to provide the necessary clinical skills, competencies, and proficiencies to become a registered nurse (Rutkowski, 2007). Failure to meet the required standards for pre-registration nurse education (NMC, 2008) results in a second attempt or retrieval of the outstanding clinical competencies.

This thesis presents an exploration of the understanding and experience of the role of the mentor and factors aligned to mentoring in a group of nursing students who have retrieved a practice placement.

An analysis of the literature suggests that the voice of this group of nursing students has been ignored and failure to acknowledge how student nurses understand and experience mentorship and mentoring requires further exploration.

This study used a qualitative phenomenographic methodology, incorporating a mapping of different ways student nurses experience, conceptualise, perceive and understand various aspects of the phenomena (mentorship and being mentored) (Stenfors-Hayes, 2013). Semi-structured interviews and drawings/abstract were used to explore student nurses' thoughts, understanding and perceptions of mentorship and the process of being mentored.

Key findings of the study are presented in four categories of description or ways of understanding mentorship and being mentored; Mentorship and being mentored and as unequal relationships; Mentorship and being mentored as being lucky; Mentorship and being mentored as prescribed learning and Mentorship and being mentored as independent learning.

Understanding the variation of student nurses' experiences in clinical practice and the obstacles they may face, amongst those who have retrieved a practice placement, adds an original contribution to knowledge for future pre-registration programme design and for strategies to support students in clinical practice.

COVID Impact statement

This covid impact statement aims to outline how my study has been disrupted by the COVID-19 pandemic.

Prior to the pandemic, I was working in the nursing department of a North West HEI from 2016 till 2018. I had gained ethical approval from the University of Salford and the host HEI, recruited participants from the HEI and began data collection for this study. I left the HEI for a post in a North West NHS Trust in late 2018. Before leaving I secured an agreement with the HEI to continue with recruitment from the department. I maintained communication from 2018 onwards to continue recruiting participants.

Recruitment was temporarily halted between November 2019 and February 2020 as ethical amendments were required from the HEI I was recruiting from as they required a study completion date on the ethical approval form. The completion date amendment was granted on 28th February 2020. This would have allowed me to continue recruitment until February 2021. However, from February 2020 the COVID-19 pandemic descended and face to face access to the participants was suspended. To ensure that I could continue with my study and recruit sufficient participants, I submitted another ethical amendment form for online recruitment and virtual interviews via Microsoft teams and or zoom, and at the same time, I sought permission to recruit student nurses from the University of Salford where I was studying for my Professional Doctorate. This ethical approval was granted on 22nd June 2020.

From March 2020 the NMC and HEE made significant changes to student learning to mitigate the effects of the pandemic, this included cancellation of student placements, reorganisation of student timetables to accommodate online learning of theoretical components of the programme and the increase of practice learning hours for students nearing qualification to meet their practice hours.

Some student nurses opted to work as health care assistants in some of the ward areas with COVID-19 patients as staff sickness and self-isolation became common place. In addition, many student nurse pre-registration nursing programme clinical

placements were ceased to allow all registered nursing staff to care and treat very sick patients affected by COVID-19.

Furthermore, academic and administration staff in the HEI were also subject to considerable extra pressures in reorganising teaching and learning in addition to working from home therefore, communication with the key administration person from the HEI who was key in identifying and recruiting participants, ceased at this point.

Although ethical approval was granted in June 2020, access to pre-registration nursing students for this study was sensitive, due to these issues outlined above and not deemed a priority by the HEI in comparison with the additional pressures that student nurses were dealing with on the wards.

As of writing, currently England is transitioning out of lockdown and pre-registration nursing programmes have now resumed. Nevertheless, it could be 12 months to two years before any student nurses may have to retrieve their clinical placement due to non-completion of competencies due to insufficient clinical practice experiences owing to the pandemic. This would have influenced the responses and impacted on the Professional Doctorate timeline. It is for that reason I decided to cease recruitment and analyse my findings based on the data already collected prior to the pandemic.

Chapter 1: Introduction

1.1 Introduction

The purpose of nursing education in the UK is to equip pre-registration nursing students with the knowledge, skills, and attitudes to become practitioners who are fit for purpose and practice (Cunningham, 2012). The achievement of the professional qualification and the academic qualification occurs after successful completion of a three-year nursing degree programme comprising of theory and practice. Clinical practice learning occurs during the student nurse's attachment to various clinical practice settings, for example on a ward, in community or primary care settings. During this time within practice, a student nurse is aligned to a nurse mentor who is responsible for the supervision of the student nurses' actions and assessment of practice related competencies set by the NMC (2008). If a pre-registration student nurse is unsuccessful in achieving their practice related competencies, they will fail that clinical placement and will be required to retrieve (or repeat) it. The ultimate responsibility when making this clinical education decision is that of the mentor who has a professional responsibility to ensure student nurses are fit for practice upon registration (NMC, 2008). The recent NMC Standards for Student Supervision and Assessment (SSSA) (NMC, 2018) standards have replaced the term mentor with supervisor. The change in terminology incorporates all professionals who will be involved in the assessment of nursing students in clinical practice. However, as the NMC (2008) standards were in use and continued to be in used throughout my study, the term mentor and the NMC (2008) standards will be used throughout this thesis.

Although mentorship in practice is a key element of nurses' professional qualification and registration, student nurses understanding of the mentor and mentorship role has minimal exploration in the literature. This leaves many unanswered questions relating to the understanding of this phenomenon and more importantly in regard to the unexplained area of mentorship and the retrieval/repeat of a practice placement (Middleton and Duffy, 2009; Black, 2011). Consequently, the studying of mentorship and mentoring in this context is the focus of the thesis.

Supervision for pre-registration nurses in clinical education has dramatically changed during the last 40 years. Nurse education has transformed and developed from schools of nursing, which were part of teaching hospitals, to university taught programmes, from the 1990's (Summers and Summers, 2009). The nursing programmes of the 1990's incorporated a higher content of academic work in comparison to the practical element of the programme, which shifted to a fifty-fifty split of academic and practice model which still exists today. Pre-registration nursing today consists of a three-year nursing programme which upon successful completion the recipient receives a Nursing Midwifery Council (NMC) professional registration and a BSc or MSc academic qualification in Nurse Education.

As previously cited, there is a fifty percent academic component and fifty percent clinical practice element to the pre-registration nursing programme (NMC, 2010). The three-year programme comprises of blocks of theory and practice placements lasting approximately 12 weeks each. The placement blocks usually offer students three four-week placement opportunities in an attempt to broaden student nurse exposure to a variety of clinical settings (NMC, 2010). This practice placement model is replicated across four universities within the Cheshire and Merseyside regional area as they all share equally the placement circuit for pre-registration nursing programmes. The principal reason for this agreed practice structure is due to the shared practice placement settings of the four universities, making practice placements equitable for all students.

Students work closely with mentors in local NHS or private organisations to meet the practice element of the programme. This is achieved through successfully meeting the competencies of the pre-registration nursing programme (NMC, 2010). The NMC competency framework was introduced in 2010, with the intention to further strengthen nurse education by explicitly unpicking broader competency language which were used prior to 2010 (NMC, 2010). However, the new framework was nothing new as each competency remained as fundamental to nursing care as previously, the only changes that were noted were the grouping of competencies into four domains. The four domains need to be signed off as completed by the end of each progression point by the nurse mentor.

Failure to achieve this element of the programme may result in a student nurse being unable to qualify as a registered nurse; however, they may be entitled to a retrieval process, meaning another attempt at the failed competencies at the end of a progression point. Progression points occur at the end of each year when the yearlong module has been completed (NMC, 2008) (see example in appendix i). The retrieval process may offer the student a further four to eight weeks to achieve all non-achieved competencies of the practice assessment record. The decision to offer a student nurse a retrieval period is solely at the discretion of the university examination panel. Throughout the UK many nurse education providers, use the term retrieval or failed practice to identify student nurses who have not achieved a level of competency within the clinical placement. Throughout this thesis the term retrieval will be used however, some of the analysed literature may refer to the term failure in clinical practice (see literature review chapter two and the discussion chapter six).

Pre-registration nurse education programmes are approved by the NMC, the regulatory board for nurses and midwives. Once a student nurse has successfully completed an NMC approved programme, they gain registration on the nurse register, and they are able to practice as a registered nurse in addition to obtaining an academic qualification of BSc or MSc. This register is verification of a nurse's fitness to practice and a legal requirement for all NMC registrants to fulfil the requirements of the code of professional practice (NMC, 2015).

1.2 Historical context of nurse education and training

Modernisation of nursing in the United Kingdom was understood to have emerged from the 1800's by Florence Nightingale who introduced the Nightingale Training School at St Thomas's Hospital London in 1860 (Dingwall *et al*, 1988). The birth of the training school for nurses was believed to have implemented the skills and values required to become a successful nurse however, Nightingale believed that nurse training should not include assessments through examination. This view has persisted and has been an ongoing debate throughout the history of nurse education and one that still exists to date.

1916: Establishment of Royal College of Nursing

In 1916 the Royal College of Nursing (RCN) was established to professionalise nursing, insisting all nurses should be trained (McGann *et al*, 2009). Nurse registration soon followed in 1919 which implemented a system of trained and untrained nurses (McGann *et al,* 2009). This was a significant development of its time and one which still exist today in the form of registered nurses, nurse associates and health care assistants. From the 1900's, nurse education followed an apprenticeship model whereby the student nurse was employed by the National Health Service (NHS) hospital and held a salaried position (Quinn and Hughes, 2007). This model of education enriched the student nurse experience as well as providing the student with a professional identity and a feeling of belonging. This was more apparent with nurses who had transitioned from a Health Care Assistant (HCA) role to a student nurse and who still worked as a HCA to supplement their income throughout their nurse training. Interestingly, Brennan and McSherry (2006) found student nurses reverting to their role of a HCA whilst out on clinical practice when they felt unsure about clinical practice expectations or wanted to demonstrate their skills in order to gain acceptance. Adopting these strategies, students felt this was something easy to alternate between the HCA and student role which helped with socialisation in clinical practice.

1989: Project 2000

The next fundamental change to nurse education came in 1989. A new nursing programme was introduced which was a major shift from the apprenticeship model which had been around for many years. '*A New Preparation for Practice'* (UKCC, 1986) document implemented the Project 2000 programme to nursing curricula. This programme saw a key change from nurse education being delivered in schools of nursing to universities with an award of a Diploma in Higher Education in addition to the professional qualification being awarded to the student upon completion. During a transition period, when the two models of nurse education were integrated, there were differing opinions from many professionals in how this new nurse would deliver care. A piece of narrative from a nurse who trained in 1988 at the time of the transition stated:

> *Project 2000 nurses were treated differently as they were supernumerary, and we were part of the workforce. They felt they didn't have to participate manually they just observed. We found a lot of them quite reluctant to help but a small percentage of them did help out*
>
> (C. O'Halleron, personal communication, 10 June 2018).

Project 2000 was criticised by Dingwall *et al* (1988) and a call for a report into the nursing programme was initiated. The DH published a report '*Making a Difference: strengthening the Nursing, Midwifery and Health Contribution to Health and Healthcare'* (DH, 1999). The report highlighted the lack of clinical skills delivered within the programme and the academic focus of the programme outweighing the practical element of it (Duffy and Scott, 1998). The outcome from the report was for a new pre-registration nursing programme to be written which incorporated a balance of theory and practice (DH, 1999).

2001: Making a Difference

Making a Difference (MAD) implemented in 2001, included a programme of nurse training with a fifty percent theory and practice element to it. During the earlier stages of this programme, there were concerns regarding the completion of clinical skills and who was responsible for the teaching of the skills competency in practice. Some students completed the skills element of the programme whereby others in practice failed to have exposure to all clinical skills competencies resulting in gaps in their competence (Gopee, 2007). To ensure all nursing students had equal opportunities for completion of clinical skills, a more formal approach was introduced.

2004-2010: Standards of Proficiency for Pre-Registration Nurse Education

In 2004, the NMC introduced *Standards of Proficiency for Pre-registration Nurse Education* which formalised the mentorship role as part of pre-regisration nurse training. The standards provided guidance for mentors and intended to give them clarity over how to support student nurses in practice.

The NMC (2008), through the implementation of the code enforced that professional practitioners have a duty to facilitate (or mentor) students of nursing to develop their competence. The NMC (2008) devised a document entitled; Standards: Learning and Assessment in Practice (SLAiP) for qualified nurse stage 1, 2, 3 and stage 4 mentors. This document outlines competencies that registered nurses must achieve to be awarded with mentor status. The NMC are cogniscent of the dynamic nature within the National Health Service (NHS) and suggest that continual professional development for mentors is crucial to maintain their competencies in mentoring students. This is achieved by attending an annual mentorship update, which is provided by Practice Education Facilitators (PEF) in most NHS Trusts and academic staff for mentors who are employed by the Private and Voluntary sector (PVI).

The purpose of the annual update is to ensure that mentors have a current knowledge of NMC approved programmes, can discuss the implications of change to NMC nurse education standard requirements and lastly have an opportunity to discuss issues related to mentoring, assessment of competence and fitness for safe and effective practice (NMC, 2008).

It is argued by Andrews and Chilton (2000), Watson (2000) and Moore (2005) that mentors receive minimal guidance and support for their role of a mentor in comparison to academic staff who teach the theoretical components of the nursing degree and undertake a post graduate certificate of education (PGCE). Andrews and Chilton (2000), utilised questionnaires to ascertain the views of mentors and students of the effectiveness of mentoring. The study was underpinned by Darling's (1985), Measuring Mentoring Potential (MMP) scale, offering no analytical process other than applying a scoring system to Darling's (1985) MMP scale. Twenty-two mentors and eleven students participated in the study which found mentors who had a teaching qualification were more confident in the mentor role than those who did not have a teaching qualification. The student participants from this study rated the mentor higher than the mentors themselves thus, assuming the students felt adequately supported. Watson (2000) paper discusses the support systems in place for mentors in clinical practice once they have completed a mentorship module facilitated by a local university. The process for a nurse to achieve mentor status is explained in section 1.4 and it is expected all nurses would have the opportunity to attend and achieve mentor stage 2 status as part of their nursing role. Watson

(2000) study was a mixed methods exploration looking into what support systems mentors have access to within a large city hospital. It was evident that mentor workshops and updates were key in preparing mentors for student facilitation however, mentors cited issues understanding the new documentation and blamed this on the time allocated for the workshops and updates. My experience as a PEF in clinical practice facilitating mentor workshops and updates, did experience time as a major factor in delivering the content of a mentorship update. To address this and improve the depth and quality of mentorship updates, I developed and implemented an online e-learning mentorship update package.

The e-learning package was widely used throughout Cheshire and Merseyside and improved mentorship update compliance as mentors accessed the tool within their teams and supported each other through discussion to meet the mentorship update requirements.

Fifty per cent of the pre-registration award is practice based, therefore the role that mentors have in assessing and supporting students towards successful registration and completing their nursing degree is pivotal and should not be underestimated (Whitehead and Bailey 2006).

Nursing students undertake a series of practice placements over the course of their programme, and this is designed to provide the necessary clinical skills and proficiencies to become a registered nurse (Rutkowski, 2007). The mentor has a key role in developing these skills. Newer standards were published in 2010 which combined several competencies to meet the requirements of the four domains: (1) Professional values, (2) Communication and interpersonal skills, (3) Nursing practice and decision making and lastly (4) Leadership, management and team working (NMC, 2010a, p7). This framework clearly outlined the requirements for a new nursing programme that aimed at strengthening nurse education and support for students in practice settings. This framework existed until September 2021 and is the framework that has been in place throughout the course of this thesis and as such the framework under investigation.

2019: The future of mentorship

New nurse education standards were implemented in some areas in 2019 and in all universities during 2020. The changes for student nurse assessment and supervision in practice was the second major change to nurse education since 2008. The NMC approved the new standards in March 2018 which resulted in the dissolution of the 2008 mentorship model in late 2019 (Duffy, 2018). The new 2018 mentorship model brought with it the emergence of new roles to support students in practice initiated a flexible approach to supervision in practice by involving registered practitioners in the supervision of student nurses.

The changes to the model of mentorship and mentoring meant the NMC SLAiP standards (2008) ceased to apply in practice for new nursing programmes from 2020 onwards. The use of the term mentor has changed to the term supervisor and the traditional role of the mentor has changed. The new standards imply that practice learning and support of students in practice will be the responsibility of every registered practitioner (Duffy, 2018). This change has aimed to offer flexibility for learning and help with the long-standing pressure of lack of supervision of students in clinical practice. The 40% mentor student contact requirement has been removed offering scope to work with other members of registered professionals (NMC, 2018). Students have remained supernumerary. Induction and progression points at mid-term and summative assessments have continued as well as continuous feedback. The importance for students to raise and respond to concerns and safeguarding issues also remain integral to the new nurse education standards (NMC, 2018).

Local universities who share practice placement environments have implemented the new standards in parallel with the 2008 standards which will cease in 2022. The altered approach to supervision required careful consideration and implementation as two standards for supporting student nurses in practice were employed. The new standards offer a flexible approach to nurse education however, it is too early to comment in detail as it will be three to five years before meaningful comparisons can be made between this new system and the mentorship model studied within this thesis. However, given this change that has been made during the course of the thesis preparation, it will be considered in more detail in the discussion chapter in light of my study findings.

1.3 Mentorship and the mentor role

A mentor has many definitions. Parsloe and Melville (2009) describes a mentor as someone who encourages individuals to manage their own learning to maximise their potential. Within nursing, the NMC (2008) provide a clear definition of a mentor;

> An *NMC mentor is a NMC registrant who, following successful completion of an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an approved education institute as meeting the NMC mentor requirements, has achieved the knowledge, skills and competence required to meet the defined outcomes* (NMC, 2008: p19).

Currently in the UK, all nurses upon registration are responsible for mentoring student nurses. The NMC (2004) stated within the 'The Code' handbook (2004) that professional practitioners have a duty to facilitate students of nursing to develop their competence. This was a compulsory requirement for registered nurses and was not negotiable within the workplace. The Standards: Learning and Assessment in Practice (SLAiP) (NMC, 2008) for qualified nurse stage 1, 2, 3 and stage 4 mentors aimed to raise the profile of the mentor and improve the quality and standard of practice-based learning for student nurses (Willis, 2015).

However, there have been for some time, concerns over this model of assessment. Branson (2014) and Turnbull *et al* (2014) reported that financial economic restrictions of 2006 were less severe than they are today and the original one to one approach of mentoring is no longer sustainable. The allocation of students to mentors is a system of variance. The role of allocation is the responsibility of nurse managers however, the task can be delegated to a link mentor. In practice I have observed various ways in which a student can be allocated to a mentor. In some clinical areas, the allocation process uses a rotational approach which ensures all mentors have a fair share of mentoring and the mentor role will not fall to one person.

In other clinical areas, a student can choose a mentor for themselves from a list of mentors. This could be problematic as a mentor may be chosen based upon personality and if the student will get along with the mentor. Secondly, the mentor

may find it difficult to ‘fail’ or implement an action plan for a student as they feel ‘special’ that they have been chosen to mentor. Furthermore, I have witnessed ‘burn out’ from some mentors who enjoy the role more than others and become the more popular mentor. This variety of student/ mentor allocation has consequences for practice learning as there is a power relationship between the student and mentor with the responsibility for passing the student falling to the mentor alone (Knowles *et al*, 2015).

1.4 Assessment in clinical practice

As previously cited, the 2008 model of assessment of student nurses’ clinical practice, requires students to be assessed by the mentor (NMC, 2008). The mentor role involves supporting, teaching, and assessing students to fulfil competencies which confirm a student’s capability of safe and effective practice (NMC, 2008). The model below identifies the stages of mentorship, principles of mentoring and the eight-domain framework which has been in use during the time the study has been undertaken.

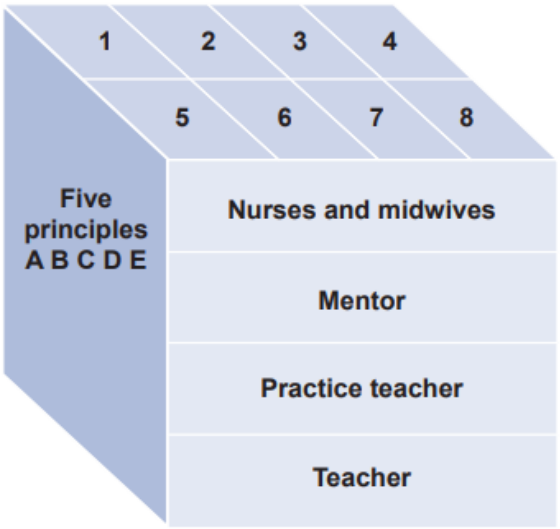


Diagram 1: Standards to support learning and assessment in practice (NMC, 2008, p19)

To achieve mentor status nurses must pass through the following stages; Stage 1; Registrant, all nurses are stage 1 upon completion of a registration and are required to support students in practice. Stage 2; Mentor, identifies the standard for mentors. Nurses and midwives can become a mentor when they have successfully achieved all of the outcomes of this stage. This qualification is recorded on the local register of mentors (NMC, 2008 p20). Stage 3; Practice Teacher, identifies the standard for practice teacher for nursing or specialist community public health nursing. Lastly, Stage 4, Teacher, identifies the standard for teachers of nurses or specialist community public health nursing. This qualification is recorded with the NMC as Teacher.

To sign a student nurse off as being competent, a mentor must be at stage 2 level. Preparing registered nurses for a stage 2 mentor role, involves attending and completing a mentorship level 6 or 7 module as demonstrated in the diagram above. The opportunity to attend the course was one negotiated by the nurse manager and the PEF from the Trust. More often, one nurse at a time attends the course which is offered biannually and facilitated by the local university. Myall *et al* (2008) stated that confusion and understanding of the role existed after completion of the course and nursing staff acquired academic qualifications without the ability to solve and support student issues. This view is discussed in depth within the literature review chapter.

For nurse mentors to pass or fail a student nurse as competent, they first need an understanding of the terminology. In practice, the NMC (2008) education standards are ambiguous and cause mentors concern when trying to assess students. The term competency and competence are subjective and can suggest fit to practice or fit for purpose (Bradshaw and Merriman, 2008), However a study by Cassidy (2009) included the ability for the student nurse to possess a range of key personal attributes in addition to competencies. Although confusion exists around terminology, a mentor can access support and guidance from university academic staff and PEF's who will offer additional support when a mentor is having difficulty completing a student nurses' documentation.

The final stage which deems a student nurse as competent to practice is the '*sign off stage'*. This is the final progression point of all pre-registration nursing programmes and can be described as 'fitness to practice'. This term may suggest that student

nurses have met the required criteria set by the NMC (2008) which included knowledge, skills and behaviour expected by the professional awarding body. It has been argued (Duffy, 2003; Hughes, 2004) that some poor performing student nurses may pass and become registrants, but they are seen as just good enough to pass but not bad enough to fail. In view of these findings, the current process of pass or fail and have another attempt at practice competencies is either accepted as a good level of competence or the need to review the practice assessment record (PAR) documentation to represent the assessor's findings. A mentor should not assess a competency as not bad enough to fail, however, mentors who lack confidence to fail a student, when asked may give this statement as an explanation.

In 2003 Duffy raised concerns about standards of nursing practice in a seminal piece of work 'Failing Students' (Duffy, 2003). This study raised the concern of the possibility of mentors failing to fail underperforming student nurses in practice assessments. This study will be discussed in more detail in chapter 2.
As discussed on page 8 'the future of mentorship', the dissolution of the SLAiP (2008) standards which were discarded for a new mentorship model Standards for Student Supervision and Assessment (SSSA) (NMC, 2018) may uncover mentorship issues which have not surfaced at the time of writing my thesis. The urgency for more clinical placements for student nurses will be addressed by the newer mentorship standards as any professional will be required to support student nurses in practice however, this may look like a diluted version of the SLAiP (2008) mentorship model with student nurses not receiving adequate supervision in practice. Student nurses may spend less clinical practice hours with a nurse mentor than they previously were allocated which may have consequences for under achieving students. The newer standards for student support requires future monitoring to establish if this new approach to student supervision works (NMC, 2018).

1.5 Professional journey leading to this doctoral study

People wishing to undertake doctoral study, need to find a subject which inspires them (Birks and Mills, 2011). An inspirational quote by Steve Jobs (n.d.) summarises my doctorate journey

> "*If you are working on something exciting that you really care about, you don't have to be pushed, the vision pulls you".*

My interest for undertaking this research study was partially from my own student nurse experiences and throughout my role as a PEF. During my seventeen-year professional period, there have been significant events which I believe have influenced my values and beliefs in relation to pre-registration nurse education and in particular the experiences of practice in relation to failed or retrieval of practice competencies. Consequently, gaining a greater understand of the practice learning experiences of student nurses, in particular student nurses who have experienced a retrieval of practice competencies was seen as the most apparent of subjects to study.

Researching the concept of how student nurses experience and understand mentorship and being mentored encompasses my own experiences as a student nurse, mentor, PEF and clinical tutor as it is impossible to separate these previous experiences with the research subject. Finefter-Rosenbluh (2017) discusses the multiple complexities of researcher reflexivity when an insider position is evident, and the exploration of a known group is unavoidable to the research study. However, by not having the experiences I have had, I feel the study may not have existed as the question may not have been asked using a phenomenographic methodology. I may not have acquired a level of critical reflection to identify the need to explore this particular group of participants. Finefter-Rosenbluh's (2017) study considers how the insider/outsider perspectives of a study may provoke ethical issues which could impact upon data collection and interpretation by integrating personal ideas and beliefs. By using a phenomenographic methodology, Finefter-Rosenbluh (2017) assertions are limited in this thesis as the data collected and analysed are the participants views and understanding of their experiences and not mine. The following outlines my professional journey which lead to this doctoral study.

From my previous role as a PEF and currently from a personal tutor perspective, an absence of student nurses understanding of how they experience and understand their practice placement, directed me to reviewing the literature.

Pre-registration nurse education has been a fascination of mine from a young age. In 2001 I began a three-year nursing program 'Making a difference' at a local

University. This programme came shortly after the project 2000 programme which brought dramatic changes both academically and within practice. The programme required academic qualifications equivalent to five GCSE's as it was now a fifty percent academic course unlike previous courses such as project 2000. The course structure contained many short practice experiences with theory blocks in university. Upon completion of the course, I exited with an NMC professional qualification and a Diploma in Adult Nurse Education.

Upon qualification I worked as a staff nurse on a busy day surgical unit. The introduction for an all-degree qualification in nursing had not been implemented but discussions by regulatory bodies were already taking place for an all-degree nursing programme for the future. It was during these national discussions I decided to enrol on a part time degree pathway to earn a Degree in Health and Social Care which I completed in 2009.

During my experience on the day surgical unit, I became the cascade trainer for the unit staff nursing team. Within four years I was seconded to a clinical skill teaching post at a local inner-city university. I spent a year teaching and knew this was what I wanted to do full time. I did not return to the job of a staff nurse, instead I worked for Health Education Northwest as a Practice Development Manager. This role introduced me to many issues relating to practice learning from quality placement issues to lack of qualified mentors in the clinical placement setting. During this time, I also became familiar with the assessment process of not only nursing students but other Allied Health Professionals. I became aware of the disparity between the NMC, (2008) standards for education and the Health and Care Professional Council (HCPC, 2016) standards of education and training which did not impose a rigid model of mentorship. The HCPC follow a more flexible approach to mentoring/ supervision, allowing allied health professional students to be supervised and assessed by qualified professionals from their profession without the 40% one to one supervision model which occurs in nursing.

In 2010 an opportunity arose for a Clinical Educator within a large Northwest Eye hospital. This role combined clinical and academic practice which broadened my knowledge and skills of clinical practice not only for nursing students but for medical students too. It was during this experience I knew I wanted to continue to study with

a focus being on clinical practice.

In 2012, I successfully completed an MSc in Professional Leadership and Management whilst continuing my professional journey which led to the start of this professional doctorate in 2014. During this time, from 2014 to the time of writing this thesis, mentorship has changed as discussed earlier however, pre-registration student nurses on nursing programmes which commenced in 2019, will be mentored by mentors using the 2008 assessment framework until completion of their programme.

When I commenced the Professional Doctorate study in 2014, I was employed as a PEF. I was involved with quality assurance of practice placements in addition to supporting students and mentors in practice who experience practice related issues. It was during this time I had experienced concerns regarding the current mentorship model 'Supporting learning and assessment in practice" (NMC, 2008) and the verifying knowledge of assessment processes mentors displayed when completing practice assessment documents. I began considering what student nurses understand about the mentoring process when evidence suggests mentors also experience lack of understanding of mentorship (Brammer, 2006).

The concept for this research question developed from my professional role as a PEF. It was during this time I supported mentors who had failed students in practice for many reasons from professional conduct to lack of opportunity to complete all related placement competencies. This element of my role made me question how student nurses' experience the mentorship process and being mentored when having retrieved a practice placement. Firstly, I wanted to explore the variation of these experiences more broadly to understand students' perceptions of additional assessment and experience of additional mentoring supervision. Secondly, I chose this research group as there is limited research regarding student nurses retrieving/failing a practice placement or how this phenomenon is experienced.

From 2016-2018 I worked as a Nurse Lecturer within the pre-registration nursing team in the Faculty of Health and Social Care in a Northwest University. This post led to a Post Graduate Certificate in Teaching and Learning in Higher Education (PGCTHE) award and Fellowship of Higher Education Academy. The completion of

an approved teaching qualification which is also a requirement of the NMC (NMC, 2004, 2006, 2008) when working as a nurse lecturer, has provided an insight into both educational and professional viewpoints of students as learners in clinical practice. Curriculum planning and delivery have enabled me to consider my philosophy of teaching and how it impacts upon learners.

Throughout this academic Nurse Lecturer role, I had a duty to prepare students for the realisation and expectations for being mentored out in practice (NMC, 2008). This study will provide an opportunity to advance knowledge of how student nurses who have repeated/ retrieved a clinical placement understand, perceive, conceptualise, and experience the role of the mentor in the practice setting. It will add to the extensive amount of literature already written about mentorship and mentors addressing the research gap from a student's perspective of understanding the mentor role and being mentored. The data will provide a deep exploration of how mentorship is experienced, which will give student nurses the opportunity to share experiences of the retrieval process and examine the mentoring practices simultaneously. The result from this study aims to inform future mentorship modules from a student nurse perspective of the mentoring process and being mentored in addition to preparing student nurses for the clinical practice environment. Data acquired from student nurses will help identify areas within the module, which mentors and university staff might need to take into consideration moving forward.

After 2018, I began working at a local NHS hospital as a post graduate medical education lead. I was responsible for developing post graduate education to doctors after their completion of FY1 and FY2 years of practice. This role gave me an insight into medical education and how different in structure and support in practice compared to nurse education. It was during this time I realised I needed to return to education within a HEI and finish what I had started and that was to support nurses in practice with their development.

From 2019 to the present, I work at a local university supporting registrants who are registered on an apprenticeship MSc programme in advanced practice. I am able to draw from all my experiences to support this particular group of students in achieving their academic and practice awards.

1.6 Research aims and objectives

Research study is undertaken to generate new knowledge about an insufficient understood phenomenon (Cresswell, 2003). Thomas (2011, p29) states '*It is the research question that leads you in the direction you need to go',* I wanted to explore how student nurses understand, perceive and experience mentorship and being mentored with a particular interest in students who had failed and repeated a practice placement. The reason for this was witnessing students not recognising or unaware they were not meeting their required practice competencies during their practice placement and were about to repeat the practice placement. I wanted to understand from the student's perspective what and how they experience being mentored in the practice placement and how many differing experiences exist.

1.7 Research aims

With a focus on student nurses' who had experienced a retrieved practice placement, this research aims to explore and understand the variation of ways student nurses experience mentorship and being mentored in clinical practice.

1.8 Research objectives

- To understand student nurse's variation in understanding of mentorship
- To explore variation of student nurses' experiences of being mentored

To achieve this aim, a qualitative phenomenographic approach was deemed most appropriate (see chapter 3). The phenomenographic approach aims to map variation in the understanding of mentorship and the role of the mentor from student nurses who have experienced a retrieved clinical placement. It is understood that people jointly experience and understand phenomena however they may experience it differently (Bruce, 1997). Phenomenography will enable exploration of a variation of experiences as Wellington (2000) declares there is no single view of the world, we all experience the same phenomena however, the experience will differ.

Contribution to knowledge and the potential value of the findings will enhance understanding of how student nurses experience/understand the mentorship process and being mentored in particular those who have retrieved a clinical placement.

Higher Education Institutions (HEI) who deliver pre-registration nursing programmes invest time in supporting failing students. The knowledge of how mentorship and being mentored is experienced and understood by students who have experienced this phenomenon is crucial in future managing student and mentors' roles in the clinical setting. Although the new education standards (NMC, 2018) are leading to practical changes in student nurse supervision in practice, the concept of mentorship will still exist, and thus future clinical and academic supervisors will benefit from how pre-registration student nurses' experience mentorship and the mentor role in practice by understanding how students learn and develop from mentors.

A demonstrable form of knowledge, about students' perceptions, together with a contributing set of interpretations about how students experience and understand the mentorship process in practice would make an important contribution to our approaches to the practice assessment aspect of pre-registration nurse education. It is envisaged that the findings of this current research will contribute to the development of an empirically - based awareness of pre-registration student nurse clinical practice experience which would lead to improving preparation for practice for student nurses.

1.9 Thesis structure

The layout and structure of the thesis is presented in seven chapters.

Table 1 provides a view of the chapters and headings.

Table 1

Chapter 1: Introduction
Chapter 2: Literature Review
Chapter 3: Methodology

Chapter 4: Research Methods
Chapter 5: Research Findings
Chapter 6: Discussion of Findings
Chapter7: Conclusion *-Recommendations* *-Further research* *-Dissemination*

A brief overview each chapter is given below.

Chapter 1 sets the context of the research study and background and introduces the research topic. It discusses the transition of nursing and nurse education in particular policy drivers and national standards for nurse education. The Nursing professional body (NMC) which enforces nursing standard policy is discussed in detail. The research question and aims are set out. A brief account of my professional journey to date gives the reader an insight into how my professional experience has added currency to the research topic.

Chapter 2 critically reviews the literature associated with the research aims. Themes drawn from the review found the following: - characteristics of mentor, mentor/ student relationship, mentors understanding of the mentorship role and mentor's reluctance to fail students.

Chapter 3 presents the methodological approach to the study. It justifies why the chosen methodology is best suited to answer the research question and aims of the study.

Chapter 4 discusses the research methods used within the study. An account of sampling, recruitment and ethical consideration are explored. Data collection processes and data analysis are examined and presented.

Chapter 5 presents initial findings from participant semi structured interviews in addition to drawings or abstract data. The chapter presents in depth insight into student nurses experiences and understanding of mentorship and being mentored within clinical practice.

Chapter 6 presents the discussion of the study findings.

Chapter 7 the final chapter, presents the thesis conclusion. The chapter presents how the study has contributed to knowledge relating to student nurses understanding of mentorship and being mentored within clinical practice. Recommendations for future practice will be disseminated within published work thereafter completion of the thesis.

1.10 Chapter summary

This chapter has presented an introduction and the background information to nurse education in England. Mentorship and the mentor role have been explained to provide the reader with the context for the study as this is the model that has existed throughout the majority of my professional doctorate journey for assessing pre-registration student nurses in practice today. The current model for assessing student nurse competence in the practice setting has been discussed with evidence to support concerns over its suitability as an assessment model for nurse education.

The research question and aims have been presented in addition to a brief account of my professional journey to date which gives the reader an insight into how my professional experience has added currency to the research topic.

The next chapter, chapter 2 will examine the literature associated with the study entitled: '*Student nurses 'perception of mentorship? A phenomenographic exploration of student nurses' who have experienced the retrieval process'.*

Chapter 2: Literature Review

2.1 Introduction

The previous chapter presented the context of the study and the historical background of nurse education. Education standards for pre- registration nursing in addition to awarding body policies for nurse education in England from 2008 to date, highlighted the overhaul and development in nurse education.

The purpose of this chapter is to review the literature and identify the key elements associated with mentoring and mentorship in clinical practice from a student nurse and a mentor perspective. The chapter begins with an explanation of the strategy used to search for relevant literature. In particular existing studies examining the role of a mentor from a pre-registration nurse perspective and from those who have retrieved a clinical placement.

In order to identify existing evidence that relates to the research question, which is; *In what ways do student nurses who have experienced a retrieval placement understand and experience mentorship and being mentored in clinical practice?* a literature review was undertaken following Aveyard's (2014) systematic approach. A systematic approach was most appropriate as the amount of literature pertaining to mentorship and mentoring was at times overwhelming and needed to be managed using the flexible framework of Aveyard (2014). Alternatively, a narrative review could have been a chosen method to review the literature however, Aveyard (2014, p13) describes a narrative review as '*a literature review that is undertaken with no defined method or systematic approach'*. This approach is critiqued by Green (2006) who suggests that researchers who use this approach of bias citing the chosen literature based upon the researchers' own preferences and what is found to be interesting or controversial. However, in health and social care, the term narrative review can be used to refer to a literature review that has been undertaken systematically but it falls short of the rigour applied to a Cochrane systematic review and should not be confused with a systematic review.(Aveyard,2014). This confusion has been identified by Grant and Booth (2009) who suggest that terminology to describe literature reviews within health and social care is often diverse, indistinct, and misapplied. Other authors have suggested that a systematic review consists of a

strict protocol and research strategy aimed at identifying 'concise summaries of the best available evidence that addresses sharply defined clinical questions' (Cook *et,al* 1997. P389). This method is time-consuming and usually involves more than one researcher to complete (Aveyard. 2014). This approach using a defined clinical question with more than one researcher was not achievable for the purpose of this thesis. However, general principles and guidance from systematic reviews were used to ensure a systematic approach to the searching and critical analysis of the literature. For example, I made a conscious decision upon what was included and excluded for the review, I followed a clear inclusion and exclusion criteria with sound justification for excluding certain articles, and I applied the same approach to appraising each of the final articles so that readers of the review could see how I had summarised and drawn conclusions from within the area of enquiry.
The literature review has been conducted from the outset and throughout the study. It has provided a broad overview of mentorship and mentoring in clinical practice placement and includes student and mentors' views. The current mentorship model was introduced in 1986 (UKCC,1986) with the introduction to new education standards and mentoring models following in 2008 (NMC, 2008) and more recently in 2018 (NMC, 2018) therefore, it was anticipated that most of the literature would date from the 1990's.

2.2 Literature search method

Computerised literature searches using selected search terms from a list of key words, which identified concepts such as failing clinical practice, repeated clinical placement and understanding mentoring and mentorship in addition to synonyms were performed. In addition, the use of the advanced search option incorporating Boolean operators, NOT/AND/OR commands (Aveyard, 2014) were used. A detailed record of searched databases, search terminology and search dates are available in appendix ii.

The inclusion criteria incorporated literature published in English. Whilst I had put a limit on the date, 2008 – present of published articles due to the introduction of the mentorship model, I was conscious I needed to include some seminal publications

as they have influenced current research papers and standards for nurse education (Duffy, 2003).

I initially began by focusing upon UK literature due to the specific NMC (2008) mentor requirements for pre-registration nursing programmes in the UK. However, it became apparent that other countries around the world that the use of the term mentor and mentorship is used therefore, the search widened to include international papers which could be accessed in the English language. A secondary search of the NMC website was accessed for educational policies regarding pre-registration nursing programmes and support for learning and assessing in practice. In addition, the DH was viewed, as changes to nurse education has been suggested with ongoing consultation for review of current standards (DH, 2018)

Table 2

The following databases were accessed
Cumulative Index to Nursing and Allied Health Literature (CINAHL)
PubMed
British National Index (BMI)

Table 3

The search terms used were
Student nurs*
Nursing student*
Mentorship*
Mentor*
Student placement*
Clinical Placement*
Clinical practice*
“Academic failure”
Fail*
“Retrieval”

In order to ensure a manageable focus for the chapter, a criterion was applied by screening titles and abstracts of the articles.

Table 4

Literature review inclusion criteria applied
Primary research literature relating to student nurses experience of being mentored within their practice placement
Theoretical literature relating to the nursing mentorship process
Practice literature which incorporates student/mentor experiences
Relevant words and key concepts (see above)
Pre-registration nursing students
International studies (Pre-registration nursing programmes within these countries follow a similar training model)
Studies from 1990's onwards.
Literature review exclusion criteria applied
Preceptorship
Allied Health Professionals
Post registered nursing education students
Return to practice nursing students

Research papers were considered to determine if they fitted with the inclusion and exclusion criteria in addition to the study aims and objectives. Once the literature search was completed, an excel spreadsheet was created as a framework to establish and keep the focus of the research question, as it was easy at times to stray due to copious amounts of interesting research papers. Collectively, 92 papers were selected for review and a spreadsheet was created to keep a log of the article title, date and author. The spreadsheet was split into three separate pages which identified 1) students views 2) mentor views and 3) failing students. These phrases were identified from the article abstracts as being the most common phrases used

when searching through the articles therefore, the three themes assisted with the organisation of the literature. Upon completion of this process, each paper abstract was read in detail and 72 papers were omitted due to not having an association with my study concepts and ideas which was to explore student nurses experience of failing clinical practice, repeated clinical placement and understanding mentoring and mentorship.

The literature search identified a variety of studies that included qualitative and quantitative methodologies in addition to different designs and approaches (appendix iii). The Critical Appraisal Skills Programme (CASP) framework was used to critique papers and form an opinion regarding the strengths and weaknesses of all existing published research (CASP, 2015). Each identified paper was read in depth and a critique summary sheet was written to enable organisation of the themes and synthesis to emerge which helped with the structure of the literature review chapter. The themes emerged from looking at the aims of the studies and when the papers were added to a literature synthesis spreadsheet which displayed all selected papers pertinent to my study question and aims. The spreadsheet consisted of headings relating to the article author; article name; date of publication; study design and a brief summary of key findings. This allowed for a constant view of all papers at any one time, which highlighted similarities and differences from the research papers.

2.3 Literature findings

Irrespective of changes to pre-registration nursing education from 1986 to nurse education standards used today (UKCC, 1986; UKCC, 2001; NMC, 2004a; NMC, 2006; NMC 2008; NMC, 2010a and NMC, 2018) the literature demonstrated clear common subject themes in relation to the focus of mentors, mentorship programmes and pre-registration student nurses.

The synthesis resulted in three overarching themes which were 1) the reality of learning in clinical practice; the students views, 2) facilitation of learners in clinical practice; the mentors view and 3) failing in clinical practice. A screenshot of the process can be viewed in appendix iv

2.4 The reality of learning in clinical practice; the students view

This section focuses on pre-registration student nurses' understanding and experience of learning in clinical practice. Exploring pre-registration student nurses' understanding of mentorship and being mentored is important when creating a clinical learning environment conducive to all types of learners. It is even more important to understand the many different ways pre-registration nursing students experience and understand this phenomenon in particular when they have had to repeat / retrieve a practice placement. The literature search did not uncover any literature explicitly relating to students who had failed, repeated, or retrieved a practice placement indicating the uniqueness of the selected subject area. Nevertheless, the papers reviewed did offer insightful information in relation to student's experiences, emotions and feelings of practice placement and mentorship. The research papers which explored students experience of practice placement included students experience of mentors and mentorship, identity and belonging, students' views and experience in relation to empowerment and students experience of unfairness in clinical practice.

Clinical practice in nursing is often perceived as a physical practical experience linked to wards, health centres and clinics. However, this is changing, reflecting the need for more care in the community in line with the NHS Long-Term Plan (DH, 2020). Another reason for this shift from traditional clinical placements for student nurses to community settings is due to the lack of student mentor numbers in acute clinical placement areas; as service users are being cared for at home or closer to home (NHS England, 2014). The need for quality clinical placement has always been in demand as nursing student numbers increase and even more so since the abolishment of commissioning of nurse education places by HEE in 2016. Universities now set their own undergraduate nursing admission numbers with students now having to pay for their course, putting extreme pressure on university placement teams to find adequate clinical placements. This was evident in my role as a Placement Development Manager for HEENW to quality assure and create new placements for student nurses as the placement shortage began to expand.

Equally the lack of mentors in practice and the increased numbers of students needing facilitating in practice, have a profound impact upon student learning and consequently any negative experiences a student may encounter in practice could potentially affect their learning opportunities for the rest of their nursing programme (Thomas *et al*, 2015). The following section discusses more about students experience of mentors and mentorship from the literature.

2.4.1 Students experience of mentors and mentorship

The key aspect of the students experiences of the role of mentoring and mentorship in the literature reviewed involved student's perceptions of mentors and mentorship (Gray and Smith, 2000 and Foster *et al*, 2015) One small study conducted by Gray and Smith (2000) used a longitudinal grounded theory method, which focused upon 10 student nurses' perspectives of an effective mentor over the programme period. The main aim of the study was to understand changes in the student's perspective of their mentor over time. Data was collected via informal interviews at the beginning of their course and on four subsequent occasions. Students were also required to keep a diary to record their thoughts and feelings throughout their practice placements. Gray and Smith (2000) did not state the length of the pre-registration nursing programme duration; however most pre-registration courses are three years long. More importantly it was not stated how students were selected to participate in the study suggesting intercalating students or return to practice students may have taken part in the study. This could distort the findings if students have preconceived ideas and experiences of having been mentored in addition to the present experience. The study concluded that students experience a gradual distancing from the mentor the further they go through their training and see this as a positive experience. However, an experienced mentor would likely class this process as part of the student journey and an expectation of achieving practice competence and not because they are deemed a 'good' mentor. Students perceived mentors to be approachable, confident, professional, and well organised (Gray and Smith, 2000).

Foster *et al* (2015) more recently conducted a study of 129 nursing students' expectations and experience of mentorship within the UK. The study was a mixed methods exploratory sequential design with final year nursing students as

participants. The study involved a two-stage approach, with a semi- structured focus group as the first stage followed by an online questionnaire in stage two. The study found largely all students had experienced positive support however, the study focused more upon students' expectations rather than their own experiences of mentorship. The students from this study cited a mentor should be a good role model with adequate professionalism to ensure a positive clinical placement was achieved. However, ten students from the study identified mentors not willing or having the desire to be mentors and only became mentors for career progression. Other findings from this study revealed that mentors who do want to facilitate in clinical practice, felt ill-prepared for their role and lacked self-belief in supporting the students adequately.

Again, these findings need to be treated with caution due to the focus group having been arranged and led by the researcher with all participants known to her, which could potentially have compromised students' honesty. It is also unclear what appropriate measures were taken to prevent any possible risk of coercion and that professional boundaries were maintained throughout the research process.

2.4.2 Identity and belonging – students experience

Levett-Jones and Lathlean (2009) employed a mixed methodological study design which looked at the extent to which students experienced belonging in clinical practice. The study was conducted internationally using a comparative mixed methodology surveying 362 third year students from two Australian Universities and one UK University. Data was collected in the form of a quantitative online questionnaire using a belonging scale followed by qualitative semi-structured interviews with 18 of the participants. The scale which was used was a modified version of an existing tool using a Cronbach alpha score which resulted in a score of 0.92. Cronbach alpha measure's reliability and a score of 0.92 would indicate confidence in the reliability however, the study does not indicate what was being compared and measured and focused more so upon the qualitative data collected.

The findings demonstrated the need for students to experience a strong sense of belonging as without it, student nurses fail to develop a sense of identity as a nurse.

From the study a definition of belongingness emerged stating that it 'is a deeply personal and contextually meditated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued, and respected by a defined group, (b) connected with or integral to the group and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belonging may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions by the individual' (Levett-Jones and Lathlean, 2009 p 2872). This definition indicates that students need to adopt certain professional values of a given group and be able to adapt in any given clinical area however, many students may inadvertently lack the necessary skills to accomplish this resulting in feeling undervalued and unaccepted in the clinical area. The literature uncovered how some students experience stress whilst in the clinical placements (O'Mara *et al*, 2014) however, a student's ability to cope within these environments rely heavily upon the relationship they have with their mentor. Levett-Jones *et al* (2009, p323) stated 'positive staff-student relationships are crucial for students to feel accepted, included and valued.

Naturally humans need nurturing, which may require an element of emotional intelligence and self-awareness by the mentor to recognise when a student is failing to adapt to the practice placement (Clark, 1992). A term used by Levett-Jones and Burgeois (2007) states students undergo a period of *bedding in,* which refers to a student nurse feeling settled in the placement area. After the period of *bedding in*, a student may experience professional socialisation. The term professional socialisation has been widely discussed for some time. Merton *et al* in 1957 described the term as *'the process by which people selectively acquire the values and attitudes, interests, skills and knowledge, in short the culture, current groups of which they are, or seek to become a member'* (Merton *et al,*1957 p278). Clouder (2003) in her longitudinal study of occupational therapy students discussed how professional socialisation is a complex notion and students alluded to *playing the game,* meaning learning to conform to certain situations either by having an awareness of written and unwritten rules. The students found strategies to work along side their professional peers so they could fit in and stated they *put up with things* and did not want to *rock the boat* as not uncommon tactics to adopt during their clinical placement (Clouder, 2003 p217).

Levett-Jones and Burgeois (2007) explain professional socialisation occurs when a student nurse has experienced how a Registered Nurse behaves professionally and how they think and feel, it is only at this stage that a mentor/student relationship has been formed. It is clear from the literature that one of the most important aspects of a students practice placement experience is whether the students feel that they belong (Levett-Jones and Burgeois,2007). When students feel they belong in a practice placement environment, their learning and motivation is heightened.

2.4.3 Empowerment

Bradbury-Jones *et al* (2011) explored nursing students experience of empowerment in clinical practice. Thirteen first year nursing students were recruited and interviewed annually from 2007-2009. Early in the study, it was highlighted that student's perception of empowerment was not always clear and the concept of 'being valued' was interpreted by the students instead. According to Gibson (1995) the term empowerment comes from the Latin word 'potere' meaning to be able and can be seen as 'a social process of recognising, promoting, and enhancing people's abilities to meet their own needs, solve their own problems and mobilise the necessary resources in order to feel in control on their own lives (Gibson, 1995, p359). However, Rodwell (1996) states that healthcare professionals cannot empower people, people can only empower themselves. Such a statement assumes that student nurses entering the nursing profession require permission to develop autonomy and confidence to be able mature as a nurse. Nevertheless, nurse mentors should help students promote and secure the use of resources fundamental for self- efficacy and empowerment in clinical practice.

Three prominent elements from the data emerged from Bradbury-Jones *et al* (2011) study; being valued as a learner, a team member and a person. One of the main issues students experienced from mentors within this study was the lack of encouragement and responsibility which left them feeling less valued and their learning compromised. The study also found similarities to that of Levett-Jones *et al* (2009) study where some mentors tended to display impatience and frustration

towards students and the mentors seemed to disregard students' feelings. This mirrors the notion of belonging and nursing students desire to be accepted as part of the nursing team. Bradbury-Jones *et al* (2011) found that nursing students felt more empowered with an increased ability to learn if they were part of the nursing team. Lastly the study highlighted the students desire to be valued as a person which translated to being treated with respect. All too often in clinical practice student nurses are referred to as 'the student' and not by their name. From a student's perspective, many staff members find the high numbers of students in clinical practice too many and unintentionally would forget their names or referrer to them as 'the student' for ease and not to disrespect them as a future professional and colleague (Bradbury-Jones *et al*, 2011).

Houghton (2014) critically reviewed the literature focusing on how nursing students fit in with the real world of practice. Much of the literature reviewed predated 2008 however, the paper discusses the notion of belonging, professional socialisation, and students' ability to adapt in clinical practice. These findings were similar to that of Levett-Jones and Lathlean (2009) study which suggests students experience of adapting in clinical practice are still the same.

The literature reviewed by Houghton (2014) found five concepts relating to understanding students experience of clinical practice. They were socialisation tactics; role modelling; peer support; realism of pre-entry knowledge and newcomer disposition (Houghton, 2014 p 2369). Socialisation occurs at the beginning of the placement and is implemented at an organisation level. The organisation intentions are to inform newcomers about structure, expectations and facilitate skills and knowledge through learning the ropes (Hatmaker *et al*, 2011). In addition, studies revealed that a supportive ethos with an adequate learning environment which includes staff acting as good role models enhances student socialisation. However, hindering factors have been described as lack of supervision, stressful working environments, feeling ignored and lack of learning opportunities (Löfmark and Wikbald, 2001; Hoel *et al,* 2007; Mooney, 2007). It is clear from the literature that there is more to socialisation for students in clinical practice than at an organisational level. Students need to be able to acquire organisational and professional socialisation skills in parallel to develop and improve their learning opportunities in

practice.

The second concept Houghton (2014) describes is role modelling. Role modelling is defined by Houghton (2014) as someone who provides support and information and are already in the organisation. This overlaps slightly with professional socialisation as it puts an emphasis on the importance of supportive staff in facilitating students learning in practice. The amount of support given by the mentor is said to influence a student's ability to learn. Some studies (Cope *et al*, 2000; Webb and Shakespeare, 2008) indicated that direct supervision could be effective during the interim stages of learning and as competency in performing skills are achieved peripheral support can take over. Houghton (2014) explains this term as students being able to develop their skills within safe parameters of their mentor.

Role modelling is essential to socialisation within clinical practice. Support and supervision help students to adapt and adjust to the clinical environment nevertheless, role modelling may cause negative socialisation whereby students adopt behaviours and practices which may be called into question. Less desirable behaviours are difficult to unlearn once they become the norm for students. In this instance it is necessary to ensure all student mentors have the appropriate training and development to undertake this role effectively (Houghton, 2014).

The literature reviewed by Houghton (2014) discussed the notion of realism of pre-entry knowledge. Research by Gray and Smith (1999) found that students who felt being knowledgeable and skilful prior to the clinical placement helped them through the socialisation process. However, studies found that students who had previously been a Health Care Assistant prior to becoming a nursing student, identified shock from the transition. These students thought that having some knowledge of the role would be helpful but soon became aware that the accountability and the responsibility of the student nurse role was challenging (Brennan and McSherry, 2007). Kramer *et al* (2011) refers to new graduates transitioning to professional practice as a 'reality shock'. In her descriptive study, Kramer *et al* (2011) using data collected from a longitudinal professional practice environment survey and a nurse assessed quality of patients' survey at four, eight, and 12-month intervals, found new graduates had high anticipations and expectations of professional practice environments. The study found that the participants expected their work

environment, people, relationships, and work structure would enable them to establish relationships needed to provide quality care and professional satisfaction. However, the study confirmed mixed findings in relation to reality shock as some new graduates experienced little or no reality shock but some experienced poor quality of care in their area of work which they had not experienced before therefore citing this as a factor in transitioning from a student to a professional.

Lastly, the concept of the newcomer disposition describes the newcomer's personality and the impact it has when adapting in the clinical placement. Students who display a confident manner are more likely to have a positive learning experience and find socialisation easier than less confident students (Chesser-Smyth,2005). Likewise, confidence can increase when student nurses feel part of a team and gain positive feedback from their mentor.

Houghton (2014) clearly outlines the importance of professional socialisation in clinical practice for nursing students. Students should naturally acquire these traits by having access to a mentor who is an effective role model and always displays professional behaviours and attitudes. Students will not always begin their nursing career with confidence however, a successful practice placement should equip them with the attributes to become a confident practitioner of the future. Unfortunately, this is not always experienced by nursing students in clinical practice as in my experience as a PEF and personal tutor, some student nurses complete their pre-registration nursing programme with little confidence to practice as a registered nurse.

2.4.4 Perceived experience of unfairness in clinical practice

Jack *et al* (2018) explored perceived unfairness experienced by nursing students in clinical practice. This study adopted a descriptive narrative approach with 1425 nursing students within the UK. The student nurses were given a questionnaire to complete followed by 22 students undertaking an interview. The online questionnaire survey used a series of closed questions which found 67% of students felt respected on placement, 61% of students said they had enjoyed their placement however, 59% of students stated that their mentors did not have time to teach them along with 59%

who also felt they were used as a free pair of hands. For much of the last 20 years, the NHS has experienced large numbers of nursing vacancies with placement areas still opting to facilitate nursing students. During the period when nurse education was affiliated to NHS Trust's schools of nursing, student nurses were counted in nursing team numbers as they were a salaried profession. When nursing transitioned to a university diploma, student nurse clinical education allowed them to hold supernumerary status and observational learning occurred. However, for some student nurses who are informally counted in the nursing team numbers, they declare it is having an impact upon their ability to learn and develop which is overshadowing their capability to achieve their specific learning outcomes (Jack *et al*, 2018). Within nurse education, there is a fine balance between students' perception of supernumerary status within clinical practice and working as part of the clinical team. Having supernumerary status is not always defined and understood by students who feel their learning experience is compromised because of feeling they are an extra pair of hands however, what they are aware of is their professional accountability to recognise their own limitations in practice and declare to their mentors if they lack confidence or competence to undertake a particular area of care independently. The findings from Jack *et al* (2018) study suggested a more joined up approach to supporting students in practice. Universities, placement areas and education providers need to contribute to enhancing the student experience and wanting the student to feel valued and respected throughout their professional careers.

Challenges of professional socialisation in clinical practice have been the cause of stress and anxiety (Brodie *et al*, 2005; Levett-Jones and Lathlean, 2008). For many students their anxiety was related to fear of the unknown at the beginning of their clinical placement and lack of planned orientation and induction to the placement resulting in heightened anxiety (Lathlean and Myall, 2006). Gidman *et al* (2011) study found support for student nurses prior to the placement and throughout was paramount in reducing anxiety for student nurses and meeting their expectation of how they should be supported in practice. The study's findings from a questionnaire identified students were less likely to leave the course and may experience reduced anxiety if they received adequate support in practice furthermore, they cited mentors as the main source of support.

Factors which hinder students learning in practice may always be present in one form or another. Nevertheless, it is evident from student nurses' perspective of clinical practice, that ongoing studies are still reporting evidence of ineffective practice placement experience and students experiencing lack of identity and belonging in clinical practice. No matter how many times professional awarding bodies change or adapt pre-registration nursing in practice standards, student nurses are still reporting the same issues in practice.

The following section aims to discuss the mentors' views in relation to facilitation of learning for nursing students in clinical practice.

2.5 Facilitation of learners in clinical practice; the mentor's view

This section of the literature review seeks to understand the mentors view of facilitating learning in practice. Most of the results from the literature search in relation to my study question fell within this theme therefore, the section has been divided into four subheadings: a) Characteristics of a mentor; b) Mentor/ student relationship; c) Mentors understanding of the mentorship role; d) Mentors' reluctance to fail students.

2.5.1 Characteristics of a mentor

A mentor is defined by the NMC (2010, p 148) as 'a nurse or midwife on the NMC register who, following successful completion of an NMC approved mentor preparation programme, is entered on a local register and is eligible to supervise and assess students in a practice setting'. Mentoring is an expected requirement of the registered nursing role (NMC, 2008). Mentors are regarded as the gatekeepers of the profession using their clinical judgment when ascertaining if a student nurse meets the required standard of competency to register with the NMC upon completion of the course. This responsibility for mentors brings an expectation of competent mentoring skills, however, behaviours and relationships between the mentor and students in practice were identified as one of the main reasons for ineffective mentoring.

Two studies Huybrecht *et al* (2010) and Salminen *et al* (2012), refer to mentors having to acquire certain characteristics to be an effective mentor. Huybrecht *et al's* (2010) study was carried out in Belgium which follows a similar model of mentorship in clinical practice as the UK and suggested that mentors who demonstrate enthusiasm; a positive attitude and willingness to mentor are more likely to benefit from job satisfaction and career advancement. Huybrecht *et al* (2010) studied mentors perceived characteristics of mentoring students. The study sample consisted of 112 mentors completing questionnaires in addition to participants voluntarily expressing their opinion through semi-structured interviews however, the study does not present the total number of interviews which took place. Her analysis included 33 elements of characteristics of a mentor, which were deemed important. Huybrecht *et al* (2010) describes the study as a *simple research topic*, which illustrates thoughts from mentors about their own self-perceived ideas of what characteristics make a good mentor. This data could be identified as subjective based on people, when asked questions about themselves, they rarely speak about the 'real self', which is described as how a person acts and behaves. In contrast 'ideal self' is defined as the person you would like to be, which includes what you want out of life and work and how you wish to behave (Goldman, 2003). The Huybrecht *et al* (2010) study is rich in positive characteristics of a mentor which include friendly manner, pleasant and approachable, however, fails to outline poor mentor characteristics.

Salminen *et a*l (2012) studied competence and cooperation of nurse educators using a descriptive, cross-sectional method. Like Huybrecht *et al* (2010) they highlight the following factors as essential attributes of a good mentor, someone who has a strong nursing competence, pedagogical skills and personality factors. However, unlike other researchers, Salminen *et al* (2012) study included a range of perspectives such as nurse educators, nursing students, educational administrators, nurse leaders and nurse mentors which contributed depth to the study. This approach is one that is unique in part as it included all members who are instrumental in student nurse's education and mentorship process. Salminen *et al's*; (2012) work adds the concept of knowledge through pedagogical skills. This concept or skill has been missing from most of the literature or defined as subservient to that of characteristics of a mentor, behaviours or personality. However, Wittgenstein (1921) and Russell

(1963) suggest that to transfer knowledge from one to another through language alone, is limiting as they state *there can be thinking without speaking but there can be no speaking without thinking* (Wittgenstein, 1975 p 14). The concept of language of thought (Wittgenstein,1921) will be discussed in more depth throughout the thesis.

The findings of Salminen *et al* (2012) study in contrast to Huybrecht *et al* (2010) found that nurse mentors' rate themselves differently than the other groups within the research. Nurse mentors' rate themselves highest in having a good relationship with students, personality factors, nursing competence and teaching skills in contrast; nearly all the other groups gave the nurse mentors the lowest score for personality factor, in addition to nurse mentors being critical of the nurse educator.

In contrast to the characteristics of a good mentor, the papers fail to provide detailed characteristics of poor mentoring. Gray and Smith (2000) briefly discussed in their paper the effects poor mentoring has on the student experience, highlighting that student often feel used by mentors as they delegate unwanted tasks to them. Furthermore, Gray and Smith's paper (2000) failed to define what a poor mentor is and only offered examples of what the mentors do not do for students, classing this as poor mentoring. In addition, the study found that some students evaluated their mentor in practice as displaying poor teaching technique, an absence of knowledge and not fulfilling promises of learning opportunities which prevented students from developing.

Despite placement managers and university staff having an awareness of identified mentors who display poor mentoring traits, the need for practice placements with stage two mentors, outweighs the option of ceasing to allocate students to these mentors. Darling's (1984) seminal study is still relevant as researchers still relate to its content (Andrews and Chilton, 2000). In her study, Darling (1984) refers to mentors who clearly do not want or enjoy mentoring as *toxic mentors.* She states, mentors who ignore or even criticise student nurses, causes tension within the mentor/ student relationship. She further expands her views by referring to mentors as *avoiders, dumpers and blockers*. Avoiders are mentors who demonstrate diversion techniques to avoid a student nurse being allocated to them. Dumpers according to Darling (1984) are mentors who expect students to hit the ground running and relinquish any responsibility for the students' learning. When Darling

refers to blockers, she discusses how mentors fail to meet the needs of the student. Blockers either refuse to help the student, withhold information including knowledge or skills or by hovering over the student inhibiting their development by close supervision.

Gray and Smith (2000) suggest that students soon develop coping strategies when faced with difficult mentoring situations. Moreover, they suggested students cope with a situation of neglect by either changing their off duty so they will work the minimal amount of time with their mentor or report the mentors conduct to the manager. Students will also find ways of *keeping out of the way* and becoming *invisible*. This strategy helps students get to the end of the placement, meeting only the required competency for a pass mark with many other learning opportunities missed as a result of keeping a low profile. This has been described as *surviving and thriving* in the practice setting (Corrin, 2016).

In summary, the research papers provide evidence of certain characteristics and behaviours required for effective mentoring of pre-registration nursing students. Personality factors, nursing competence, friendly manner and approachability were all attributes of good mentoring (Huybrecht *et al*, 2010; Salminen *et al*, 2012). There seems to be a correlation between mentors who display positive behaviour traits and students rating the mentor as good, regardless of the knowledge and teaching experiences the mentor has. The literature suggests that mentors when asked about mentoring characteristics, view themselves differently from their colleagues or students. This poses the question, were mentors describing what they thought an ideal mentor should be like and not how student nurses see them in reality?

The literature identified certain characteristics perceived to be associated with being a good mentor however, some of the views are from mentors' perspectives and not from student perspectives. The study by Salminen *et al* (2012) which did include students' perspectives did not report if any of the students had experienced a retrieval placement, therefore, did not add any new information in relation to my study question. Insufficient studies exposing a contrast of mentor's characteristics from a student and mentor perspective made the literature review one sided.

2.5.2 Mentor and student nurse relationships

One of the eight NMC domains, which nurse mentors must provide evidence of achieving when mentoring a student nurse is establishing an effective working relationship (NMC, 2008). The eight domains provide a framework for mentors when assessing nursing students in practice. However, the responsibility and accountability for establishing an effective working relationship in practice does not necessarily improve the quality of practice placement learning, as there are many other determinants which affect the quality of the practice placement for example, exposure to valuable learning experiences and other health care professional's willingness to offer teaching and learning sessions (Willis, 2015).

Webb and Shakespeare (2008) state that an effective mentor/ student relationship must be based upon a range of influences from trust and respect, partnership working and the development of a relationship. In clinical practice, nursing students must cope with the constant change in practice placement areas throughout the nursing programme to gain a breadth of experience. This can be a complex process for student nurses as the transition to a new clinical placement and forging new professional relationships during each practice rotation can be challenging.

Students are said to have experienced a delay in learning and more worryingly experiencing damage to their self-image due to mentors displaying unprofessional behaviour towards them (Wilkes, 2006). Moreover, many researchers discovered how students find a way of changing negative experiences into a positive learning opportunity (Pearcey and Elliott, 2004). Work completed by Pearcey and Elliott (2004) uncovered student's ability to learn quite quickly and negative behaviour is not what they want to adopt in the future and emotional and psychological experiences are as important as competencies when achieving an effective relationship.

In contrast to students experiencing an underdeveloped relationship with their mentor, Web and Shakespeare (2008) conducted a study which aimed to explore how mentors make judgements about student nurses' clinical competence. Mentoring relationships were cited as one of the main difficulties when assessing students in practice. This was a qualitative exploratory study, collecting data from

student nurses and mentors, via a combination of one to one and group interviews with a total of 24 participants. The findings of the study confirmed previously completed work by Scholes *et al* (2005), indicating mentors make competency judgments based upon subjective bias resulting from personality clashes. It is noted that whilst this is the finding of student and mentors' views from the study, students still need to acquire a level of proficiency to achieve NMC competencies.

Students and mentors alike are aware of adhering to policy. For example, NMC (2019) 'raising concerns' which encourages students and mentors to raise concerns whilst out in practice, resulting in HEI and PEF support to resolve any differences of opinion.

Student nurses adopt certain behaviours to overcome many clinical placements challenges they experience with their mentor (Gray and Smith, 2000). One phrase which can be used to describe a mentor /student relationship is 'faking friendships' which interprets 'not being a true friend but a fraudulent one'. There has not been any study regarding this terminology, and its link to mentorship. This term was first coined by Oakley (1998) during a study associated with researchers and how they gain a rapport with their participants. It was suggested that researchers establish friendships not as a scientist but as human beings, resulting in richer knowledge and information for their study. This concept resonated with me whilst reading the literature by Corrin (2016) 'surviving and thriving' and work completed by Gray and Smith (2000) who suggest that students soon develop coping strategies within the practice placement. For student nurses to achieve NMC competencies within the practice placement, they may unknowingly be 'faking friendships' with their mentor during the placement to 'get what they want' and discontinue the relationship once the placement experience is over. Mentors in comparison would not benefit from 'faking friendship' with a student nurse, as there would be no recompense during or after the student nurse's clinical placement.

In summary, it is evident from the research that student nurses express a strong need to belong and be valued in the placement area. Professional socialization has been identified as fundamental to the outcome of a student's learning experience. Failure for a student nurse to gain this exposure or be allowed to experience it could result in students not acquiring certain professional attitudes pertinent to the role of a

registered nurse. An underdeveloped relationship between a student and a mentor has repercussions for the student. Students would find it difficult to put themselves forward if a chance of a learning opportunity was to arise. It has been suggested that a student would keep a low profile and lack confidence to assert themselves if a relationship with the mentor had not progressed beyond the first meeting of introductions. Lastly it has been suggested mentors make judgements regarding a student's clinical competency based upon personality clashes, it would be difficult for a mentor to prove students' incompetence solely based on not getting along or differences of opinions as other team members who work alongside the student would also have to agree with the mentor's views.

Although the literature highlights many problems and issues regarding the mentorship role it fails to offer any solutions or ways of moving forward to improve student/ mentor relationships and the uncertainty remains regarding what each party expects from the mentoring experience.

2.5.3 Mentors understanding of the mentorship role

The literature highlighted that the role of the mentor is an important one however, there was evidence which suggests that mentors understanding of the mentorship role varies considerably (Vallant and Neville 2006; Wilkes 2006; Brammer 2006; Bray and Nettleton 2007; Gleeson 2008). Of these papers, Brammer (2006) was a phenomenographic study, researching registered nurses understanding of their role in student learning. The sample was purposive including 30 registered nurses who all participate in mentoring student nurses. The method used semi-structured interviews resulting in eight variations of understanding nurses experience when mentoring students. Most registered nurses described the role as a facilitation role or teacher/coach. They viewed students as future peers; therefore, the necessity to achieve a collaborative relationship between the registered nurse and the student was paramount (Brammer, 2006).

In addition, Brammer's (2006) facilitation of learning was viewed as not just the physical aspect of being a mentor but the ability to mentally challenge the student.

Brammer (2006) continued to stress registered nurses understanding of the mentorship role in addition to facilitator or teacher included coach or a supervisor, role model, instructor, manager, the authority and lastly the resister or dissenter. The concept 'the authority' is understood by mentors within the study as an obligation to show student nurses the reality of nursing focusing upon the student learning through seeing and hearing. Others may assume this idea has developed from registered nurses 'allowing' student nurses to hear and see varying experiences of a good or positive experience on their behalf. From a professional body (NMC) viewpoint, a possible explanation for this is registered nurses see themselves as the gatekeeper to the profession therefore, they have the authority to expose the student nurse to what they deem necessary or beneficial to the students learning experience.

Duffy (2003) in her work commissioned by the NMC (2003) alluded to improvements within pre-registration nurse training in particular the acquisition of improving skills and knowledge by improving the skills of mentors. Preparation for the role of mentor currently occurs at an annual mentorship update however, when student documentation changes or additional NMC circulars are published, mentors report feeling unsupported and lacking vital information relating to the role of mentoring (Turnbull, 2014). In terms of current support and supervision for mentors, PEF or Clinical Educators (CE) who are employed by NHS Trusts mostly support mentors in practice. However, most mentors will only access the PEF or CE annually at updates or if support is required due to a student failing. High workloads and staff shortages are cited as the main reason for mentors not seeking support whilst mentoring (Castledine, 2002) although a study by Sharples and Kelly (2007) suggest that there are clear benefits to mentors for seeking additional support. Half of the 71 mentors interviewed, responded that present support for mentors was inadequate and failed to meet their individual needs. The study suggested that more input from the university was required for mentors, resulting in a collaborative approach strengthening mentor support.

In addition to mentors experiencing work-based pressure affecting the mentorship role, governing bodies also demand that mentoring is consistent across all organizations who are responsible for the teaching and learning of pre-registration student nurses. The implementation of the Standards to Support Nursing and Assessment in Practice (NMC, 2008), resulted in pressure upon clinical staff to

complete student documentation at timely intervals throughout a student's placement. This has led to anxiety not only for the mentor but also the student, as academic credits are awarded to practice placement assessment for the students (NMC,2010).

Preparing mentors for the arrival of students is essential (Gleeson 2008; Turnbull *et al* 2014). However, mentors experience lack of understanding of the assessment documentation. Bray and Nettleton, (2007) refer to mentors not able to differentiate between the term mentor and assessor. However, mentors seem to understand their role better by separating the two terminologies. Bray and Nettleton's, (2007) study used questionnaires containing 20 pre-selected terms relating to the role of the mentor. The findings confirmed 40% of mentors were clear about the role, however 46% were unclear about their role and what was expected were of them as a mentor. What was interesting about the findings of the study, mentors had a better understanding of the standards to support learning and assessment in practice than an understanding on how to assess a student nurse in practice. One possible explanation for this could be, the criteria for content of a mentorship update clearly states mentors should have knowledge of the Standards for Nurse Education (NMC, 2008). However, mentors fail to understand nurse education standards which may impact upon teaching and assessing student nurses in clinical practice.

In summary, the NMC (2008) are clear about the role of the mentor and produced Standards to Support Learning and Assessment in Practice (2008). In reality the role is a confusing one to both student and mentor. Mentors use knowledge and skills when assessing students, based on experience of being mentored themselves or how they believe it should be done. This could potentially risk a student failing due to an unsupportive mentor, or not receiving vital learning experiences whilst out in practice.

2.5.4 Mentors reluctance to fail students

Since the publication of Kathleen Duffy's (2003) paper; *Failing students*, mentors became the focus of failing to fail students in practice and the inability to acknowledge the failing student. In response to this, PEF teams and link lecturers in practice increased support and guidance to mentors to fail students who do not meet

the NMC (2008) standards for nursing. Duffy's (2003) concerns raised issues about the assessment of pre-registration nurses in practice and the possibility of mentors failing to fail students. The study focused upon lecturer and mentors' perspectives of failing students in practice exploring their experiences regarding issues relating to failing students. Duffy (2003) found clinical competence was the main reason for student nurses failing as it was described as 'weak'. In addition, of the 26 mentors, the study found six mentors had not experienced failing a student and more startling ten mentors confessed to having passed their students despite having concerns over their fitness to practice and lastly ten mentors did express experience of failing their students.

It is important to note, Duffy's (2003) study collected data prior to implementation of the NMC (2004) Standards of Proficiency for Pre-registration Nurse Education and therefore does not reflect current nurse education standards, however, her report did cause regulatory nursing boards and universities to review the process for assessment in practice. This reviewed process, introduced the Standards to Support Learning and Assessment in Practice (NMC, 2008) that still exists today.

Nursing is essentially a competency-based profession (Rutkowski, 2007). Pre-registration nursing students spend 50% of an undergraduate-nursing programme being mentored in various clinical practice setting to achieve the competency requirement for entry onto the NMC nursing register (NMC, 2008). Defining the term competency within the context of nursing allows only for a single definition. The NMC (2004) states that a student, when without the need for direct supervision from the mentor, has achieved a competency as the skills and abilities to practice safely and effectively have been demonstrated. Studies by Beaumont (1996) and Roach (1992) add knowledge and understanding of skills and experience as a requisite for competency achievement. They state performance is only possible when an overlap of knowledge and understanding with clinical problem solving has been mastered. This concept has been apparent since the 1980's and 1990's in Britain and Ireland when the significant shift in Nurse education from hospital-based learning to Higher Educational Institutes (HEI) occurred. Although there has been an ongoing debate about the merits or disagreement of this shift, the notion of the 'knowledgeable doer' was created (UKCC, 1986). This concept invoked justification for educational grades being awarded in parallel to student nurses gaining nurse registration. This implied,

the practical worker (doer) possesses a higher level of knowledge allowing them to effectively accomplish nursing care (UKCC, 1986).

Without a definitive understanding of the term competency, mentors are increasingly struggling to identify and manage underperforming students (Elliott, 2016). In this case, students who are referred may present a challenge. It has been argued, when assessing competencies, the use of a reductionist approach diminishes the assessment process due to the use of a tick box document and exception reporting (Dawson, 2006). In addition, Norman (2010) outlines a need for valid and reliable assessment tools, which are transparent and comprehensible. Mentors are faced with complex and multi-facetted aspects of assessing students. The lack of clarity and consensus of a competency definition is also mirrored when mentors try to comprehend what is meant by failure (Duffy, 2003). Researchers claim the disparity on how failure is defined causes confusion, personal and emotional challenges for mentors, and mentors will go as far as to award a passing grade when faced with a student who is on the borderline of pass or fail (Jervis and Tilki, 2011). The NMC (2010) does not provide clear guidance on what constitutes a pass or a failure in practice. Mentors therefore rely upon their clinical judgment, which relates to clinical skills competency and pay less attention to the students' underperformance when they are displaying a caring nature or professional standards (Fitzgerald, 2010).

Mentors are aware of their professional accountability throughout the mentoring process but express concerns over who is responsible for failing students who display poor performance (Sandy, 2010). Prior to the NMC (2008) changes in standards for nurse education, students were assessed on their knowledge and skills of particular competencies, however, the introduction of, the *Standards for Pre – Registered Nurse Education* (NMC, 2008), included attitudes and professionalism competencies to the already measured knowledge and skills. This caused confusion for the mentor as little or no guidance was offered during the implementation of this new way of assessment (Jervis and Tilki, 2011). An increase in studies during this time focused upon the term *confidence to fail* (Fitzgerald, 2010; Jervis and Tilki, 2011). Mentor's lack of understanding of attitudes and professionalism meant they could not justify failing a student in practice. Mentors also felt if they did fail a student, their decision would be overturned by university academics (Fitzgerald, 2010). Duffy (2003) identified similar issues. She disclosed that mentors believed

that university staff use a *bum on seats* attitude and less attention and support was given to clinical assessment and much more emphasis was given to academic education. Her study also found more alarmingly that mentors were more reluctant to fail students for fear of the student appealing the decision and the decision being overturned by the university. This opinion by many mentors could offer an explanation as to why Duffy's (2003) research found student referral numbers were less in year one due to mentors giving students the benefit of the doubt. This led to an increase in referrals in year two with unsafe students even making it to year three (Black, 2010). It was assumed the reason for failing students reaching year three was due to mentors not being able to assess management skills of the student sooner. Luhanga (2008) argued that students should be given more time to develop this competence out in practice. Kevin (2006) states the removal of a student for unsafe practice at an early stage is priority to protect the public.

In conclusion, the unclear definitions of nursing competencies make way for the disparity during a student's assessment. Mentors use their own clinical judgment when passing or failing a student with little support in practice. The literature has demonstrated that very little has moved forward since the implementation of the Standards for Nurse Education (NMC, 2008) as researchers are still finding similar issues regarding failing students in practice as Duffy (2003) had eighteen years ago. What is clear within the literature, is the need for further support for mentors in practice making practice learning on an equal footing to that of education. Mentors need to be empowered to make difficult decisions regarding student nurse competencies and know that it is the right decision to make. Furthermore, a compact circle of support is required for student nurses who may be on the border of failing a competency, to acquire support prior to the final decision of the mentor. Often mentors' decisions are made without students having an opportunity to address failing issues, until after an interim review.

2.6 Failing in clinical practice

Nursing students in the UK spend 50% of their nursing programme in clinical practice. The quality of the programme relies significantly on the effectiveness of the student's clinical experience as the practice environment is the most influential

setting in the development of student nursing knowledge, skills and development (Pearcey and Elliot 2004). The literature identified several issues relating to the quality of clinical placements and the impact it has on students' performance from poor mentoring to clinical placement socialisation issues which has been discussed earlier in this thesis however, identifying underperformance of students and failing clinical practice is still cited as an ongoing issue for mentors (Scanlan *et al*, 2016).

Scanlan *et al* (2016) conducted a mixed methods study collecting quantitative and qualitative data concurrently then analysing it separately. The study was intended to identify clinical failure indicators from files of successful students, students who were required to withdraw or who voluntarily withdrew. 51 files from students who had failed clinical practice and were no longer on the programme were reviewed with two themes emerging. The first theme identified *how students are in practice* and the second theme which emerged was *aspects of practice*. The study found that students who failed clinical practice lacked self-awareness and the ability to think about their own practice from a critical perspective. The same students lacked the ability to use feedback to improve performance and often blaming others for clinical difficulties. Interestingly, the study identified failing students tended to have anxiety which interfered with the ability to practice and often leading to lack of self-confidence. What the study fails to mention was if well-being support or additional supervision was offered for the students who experienced anxiety and lacked confidence in practice in addition to what interventions were offered from the education provider. From personal experience as a PEF and a personal academic tutor, students who do identify and declare episodes of anxiety only tend to discuss it with their personal academic tutor leaving practice placement supervisors unaware of how anxiety and low self-confidence is affecting clinical performance. However, the new NMC (2018) standards for practice model uses a more joined up tripartite approach when assessing clinical practice but knowing if this new way of support for students in practice is successful, will not be known until 2022.

The study described aspects of practice as behaviours of students who were identified as at risk of failing practice. Communication, organisation and time management, connecting theory to practice and lack of initiative for learning were highlighted as most cause for concern. Communication issues ranged from problems interacting with patients to poor communication with clinical tutor and staff. In

addition, students were identified as being shy and need to speak up which was documented in their assessment record. Organisation and time management was cited as a problem as consistent patterns of behaviour often resulted in failing clinical practice. Interestingly the study does not discuss what action plans or supportive initiatives were put in place by the mentor to address these issues early on for the student to progress.

The essence of the nursing programme is about bridging the theory practice gap which has been an ongoing issue since the shift from school of nursing in 1989 to a university-based nursing programme. The ability to use theoretical knowledge and apply it to clinical practice has always been identified as a challenge in clinical practice and students who see both components of the programme as separate, often fail the practice assessment (Scanlan *et al,* 2016). Lastly, lack of initiative for learning was described in the study as inability to show initiative and the student did not take part in the planning and implementing of learning experiences. The study declared this theme different from the other themes as this was the clinical tutors' responses in contrast to the other themes being identified by competencies being achieved or failed.

The study concluded that by being able to identify problematic features of students early in the programme, increased supervision would lead to an increase in surveillance. What was recommended from the study was further research which focuses on the voice of the failing student.

Following on from Scanlan *et al* (2016) study, Elliott (2016) examined the literature relating to effective management of underperforming students in clinical practice and the need to 'fail those who do not meet the required standards' (Elliot, 2016 p250). Elliott (2016) reviewed 43 abstracts prior to the selection of 11 papers. The papers reviewed identified several themes which has previously been discussed in this thesis from a mentor's perspective by Jervis and Tilki (2011); Bray and Nettleton (2006); Fitzgerald *et al* (2010) and Jokelainen *et al* (2011) however, Heaslip and Scammell (2012) stated by intervening early with underperforming students, prompting constructive feedback led to the potential for improvement in students' performance. Controversially Heaslip and Scammell (2012) declared the literature

suggests that early identification and intervention occurs less often than it should thus, mentors are lacking recognition of underperforming students and consequently missing opportunities to manage and support failing students (Heaslip and Scammell, 2012). As suggested throughout this literature review, the management of underperforming students and its challenges is not new, Elliott (2016) cited a variety of reasons why mentors fail to fail students. One of the most discussed themes was difficulties in assessing a student's attitude as it is unmeasurable and goes beyond the assessment of clinical competencies. The second theme which Elliot (2016) discussed was the subjective nature of assessment which was previously highlighted by Dolan (2003). Dolan (2003) stated that there is a great variation in mentor's expectation of students' abilities and that subjectivity of assessment in clinical practice is very complex as some students who are borderline pass/fail tend to be given the benefit of the doubt. Students who tend to barely pass are described as either aggressive or assertive.

Ehrmann (2005) explained why some mentors are reluctant to fail a student they deem aggressive or assertive as it was a subjective trait and other mentors may not have experienced the student behaving aggressively. Jervis and Tilki (2011) added, students who are likeable and students who are more likely to become upset by a failure in practice, tended to be the students who passed clinical placement for fear of causing upset.

Elliott's (2016) recommendations from the literature, found several sub skills which should prompt mentors when identify the effective management of underperforming students. The sub skills are mentor/ student relationship, mentor confidence, open and honest communication and early identification and raising concerns. It is evident from the literature review as a whole, that these sub skills which Elliott (2016) mentions, are not a new concept within students clinical practice however, many researchers study them as isolated issues which fails to acknowledge that a multitude of issues in clinical practice has an impact upon student learning and progression in practice (Gray and Smith, 2010; Huybrecht *et al*, 2010; Salminen *et al*, 2014; Brammer, 2006; Bray and Nettleton, 2007; Gleeson, 2008; Duffy, 2003; Fitzgerald, 2010; Jervis and Tilki, 2011).

2.7 Failing to fail

The focus of this thesis was to investigate how student nurses experience and understand mentorship and being mentored. It was not the intention to explore the reasons why students fail clinical practice or why mentors fail to fail students in clinical practice however, much of the literature alludes to mentors failing to fail students as discussed in sections 2.54 and 2.6.

This section discusses new literature pertaining to mentors failing to fail students. Bachmann *et al* (2019) studied 336 Norwegian nurse mentors using a cross-sectional methodology comprising of a questionnaire. The study found 16.6% of mentors had passed a student they thought should fail their clinical placement. The study found five key factors which impacts upon the mentor's decision to pass/fail a student and they are insufficient mentoring competence; insufficient support in the working environment; emotional process dominates the assessment; insufficient support from the university and decision-making detached from the learning outcomes. Bachmann *et al* (2019) study acknowledged many issues which has been identified by previous researchers (Gray and Smith, 2010; Huybrecht *et al*, 2010; Salminen *et al*, 2014; Brammer, 2006; Bray and Nettleton, 2007; Gleeson, 2008; Duffy, 2003; Fitzgerald, 2010; Jervis and Tilki, 2011) demonstrating over a period spanning 16 years, the notion of failing to fail is still being researched with no new concepts, explanation or no solving of the problem despite changes to NMC regulations regarding mentorship.

Hughes *et al* (2016) published her findings from a systematic review suggesting current literature states there is still a reluctance by nurse mentors to fail student nurses who do not demonstrate adequate proficiency in clinical practice.

Hughes *et al* (2016) systematic review analyses 20 papers which dated from 1995 through to 2015 including seven from the UK. Similarly to Bachmann *et al* (2019) the themes from the systematic review found from nine of the 20 papers, mentors felt that failing a student was too difficult and it was easier to give the student the benefit of the doubt. The review also disclosed how mentors found the whole process of failing students an emotional process and lack of university support was a contributing factor in six of the papers. Some three years later Hughes *et al* (2019,

p206) completed another study entitled ‘ How bad does it have to be?’. This pilot study used a descriptive survey design to explore assessors experience of grading students’ performance in clinical practice. The findings from this study reported that overall assessing students in practice was a rewarding role for the mentor however, giving borderline students the benefit of the doubt and passing them was still prevalent. What is interesting from newer published literature, no recommendations are being offered to address the notion of failing to fail. What is being published does not offer any new solutions to address the issues or to support mentors when faced with difficult decisions. The research approach taken in my study, is to uncover the different ways student nurses experience and understand mentorship and being mentored which will uncover the student nurse perspective and not to focus upon mentors failing to fail. To move forward and in light of the new Standards for Student Supervision and Assessment standards (NMC, 2018) which involves a tripartite approach to assessing students in practice, this different approach to assessing students may bring more complications, reduce, or remove exciting problems mentors face with failing to fail. Therefore, it will be necessary to conduct new research on failing to fail as the new standards become embedded in clinical practice to see if they have made an improvement or student practice issues have become worse.

2.8 Chapter summary

This chapter provided an overview of the context in which student nurses experience mentorship justifying the need for further research into student nurses understanding and experience of mentorship and mentors.

In summarising the above review, it is clear there has been a phenomenal amount of research centred around mentoring and mentorship from the last 15 years. The common theme demonstrated throughout the literature strongly focused upon the mentor and the challenges they face in practice when mentoring rather than the student’s perspective of being mentored.

Whilst the role of the mentor in relation to judging the pre-registration nursing student as fit for practice is not in disputed, research papers did provide evidence of certain characteristics and behaviours required for effective mentoring of pre-registration nursing students (Huybrecht *et al*, 2010) and (Salminen *et al*, 2014). Personality factors, nursing competence, friendly manner and approachability were cited as characteristics of good mentoring (Huybrecht *et al*, 2010) and (Salminen *et al*, (2014). There seems to be a correlation between mentors who display positive behaviour traits and students rating the mentor as good, regardless of the knowledge and teaching experiences the mentor has. The literature suggests that mentors when asked about mentoring characteristics, view themselves differently from their colleagues or students. This raises the question, were mentors describing what they thought an ideal mentor should be like and not how students' nurses see them in reality?

Professional socialization has been identified as fundamental to the outcome of a student's learning experience (Levett-Jones, Lathlean, Higgins and McMillan, 2009). Failure for a student nurse to gain exposure or be allowed to experience a sense of belonging could result in students not acquiring certain professional attitudes pertinent to the role of a registered nurse. There are still concerns that an underdeveloped relationship between a student and a mentor has repercussions for the student. Students would find it difficult to put themselves forward if a chance of a learning opportunity was to arise (Seed,1994; Mooney, 2007;Levett-Jones and Burgeois, 2007).

There still appears to be evidence regarding the role of the mentor and its ambiguity however, the NMC (2008) are clear about the role of the mentor and produced Standards to Support Learning and Assessment in Practice (2008). In reality, the role is a confusing one to both student and mentor resulting in students 'just getting through' their placement (Brammer, 2006; Vallant, and Neville 2006; Wilkes, 2006; Bray and Nettleton, 2007; Gleeson 2008).

Since the introduction of the Standards for Nurse Education (NMC, 2008) mentors are still unclear defining nursing competencies. The literature has demonstrated that very little has moved forward since the implementation of the Standards for Nurse Education (NMC, 2008) as researchers are still finding similar issues regarding

failing students in practice as Duffy (2003) had seventeen years ago. The assessment decisions mentors still must make are nonetheless seen as central to declaring fitness for practice at the point of registration, nonetheless, the realities of the mentor experience do not seem to fit well with the expectations of the role.

What is clear within the literature and from my professional experience, is the need for further support for mentors in practice to make practice learning on an equal footing as education, which is delivered in the university setting. Mentors need to be empowered to make difficult decisions regarding student nurse competencies and know that it is the right decision to make. Furthermore, a circle of support is required for student nurses who may be on the border of failing a competency, to acquire support prior to the final decision of the mentor. Often mentors' decisions are made without students having an opportunity to address failing issues, until after an interim review.

The literature identified limited information from the student nurses' perspective of mentorship in practice and how mentorship is experienced, although mentorship has been studied from a mentor perspective. Many studies focused upon the comparison of mentor /student's behaviour within the current mentorship model and not how mentorship as a phenomenon is understood by students.

There is an apparent gap in the literature relating to pre-registration student nurses' understanding of the role of the mentor and mentorship and in particularly when a student has failed a practice placement. It is therefore argued that there is a significant professional need to explore, in depth, the students understanding and perception of the mentor role and mentorship with the focus being the student having experienced a practice placement fail/retrieval. Only then when we understand how pre-registration student nurses experience this phenomenon, may we be able to begin to address the various way a student nurse learns in practice and prepare mentors/supervisors with the appropriate skills to meet the students practice needs.

Chapter 3: Methodology

3.1 Introduction

This chapter presents the underpinning theoretical position taken in this study and the justification for a qualitative approach. The rationale and essence of the research design including the research context and critique of the chosen methodology will be discussed.

3.2 Research paradigm and theoretical framework

Researchers all own a point of view which frames how they see the world. Research paradigms are said to be characterized through a person's ontology, epistemology and methodology lens (Guba, 1990). Diagram 2 presents the framework which I developed to demonstrate how my philosophical assumptions informed the study design.

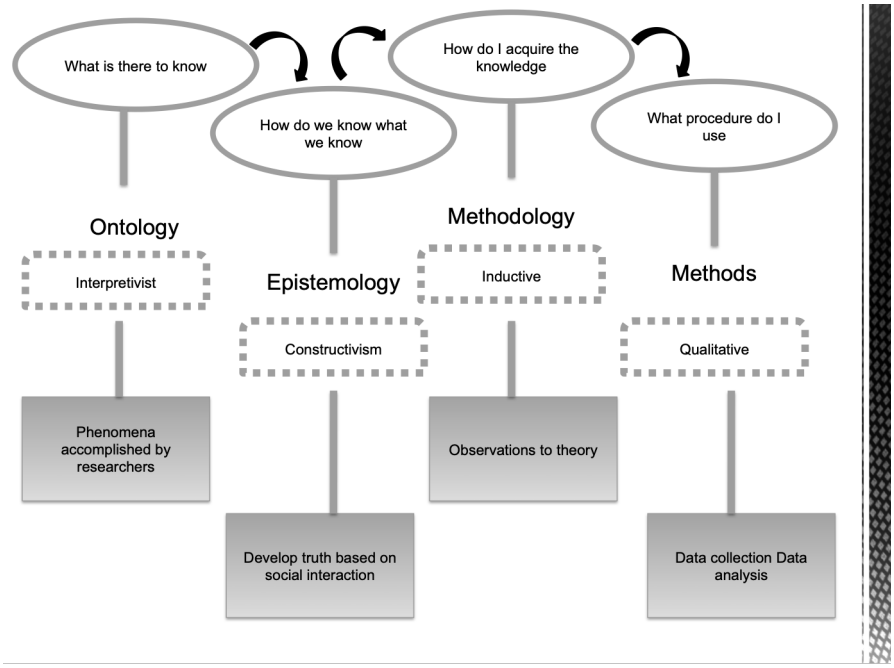


Diagram 2 Philosophical assumptions that informed this study

Two different philosophical views are identified when considering social reality and how we interpret it (Bryman, 2004). Firstly, positivism states reality is associated with our senses, what we can see, taste etc. It considers the social world as external to individuals and that objects have an independent existence. The second view is that of interpretivism. The interpretivist paradigm views objects in words which do not have an external meaning. An interpretivist approach was considered appropriate for this study as it seeks to explore the subjective meaning, social action, and human behaviour of pre-registration nursing students (Hughes, 1990).

This research study investigated the different ways in which student nurses experience mentorship and being mentored. An interpretivist approach allows for exploration and understanding of mentorship from a student's viewpoint, which in reality is subjective as it is their understanding of the phenomena. Williams and May (1996) explain how interpretivism is closely linked to constructivism. Constructivism is associated with a model building process, meaning individuals construct their own knowledge, whereas interpretivism is associated with model testing. Interpretivists see natural reality and social reality requiring differing methods, as natural sciences look for consistent data in order to deduct change whereby social sciences react with the actions of the individual. In contrast, interpretivism which has also been linked with hermeneutics, as human activity is responsible for the meaning of phenomena (Schwandt, 1997). However, hermeneutics seeks to justify interpretation of reality as having more importance than explanation or even observation when understanding deeper levels of knowledge (Gray, 2018). An Interpretivist approach will demonstrate through the chosen data collection process interviews and drawings, why social construction will help the reader to understand the various ways a student nurse experiences mentors and mentorship in the practice placement.

Following the discussion of interpretivism, theories and theoretical perspectives which frame the study will be explained to add further context to the thesis. Crotty (1998) declares there are many theoretical perspectives and methodologies which can become confusing to researchers as sometimes the terminology used can often be contradictory or even inconsistent.

Epistemology is concerned with how we know what we know (Crotty, 1998). Crotty (1998) defines three epistemological positions: objectivism, subjectivism and

constructivism. Objectivism proposes meanings of phenomena exist whether society is conscious of it or not. Subjectivism is based on the belief that everyone has a different understanding of what is known. Using this assumption would require the understanding of the persons meaning based upon their own experience and background (Crotty,1998). Lastly constructivism looks at the participants interpretation of the meaning of the world by constructing knowledge through activities that are likely to result in achieving the desired outcomes. It is about what the learner does, perceives and view of the world which influences what they learn.

My personal epistemological lens which relates to my point of view and how it has framed my approach to the study is influenced by a small part of Ludwig Wittgenstein's (1921) work about language and thought. He explains that language consists of propositions: assertions about things that may be true or false. He describes language as being the vehicle of our descriptions and explanations of reality from thought. He declares language is the communication of meaning and if it is narrowed or limited, it limits your understanding of the world around you (Wittgenstein, 1921). Our view of the world and experience of life are framed by language however, if you do not know the words, you will not know how to express a thought. Additionally, if something is not your language, how is your mind able to internalize it. Our speech is grounded in a set of social nuances which cannot be used in isolation from life nuances. When we speak, we use words which have evolved from history, picking up new meanings adding to our 'picture of language' (Wittgenstein,1921). Wittgenstein's (1921) philosophical work enhanced my way of thinking about how student nurses learn and are assessed in the clinical environment. Student nurses are experiencing new phenomena throughout their three years of study which include new language, experiences, and knowledge. Wittgenstein further acknowledged that *there can be thinking without speaking but there can be no speaking without thinking* (Wittgenstein, 1975 p 14). This concept supports my rational for the use of pictorial data by extracting information from the student's thoughts in addition to their verbal understanding of the mentorship process as words alone would only scratch the surface of the students understanding and experience of mentorship and being mentored. Using the student's drawings adds depth to the phenomenographic data that possibly they may not have the words for.

Baikie (1993) states, people construct their own understanding and knowledge of the world, through experiencing and reflecting those experiences. This chosen paradigm seeks to extract unlimited thought from the participants using various methods that may have been previously confined by language through other qualitative data collection methods such as interview and focus groups. This will be discussed in depth later in the chapter.

It is not my intention to focus the study within the world view of psychology or behaviourist theory as I want to understand how students understand and experience mentorship and mentoring and not why, however one theme that does arise from the literature and does relate to psychology and behaviour regarding student nurses and mentors' relationships is how the students copies the behaviour of the mentor to achieve clinical practice competencies. Current mentorship models of assessment can be likened to Pavlov (1936) classic conditioning. Pavlov (1936) discovered the notion of classical conditioning when describing learning theories in an experiment using dogs. He found in his studies every action of stimuli has a response. Subsequent work by Psychologist Bandura (1977) supports Pavlov's (1936) early work incorporating the notion of positive and negative reinforcements which is intended to change a person's behaviour. Within student nurse practice placement, student nurses copy the behaviour and skills of their mentor in reward for the signing off of competencies. Failure to meet the expectation of the registered nurse may result in the student having to retrieve the failed competencies. In summary, my study incorporates an interpretivist representation combining a constructivist theory which aligns to an inductive methodology.

3.3 Qualitative methodology

Qualitative research involves exploration of a certain phenomenon. It involves the use of different methods to interpret, understand and bring about meaning of the phenomenon usually within its natural environment (Anderson and Arsenault, 2004). It is assumed that qualitative research gathers a philosophical understanding through conversations, observations, and drawings to gain multiple perspectives in comparison to quantitative researchers who seek to confirm or reject a hypothesis. There are many valid reasons for embarking upon qualitative research with one

being the experiences of the researcher (Strauss and Corbin, 2003). Having experiences of health and social care, in particular as a mentor, PEF and an academic tutor, I am more orientated to a qualitative line of enquiry than a quantitative one which requires a more scientific background. In addition, my research question attempts to explore how student nurses' experiences and understand mentorship and being mentored, which would be difficult to extract from quantitative data as emotions and feelings from the participant would be missing.

There are many ways to carry out qualitative research. The exact choice depends on many factors which relates to the researcher's beliefs, knowledge and social framework as discussed previously. Although it was clear within the literature which methodologies were more commonly used when investigating mentorship, mentors and student nurses, phenomenography was chosen as it has all the characteristics needed to address the study question and aims.

The only other methodology which could have answered the research question and considered was phenomenology. This methodology was rejected as its main focus is to investigate the experienced phenomenon whereas my study seeks to understand the many ways a participant experiences the phenomenon.

3.4 Phenomenography versus phenomenology

The theory of thought, which is a basic concept of phenomenographic methodology, interprets to meaning, people interpret aspects of reality when thoughts are formed (Marton, 1981). This theory differentiates phenomenography from phenomenology as the research is not to study the reality of the world (phenomenology), but people's perceptions of the world, (phenomenography). Wellington (2000) defines reality as a human construction and from this perspective there is no single view of the world. Marton (1994) discusses the real world as 'out there' and a subjective world as 'in here', which pertains to a non-dualistic ontological approach. From this perspective, student nurses understanding of the mentor role is understood to be a human construct rather than a fixed body of knowledge therefore it is subjective allowing for construction and reconstruction by the individual.

In contrast, the similarities between phemonenography and phenomenology are they both focus upon human experience but differ in respect of their ontology which relates to one's nature of existence and the outcome of analysis (Gray, 2018). Within phenomenography the outcome would focus upon variation in the experience with or across a group however, phenomenology describes the essence of the experience including lived experience (Holloway and Wheeler 2002).

The following section will explore the research methodology chosen for the research study.

3.5 Phenomenography

Phenomenography emerged from the 1970's by Swedish researcher Ference Marton to investigate the variations in students learning outcomes (Marton and Dahlgren, 1976). He wanted to know if he could identify the difference in participants' perceptions of practical experiences according to the way they were taught in school. The first study Marton conducted looked at maths students and whether different methods of explaining and teaching maths related concepts, leads to different understandings of practical applied maths in students. Marton did find significant differences in the way students understood maths according to the way in which they were taught. This implied a second order perspective was evident whereby the researcher attempts to capture how the world appears to other people, in this case, students (Marton, 1981). The fundamental questions asked by Marton (1974) in his studies were *what does it mean, that some people are better at learning than others and why are some people better at learning than others.* Marton, concluded that the differences in the outcomes of learning were connected to the variation in approaches to learning by the learners, in other words did the students display a deep approach to learning or a surface approach? These studies helped phenomenographic researchers describe people's experiences and see them as a concrete case of how humans' function. These variances of understanding constitute the categories of description leading to the outcome space which is the main result of phenomenographic research (Marton, 1981).

The epistemological assumptions of phenomenographic research approaches according to Marton and Pang (2008), explain phenomenography as originating from

the intentionality principle. The intentionality principle considers the object (phenomena being investigated) and the research subject (people experiencing the phenomenon) as united and not viewed or treated separate. For example, the aim of this study is not to seek themes of pre-registration student nurses experience of mentors in practice but to explore the many ways student nurses understand mentorship and being mentored in practice.

Qualitative research affirms, 'meaning is socially constructed by individuals in interaction with their world' (Merriam, 2002, p.3) and phenomenography focuses upon the qualitatively different ways of experiencing aspects of the world (Bruce, 1997). As stated earlier, phenomenography should not be confused with phenomenology; phenomenography focuses upon differences rather than similarities and the variation in the experience. The term phenomenography originates from the Greek words fenomenon which means come to light and grafi which means to describe something (Järvinen, 1993). The ideology of phenomenography as a means to investigating student nurses' perceptions of mentorship and mentoring experiences places the focus on students' ways of experiencing, seeing and knowing (Bruce, 1997).

According to Bruce (1997, p. 84) phenomenography permits the researcher to:

- Provide direct descriptions of a phenomenon
- Describe conceptions in a holistic and integrated way
- Capture a range of conceptions, due to its focus on variation in people's experience
- Produce descriptions of conceptions which are useful in teaching and learning
- Focus on groups of people, rather than individuals.

The attraction of phenomenography for this study is to understand how people interpret the same events and situations so differently and in essence enable exploration of whether there is a connection between these experiences.

The reason for choosing phenomenography was primarily due to it being developed from an educational framework. It has the ability to study the variations of people's concepts and how people experience phenomenon in contrast to uncovering the essence of the phenomenon which within nurse education has been explored

considerably (Larson, 2007). Although there are many similarities between phemonenography and phenomenology for example they both focus upon human experience, they both differ in respect of their ontology and the outcome of analysis. Within phenomenography the outcome focuses upon variation in the experience however phenomenology would describe the essence of the experience.

If phenomenology had been the methodology of choice, it would have provided my research with rich data associated with the lived experience of a pre-registration nursing student being mentored in the practice placement and how they feel about the retrieval process. The study would have produced rich evidence of how they felt regarding the appropriateness of the mentor's attributes. However, the study would fail to capture the different ways a student thinks and strives to create meaning from the experience. For example, I want to capture the students understanding of the 'what' and 'how' aspect of mentoring and the relationship with the retrieval process. If phenomenology was used, this would potentially focus upon the meaning of students experience and not the variety of how students experience the phenomenon (Van Manen, 1997).

3.6 Categories of description

When investigating people's understanding of a chosen subject, differing conceptualizations of the subject are recorded, capturing a spectrum of human experiences of that subject (Marton and Booth, 1997). The importance of capturing the distinct different categories as a whole rather than individually is fundamental in understanding the principle of the phenomena (Limberg, 2005, Marton and Booth, 1997). Rands (2016) reiterates this point and implies that not only categorising differences as a whole rather than individually is important, but the emphasis lies upon the awareness of the phenomena. The main point of the categories is not to describe individuals' perspectives as one individual can appear in more than one category.

Marton and Booth (1997) state phenomenographic research captures the understanding of the phenomena however, this should not be separated from the experience or how it is understood. For instance, pre-registration student nurses may understand they are required to have a mentor in practice who assess their

competencies however, how do they understand, and experience being mentored and mentorship as a phenomenon? Marton and Booth (1997, p. 89) explain:

> '*the way one acts on a problem or situation is a reflection on the way they experience or conceptualise the problem or situation*'.

This will be discussed in more depth within the findings chapter.

Categories of description are the key features, which result from the data analysis in phenomenography. They serve to identify and describe the variation of experiences and how a phenomenon is understood (Bowden, 2000). According to Marton and Booth (1997, p125) the set of categories of description should encompass three distinct criteria;

- The individual category should each stand in clear relation to the phenomenon
- The categories should be in a logic relationship with one another, which can sometimes be hierarchical
- The system should be parsimonious in relation to the outcome space

Within this study, the categories of description are used to identify and describe the variation of understanding student nurses experience when being mentored and how they understand mentorship when having retrieved a practice placement. Categories aim to present an overall characteristic of the phenomena, where similarities and differences in there meaning are illustrated. This is demonstrated in diagram 7 within the findings chapter.

3.7 Outcome space

Developing from the categories of description is the outcome space. The term '*outcome space'* originates from Ference Marton's (1981) earlier work in phenomenography. Firstly, the phenomenographic approach concentrates on *how* the participants experience or perceive a phenomenon, this is referred to as '*the*

second- order perspective'. This differs from the first order perspective as Marton (1981) explains

> '*in the first-order perspective, 'we orient ourselves towards the world and make statements about it. In the second [order] perspective we orient ourselves towards people's ideas about the world (or their experience of it) and we make statements about people's ideas about the world (or about their experience of it')* (Marton, 1981, 178).

Secondly *what* variations may be evident from the categories of description is referred to as the '*outcome space'*. Marton defines this as the collective intellect, suggesting it develops from a pool of ideas, beliefs and values which indorse a person's interpretation of reality (Marton, 1994).

Marton and Booth (1997, p125) further add:

> *'The outcome space is the complex of categories of description comprising distinct grouping of aspects of the phenomenon and the relationship between then'.*

In summary, the categories of description illustrate the various ways a student nurse experiences mentorship and being mentored resulting in the definitive connection which makes the categories link together in the form of the outcome space.

3.8 Perceptions and conceptions of phenomenographic research

Phenomenography as previously discussed aims to place meaning to a variety of ways a phenomenon is experienced and understood. Moreover, it obtains qualitatively different conceptions of a phenomenon as it is experienced (Marton, 1996). It is important not to become confused with perceptions and conceptions as they can often be used within research interchangeably however, within phenomenography according to Saljo, (1997) and Marton and Pong (2005) a conception is classified as the basic unit of description. Consequently, terms such as understandings, experiences and conceptions have all been used in

phenomenographic studies (Sandberg, 2000; Hallet, 2010; Marton, 1981; Marton 2000).

Perceptions are referred to as ‘specific aspects of people’s ways of experiencing or making sense of their world’ (Sandberg, 1994, p47). In contrast, conceptions are believed to be how people apply judgements and attach meaning to a phenomenon which can affect a person’s conduct in life. Furthermore, conceptions are referred to as actual understanding of the experience people have of the phenomena and relates to a heightened awareness of who they are in society (Marton, 1981). Conceptions are the object of the study and assumptions are made about the nature of their development (Ramritu, and Barnard, 2001). Consequently, it is difficult for a phenomenographer to create a complete description of the phenomenon.

3.9 Phenomenography within education and nursing

As stated earlier, phenomenography is derived from studies about learning by Marton and Saljo (1976). The first study was conducted with university students to establish their understanding of a given passage of text. They were asked to answer questions about an article they had read. The students’ answers produced different levels of understanding and descriptions of the task, which resulted in new thoughts about approaches to learning. Marton (1981) phrased this kind of research as phenomenographical in nature and approach. This new methodology introduced a research approach to mapping out various ways a student learns, which was instrumental for academics when understanding learning.

Matron’s (1981) study not only magnified understanding of how students learn but also had an impact about the understanding of teacher’s perceptions of learning. Carlsson, Fulop and Marton (2001) investigated student teachers’ perceptions of literacy understanding using phenomenography. The study looked at the understanding of linear process, understanding of vertical processes and the understanding through discernment spanning two separate countries. The outcome of the study showed some similarities in the variation of understanding between the two cultures; however, there were also distinct differences, which showed the relevance of phenomenography research across cultures and countries.

A study by Bell (2015) using phenomenography as a methodology, investigated teacher's perceptions of STEM subjects (science, technology, engineering, and mathematics). The study found variations in perceptions of understanding of STEM subjects which demonstrated teachers who had an understanding and personal knowledge was fundamentally linked to effective STEM delivery within the classroom. Teachers who demonstrated limited knowledge of STEM, were deficient in understanding therefore limiting student-learning opportunities. This study by Bell (2015) demonstrates the relevance of phenomenographic methodology within research in education.

Nursing research studies which are phenomenographic, in the main focus upon the nurse and their various perceptions of themselves or student nurses' various perceptions of the registered nurse (Brammer, 2006). A study by Lindberg (2007) explored the variation of ways nurses view job satisfaction however, the variation of ways student nurses understands the mentor and the role of the mentor has not been explored using phenomenography. I aim to look beyond what we already know about the mentor role from a nursing perspective and focus upon the variation of student nurses understanding of mentorship and the mentor role. In short, exploration of student nurses understanding of mentorship and being mentored, academics and mentors, supervisors and academic supervisors in practice can contribute knowledge to inform the design assessment processes which identify and accommodate for the variation of learner's perceptions of mentorship. Thus, tailoring the mentoring in practice to meet all students learning needs and not just addressing the minority of learners (Rands, 2016).

Bresciani *et al* (2012) state by reinforcing the requirement for learners' outcome-based assessments to be more meaningful, students learning assessment must capture thinking as well as performance. This learner centred approach would not only address the humanistic behavioural approach to nurse education but also, engage the student nurse in a concept based approached to learning. Dahlin (1999) investigated how understanding comes about, he cited three broad categories of how understanding is developed. Firstly, people experience things and then they recognise them and lastly, they attach personal meaning. Therefore, when nurses are mentoring student nurses, they may expect a student to have developed the competence having only experienced the first approach through observation. The

concept-based approach allows the experience to develop through all stages of the categories until the competency is mastered.

3.10 Criticisms of phenomenography as a methodology

Entwistle (1997) criticised phenomenographic methodology citing subjectivity of the interpretation as the main problem. He suggested when researchers are using phenomenographic methodology; they should do so with caution using four steps for consideration.

1. It is essential that the questions are posed in a way which allows the student to account for their actions within their own frame of reference, rather than one imposed by the researcher. It is also better to move in the questioning, from actions to experience, and from concrete to abstract.
2. The categories of description should be presented with sufficient extracts to delimit the meaning of the category fully, and also to show, where appropriate, the contextual relationship which exist. A description that is isolated from the interview extracts cannot be fully understood by the reader.
3. Great care must be taken in establishing the categories in ways, which most fairly reflect the responses made. The possibility of gender differences in identifying categories should be kept in mind.
4. Having established the categories of description, phenomenography explores the relationship between them. Above all, this stage involves the researcher analysis of the meaning of each category in relation to every other one.

(Entwisle, 1997, p127-134)

Entwisle (1997) could see the benefits of phenomenography as a methodology in particular within education, however he claims the reason for his criticism is primarily due to the lack of clarity of what is involved in phenomenography. He states earlier studies claiming to be phenomenographic, lacked rigour in design, analysis, or both. He believes that it is challenging for researchers using this methodology for the first time and crucial strengths of the approach may be compromised.

Entwisle (1997) criticism is based upon the early development of phenomenography. The roots of phenomenography investigated two questions: (1) what does it mean that some people are better at learning than others? And (2) why are some people better at learning than other? (Pang, 2010). In a recent development of phenomenographic research, as well as attempting to answer the different ways of experiencing a phenomenon, researchers now question 'what' is a way of the experience and 'what' the difference between the various ways is (Gray, 2018).

This research study will follow Entwisle (1997) four step approach as it captures all the requirements of what I understand phenomenography to be. It allows for further exploration after the 'what' are the variation of ways a phenomenon is experienced by adding the 'how'. How people experience things differently? This will be discussed further in chapter 6 and supports a robust methodological approach to the study.

3.11 Chapter summary

This chapter has explored both the philosophical and methodological approaches to this study. It has highlighted the qualitative approach from a phenomenological perspective which was deemed most appropriate in answering the research question and study aims. Qualitative research designs have both strengths and weaknesses, and this was discussed within the chapter and the decision was made to use phenomenography as it allowed the exploration of a variation of ways a phenomenon can be explored.

The next chapter, Chapter 4 presents the methods employed to collect and analyse the data which will forge an answer to the research question and aims.

Chapter 4: Methods

4.1 Introduction

The previous chapter focused upon the methodological considerations and the philosophical perspectives which align to this study. This chapter introduces the study methods, data collection and data analysis. Sampling and recruitment processes are discussed in detail.

4.2 Research methods

The following section details the phenomenographic methods used for this study. The methods used to understand student nurses' experiences of mentorship and being mentored are one to one interviews and participatory drawings.

The study took place in a university in North West of England which has an average pre-registration annual student intake of 600. The participants were pre-registration nursing students who were on a BSc nursing programme who had experienced the retrieval process throughout their three years in attendance.

4.3 Sampling and participants

Sampling within qualitative research usually follows the precept of purposive sampling which enables the researcher to gain in depth information from the participants (Creswell, 2003). According to Yates *et al* (2012) purposeful sampling in phenomenography allows for 'information – rich cases' of evidence which allows significant amounts of data to emerge which are relevant to the study.

Qualitative samples can be small as the theme or concept only needs to be mentioned once to form a category of description (Marton and Booth, 1997) Åkerlind (2002, p12) stated '*the results of phenomenographic studies should be generalisable to other groups of people from a similar population as the variation of experience from one group of people should be common to another group sharing similar characteristics.* However, Lobiondo-Wood and Haber (2018) explain generalisations

or generalisability are usually associated with quantitative data when the ability to apply findings from one study to that of another with a similar sample of the population. In contrast, within qualitative research the term transferability is sometimes used to describe findings which may be applicable to another group in a different context to that of where the original study was undertaken (Robson and McCarten, 2016)

The sample size considered appropriate for this study was 10 pre-registration nursing students. However, access to the study population 12 months prior to and during the COVID 19 pandemic caused recruiting of the chosen population to stop. One of the reasons was I no longer worked in the university that I had originally recruited from; therefore, communication with the nominated person from the university and student access was slow to develop. Secondly, whilst waiting confirmation to proceed with recruiting the final four students, the pandemic arrived which prevented some cohorts of student nurses to cease their practice placement. A more detailed account of the recruitment time scales, and recruitment barriers are presented in the submitted COVID impact statement submitted with this thesis.

Due to the previously cited reasons, the study population was limited to six participants which had all been recruited and interviewed prior to leaving the university. According to Stalsby-Lundborg (1999) this single figure would be adequate to discover the varying ways of understanding the phenomenon in question. Within phenomenography, a single figure sample size can be as acceptable as a larger one as stated by Marton and Booth (1997 p125)

> *'A phenomenographic study always derives its descriptions from a smallish number of people chosen from a particular population'*.

Irvin (2006) states phenomenographic data is collected until the researcher is satisfied that a full variation of understanding of the phenomena is reached. Consequently, participant numbers may vary from study to study depending on when saturation is reached. With this in mind, and to justify my study sample size, I found phenomenographic studies with participant numbers varying significantly therefore I

developed a table (see table 5) demonstrating a small sample of research studies which have justified the use of a small sample sizes ranging from six participants to 12.

Table 5

Author	Country of origin	Study title	Sample size
Aflague and Ferszt (2010)	USA	Conceptions of suicide and suicide assessment	6 psychiatric nurses
Degan (2010)	USA	A phenomenographic study exploring nursing education and practice	6 nursing students
Dupin *et al* (2015)	France and Sweden	Conceptions of research education	10 Registered nurses
Schroder *et al* (2007)	Sweden	Perceptions of quality of care	12 family members

The study was conducted at the university in a room which was intended for research. The reason for choosing this location was it was accessible to all the participants. A purposeful sample (Seidman, 2006) was selected from student nurses currently on a BSc or MSC pre-registration course. Only student nurses who had experience of retrieving a practice placement were included.

Sixty-seven students were identified from all five cohorts as having retrieved a practice placement and passed all competencies after a second attempt. A student nursing cohort can consist of up to 250 students. This information is presented in detail in appendix v. From the potential sixty-seven students, after using the selection criteria, thirty-three students were contacted by email to their student

account and invited to take part in the study. As previously highlighted, the intention was to recruit ten students, six students replied to the email and face to face meetings were scheduled to give an opportunity to ask any question arising from the information leaflet and to discuss and sign the consent form.

The information below outlines the selection criteria and exclusion criteria for the study.

Table 6

Participant selection criteria consisted of
All student nurses on a BSc or MSc pre-registration nursing programmes in one University who had experienced a practice placement retrieval

Table 7

Participants who would be excluded from the study included
Pre-registration nursing students who have retrieved a practice placement due to sickness and absence away from the placement
Personal students aligned to me in my role as personal tutor
Pre-registration nursing students involved in fitness to practice following retrieval
Return to practice students

The first group were excluded due to lack of time spent with a mentor in the practice placement due to sickness therefore, they are having to retrieve due to lack of practice hours. This group would not have experience of a mentor/mentorship prior to retrieval only in a retrieval placement.

I excluded personal students of mine as I would need to support them through the retrieval process, and it would not have been ethically appropriate to then ask them to participate in a study.

The third group of students would be excluded as their fitness to practice was being questioned. This would not be appropriate as it may affect the fitness to practice

investigation and may not be ethical as participating could add further stress for the student.

The last exclusion group consists of registrants who have once been qualified on a professional nursing register however, their registration has lapsed. They return to a return to practice module and attend practice placement to acquire practice hours and competencies. This group would have prior knowledge of the mentor role and mentorship as they may have previously held that role. Including this group may distort the study findings.

4.4 Research ethics and governance

Within any research study, it is important to acknowledge ethical considerations. In relation to this study, it was imperative to recognise the sensitivity of the issue of failing in clinical practice which the participating students encounter prior to the interviews. For some students, they may have experienced self-doubt, anxiety or stress having failed a clinical placement. Therefore, to address some of the potential issues and feelings, it was made clear within the participation information leaflet that my intention was to explore how students understand and experience mentorship and being mentored in the clinical placement and failing was not the study focus.

The participants were aware I was a nurse lecturer at the university where they attended, and I was aware they may have felt obliged to participate in the study as they may have felt I possessed an authoritative position. I explored the notion of authority and factored this into my inclusion and exclusion criteria by opting not to recruit students who were my personal students as this could be seen as a conflict of interest as I would need to support them throughout their retrieval process. By factoring these decisions into my recruitment strategy, I was able to recruit students who had no affiliation with me and seen me as a researcher first and a nurse lecturer secondly, in this way I believe that I acted ethically and sensitively in relation to student recruitment.

Ethical approval processes which include informed consent from the participants have been followed at every step of the research process. Ethical issues may arise that are not anticipated during the planning of the study. It is suggested however,

ethical issues should be considered throughout all stages of the study but should ideally start with the study purpose (Kvale and Brinkman, 2009).

Ethical guidance was followed from the University of Salford. This helped to inform the planning, structure of consent forms and information sheets. I was also expected to submit my interview schedules and explain how they would be conducted. An ethics application form along with version numbered documents were submitted for approval to the University of Salford Research, Enterprise, and Engagement Ethical Approval Panel. In addition, approval of this ethics application was logged with the employing University Ethics Committee and an approval letter was given (appendix vi). Ethical approval was granted in June 2018, see appendix vii for confirmation letter.

As with any research journey, the path does not always run smoothly. After gaining ethical approval from the University of Salford, I changed employment but was reassured that access to the remainder of the participants for interview would still be honoured. As I had left the organisation from which the participants were selected, I had to apply for an amended ethical approval which would incorporate a study end date. Ethical approval amendments were granted on 28th February 2020, see appendix viii. However, what was to happen next could not have been foreseen, a COVID- 19 pandemic descended upon the world from early 2020. Face to face access to the participants was put on hold and another amendment to access participants for online recruitment and virtual interviews via Microsoft teams and or zoom in addition, to recruit student nurses from another Northwest University, was submitted. Ethical approval was granted on 22nd June 2020 see appendix ix. Since the beginning of the pandemic, the UK was placed in lockdown by the UK government which meant universities had to close to students and incorporate online learning. Many student pre-registration nursing programme clinical placements were ceased to allow all registered nursing staff to care and treat very sick patients affected by COVID-19. Some student nurses opted to work as health care assistants in some of the ward areas with COVID-19 patients as staff sickness and self-isolation became common place. As of writing, currently England is transitioning out of lockdown and pre-registration nursing programmes have now resumed. Nevertheless, it could be 12 months to two years before any student nurses may

have to retrieve their clinical placement due to non-completion of competencies due to insufficient clinical practice experiences owing to the pandemic and this would have influenced the responses. It is for that reason I will not be applying for ethical amendments for further participants. A more detailed explanation is given in the Covid – 19 impact statement on page xii.

4.5 Informed consent, confidentiality, and anonymity

Students wishing to participate in the research study needed to understand the purpose of the study and study design. This information was given to the potential participant prior to them signing the consent form. This information was produced in the form of an information leaflet (appendix x).

The information leaflet outlines how the information will be collected, stored and where the findings will be published. It stated that, all names will be changed to a pseudonym within the analysis phase and subsequent write up and publications (Wiles, Crow, Heath and Charles, 2008). Two lists, one list contained names and contact details of participants. The second list contained the pseudonym name was stored on a password-protected computer assessed only by the researcher. I was aware some students may inadvertently refer to the placement area or mentor; to reduce the risk of breaches in confidentiality these comments were removed during transcribing the interview recordings however, participants will be reminded of their commitment to maintain confidentiality (Smith, 2005).

4.6 Management of the data

The collected data was transcribed verbatim from the recordings which allowed familiarity of the data. It was anticipated that if names of places and people were mentioned, they were omitted from the transcript to maintain confidentiality.

The transcriptions, drawings and consent forms were stored in a locked drawer and office, in line with the General Data Protection Regulation (GDPR) (2018). All interviews were anonymised and assigned a number which was only known by the researcher. Participants were informed the data will be stored until the end of the study whereby it will then be destroyed.

4.7 Bracketing

Phenomenographic research aims to explore conceptions understood by participants, as it is their understanding and perspective of the phenomenon. As the study researcher, I must recognise the individuality of the experience and put aside my own assumptions relating to the phenomenon.

Marton (1994) declared that the researcher should bracket any preconceived ideas so that the focus is on the similarities and differences as they appear to the participants rather than the responses matching the researchers understanding. Ashworth and Lucas (2000) discuss bracketing as a contested concept which can only be partially successful. As I have worked with both pre-registration nursing students and mentors and have been a student and a mentor, I have an in-depth understanding of the study discipline. In support of Ashworth and Lucas (2000), it is therefore difficult to suspend what is already part of my professional experiences therefore researcher neutrality maybe an impossible achievement in its entirety (Uljens, 1996). To strengthen transparency and openness, I aim to take an instinctive approach in acknowledging any issues should they arise and allow for an open interpretation of the research findings.

4.8 Role of the researcher

As a researcher, maintaining integrity is paramount to the creation of new knowledge. Within my professional practice and sphere of research, I seek to always act with integrity through annual professional registration in line with the NMC code of conduct (2015) which states as a registered professional, I would report any issues I believed could be detrimental to the participant, profession, organisational institutions, and researcher. However, my knowledge and experience especially within my research journey has developed throughout this professional doctorate course which has assisted me in maintaining professional accountability throughout. My professional journey throughout the last seven years has enabled me to attendance seminars, conferences and research groups which has added richness to knowledge throughout my research journey whereby I would not have gained from reading alone.

4.9 Personal reflection

My past experiences and knowledge from working as a PEF and a nurse lecturer has given me insight into the area of mentorship and mentoring which is being researched, as I have lived and breathed nurse education for 13 years. It has been difficult at times to remain objective due to my past experiences as a student nurse as I was sensitive to some issues of practice placement and what the participants were discussing. This has been discussed in more detail in section 1.5 which discusses reflexivity however, my research journey from the beginning, completing the taught element of the professional doctorate programme, gave me academic and research skills as an early career researcher. This helped me avoid using pre-conceived ideas within the process of data analysis with the use of frameworks and maturity as a researcher during the past six years. I experienced imposter syndrome which has been described as feelings of inadequacy and fear of being 'found out' (Taylor and Breeze, 2020, p1) mainly during the interview and analysis stages of the study which made me question my knowledge in particularly in relation to my chosen methodology and if I was worthy of completing the study. However, the more I read, researched, and discussed with fellow researchers my understanding, over time I became more confident as a researcher. Early in the professional doctorate journey, I identified my strengths and areas I needed to develop and attended study sessions at the university to help facilitate understanding and acquire knowledge, this also helped with my confidence to question and find my voice within my writing as this was lacking early in the thesis. For future research study, I feel I am more confident as a researcher due to this professional doctorate process, and I have learnt a lot about myself personally in particular perseverance. From my previous role as a PEF and currently from a personal tutor perspective, an absence of student nurses understanding of how they experience and understand their practice placement, directed me to reviewing the literature in this field.

4.10 Data collection methods

Two data collection methods were used for this study; firstly, semi structured interviews with pre-registration nursing students were conducted. Secondly, the same students were asked to draw two pictures and asked to explain elements of the content. Copies of the interview questions and the question outlining the drawing requirement, can be viewed in appendix xii.

4.11 Semi structured interviews

Semi structured interviews were selected as the preferred choice to unstructured or structured interviews. Semi structured interviews provide some order with the use of starter questions, in addition to encouraging the participant to focus upon the research topic whilst allowing them freedom to discuss issues which are important to them (Bryman, 2008). The purpose of the interviews was to allow “exploration of the meaning of the experience” which was their understanding of mentorship and being mentored after experiencing a retrieval practice placement (Seidman, 2006, p17).

An interview guide was developed and followed which allowed exploration of the students’ experiences. The basis upon which the interview guide was constructed was from the literature by Bowden and Green (2005). I was mindful not to lead the conversation by asking direct question but to encourage the participants to reflect upon their own experiences. While the interview guide provided a focus for the interviews, in line with phenomenographic research, the questions asked were dependent upon the responses of the participants, with follow up questions to extract meaning and clarity. The initial questions were piloted and explored with colleagues from a research group at the university I was employed at which aided and supported my preliminary thoughts of the selected questions. Careful consideration was taken to ensure the structure of the interview did not overwhelm the participants as I wanted to allow them to relay their experiences. To begin the interviews and to reassure the participants, a general opening question was asked ‘Just tell me a little about how you got into your nursing career’? This allowed the participants to feel

comfortable talking prior to the questions on the interview schedule. This approach aimed to give confidence to the participant and was a subject which they were comfortable with. To achieve this, I used a minimal set of questions which allowed the topic to unfold. As the interview progressed, participants were encouraged to articulate their understanding and knowledge of mentorship and the being mentored including related information embedded within the research aims and objectives. This interviewing technique is supported by Cresswell (2013) who explains interview questions should be general and broad to permit participants to construct meaning of an experience.

4.12 Drawings and abstracts

The second set of data collected was from drawings/abstracts. I was interested in collecting additional knowledge and understanding from the participant's thoughts. Polat (2012) explains that phenomenographic methodology aims to draw on conscious thoughts instead of neurological nuances or unconscious beliefs. Conscious thought is when we are aware of what and why we are thinking about something while neurological nuances are referred to as thoughts held within are unconscious mind (Polat, 2012; Fodor, 2008). The theory of language being limited according to the philosopher Wittgenstein (1921) made me question participants ability to articulate a deeper understanding of their experiences through language alone. In addition to the semi structured interview questions, I asked the participants to answer two direct questions in the form of drawings or abstracts which related to the research question. The participants were then asked to verbally expand on what they had produced. They were asked to identify reasons for the choice of colour used, the size of the drawings and relationship connections within the pictures. Blinn and Harrist (1991) stress the positive reasons why visual imagery is used in research is to broaden the individuals experience by allowing safe expression of a participant's feelings, in a way that words cannot. In research undertaken with children as participants, drawings offer a means of communication, and a sheet of paper is a considered a safe place for the child to offer expression (Allan, 1988). This statement is not exclusive to children as studies by Dodman (2003, p. 294) discloses visual imagery offers 'a more transparent representation of the life experiences of participants in study'.

This method of data collection has not been used in the reviewed literature, thus adding uniqueness to the study but more importantly the ability to capture the concept of thought as well as language (Wittgenstein 1921). Marton (1994) concurs with this method and states although drawings are a different form of discourse; they hold the same status as oral accounts.

4.13 Data analysis

As with most qualitative research approaches, similarities and differences exist within the methods used and phenomenography is no different. Marton (1998, p198) coined the analysis stage as ‘a process of discovery’ and using a too rigid approach with detailed technique could prevent discovery. However, during this stage of the study, I found a lack of analytical processes missing from the literature to guide and support my thesis journey. What did emerge from some phenomenographic studies were some common practices of analysis in addition to some differences (Webb,1997; Richardson,1999 and Åkerlind, 2005). This will be discussed in more depth in chapter 7, the discussion chapter. Phenomenographic data analysis essentially requires the researcher to be open minded and to avoid the production of the categories of description too early in the process (Ashworth and Lucas; Åkerlind, 2005).

The data was analysed using Bowden and Walsh’s phenomenographic technique (Bowden and Walsh, 2000). This approach is presented from step 1 to step 5. Step 1 included becoming familiar with the transcripts. Step 2 involved summarising the transcripts. Step 3 involved a thinking process of the transcript summaries. Step 4 comprised of a second reading of the transcripts and visual imagery analysis. Step 5 tiding up of the descriptions to allow themes of similarities and differences to emerge. This process is explained in more detail below.

Step 1 Reading and listening to the transcripts:

The data collected consisted of six interviews and 12 drawings or abstracts. The interview transcriptions totalled 52 pages and 15 pages of interview notes. This first step was time consuming as it involved listening, writing, and sorting the data which an excerpt can be seen in image 1, appendix xii.

Listening to the students over and over talking of their experiences of being mentored, enabled me to hear not only the spoken words but how they were feeling. This emotion does not evolve from transcripts of data therefore, I was able to attach notes to the transcripts of how I was hearing the words.

Step 2 Summarising the transcripts:

Once I was familiar with the transcripts and drawings/ abstracts, I constructed summaries of the transcripts and drawings/ abstracts from post it notes and place them onto flip chart paper, a section of this can be seen in image 2, appendix xii. This coding system was simple and aimed to illustrate common themes and or differences from the excerpts. It was during this stage; I was able to revisit on numerous occasions and allow the meanings of the summarised transcripts and drawings to present. This stage of the process was difficult to read at times as some of the participants shared positive and negative feelings and emotions regarding their mentoring experience causing me to take intermittent breaks to reflect and remain focused. In addition, this element of the process was also time consuming. The reality of how the students experienced and understood mentorship and being mentored was interesting and in parts unexpected. This is discussed in more detail in the discussion chapter.

Step 3 Thinking process of the transcript summaries:

This stage was completed using a critical questioning approach asking the question what do the students mean in relation to their understanding of mentorship and being mentored? What does this tell me about the way the student understands? I transferred the narratives and the abstract/ drawing meanings from the post it notes onto an excel spreadsheet (see image 3, appendix xii). I considered separating the two questions in relation to mentorship and being mentored when analysing the data at this stage however, this was troublesome as the participants in some quotes discussed the two terms together.

I was conscious I needed to focus upon the meanings of the students' words and not concentrate on why the students experienced what they did as phenomenographic methodology only seeks to explore the variation of ways the phenomenon is experienced and not to understand why their experiences differed (Svensson, 1997).

Similarly, to step 2 this was a difficult process as I could hear the students telling the story of their experience which did not come across during the interview initially. An explanation for this was an awareness of keeping the momentum of the interview going and focussing upon the questions. Upon reflection and copious number of times listening to the recordings and reading the transcripts, the emotions and feelings of the participants can be digested fully. This stage aimed to identify further meaning to the summaries of transcripts and look for the emergence of conceptions. The categories of description were not obvious at first however, an iterative approach to listening, reading, and thinking brought into light the categories of description.

Step 4 Second reading of the transcripts and visual imagery analysis:

During the fourth stage of examining the data, I revisited the transcripts as a whole and compared them again to the summaries of the spreadsheet. This was to provide confirmation that the summaries I had created were correct and there were no more variances or differences of experiences to be added, rather than checking I had missed important data.

It was at this stage I analysed the drawings/ abstracts. As I had already checked the interpretation of the drawings/ abstracts with the participants, as I asked the participants to explain aspects of their work after they had completed them and I took notes of their meanings, I was able to add the similarities and or differences to the spreadsheet.

Step 5 Tiding up of the descriptions to allow categories of description to emerge:

This stage involved focusing upon the distinctive and various ways a student nurse experiences and understands mentorship and the role of the mentor. Riley (1990) states this process offers the researcher time to analyse the data using different techniques. Riley, (1990) suggests the following methods to be useful and successful during the tidying up stage. They are looking for common points or differences, looking for surprises, brainstorming, the researcher's diary, self-interrogation, conversation and drawing pictures.

These techniques offered creativity to this stage. The most beneficial method I used from the above list was from my notes that I had been taking from the data collection

stage through to the data analysis stage. It is during this stage that the emergence of themes of similarities and differences occurred resulting in categories of description. Categories of description identify *what* the focus of the phenomena is and *how* it is described placing them into groups of similarities and differences. It is at this stage that some researchers present their results (Sjostrom and Dahlgren, 2002) however, Larsson and Holmstrom (2007) explains that the different categories could usually be linked to each other in a hierarchical way. This further step is referred to as theoretical analysis of the categories and it looks at the structural relationship between the categories. This stage is crucial within this research study as the understanding of one category could highlight the importance of another category, which could expose students' contradictions of the phenomena but in a positive way.

Researchers continue to debate the origins of the categories (Lindburg, 2008). Some researchers would argue the categories emerge from the data (Walsh, 2000) whereby Lindburg (2008) states that categories should be recognized whilst collecting the data and during interview transcriptions. Determining whether categories of description emerge or are discovered may bring the role of the researcher into question, implying flawed credibility and truthfulness of the researcher. This will be discussed in more detail later in the chapter, however, in my experience as the researcher, during interviewing the participants, many differences in experiences of the phenomena became obvious. The iterative analyses of transcribed interviews and examining the drawings/ abstracts identify new categories. I believe an element of both emergence of constructed categories and discovered categories exist.

Fundamental to the analysis stage is the ability of the researcher to remain open minded. This is necessary to avoid the production of the categories of description too early in the process (Ashworth and Lucas, 2000; Åkerlind, 2005). Marton (1998) explains the difference with the phenomenographic approach in comparison to traditional analysis is that the categories emerge from the data and are not pre-determined.

4.14 Reliability, trustworthiness, credibility, and validity of the study

4.14.1 Introduction

Long and Johnson (2000) suggest the need for research studies to be critiqued and evaluated to question the rigour, reliability, and validity of the studies. However, terminology such as trustworthiness and credibility usually lend itself to qualitative studies while reliability and validity are associated with quantitative studies, Long and Johnson (2000) say these concepts are similar and can be used interchangeable. The reasons they give are, research studies need to include a dependable method, accurate findings, and reliable conclusions. Failure for a study to demonstrate these practices may result in wrong findings or even dangerous or harmful practices (Long and Johnson, 2000). The following paragraphs explain the reliability and credibility of research studies and in particular how they were applied within this research study.

4.14.2 Reliability

Reliability traditionally focused upon methods of data collection which when replicated using a similar method would give the same results (Mason, 1996). However, this notion cannot be proven in qualitative work as different methods of data collection are used and a lack of consistent approaches to qualitative studies occur. To improve the reliability of this research study, I used two data collection methods, semi-structured interviews and drawings or abstracts. Richardson (1999) suggests that phenomonographic researchers may transcend their own preconceptions of the participants' experiences through interviews however, the use of participatory drawings or abstracts allows a single question to be asked which allowed the participants to draw or write words freely.

Using a triangulation approach to collecting data, aimed to improve the reliability of the study. Denzin *et al* (2011) suggested, triangulation for most qualitative approaches improves the reliability of the study if not guaranteeing it. Denzin *et al* (2011) explains there are four approaches to triangulation: data triangulation, investigatory triangulation, theory triangulation and methodological triangulation. In relation to the four approaches, my study fits with data triangulation which is

concerned with using more than one data collection method which are semi structured interviews and drawings or abstracts.

The following paragraph discusses how the credibility of the study is positioned.

4.14.3 Trustworthiness and credibility

Trustworthiness has been defined as ‘recommended for establishing goodness or quality criteria’ (Guba and Lincoln, 1998, pg. 210) in studies supported by constructivism. This study attempts to demonstrate trustworthiness by listening without interruption throughout the interview and drawing stage of data collecting.

Credibility of a research study refers to the consistency between what is being studied, the data collected and the research findings (Uljens, 1996). It is also important to acknowledge for qualitative research, the results are consistent with the data collected (Lincoln, 1995). Moreover, credibility is also associated with addressing participant’s views and the researchers account of them (Gray, 2018). Marton and Booth (1997) state that interviews should be treated as literal accounts of the participants conceptions of their reality. This may have proven difficult when analysing the drawings and abstracts therefore, the participants were asked to supplement the drawing and abstracts with narrative accounts which were part of the audio recordings. The emergence of the categories of description heightened awareness of how credible this piece of research is as I was aware, I was entering into the student’s world as they experience it and at this point, I again questioned the credibility of the study. Dahlin (1999, p. 195) presented three factors of credibility which is integral to phenomenographic research and associated with the study findings of categories of description.

The first is the logic of the system of categories emerging from the analysis. The categories must be logically distinct and exclusive. A second factor is the correspondence between the results and what is known from previous studies in the field. Finally, the plausibility of the categories may be considered, i.e., to what extent they are recognisable as representing actual or possible human experiences which is the different ways in which student nurses who have experienced a retrieval clinical placement understand and experience mentorship and being mentored.

4.14.4 Validity

As explained in section 4.3, the six interviews were conducted at an organisation which I left, however, the transcribing was completed after I had left this employment. It was therefore not possible to validate the interview transcripts with the participants themselves, although I would have completed validating the interviews with the participants had I stayed employed at the HEI. The drawings were validated at the time of completing them. It was therefore necessary to complete a member check of the transcripts with an independent academic researcher. The term member check is often used as an alternative term for respondent validation and previously recommended by Lincoln and Guba (1985) as a means of enhancing rigor in qualitative research. Long and Johnson (2000) state respondent validation when assessing rigour of a study is valuable, although it should be done with caution. As I was unable to member check my interview transcripts with the participants, I was able to complete a peer debriefing. Robson (1993, p 404) cited in Long and Johnsons (2000) paper describe peer debriefing as 'exploring one's analysis and conclusions to a colleague or other peer on a continuous basis'. To validate the interviews of this study, a senior mental health nursing academic examined each of the illustrations independently. He identified several themes that have emerged from the data analysis which concurred with my own analysis. He described and identified inequalities, dependence, and expectations in each of the illustrations. Conceptions of the ideal dream mentor and a process of role modelling were evident to him.

The interview extracts were then given to the same academic to read. He also identified the themes as they emerged in the thesis data analysis. Fatalism and the parent mentor were described as being clearly evident. Comparing both extracts and illustrations together, the member checker confirmed the presence of the central tenets of the initial findings.

4.15 Chapter summary

This chapter has presented the methods used in the study. This includes how the participants were selected and chosen. A selection criteria and exclusion were developed and adhered to making the research sample a purposeful one. The ethical principles and potential issues relating to the study and how they were addressed. An ethical approval letter from the University Ethics Committee can be viewed in appendix vii.

Information relating to informed consent, confidentiality and anonymity was made transparent within the participants information leaflet and consent form. Subsequently the management of the data was explained including what was to happen to the data when the study was finished. My role as the researcher within the study and a brief reflective account of my experience through the research journey was presented.

Data collection was via semi structured interviews and drawings/ abstracts. The paragraphs discussed in more detail the reason for choosing the two methods of data collection and how they relate to the study.

Data analysis presented the steps involved with analysing the data. Images which demonstrate part of the process were presented to allow visualization how the categories of description emerged.

Finally, credibility of the data collected, and its findings were considered. The credibility of the study not only discussed the importance of the participants views, but also my credibility as a researcher in the field of nurse education.

The methods chosen for this study, allowed the researcher to extract or construct knowledge of the various different ways a student nurse experiences mentorship and the role of the mentor through interviews and drawings in order for the categories of description to emerge. The following chapter, Chapter 5 will present the findings from this study.

Chapter 5: Findings

5.1 Introduction

The previous chapter defined the methods used for this study. This chapter identifies the findings of the research aims and objectives associated with student nurses understanding of mentorship and being mentored having retrieved a clinical placement.

Research aim*:* With a focus on student nurses' who had experienced a retrieved practice placement, this research aims to explore and understand the variation of ways student nurses experience mentorship and being mentored in clinical practice.

Research objectives:

- To understand student nurse's variation in understanding of mentorship
- To explore variation of student nurses' experiences of being mentored

Examining this phenomenon through the lens of phenomenography enabled exploration of thought, meaning and language relating to the participants understanding of mentorship and being mentored having experienced a retrieval placement. Participants were referred to via a number which was allocated at the beginning of the interview however, throughout the presentation of the findings, the verbatim quotes and drawings were referred to as extracts to illustrate points being made. This was due to the data being pooled together during the analysis stage.

This chapter presents the findings of six interviews and 12 drawings. The chapter describes how the various ways student nurses who have experienced a retrieval placement understand and experience mentorship and being mentored in practice.

The outcome of phenomenographic analysis as described in chapter four, explains conceptions of similarities and or differences. The conceptions create the categories of description which are used to construct the outcome space, linking the categories together consisting of the student nurses' experience of mentorship and being mentor. Collectively the categories of descriptions represent the understanding and experience of the phenomena which has been revealed in this study.

5.2 Presenting the findings

The following section discusses the results and findings of the study. Cherry (2005) explains, within phenomenographic research, the aim is to seek the differences in variations and not to try to uncover *why* participants think of the phenomena in different ways.

The first part of the chapter will present the conceptions and categories of description which emerged from analysing the data. The interview transcripts were analysed first followed by the drawings. The reason for this was to become familiar with the narratives of the participants which would not illuminate by drawings alone. The participants spoke freely and honestly about how they experienced mentorship and being mentored during the retrieval clinical placement. However, the participant accounts were not exclusive to the retrieval clinical placement as comparisons of being mentored and mentorship from their overall clinical placement experience were also discussed. I felt it appropriate to not interrupt the participants when they discussed other experiences in addition to that of the retrieval clinical placement because while they were discussing the comparisons, they were able to add meaningful explanations to how they understand being mentored and mentorship in its entirety.

The creation of the categories of description from the conceptions, presents an overall characteristic of the phenomena, where similarities and differences in their meaning are illustrated. Entwistle (1997) states six categories should give a fair reflection of participants descriptions however, more or less categories are also seen as sufficient.

Marton (1981, p195) describes the creation of categories of description as the following

> *'Let us assume that we are investigating conceptions of a certain aspect of reality in a certain group of people. Let us also assume that conceptions of this aspect of reality have not been discerned previously. If our understanding is successful, then we may perhaps become able to describe a number of different conceptions and also identify the distribution, over the categories, of the group participating in the study. We arrive in*

consequence at two different kinds of results, the categories of description themselves, and the distribution of subjects over them'

Consequently, the categories epitomise the overall description of the phenomena revealing both the similarities and differences in meaning which are determined from the analysis of the student nurses accounts.

The second part of this chapter will look at the outcome space. The outcome space involves the link between each category of description which recognises the various ways the participants experience the phenomena. Marton (1981, p198) refers to the outcome space as the '*collective intellect'*. He proposes that '*this system may derive from a structured pool of ideas, beliefs and values that underwrite one's interpretation of reality'* (Marton, 1998, p29). Therefore, in summary, each category of description becomes part of a larger whole creating the ability to describe the phenomena which is the student nurse's understanding of mentorship and mentoring in clinical practice.

5.2.1 Addressing the study aims, conceptions and categories of description

In addressing the question, *In what ways do student nurses who have experienced a retrieval clinical placement understand and experience mentorship and being mentored in clinical practice?* An analysis of the interviews and drawings as descried in step 4 (chapter 4) identified seven conceptions or ways of experiencing similarities and differences of a phenomenon.

The emerging conceptions were (1) Being mentored is about learning skills; (2) Being mentored is being involved; (3) Being mentored is experiencing a positive environment; (4) Being mentored is knowledge and understanding; (5) Being mentored evokes anxiety and worry; (6) Being mentored is about relationships; (7) Being mentored is about resilience. Yates *et al* (2012) emphasised the difference between conceptions and categories of description stating, conceptions are described as units of analysis which refer to the ways a phenomenon is understood,

and the categories of description are used to describe these characteristics of the conceptions.

Diagram 3; conceptions

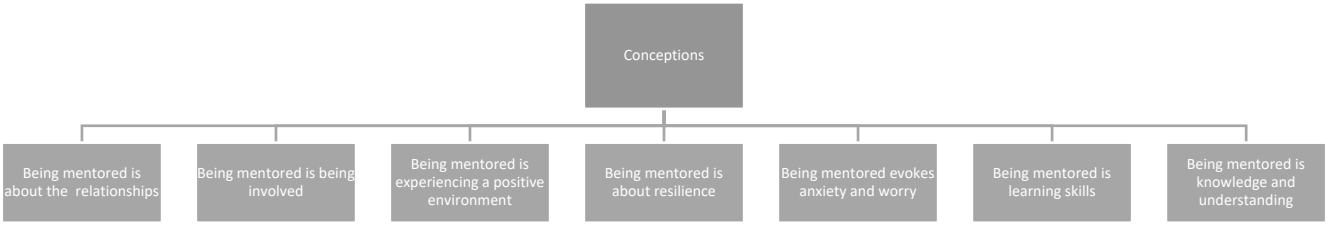
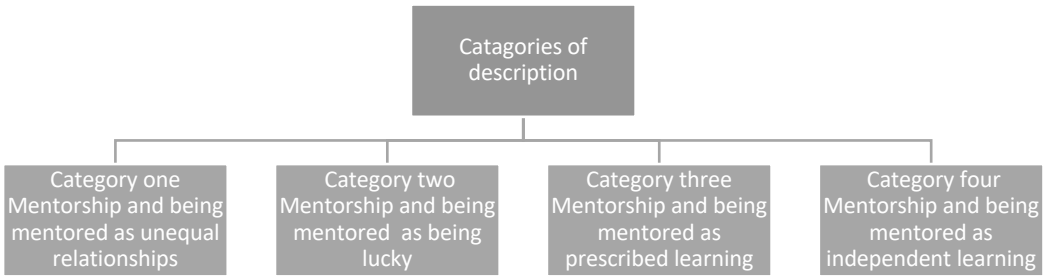


Diagram 3 presents the various ways mentorship and being mentored are experienced by the participants. These conceptions derived from the questions and answers from the interviews and drawings/ abstracts which populated the analysis spreadsheet. It was during this stage that variation of similarities and differences started to emerge, but this stage was difficult to articulate and define at times as it is the students understanding and not mine. However, as the process was iterative, clarity of understanding emerged and became visible to me after reading and re rereading the extracts. After various attempts to modify the language of the conceptions and be satisfied that the conceptions reflected the similarities and differences of the participants understanding and experiences, I was able to articulate the characters of the conceptions to finally label the categories of description. Green and Bowden (2009) explain data is usually presented as the final version of the categories of description although it is not uncommon for phenomenographers to present multiple versions demonstrating the emergence of the categories of description. Diagram 4, below, is the fourth version, the previous three consisted of the same categories, but with different language in the overarching headings. The categories of description are 1) Mentorship and being mentored as unequal relationships; 2) Mentorship and being mentored as being lucky; 3) Mentorship and being mentored as prescribed learning; 4) Mentorship and being mentored as independent learning.

Diagram 4; categories of description



The categories of description present the four ways student nurses experience and understand mentorship and being mentored. The next section presents the four categories of description through the participants own understanding and experiences.

5.3 Category of description one: Mentorship and being mentored as unequal relationships – the student nurses' experience

It is inevitable within one's professional working career that not all persons will form a positive working relationship. With the multitude of differing personalities and life experiences, people will always have differences of opinion. Student nurses spend fifty percent of the pre-registration nursing programme in the clinical placement with more than forty percent of their time being supervised by a mentor (NMC, 2008). Unsurprisingly, the participants discussed in depth their experiences of mentors' behaviour and how they expected a mentor to behave towards them in clinical practice. Some of the participants place mentor behaviour as the focal point of their clinical placement experience. Most of the participants declared a positive retrieval clinical placement however, they also stated that throughout other clinical placements this was not always the reality. Several participants alluded to experiencing substandard behaviour towards them during their clinical placement and for some students this occurrence was not exclusive to the retrieval clinical placement, they had experienced this in more than one clinical placement.

Extracts from interviews which describe students being mentored experiencing power, control and authoritative behaviour towards them, recalled experiencing the feeling of being controlled by the mentor and how this can have an impact upon their

learning. One participant discussed contrasting mentoring experiences and used explicit language to articulate the
differences

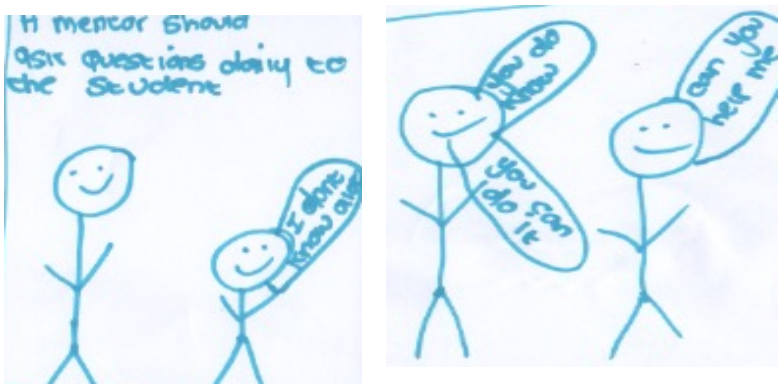
> *'I think people who have done it for a while kind of get too into themselves where they think that they know everything. And they think that they are controlling but that student are one of them. Whereas like I've had mentors that have been quite old school and it was really good but she let me do stuff instead of making me feel small when she asked me a question'.* Extract 1

This was an interesting point the participant made, where she acknowledges that as a student nurse, you are part of the team by explaining you are one of them. This participant does not view herself as separate from the mentor or an extension of the team. However, in the same sentence she discusses the notion of feeling small. I wanted to explore and understand what was meant by feeling small

> *'So say if they asked me a question and they can see that I'm struggling they won't just stare at me and wait for me to reply or something like that they will help me or hint at me or guide me along. But I've had one where they are like you are a second or third year you should know this by now and then it makes me feel like I don't want to talk, or I should be guessing the answer and giving them something instead of admitting that I don't understand'.* Extract 2

It is evident from this participant's account that they are fearful of being unable to answer questions when asked in clinical practice and to give a wrong answer outweighed the reluctance to admitting lack of understanding. The participant is emphasising that mentors have high expectations of them in relation to what year of training the student is in and this point was also made from the drawings. One of the drawings alluded to a similar point which demonstrates a student and mentor

conversation in relation to asking questions and the students confidently explaining that they do not know the answer.



Extract 3

What stands out in this participants account is the mentor who is the first picture is the bigger stick figure of the two however, in the second drawing the participant has drawn herself larger which could mean she feels more confident to ask questions.

In contrast, one participant experienced being ignored in the clinical placement

> *'I've had an awful mentor, really awful. That was on the last placement she was horrible she wouldn't speak to me; she'd speak to the patients. I ended up with different mentors in the end because someone picked up on it which was horrible'.*

Extract 4

I prompted the participant to elaborate further upon this experience by asking '*was there a reason why she did not speak'?* The participant replied

> '*It was her manner. She didn't say anything like she didn't say morning are you alright. She didn't say do you want to come and do this with me. She just didn't speak to me. Literally did not speak to me. She was a band six'.*

Extract 5

What was interesting in relation to this participant account was the surprise in her voice relaying the account and in particular the mention of the nurse being a band six which is deemed a senior nursing position. The point made here of seniority was mentioned again when a participant was explaining her reluctance to speak up about her mentoring experience, she stated

> *'I just kind of, you just feel because she was a band six, I think she had more of this kind of authority thing. I didn't want to be the one to moan to make there be any friction in the place if you know what I mean'.* Extract 6

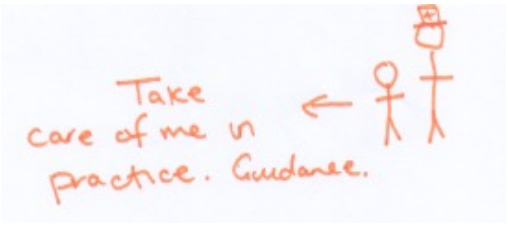
The participant was asked '*Did you feel as a student you could not do that?*' Her response was

> *'I should have, I just don't think I had the kind of confidence to do it. It's only when [name] spoke to me that I kind of told her that she just made me feel really uncomfortable and I don't know'.* Extract 7

The participant is expressing regret from not raising awareness of her experience. She is aware that to speak up about her clinical experiences may have a consequence within the team. The above verbal accounts were supported by participants drawings and abstracts. The participants were asked to draw a picture of their understanding of mentorship and being mentored prior to the interview and for most the notion of feeling welcomed and feeling comfortable was presented

Extract 8

Extract 8 demonstrates that being mentored is about feeling welcomed, having an understanding, being looked after, and feeling comfortable. However, alternative views as presented in extract 8, the participant through her drawings and discussion, presented herself as a smaller sick figure than her mentor which similarly to extract 3, draws the mentor as a larger figure and wearing a hat which again demonstrates power and authority.



Extract 9

When asked to explain her drawing, she like other participants discussed the notion of seniority

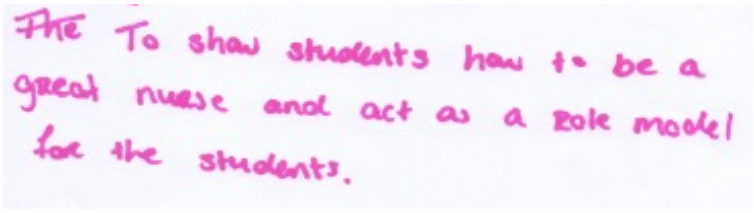
> *'So I'm the small one and the other mentors the bigger one. So it's kind of like not a child and an adult but yeah kind of like a more superior role than me. So they take care of me in practice and show me the way'.*

> *'In some placements I've had, I think yeah it's kind of like on a day there the qualified one's you need to listen to and no one else, but then in other places it means like two ways, so one way*

can be that way and then the other was can be like they are qualified and I do listen to them and they do take me under their wing. So they are kind of a better role model to look up to'.

Extract 10

This participant acknowledges in her account the importance of a senior role and links it to a role model and someone to look up to. In contrast to extract 4 and 5 participant accounts, this participant experiences being mentored as a positive experience, however, does allude to divisions between registered and student nurses by using the words superior and qualified. Again, like superiority, the notion of the importance of a mentor as a role model, was captured through participant annotations



Extract 11

The above extract, in particular with the blue writing uses the words advocate and concerns, here the participant is discussing the importance of support and the mentor being approachable if they had a concern. This belief was present throughout the interviews as the participants disclosed feelings of apprehension prior to starting a clinical placement. One participant stated

'I think a mentor should be quite supporting for the student like obviously. So for students who especially going into a new environment that they feel like it is unfamiliar place they should have support from the mentor especially when they first walk in they have to be welcoming and be shown around the place. Of course it can be scary going into a new place'. Extract 12

For most students, commencing a new clinical placement has always caused some elements of uncertainty and sometimes worry. Extract number 12 clearly states the importance of a supportive mentor from the outset is crucial however, this was not always experienced by the participants. Some participants talked about feeling ignored and left to manage their own learning

'The school nurses like she just wasn't bothered with me at all. She just sat at her desk and didn't interact with me whereas there was another woman who was on the opposite side and she talked to me and take me out with her and make me do things so I kind of just stuck with her for the whole time and then got the manager to sign me off because the other woman just wouldn't do it'. Extract 13

Participant from extract 13 talks about how she was able to find a way to be mentored by other mentors even though they were not aligned to her. Some students did find themselves gravitating more to one mentor than the designated one for reasons as discussed here and stated that they found a way to get through the placement. What was interesting in one account was the comparison between newly qualified nurses and nurses who had been qualified longer. There is evidence from extract 13 that they have made a link between a good role model as a mentor they want to spend time with and learn from. They add that mentors who have not long been qualified are better suited as a mentor as they remember being a student nurse themselves more recently

'Newly qualified mentors are better they remember being a student. Older mentors have not done recent education'.

Extract 14

Extract 14 also makes the connection with being a newly qualified nurse with recent education. This is an interesting point as all mentors must complete an annual mentorship update in addition to annual profession development. It was clear from the account that she was unaware of registered nurses' requirement of professional development. The next account contradicted extract 14's account and stated

'Old school mentors know a lot. Showing compassion too which is important'. Extract 15

Extract 15 associated the perception of compassion with being an experienced mentor. This may suggest that some traits as a mentor are learned through experiences compared to a newly qualified mentor. The term *old school,* which was used in this extract suggests nurse training occurred prior to university led education as discussed in chapter 1. One participant also used the term *old school mentor* however, compared the experience to a newer qualified mentor

'I think the placement you are on the mentors are different, so I was on a gastric placement before retrieval, and I had quite an old school mentor but she knew a lot. She didn't want me to do everything; she didn't push me as much as I knew I could go. Then I had a critical care placement next and she was quite a young girl and new to the job. And she was very knowledgeable, but she was really kind and took her time with me'. Extract 16

Extract 16 discussed the different mentor styles. The first experience prior to retrieval, the participant experiences the feeling of being held back from what she felt

she was capable of. In comparison to her next placement where she felt more involved, and the mentor had time to explain and teach her.

Some participants discussed the notion of wishing the mentor was friendly towards them and wanting them to smile

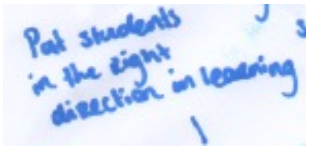
> *'Someone who will smile and someone who makes you feel comfortable and make you feel like you. You know you are there to learn and they are there to support you'.* Extract 17

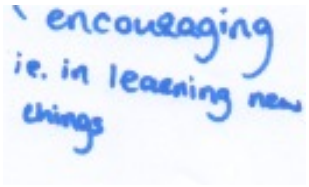
This extract is interesting as it alludes to not feeling like themselves if they are not experiencing a comfortable experience. Extract number 18 uses the same reference, however, continues to add

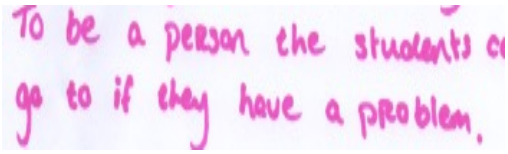
> '*So if you get a mentor that you feel uncomfortable around it will make you not want to go. Luckily I've had mentors that have made me feel like I am involved and stuff which helps me learn'.*
>
> Extract 18

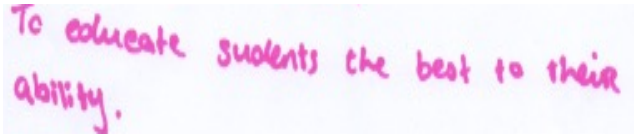
What this participant is suggesting is the more involved you are, the more you will learn however, if you are made to feel uncomfortable you are less likely to want to go to the placement which may have an impact upon your learning.

The following annotations support the experiences discussed within the extracts 17 and 18 however, through the drawings and annotations, additional understandings were presented









Extract 19

Within the annotations presented in extract 19, the participants used the words learning, educate and compassionate. These words used by the participants demonstrate the acquisition of learning new skills and education by a compassionate mentor will lead to a successful clinical placement. However, some participants do add the importance of mentor student relationships. Extract 20 explains

> *'Relationships are very important because I feel like if you don't have a good relationship with your student or your mentor, I feel like if there is an issue with the person, the student may not feel comfortable to speak to the mentor'.* Extract 20

This participant recognises the importance of a successful student/mentor relationship equals good communication and the ability to raise issues with the

mentor. Although one participant who felt they could not raise any issues with their mentor resorted to spending time with her back up mentor on the night shift

> '*It was just like I was stood there all day but this other nurse picked up on it and my back up mentor was told. She said come on nights with me and then I stayed with her for the rest of the time until I left'.* Extract 21

The account from extract 21 demonstrates difficult decisions made by student nurses to acquire support for learning and assessment in clinical placement. Unfortunately, some students have to compromise when faced with these challenges as demonstrated in extract 21, this student possibly missed vital learning opportunities which may only occur during the daytime shifts as night shifts are often quieter.

Some participants declared that one to one time spent with their mentor was invaluable

> *'One to one with my mentor is good because when I first start, I'm quite shy and reserved and then when I get to know them then I'll be more confident in answering questions'.* Extract 22

Extract 22 acknowledges feeling shy and recognises that it may take some time before she becomes confident to answer questions. This is an important point as for some students, their accounts mostly implied that it was their mentor's behaviour towards them which resulted in challenging student/ mentor relationships however, the account from extract 22, demonstrates the student having self-awareness of her own abilities in clinical practice.

In summary, the participants described in this category of description experience mentorship and being mentored as unequal relationships. Some participants described positive and helpful experiences however, some participants explained a

hierarchical and a power divide between qualified staff and student nurses was evident in clinical practice.

The second category of description is mentorship and being mentored as being lucky.

5.4 Category of description two: Mentorship and being mentored as being lucky – the student nurses' experience

As detailed in chapter one, each student nurse attending clinical placement is assigned to a mentor who is responsible and accountable for supervising the student nurse in practice in fulfilling their clinical placement competencies (NMC, 2008). This category of description presents how the participants experience mentorship and being mentored as being lucky. The participants used the word luck throughout their interviews when describing how they experienced clinical practice in particular being mentored.

It was evident from the interviews and the drawings how the student nurses viewed who they were assigned to as a mentor as fundamental to their overall experience. Some of the participants experienced feelings of support and assumed this would occur in all the clinical placement not just the retrieval clinical placement.

> '*All staff were helpful. Mentors should be supportive which is obvious. Time with my mentor was beneficial and hub placement was good I was involved; I was lucky with my mentor'.*
>
> Extract 23

Extract 23 discusses time with the mentor as being lucky when it should be deemed necessary for completion of the students' competencies.

> *'I spent a lot more time with my mentor, I know that they can be busy so didn't spend as much time with them but in my retrieval placement it was every day he'd come up to me ask me questions about my outcomes, like he said to me that I'm not letting you leave*

until you pass and all this so, it was very beneficial to spend one to one with him'. Extract 24

It was clear from this participants account that she felt supported and involved in her learning and daily discussions took place in relation to the outstanding learning outcomes. Unfortunately, some participants did not feel they experienced the same level of support. Some expressed experiences of neglect citing mentors lack of interaction with them and having to rely upon other staff members for completion of documentation.

'Sometimes a positive experience is down to who you get as a mentor. The manager signed my book because the mentor would not'. Extract 25

In this extract, the participant discusses the notion of a positive experience in clinical placement is related to the mentor assigned to them and in most clinical placements mentor alignment is at the discretion of the team leader or manager.

The participants discuss the notion of *luck* being attributed to a positive experience. The mentor you are assigned to at the beginning of the retrieval placement or other placements has an impact on the clinical placement outcome. Mentors of the above participant refused to sign off their competencies and the participants explained that it depends on who you have as a mentor regarding whether you are successful in having your documentation signed off or not. There did not appear to be an understanding that a lack of sign off may be connected to a lack of competence in the students clinical ability, this was not discussed by any of the participants.

One participant stated

'*I have had mostly positive yeah I'm quite lucky, I know people have had experience where they haven't had good placements, but most of mine have been positive'.* Extract 26

Similarly, to extract 23, extract 26 discusses the notion of luck however extract 26 refers to the placement as a whole and not exclusive to the mentor. The participant refers to a positive placement and when prompted to explain in more detail she responded

> *With retrieval I knew I was going to pass my mentor was nice yeah he was really nice. He said he was like I'm not letting you leave without you passing like he was 100 percent going to make sure I passed'.* Extract 27

Participant views from extract 27 discussed in more detail than the other participants about the retrieval clinical placement. They felt that the one to one experienced gave her confidence and support from the start. She explained she could see the benefit of the retrieved clinical placement after completion, as the additional learning was welcomed. What she explained at the beginning of the interview was a feeling of not understanding why she had to retrieve the clinical placement, she was aware that she had three clinical competencies outstanding however, she was unsure of why they were not signed off originally

> *'There were three competencies I didn't manage to achieve that I had to take them on to another placement and I thought I had completed all my competencies, but I hadn't'* Extract 28

The participant views from extract 28 was unaware she had not completed her clinical competencies prior to retrieval, however, she remained positive about the additional experience. According to the NMC (2008) Standards to Support Learning and Assessment in Practice (SLAIP), a student should be aware of outstanding competencies and an action plan to support the retrieval of these standards should be communicated throughout the clinical placement. As discussed in extract 27, this participant was unaware they were failing clinical competencies. In contrast however, student nurses who experienced a positive mentor experience during the retrieval clinical placement, experienced times of panic, nevertheless, felt reassured and supported by their mentor to complete the skill being taught

'I had like the best mentor ever I was honest to God she was lovely. She was such a good woman and she acted very professional and she taught me everything. She was very thorough in her teaching, and she was always so what's the word? So patient that's the word. If I don't grasp something first time round, she wouldn't get frustrated with me. She'd always be very patient and say 'that's fine will just do it again its fine don't worry about it' and that made me feel comfortable because I think if you can't do it you start to panic like you know what I mean?'.

Extract 29

Extract 29 discusses how they experienced a mentor who took time to teach whereby she described her as a *good woman.* Although she stated she felt comfortable with her mentor which resulted in her less likely to panic if she found a task difficult.

Some participants did allude to experiencing not having a good relationship with their mentor compared to the participant in extract 29 who had a positive experience with their mentor. One participant stated

'I think I have heard some people saying oh I don't really have a good relationship with my mentor and to me I think that's very important for a mentor student relationship because I've been lucky as I have had a close relationship with all my mentors and it's been quite good. I've heard people saying they were not as close'. Extract 30

When asked to elaborate further in relation to her statement, the participant declared

'I think luck has a bit to do with it, it depends on who you're given as a mentor and what placement you have been put on whether you like it and have the imitative to just go with it anyway. If you just go with it you will probably have a better experience'.

Extract 31

The statement in extract 31 describes resilience and having the ability to recognise by making the best of the situation will improve your experience. Not all participants recognised this and felt hopeless in the clinical placement and unable to ask for help although one participant was able to discuss who she would contact if she needed help with an issue in clinical practice

> '*Yeah I know who to contact I've been quite lucky on my placement I've either had the PEF's to talk to they do come in and talk to us and the PELS'.* Extract 32

This participant did not indicate if she requested help prior to her retrieval clinical placement or if it was a routine visit from the PEF's and or PEL's bur was aware of their roles.

One participant discussed how she was lucky with her hub placement; the hub placement is where the student is assessed by the mentor and the spoke placements are for addition experiences. This participant stated

> *'I think my hub ones have been really good. I've been really involved with them. All the mentors have been really good actually I've been lucky with that. The only one that I didn't really like was my school nurse one because she didn't really take any notice of me, she kind of palmed me of. She didn't really take me anywhere just put me on a course and I didn't really experience anything'.* Extract 33

This participant experienced feeling ignored and left to complete online courses which she felt did not add to her experience. Like other participants, the participant above did not confirm if the placement she is referring to was prior to retrieval but did compare this experience to others clinical placements she has had.

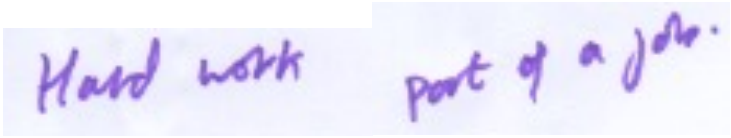
An interesting point of view came from extract 34. She states

> *'A lot of them are very hard working, a lot like all the mentors I've come across to be fair I have been lucky and they are all very hardworking and quite like. Very patient they've all been'.* Extract 34

This participant makes the point that you are lucky if you are assigned a hard-working mentor. She elaborates on the point she is referring to by saying

> '*One let me do everything she involves me in. She got me involved in a cardiac arrest and let me do CPR and showed me how to take bloods'.* Extract 35

The association the participant is making here is if the mentor you are assigned to works hard in providing an environment which encourages the student to be involved and preform skills, then it is down to luck. This view also came from the annotations when the participants were asked to draw a picture of their experience of being mentors



Extract 36

The above annotations include the term *part of a job.* The participant is referring to mentorship as part of the role of a qualified nurse. For some mentors they may see this role as an addition to their nursing role and may not be prepared for when a student nurse arrives.

In summary, the participants in this category of description, described mentorship and being mentored as being lucky. The notion is down to luck which mentor you

are aligned to and if you experience a positive clinical placement experience. Some participants also explained that it is the clinical placement what can affect the outcome of clinical competencies being met or not as some students completed out of branch placements which for some, they found it interesting and were able to meet their outstanding clinical competencies .

5.5 Category of description three: Mentorship and being mentored as prescribed learning – the student nurses' experience

Within this category of description, mentorship and being mentored as prescribed learning, presents the understanding and experiences of the participants. These accounts present how the students articulate through their interview and from their drawings/ abstracts, that it is the mentors responsibility for them to pass the clinical placement. The participants demonstrate an understanding that mentorship and being mentored is a two-way process however, the participants state that mentors should be aware of the students learning and competencies to be achieved.

Extract 36 summarises this point and is clear about what the mentor should do to facilitate their learning

> *'With the clinical skills so instead of I learn from you if you show me and then I'll copy you so they'll understand my way of learning and they'll pick up on that'.* Extract 37

The participant above is explaining that she is a visual learner, and she expects the mentor to be aware of how she learns in clinical practice. This opinion was replicated several times however, some participants talked about feeling scared

'If my mentor involves me in everything and gets me to do things even if I'm a bit scared, like they'll just stand there and talk me through it instead of taking the lead'. Extract 38

The above participant did not contextualise if the feeling of being scared was the fear of completing the clinical skills competently or failing the skill in the retrieval clinical placement. One participant, however, did explain how she felt worried because she was young and did not know what to do

'*I was worried only because I've never done anything like this before, so it is because I am quite young I was like I didn't know what to do or what to expect but it was really good. It helped me learn a lot'.* Extract 39

Extract 39 explains her age is a barrier to not knowing what to do however, the retrieval placement really helped in facilitation of learning and confidence. Some participants commented upon having fewer competencies to achieve during the retrieval clinical placement and deemed this as more manageable and less stressful. The notion of spending one to one time with their mentor to achieve the outstanding competencies was highlighted numerous times and seen as valuable

'*Instead of having to achieve all the competencies, I only had to achieve three of them and there was a lot more time spent with my mentor on a one to one because I had to achieve them'.*

Extract 40

The above participant was asked to explain the importance of one-to-one time spent with their mentor

'My other placements I've spent one to one time obviously with my mentor but sometimes like they are not there whereas on retrieval I made sure I did all my shifts with my mentor so I knew I was going to pass and I wasn't worried about not spending time with him'. Extract 41

Extract 41 alluded to time spent with her mentor would equal success at passing the outstanding clinical competencies and the reassurance from her mentor that she would achieve them. One participant stated that the time allocated as a minimum for student /mentor supervision which is 40% (NMC, 2008) is not enough

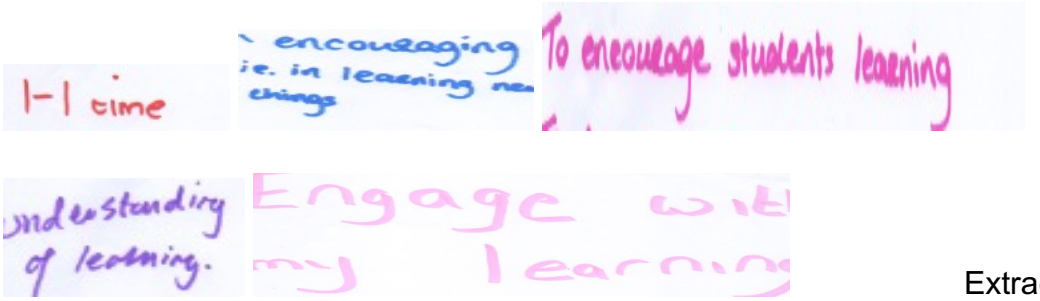
'I feel like there should be more time for students and mentors because I know it is only 40% but that's not that much really'.

Extract 42

The participant above, explained the need for more time with mentors would be beneficial however, some participants explained that due to the mentor being busy, additional time is impossible

'I would like to spend more time, I know they can be busy so they don't spend as much time with them but in my retrieval placement it was every day'. Extract 43

The participant drawings and annotations supported the view of one-to-one mentoring being important to them and how a mentor should monitor and facilitate the students learning



Extract 44

As with anyone embarking upon a new employment position, anxiety and worry can be experienced prior to commencing the position. Student nurses verbalised how attending new clinical placements made them feel scared at times. The participants experienced fear and held expectations of the mentor to help overcome this feeling. One participant stated

> *'I expected them to be nice to be honest, I feel like it's scary going to a new placement. I mean like I can't believe how lovely everyone has been'.*
>
> Extract 45

The next participant discussed the feeling of experiencing being scared and the ability to not do as well if you were unable to approach your mentor

> *'They've got to be friendly and approachable because if its someone you're scared to go to you're not going to do as well as you could'.* Extract 46

Being able to approach the mentor was an expression which was mentioned multiple times throughout the interviews and drawings and abstracts. The participants expressed their understanding of being mentored as not just an act of following their mentor and copying, this category of description highlights from the student nurse perspective, the importance of guidance and support from their mentor equalling a successful learning experience. The following extract discussed the importance of student nurses being able to broaden their scope of clinical exposure which is something that is negotiated with their mentor. This can be difficult to arrange if student nurses feel they cannot approach their mentor to facilitate this arrangement

> *'If you feel you can't approach your mentor, you can't ask about possible spokes somewhere so if you can't approach the person*

who you need to talk to about it then you won't get the educational experience'. Extract 47

Similarly, to extract 47, extract 48 explains that some mentors were not approachable however, she was able to develop strategies to overcome this

'Some that were not approachable, but it just depends on who you've got as a mentor and what sort of personality you've got as well but you quickly learn who you can go to and who you can't'. Extract 48

The above participant is referring to having the awareness to find alternative mentors to work with to gain a breadth of experience if her mentor was not approachable. It is not unusual for student nurses to work with other staff members and still maintain a minimum of 40 % of their clinical placement with their mentor who will sign them as competent. The participant in extract 48 was asked to expand on their point further

'Well I think the mentors need to understand what it is the students are doing when they're not on placement either in uni (university) or outside of uni just to have an understanding of why they may not have confidence to do as well as others'.

Extract 49

The above participant acknowledges the importance of mentors having an overall concept of the pre-registration nursing programme and to determine if the student nurse has any gaps in their knowledge which may hinder progression. This is a very interesting point which is made as one to one time spent with a mentor is vital however, it has been demonstrated in extracts 42 and 43 that this is a very rare occurrence.

In summary, the participants understanding in this category of description is the notion of depending upon their mentor to guide and support their learning. The

students experienced being ignored by their mentors in clinical practice and discussed certain qualities a mentor should have in assisting their learning needs. The participants discussed feelings of anxiety and worry within some areas of practice however, once they had commenced the placement these feelings subsided.

5.6 Category of description four: Mentorship and being mentored as independent learning. – the student nurses' experience

Category of description four includes less extracts in comparison to the other three categories. This does not mean it is less important or justifiable as a category, it holds a strong importance to how the student nurses from this study experience and understand mentorship and being mentored having retrieved a clinical placement. Throughout a student nurses three-year pre-registration nursing programme, it is assumed by academic staff and mentors, at some point a student nurse will transition from being dependent upon their mentor in clinical practice to an independent student in readiness for entry onto the NMC (2008) register. For many student nurses' this transition does not happen straight away and for a few, may not happen at all. Some of the participants within this study verbalised experiences of relying greatly upon their mentor and alluded to poor mentoring when they felt abandoned as discussed in category of description three. Within this category of description, there is a focus from the participants of the need to complete competencies and strategies adopted in achieving this. Student nurses are aware that clinical practice forms fifty percent of their undergraduate programme. As discussed in chapter one, it is essential for student nurses to complete clinical competencies which are standards of pre-registration education set by the NMC (2008). Student nurses will have exposure to various clinical placement to ensure a breadth and wealth of experiences are achieved.

The participants were asked during their interviews to explain the concept of mentorship and being mentored in addition to drawing a picture or abstract. Most of the students found this question difficult and began by describing their mentor however, as the interviews continued the participants were able to contextualise what their understanding and was of mentorship and being mentored.

The participant in extract 50 discusses knowledge of linking clinical competencies they had achieved from various clinical placement to completing the clinical placement

> '*I've had quite a varied placements, I've had numerous different types. So I was in adult field but I had to cover everything as part of the NMC, I've been ward based, district based, been in a school, I've been quite varied with who I've had as a mentor and what skills I've required for each placement'.* Extract 50

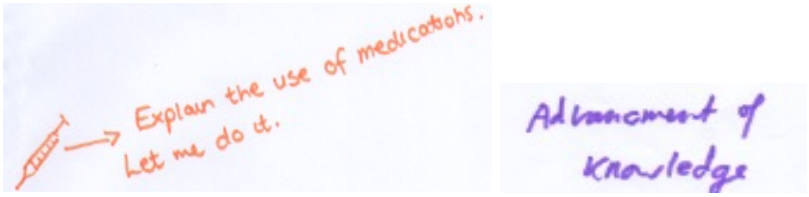
The participant above was clearly aware of the NMC standards for pre-registration education and alluded to the skills she acquired in each of the various placements. It is important for student nurses to understand the context of various clinical placements and be able to relate them to the clinical placement learning outcomes. When clinical placements are experienced in isolation and not as a continuation of the patient journey, the ability to have a broad view of how the nursing profession works in the health and social care setting, may be lost.

The overall concept of mentorship is for the mentor to make judgement upon a student nurses' clinical competencies and to facilitate teaching and learning within the clinical practice placement (NMC, 2008). For most of the participants who were interviewed for this study, surprisingly little reference was made to teaching and learning on clinical practice. When participants did mention teaching and learning it was very brief and lacked any transferability to the pre-registration nursing programme they were completing. One participant, however, did articulate in more depth than others about how they experience teaching and learning in the clinical practice placement

> *'Mentors should act as a guide and understand concerns. Mentorship should not be about spoon feeding; it should be about facilitating'.* Extract 51

Extract 51 describes elements of independent learning and less reliance on the mentor. She was very clear during her interview when discussing teaching and

learning that student nurses need to be motivated to complete their competencies in collaboration with their mentor. Some of the drawings supported this view



Extract 52

The first drawing in extract 52 is of a syringe with the caption 'explain the use of medications and let me do it'. This student is demonstrating confidence in wanting to practice clinical skills with their mentor and has identified the use of medication as a specific learning need. The second is an annotation stating, 'advancement of knowledge'. Not all students are aware of their own learning needs or gaps in their learning and as discussed in category of description three, rely heavily upon the mentor to prescribe their learning. One participant discussed how varying hospital Trusts allow student nurses to practice certain stills and others do not and how confusing it is

> '*Everyone needs to know what level they are or what they can do and what they can't do because different uni's have different approaches to it. At our uni (university) we can't do certain things in practice and others can for example medications'.* Extract 53

As the placement circuit where this study participants practice is shared by four local universities all with guidance for completion of clinical skills in addition to hospital Trusts having standard operating procedures for student nurses' clinical practice, it is fair to state that mentors often air on the side of caution when facilitating student nurses' clinical skills for fear it is not permitted for the student to practice. This can

leave many missed opportunities for completion of clinical competencies for the students hence causing frustration for the student nurse.

In summary, it was evident that some of the participants interviewed have a depth of knowledge in relation to the clinical competencies which needed completing in the clinical placement. The participants who were aware of their clinical competencies in the retrieval clinical placement had a greater understanding of how to achieve them. They also demonstrated more awareness of teaching and learning in clinical practice and were able to link it to the pre-registration programme.

5.7 The outcome space

The second part of phenomenographic research is presenting the outcome space (Marton, 1997). The outcome space has been discussed previously in chapter 3. To summarise from section 3.7; the categories of description illustrate the various ways a student nurse experiences mentorship and being mentored resulting in the definitive connection which makes the categories link together in the form of the outcome space.

The outcome space represents the different experiences of the phenomenon in question, in the same way the categories of description represented the conceptions of the interviews and drawings as demonstrated in 5.2.1. According to Bruce (1997) it is usual for the outcome space to be illustrated as a table, image, or a diagram to demonstrate how the categories of description relate to each other. Bruce calls this ‘diagrammatic representation’ of the categories of description (Bruce, 1997,p87) whereas Saljo (1988, p44) states it is a ‘map of territory’ interpreting how people conceive a particular aspect of reality. The relationship of the categories to one another which is referred to as hierarchical structure, can be a complex concept as Laurillard (1993) distinguishes three different types of outcome space. Laurillard (1993, p45) states the three ways structural outcome spaces can be viewed are;

- an inclusive, hierarchical, outcome space in which the categories further up the hierarchy include previous, or lower, categories
- an outcome space in which the different categories are related to the history of interviewees experience of the phenomenon, rather than to each other
- an outcome space which represents a developmental progression, in the sense that the conceptions represented by some categories have more explanatory power than others (Laurillard,1993,p45)

However, Green (2005) states a hierarchical structure is not essential within phenomenography and Trigwell (2006) further explaining the categories should not align with one individual nor the expectation be that participants will move through the categories of description. To address my study question, how student nurses understand, perceive and experience mentorship and being mentored having retrieved a clinical placement, the structure of the outcome spaces aligns with the second point Laurillard (1993) presents. The four categories of description are related to the history of interviewees experience of the phenomenon rather than to each other. Diagram 5 illustrates how the categories are related to each other with category one representing the most common experienced category through to category four which demonstrated the least experienced category.

The participants within this study demonstrated understanding and experiences in relation to at least one of the categories however, there was some overlap within the categories.

Category one; represents mentorship and being mentored as unequal relationships. The participants, through their interviews and drawings, when asked how they experienced being mentored and their overall perception of mentorship during their retrieval clinical placement, the participant focus was the relationship they have with their mentor and how experiencing a good or a poor relationship impacted upon their overall experience.

Category two; represents mentorship and being mentored as being lucky. The participants were aware of unequal relationships existed between students and

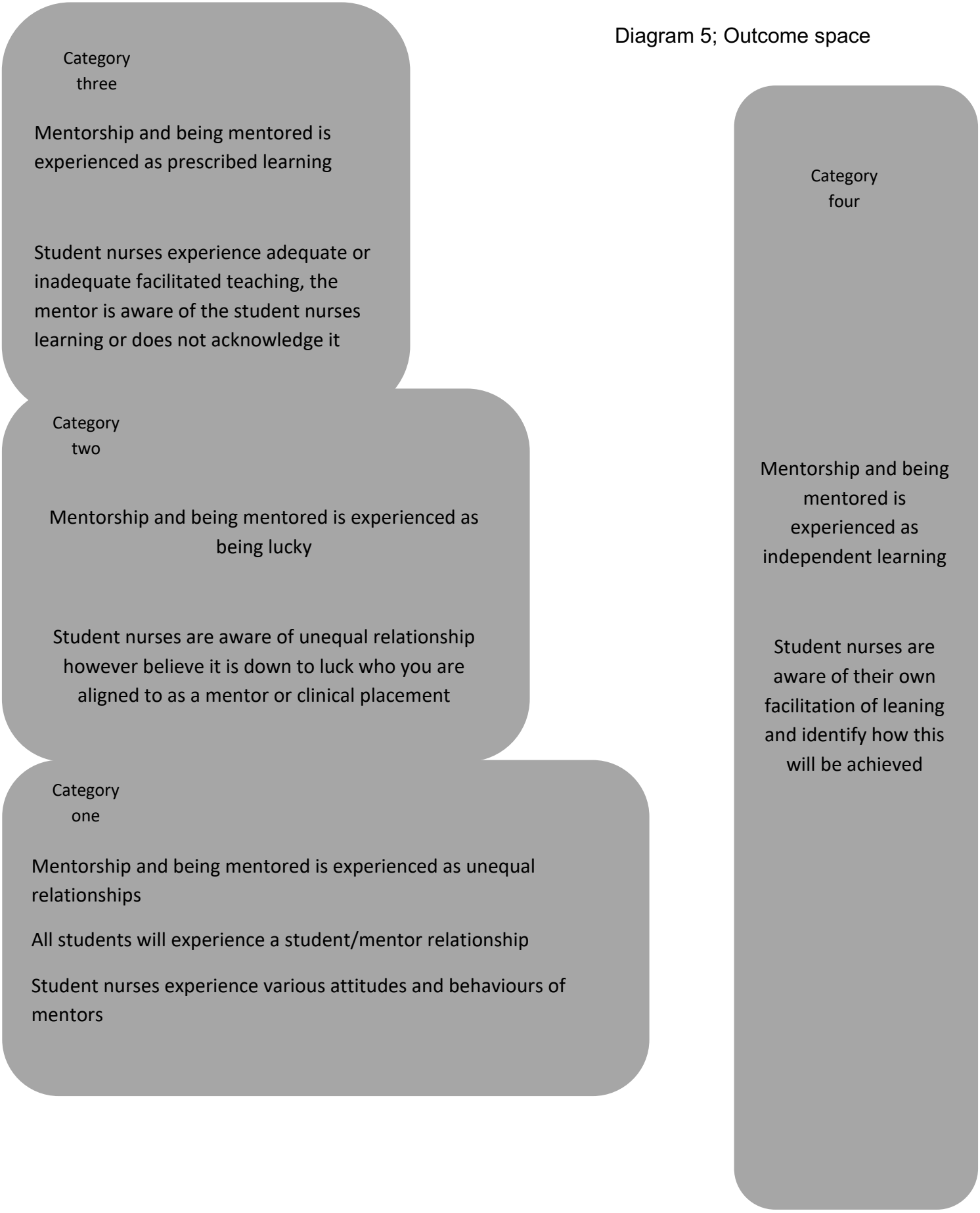
mentors however, explained it was down to luck which mentor you were aligned to at the start of the clinical placement.

Category three; represents mentorship and being mentored as prescribed learning. The participants experience being mentored as a two-way process i.e., the mentor facilitates the students learning however, it is the mentor's responsibility to prescribe the learning for the student. Participants in this category demonstrated an awareness and understanding of their learning outcomes which needed achieving however, lacked responsibility for directing their own learning.

Category four; represents mentorship and being mentored as the independent learner. Participants in this category demonstrated a greater understanding of mentorship and being mentored and could apply it to their own learning. The participants in this category were aware of categories 1, 2 and 3 nevertheless, they could see how the role of the mentor contributed to facilitating their own learning and recognising resilience is the key to completing the clinical placement competencies.

The following, diagram 5 illustrates the structure of the outcome space.

Diagram 5; Outcome space



5.8 Outcome space - referential and structural relationship

Once the outcome space has been established, it is assumed that further analysis of the categories of description can lead to what has been described as human awareness (Marton and Booth, 1997). Human awareness is a complex concept which denotes the structure of the experience as well as the meaning of the experience, in other words structural and referential dimensions as they are referred to by Marton and Booth (1997). This means that each category of description has a referential aspect which refers to the meaning of the experience and the structural feature, which relates to how the experiences are related to each other therefore, in essence, it is the *how* and *what* the phenomena is experienced (Marton and Booth, 1997). The structural feature further explores the relationship between the different aspects of a phenomenon which creates the overall meaning. Marton and Booth (1997) refer to this as the internal horizon and external horizon. Pang (2010, p148) states

> *'the internal horizon refers to the parts and their relationship, together with the part-whole structure discerned therein'.*
>
> *'the external horizon refers to the way in which the phenomenon we experience in a certain way is discerned from its context and how it is related to its context as well'.*

To put this theory into context, Reed (2006) uses the analogy of a car engine on a scrap heap. He explains the external horizon of seeing the engine in the scrap yard is an extension of the experience of the car engine through all other contexts where engines have been encountered before that moment. The internal horizon relates to the engine itself, its shape, parts etc. Whilst trying for some time to comprehend this theoretical concept in relation to my study question, Harris (2011) discusses how researchers struggle to understand phenomenographic structural and referential frameworks and how they can be applied to various collections of data. Harris (2011) research reviewed fifty-six phenomenographic studies which used one or both frameworks and presenting the strengths and weaknesses of these frameworks in her work. This will be discussed further in chapter 6, the discussion chapter.

Table 8 presents the outcome space and how the referential and structural features align.

Table 8 - The Referential and structural aspects of the outcome space

<table>
<tr><td rowspan="4">Structural aspect of the outcome space</td><td colspan="5">Referential aspect of the outcome space

(Categories of description)</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr>
<tr><td>One dimension awareness</td><td>Student nurses are aware of the relationship with their mentor and view this relationship as a single entity to mentorship and being mentored. They do not perceive internal aspects

External horizon</td><td>Student nurses are aware of various student mentor relationships but experience luck in relation to the experience outcome.

External horizon</td><td rowspan="2">Student nurses understand and experience various aspects of mentorship and being mentored however understanding suggests it is the mentor’s responsibility to facilitate

Internal horizon</td><td rowspan="2">Student nurses understand and experience internal horizons in relation to mentorship and being mentored and are aware of their own facilitation of leaning and identify how this will be achieved

Internal horizon</td></tr>
<tr><td>Multi- dimension understanding</td><td></td><td></td></tr>
<tr><td colspan="5">Internal horizon and external horizon</td></tr>
</table>

Table 8 explains the referential and structural aspects of the outcome space. The table presents how some student’s nurses experience one dimension of awareness for mentorship and being mentored. They are aware of mentorship and being mentored (external horizon) as experiencing mentor student relationships in isolation and do not demonstrate a broader aspect of mentorship and being mentored.

Student nurses who experience internal horizon aspects of the outcome space, have a greater understanding and experience of mentorship, and being mentored. Students who experience a multi-dimension understanding, demonstrate awareness of their role as a student, the mentor role, the environment, and programme outcomes. This is demonstrated by students who experience prescribed learning as they demonstrate an awareness of mo e than one category of description however, student nurses who experience independent learning, demonstrate mentorship and mentoring as a more complex pedagogy.

5.9 Chapter summary

To summarise, this chapter presented the findings from the participants interviews and drawings to address the study aims which were associated with student nurse's understanding of mentorship and being mentored having retrieved a clinical placement.

With a focus on student nurses' who had experienced a retrieved practice placement, this research aimed to explore and understand the variation of ways student nurses experience mentorship and being mentored in clinical practice.

In particular the study sought to

- To understand student nurse's variation in understanding of mentorship
- To explore variation of student nurses' experiences of being mentored

The categories of description demonstrate the four different ways the participants experience and understand mentorship and being mentored having retrieved a clinical practice placement. The outcome space presented how the categories link together providing an explanation of the referential and structural aspects of the outcome space which is summarised in table 7.

The following chapter, chapter 6 will discuss the findings outlined in this chapter and how these fit with the broader literature.

Chapter 6: Discussion of Findings

6.1 Introduction

The previous chapter presented the findings from the participant interviews and drawings in the form of four categories of description. This chapter considers the implications of the key components of how student nurses who have retrieved a clinical practice placement perceive, conceptualise and experience mentorship and being mentored. The focus of the study is to present how student nurses understand mentorship and being mentored from their perspective rather than criticise the work of mentors in practice. The chapter is organised into two parts, firstly a discussion of the four categories of description and secondly, a review of the chosen methodological approach.

6.2 Mentorship and being mentored as unequal relationships

It is evident from the study findings that student nurses encounter various relationships. Category of description one- unequal relationships, presented extracts of how student nurses experience and understand mentorship and being mentored. Some student nurses experienced a positive and successful mentorship relationship, however, some student nurses expressed episodes of the student mentor relationship being one sided citing experiencing power and authoritative conduct towards them. To understand the concept of power and authoritative behaviour, Alsobaie (2015) in his article '*Power and Authority in Adult Education'* presents research from Foucault, a philosopher and historian and Kitzmiller, a psychologist (Foucault, and Kitzmiller, 2013) who discuss what is power? What is authority? Defining these subjects, adds context to understanding the student nurse experience of mentorship and being mentored however, it is not my intention to focus upon the psychology of power and authority, my intention is to add meaning.

Alsobaie (2015,p155) quotes Michel Foucault's work (1983)

> *'power is a relationship, meaning people with power have the ability to modify the behaviours of other people through the threat of violence, economic clout, or political/ social authority'.*

Foucault (1983) is referring to people with power can change the behaviour of others however, other people have a choice if they want to change. For example, within my study the person with power is the mentor, the student has the choice to either change their behaviour by complying with the mentor expectations or risk failure. Alsobaie (2015, p156) further discusses power and authority from Kitzmiller's (2013) perspective who agrees with Foucault's (1983) definition of power, nevertheless, explains authority

> *'is a relationship whereby people accept a subordinate position to another institution or person because of their potential to launch an exercise of power'.*

What resonates with this quote is the mention of a subordinate position as some students within the study emphasised their mentors' position and grade, highlighting the student's awareness of the mentor holding a higher professional position. The extracts from this study illustrate how some students experienced neglect, citing they did not want to cause friction in the workplace by addressing their concerns. A study by Topa *et al* (2014) discusses negative mentoring on mentees and the impact it has on them. The longitudinal study was conducted in two European countries, Spain, and Italy. The main aim of the study was to examine negative mentoring experiences and nurses job satisfaction. Two themes which resonated with the findings of my study was reported and they were, mentor mentee bullying and distant behaviours. Topa *et al* (2014) cited that a form of bullying in the workplace prevents mentees from developing their role and can impact upon formulating an attachment to the role in the future. There is no mention of the term bullying from the participants of this study however, how students experience mentorship and being mentored as unequal relationships emphasises the reality of how the students perceive and conceptualise their learning experience.

The second theme which emerged from Topa's *et al* (2014) study was distant behaviours. Topa *et al* (2014) explained her meaning of this phrase as mentees experiencing neglect or exclusion by their mentors. Participants from my study stated they experienced neglect several times as they experienced sitting around and waiting for their mentors to talk to them. These challenges experienced by the participants, can lead to students' inability to form professional relationships within future clinical placements.

Identity and belonging were identified as a theme within the literature review (2.4.2 of this study) and highlighted the importance of student nurses developing a sense of identity and adopting professional values (Levett-Jones and Lathlean, 2009; O'Mara *et al*. 2014). Both these studies agree that a positive staff-student relationship is paramount for students to feel valued and accepted in the clinical environment, however, their focus lies with the student and their ability to develop and adapt within the clinical environment rather than suggesting that the mentor is responsible when students are unable to achieve professional values.

Findings from my study, the referential and structural aspects of the outcome space of category of description one, illustrates student nurses experiencing mentorship and being mentored as having a one-dimensional awareness, meaning, they view the student/ mentor relationship as a single entity and are not aware of internal horizons as described in category of description four. Thus, some student nurses will only experience the relationship they have with their mentors as the single most important aspect of mentorship and being mentored and demonstrate limited understanding of external horizons. This contrasts with Levett-Jones and Lathlean (2009) and O'Mara *et al* (2014) themes as mentioned previously, student nurses from my study, believe being able to develop and adapt to the clinical placement is the responsibility of the mentor and look to them for guidance and support. From the literature review (2.5.2 of this study) Wilkes (2006) discusses how students experience a delay in learning and damage to their self-image due to mentors displaying unprofessional behaviour towards them. This insight and how student nurses experience mentorship and being mentored as one-dimensional awareness, may explain why some students are more susceptible to retrieving a clinical placement than other students who experience a multi-dimensional awareness to mentorship and being mentored. This concept in addition to multi-dimensional

awareness will be explained in more depth within category of description four although, students who experience multi-dimensionalunderstanding, demonstrate understanding of mentorship and being mentored as involving many facets and are aware of their own facilitation of learning in comparison to students within category of description one.

As stated earlier in this thesis, it is not my intention to focus upon psychological theories of human behaviour however, some aspects of psychology are necessary to explain human behaviours. Eric Berne (2016) studied communication of people and stated each person has three alter egos or behavioural patterns, parent, adult, and child. Berne (2016. p 23) defined the three ego states *as 'a system of feelings accompanied by related set of behaviour patterns*. He was clear the terms do not reflect actual parents, adults, or children but the different ways of experiencing situations. The parent ego state has two elements to it, a critical parent ego and a nurturing parent ego. The parent ego state has been described as our ingrained voice which developed from learning when we were young. Characteristics of a parent ego are overprotective, reference to rules and laws, dos, and don'ts. When a person is considered in the adult ego state, it is said people can think and formulate reasoning of situations. A person in the adult ego state would have characteristics of rationale, testing, exploring, and evaluating situations. Lastly Berne (2016) discusses the child ego state as when anger and despair can have an impact upon reason. Characteristics are usually displayed as sadness, temper tantrums and rolling eyes. Most people are said to be able to move from one state to another depending upon a person's situation however, it is only when a person is unable to move from one ego state to another, the balance of the communication or situation can be altered (Berne, 2016).

This concept or idealism lends itself to this study as student nurses and mentor relationships have been defined as complex unequal relationships. How a student nurse experiences and understands mentorship and being mentored could depend upon which ego state they and their mentor are in and if they can transition from one to the other. An example from this study is, if the mentor is in a constant parent ego state and the student nurse is in a child ego state. The student nurse would experience possible critical behaviours from the mentor and the student nurse who

would be in a child ego state would demonstrate feelings of anger and despair. An example of this was demonstrated in extract 2

> *'So say if they asked me a question and they can see that I'm struggling they won't just stare at me and wait for me to reply or something like that they will help me or hint at me or guide me along. But I've had one where they are like you are a second or third year you should know this by now and then it makes me feel like I don't want to talk, or I should be guessing the answer and giving them something instead of admitting that I don't understand'.* Extract 2

When the student nurse and mentors' relationships are in a state of flux, it could be dependent upon an imbalance of ego states. The ideal ego state for the mentor is an adult ego state and the ideal ego state for the student nurse is also the adult ego state as both will have the ability to rationale, explore and evaluate facilitation of learning from mentor to student.

6.3 Mentorship and being mentored as being lucky

It is clear from the extracts that participants expressed mentorship and being mentored as being lucky. Student nurses disclosed that the success of a clinical placement depended on which mentor they were assigned to. The participants from this study discussed instances where they had a positive mentorship experience in particular in the retrieval clinical placement however, many participants expressed poor or inadequate experiences of being mentored. The findings suggest that student nurses require mentors to have certain attributes and qualities to be an effective mentor. They cite role modelling, understanding, nurturing, and having an empathetic understanding as key qualities. Foster *et al*'s (2015) study found mentors who are good role models and display adequate professionalism, ensures a positive clinical experience for student nurses. Gray and Smith (2000) found mentors who are approachable, confident, professional, and well organised had a positive impact upon students achieving practice competencies. Houghton (2014) discussed the notion of appropriate training and development for mentors, helps with the efficiency of the mentor role. His study cited role modelling as essential to aide student's socialisation within the clinical practice. These studies by Gray and Smith (2000);

Foster *et al* (2015) and Houghton (2014) provide a good evidence base for suggesting good attributes of effective mentors however, Darling (1984) noted toxic mentors can have a destructive influence upon student nurses' clinical performance. Discussed in the literature review (2.5.1 of this study) Darling (1984) refers to mentors who clearly do not want or enjoy mentoring as *toxic mentors.* She states, mentors who ignore or even criticise student nurses, causes tension within the mentor/ student relationship.

When considering how student nurses experience and understand mentorship and being mentored as being lucky, without knowing or understanding the terminology used by Darling (1984) the participants from this study experience episodes of inadequate mentoring citing being ignored and feeling tension from their mentor. However, when the participant discussed a positive experience, this was understood as luck and in essence a lottery as equal numbers of effective or poor mentors exist in clinical practice.

Similarly, to category of description one, findings from my study, the referential and structural aspects of the outcome space of category of description two, demonstrates student nurses experiencing mentorship and being mentored as having a one-dimensional awareness. Student nurses are aware of various student mentor relationships but indicate luck equals succeeding in the clinical placement. They do not demonstrate an awareness of other variables associated with achieving in the clinical placement for example, their own contribution to facilitation of learning. The participants from this study provided many examples of how they feel their mentor should facilitate their learning. I have labelled these descriptions *dream mentoring or dream mentor*, this is how the participant perceive mentorship and being mentored should be experienced.

The participants, when discussing how they understand and experience mentorship and being mentored, describe their *dream mentor* as someone they feel a professional bond with and who has an invested interest in helping them achieve their clinical placement as presented in extracts from section 5.4. Huybrecht *et al* (2010) found 33 various characteristics of a mentor which were deemed important. Her study focused more about the positive attributes than any negative characteristics citing friendly manner, being pleasant and approachable as key for a

successful mentoring. Salminen *et al* (2014) in her study found that nurse mentors quote having a good relationship with students, personality factors, nurse competence and teaching skills as important qualities. Mentors from this study focus on a broader understanding of what mentorship involves as they discuss teaching skills and competence as opposed to mentor characteristics in isolation. Interestingly the concept of teaching and skills has been missing from some of the literature from the literature review and definitions of behaviours and personality traits take precedent. The description of a *dream mentor* from the participants in this study, included a combination of characteristics, behaviours, and personality traits corresponding with Huybrecht *et al* (2010) and Salminen *et al* (2014) studies. They are aware their mentor should take responsibility to invest in a professional bond with them however, they clearly felt it was down to luck if they were assigned to a mentor who demonstrated adequate characteristics, behaviours, and personality traits.

Relating to Berne (2016) and his definition of human behaviours and ego states, students who experience mentorship and being mentored as being lucky, demonstrate similar awareness as participants who experience mentorship and being mentored as unequal relationships. When a student experiences a positive mentorship experience, the mentor is in an adult ego state and the student an adult ego state meaning they both have the ability to understand reasoning and abide by unwritten laws of do's and don'ts. However, when a student experiences a difficult student mentor relationship, the mentor is in a parent ego state and the student is in a child ego state, the mentor demonstrate authority over the student with the student displaying submissive behaviour. The extracts and the language used in section 5.4 of the findings chapter, present examples of the concept of both behavioural ego states but what is unknown is whether student nurses adapt their ego states as they transition through the pre-registration nursing programme to eventually becoming a registered nurse?

6.4 Mentorship and being mentored as prescribed learning

Mentorship and being mentored as prescribed learning presents how the participants experience and understand mentorship and being mentored as a two-way process.

Participants in this category demonstrated an awareness and understanding of their learning outcomes which need achieving however, they lack responsibility for directing their own learning and place the responsibility solely upon their mentors.

The participants of this study cite the importance of one-to-one time spent with their mentors as crucial to not only building a professional relationship but also to develop knowledge and skills. The participants stated that one-to-one time with their mentor encouraged achievement in particular within the retrieval clinical placement. A reason for this as extract number 40 illustrates, there are less competencies to achieve in a retrieval placement, one to one time spent with their mentor is dedicated to the outstanding competencies solely. Some of the participants declares that 40 % of the clinical placement time as a minimum is not enough as some participants explain you are lucky if you get 40% of your clinical time with your mentor.

Students are aware of the pressure's mentors must endure within the work environment. Extracts 41 and 42 explain how mentors are busy and 40% of the clinical placement time is not enough to build a rapport and achieve clinical competencies. From section 2.5.3 of the literature review chapter, Brammer (2006) stated facilitation of learning was viewed as not just the physical aspect of being a mentor but the ability to mentally challenge students. Brammer's (2006) study found mentors perceived they had an obligation to show student nurses the reality of nursing allowing students to see and hear varying experiences of good or positive experiences on their behalf. This is an interesting point Brammer (2003) makes as some of the students may not be prepared for the emotionally demanding clinical situations from both staff and patients and a *gentle easing into* the clinical placement maybe required for some student nurses. For mentors to be able to identify if and when a student nurse is ready to be exposed to more challenging situations of clinical practice, knowing if a student has the ability to be emotionally resilient (Thomas *et al* 2015), when prescribing their students nurses learning, may help the

student nurse achieve successes throughout their pre-registration nursing programme.

Bradbury-Jones *et al* (2011) explored student nurses experiences of empowerment (section 2.4.3). Her study found students thrive when feeling valued as a learner, a team member and a person, and the lack of encouragement and responsibility left them feeling less valued and their learning compromised. The notion of empowering student nurses is not a concept all mentors are aware of or have knowledge of through their mentorship preparation module however, mentors do learn how to be an effective teacher in practice to employ their practice knowledge. The participants from this study (extract 15,43,51) discuss how a knowledgeable mentor is fundamental for their learning and do not discuss the need to feel empowered in clinical practice.

Jack *et al* (2018) previously discussed in section 2.4.4 student nurses perceived unfairness in clinical practice. Student nurses from this study found their learning was compromised when informally counted in the nursing team numbers. They felt sustaining supernumerary status was beneficial to their learning and completion of the pre-registration nursing programme competencies. Interestingly, student nurses from the beginning of their pre-registration nursing programme, feel having supernumerary status gives them confidence until they are ready to practice skills under supervision however, there is a possibility that whilst preparing student nurses for the practical element of the nursing programme, mental preparation is being ignored. As discussed earlier, emotional intelligence and empowerment are fundamental traits student nurses need to develop to transition through their three-year programme. However, by allowing students to continue to stay within the boundaries of supernumerary status limits their exposure to challenging situations hence, having the inability to deal with the emotional demands of the nursing programme.

The findings from this study found the participants experiencing mentorship and being mentored as prescribed learning. This phrase was created as this is what the participants were describing their understanding of mentorship and being mentored as, wanting their mentors to tell them what to do and how to do it. The participants did not discuss their own facilitation of learning and what they can do for themselves

in clinical practice in relation to working with the wider multi professional team to gain additional experience, consequently, the student nurse views their mentor as *a parent mentor*. How the participants experience being mentored as someone who is friendly, understanding and reassures them when they are feeling scared and worried in clinical practice suggests the student is dependent upon their mentor as a child is with their parent. Students explain they want direction for their learning from their mentor and wanting to spend more time with their mentor also demonstrates the need for security and nurturing in clinical practice.

Findings from my study, the referential and structural aspects of the outcome space of category of description three, illustrates students have awareness of internal horizons meaning, they understand mentorship and being mentored is multi-dimensional with many facets to it however, they may lack responsibility for their own learning. Students from this study explain the mentor has the responsibility for guiding and supporting them through their learning experience and having a parent mentor relationship will ensure successful completion of the clinical placement.

Discussing mentorship and being mentored as prescribed learning and how student nurses experience the mentor student relationship as a *parent mentor*, has some significance with Berne (2016) and his definition of human behaviours and ego states. Interestingly, the term *parent mentor* was created during the analysis stage of this study as this is what I was hearing by reading the transcriptions iteratively. Although I have used the term *parent mentor*, the difference with Berne (2016) terminology is, Berne (2016) discusses ego states as feelings and behavioural patterns and bears no resemblance upon adults, parents, or children. The term *parent mentor* contrastingly, refers to the relationship of the student and the mentor. Within this category of description, the mentor may fluctuate between a parent and an adult ego state, and the student may fluctuate between an adult and a child ego state. When the mentor is in an adult ego state, they are reasoning with the student who may also be in an adult ego state however, a mentor may display a parent ego state may do so because a student has reverted to a child ego state. These behaviours of the mentor and student may be fluid due to various external challenges for example environment, patients, staff, and organisational cultures which may impact upon the mentor's role.

6.5 Mentorship and being mentored as independent learning

Category of description four represents mentorship and being mentored as the independent learner. Participants in this category demonstrated a greater understanding of mentorship and being mentored and could apply it to their own learning. The participants in this category have an awareness of all the other categories and have an understanding of the mentor/ student relationship in addition to having experienced a clinical placement and associating it with being lucky. However, students within this category also recognise how the role of the mentor and how it contributed to facilitating their own learning and recognised that resilience is the key to completing the clinical placement competencies. In extract 50,the participant discusses various clinical placements and how they are linked to the NMC pre-registration programme requirements. Student nurses are expected to understand how NMC competencies are linked to clinical placement for achievement and should have this level of understanding from the beginning of the programme after participating in preparation for practice sessions facilitated by the university practice educator staff. However, preparation for practice varies from one HEI to another. Preparation for practice for most universities consists of statutory requirements of mandatory training and simulated essential skills which focuses upon health and safety in the workplace. These set of national requirements reassures practice placements that all students can safely attend clinical practice having obtained the same level of core skills. Due to the rigidity of most pre-registration nursing programmes preparation for practice, the programme leaves little time within its module to outline expectations for successful completion of the programme competencies prior to the student attending clinical practice. Therefore, preparation for practice is left to either the mentor, the student or both or students are left unprepared. Both the mentor and the student should complete a learning agreement which sets out what and how learning needs and opportunities can be achieved. The learning agreement should take place within the first week of the students' placement however, from my experience as a PEF, the initial student mentor meeting is more likely to happen in the second week of the clinical placement or on some occasions not at all. This can have a detriment effect upon the student's ability to become socialised to the new clinical setting as the initial introduction and

building a professional relationship with the mentor has not occurred. Chesser-Smyth (2005) discusses the concept of the newcomer disposition and describes the impact upon the student when trying to adapt to a new clinical placement. The study concluded that students who display a confident manner are more likely to have a positive learning experience and find socialisation easier than less confident students. Interestingly, the findings from my study resonated with this however, participants explained confidence comes from support and guidance from the mentor and not how confident you are as a person prior to the nursing programme. Gray and Smith (2000) stated that students develop coping strategies when faced with difficult mentoring situations and report that they keep out of the way in the hope they get to the end of the placement. Extracts from my study found students experiencing worry, anxiety and not wanting to attend their placement due to unequal relationships however, how students perceive and understand mentorship and being mentored as an independent learner are either confident students or develop coping strategies throughout their clinical placements. The literature identified in section 2.5.2, discusses student nurses adopting certain behaviours to overcome challenges they face in clinical placements. I used the term *faking friendships* which alludes to student nurses befriending their mentor to get what they want. It could be interpreted as student nurses being manipulative although the participants from this study did not suggest this however, they did disclose in extract 24 that the clinical placement manager had to sign off her competencies as the mentor refused to do so.

The referential and structural aspects of the outcome space of category of description four, illustrates students have awareness of internal horizons meaning, they understand mentorship and being mentored is multi-dimensional with many facets to it however, they can adapt and overcome many barriers student nurses face in the clinical environment. The findings also suggest, some student nurses *just get on with it* as there is no alternative, they just need to complete the clinical placement. This could be because they are aware of the various internal horizons which has an influence on the clinical placement experience as a whole and feel it is too overwhelming to overcome. There is a sense of hopelessness from this statement and how student nurses perceive mentorship and being mentored. It is their understanding of *how* they understand mentorship and being mentored as their reality not the *what or the why.*

Category of description four, sees Berne's (2016) ego states as both mentor and student adopting the adult ego state. The mentor facilitates the students learning and the student is receptive to the learning, however, the student can formulate and take responsibility themselves. Berne's (2016) theory of how people behave provides some rationale as to why people experience certain situations depending upon which ego state they are adopting, in this instance the mentor student relationship.

To discover additional meaning, Rotter's (1966) theory *locus of control* presents how people have control over events and how personalities are shaped because of their beliefs. Rotter (1966) believes there are two loci of control: internal locus of control and external locus of control. People with internal locus of control tend to take positive action to make improvements to life and believe that their actions influence what happens to them. Alternatively, people with external locus of control tend to believe that what happens to them is predetermined by fate and is generally outside of their control and therefore, less likely to take action to change situation. Rotter's (1966) theory of personalities can be aligned to each category of description and how students experience and understand mentorship and being mentored. The findings from category of description one, two and three resonate with an external locus of control as the students in these two groups experience a one-dimensional awareness and accept unequal relationships and being lucky as how they experience mentorship and being mentored. Students who experience multi-dimensional understanding from category of description four, experience internal locus of control as they take positive action to improve their clinical placement experience.

In summary, the first part of this chapter has considered the implications of the key components of how students nurses who have retrieved a clinical practice placement perceive, conceptualise and experience mentorship and being mentored. Four different ways of experiencing mentorship and being mentored identified unequal relationships, being lucky, prescribed learning, and the independent learner. The literature review offered some explanation and support to some of the key points made by the participants of this study however, this study focused upon the *how* student nurses experience and understand the phenomena and not the *why* which was prominent in the literature review chapter. My original contribution to knowledge is the discovery of *how* student nurses experience and understand mentorship and

being mentored. The preparation for clinical practice weighs heavily upon the practical competency element of the pre-registration nursing programme which leaves very little guidance and support for preparing students for the fundamentals of cognitive professional fostering. The meaning of cognitive professional fostering is the ability to prepare students mentally for the role of becoming a professional in clinical practice. I developed this phrase to emphasise that the importance of mental preparation for clinical practice is as important as practical preparation for clinical practice. Both mental and practical preparation for practice should be a collaborative approach and not separated from one another and should be the responsibility of the HEI's, practice placements and professional bodies to ensure it is delivered.

This study demonstrates that student nurses do not experience, understand, and perceive mentorship and being mentored in the same way as each other or as described in the literature. They experience and understand the phenomenon differently and find a multi-dimensional understanding of pre-registration nursing programmes difficult in clinical practice when unprepared mentally for the professional role. I coined this term as it encompasses the development of professional reasoning which is the ability to think logically and develop an understanding of the nursing profession as it is a complex institution. For some student nurses this may take longer to develop or for others this may not be achieved at all during their pre-registration programme; it may only become apparent once they become a registered nurse.

6.6 Generalisation of the study

Generalisation involves extending the findings from the study to that of a larger population from which the sample was taken. From this research point of view, a small-scale study is never going to be generalisable, although it adds to the body of knowledge in relation to the various ways student nurses understand and experience being mentored and mentorship. I could do an additional survey to test this study findings, to include students who had not retrieved a clinical placement however, the reality is mentorship systems have changed since this study began therefore, this would not be able to be done. This study focused upon retrieval students as I felt this group was underrepresented within research. Mentorship is still at the heart of pre-

registration nurse education and the introduction of the new standards for nurse education (NMC, 2018) means the system still needs testing. The four categories of description could be used and developed into a survey to test on a wider scale how student nurses experience and understand mentorship and being mentored which would inform clinical practice supervisors with new knowledge of learners in practice.

6.7 Review of the chosen method

From the beginning of this thesis, my aim was to include the thoughts of the chosen participants. This came about by reading and trying to understand the work of Wittgenstein (1921) which has briefly been mentioned in previous chapters. In his worked titled *The limits of our language are the limits of our world* (Wittgenstein, 1921,) he famously said

> *'There can be thinking without speaking but there can be no speaking without thinking, as thinking gives life to mere utterances and makes it 'speaking'.*
>
> *'thought is the living element in the sentence without which it is dead, a mere succession of sounds or series of written shapes'.*

For seven years I have tried to understand his meaning and its application to knowledge and how we as humans learn but I was only able to take from it that our thought processes are far superior to that of our spoken language. If we do not know the words, how can we speak them. This led me to believe that my study would be limited by restricting the methods to semi structured interviews alone as I would only extract language and not be able to extract deeper thought from the participants. It was at this stage I thought drawings would add another level to the data as, if the participants do not know the words to use within the interviews, then this is limiting however, drawings offer a depth of understanding without the use of language. Based on the evidence generated from using drawings as a research tool, I was able to add meaning by asking the participants to explain and give reasons to their drawings. Some participants could not answer the question and said *I don't know why I drew it'* others could add more detail which made the understanding of the

drawings valid. The use of the drawings together with the semi structured interviews added meaning and thought which may have been lost with semi structured interviews alone and thus strengthening the findings. What was interesting by asking the participants to draw was some participants decided to write words. Again, like the drawings the participants had to think of what to write and took their time whereby, when we speak, people very seldom take the time to think and say what comes first. The use of drawings as a data collection method for this study added to the data with the semi structed interviews which constructed the four categories of description of how students understand and experience mentorship and being mentored.

6.8 Phenomenography as a methodology

When a researcher wants to know or find the answer to a research question, the methodology is chosen because of its relevance. Mills *et al* (2006) stated researchers need to choose a research paradigm consistent with their own views about the nature of reality to ensure a strong research design in addressing the research questions. The research approach of phenomenography was chosen to investigate student nurses' perceptions and experiences of mentorship and being mentored as it places the focus on students' ways of experiencing, seeing, and knowing (Bruce, 1997).

As a methodology, phenomenography adopts the perspective of understanding which is most meaningful when researching student nurses' ideas of mentorship and being mentored and not making statements about mentorship as a phenomenon. The outcome of phenomenographic data collection and analysis are the categories of description and the outcome space which contain the distinct grouping of differences. Four draft categories of description were developed and amended whilst following the phenomenographic framework (Marton and Booth, 1997). Marton (1998) stated that using a too rigid approach with detailed technique could prevent discovery of the categories of description, although researchers have been known to present their finding at this point and avoid presenting the structural and referential frameworks (Harris, 2011). It is understandable why some researchers present their finding of the categories of description as I too found understanding the structural and referential theory difficult to apply. The reason being was the lack of analytical

processes missing from the literature to guide and support my research. It was only after finding a research paper by Reed (2006) I was able to understand and apply the theory to my study. The structural and referential framework added structure to the meaning of student nurses accounts of experiencing mentorship and being mentored, which I was unable to see prior to applying the framework. Upon reflection, I agree with Marton (1998) a too rigid approach can prevent discovery and development of individual frameworks of categories of description however, a lack of theoretical explanation in relation to the development of the structural and referential framework, can prevent researchers from developing meaning of their study. The following diagram 5, illustrates this process in more detail and diagram 6 highlights how I would have presented the findings had I not applied the structural and referential framework of the outcome space.

Diagram 6 Phenomonographic process complete

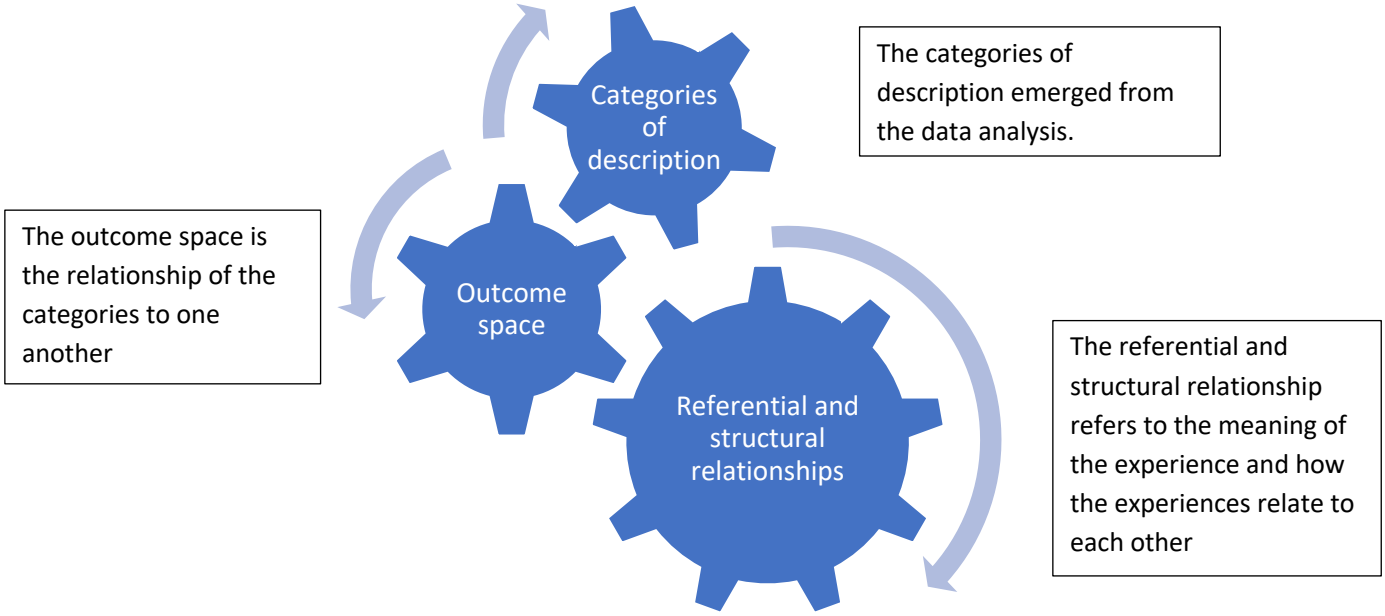


Diagram 7 Phenomenographic process without referential and structural relationship

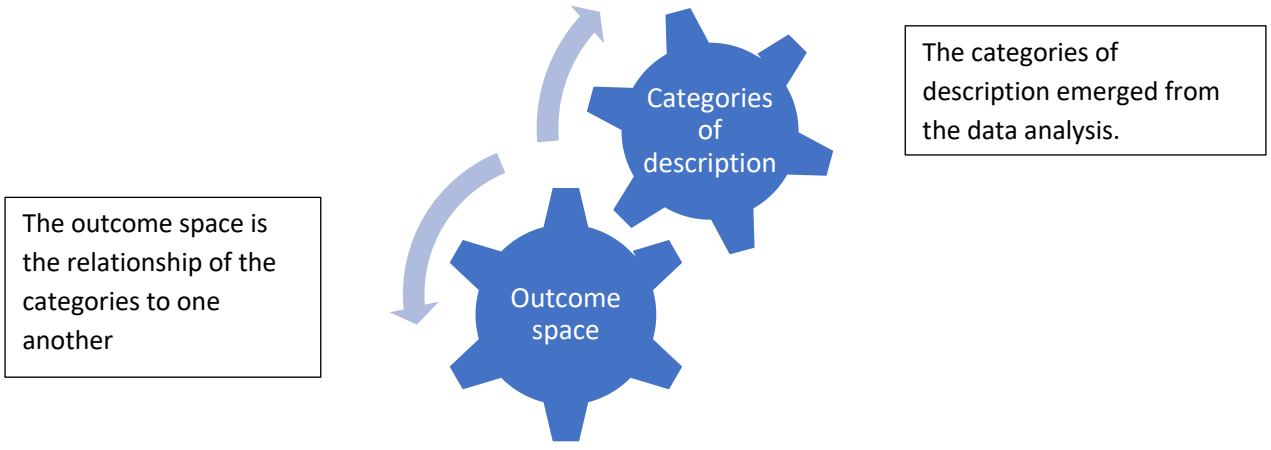


Diagram 6 represents the way many researchers present their findings. What could have potentially been missed had I not completed the referential and structural framework of the outcome space is the cog that holds the framework of the study together. In essence, the creation of an original theoretical framework which helps understand how student nurses understand and experience mentorship and being mentored as a complex one-dimension awareness and a multi-dimension understanding has added a unique contribution to knowledge by using this methodology. Table 8 can be used and or adapted to apply meaning and understanding of a multitude of studies for future research.

6.9 Chapter summary

This chapter presented for discussion the study findings of the variation of ways student nurses experience and understand mentorship and being mentored in clinical practice. The study findings of four categories of description and the structural and referential framework have been compared to the existing literature demonstrating some similarities however, many differences as I was able to present a new unique body of evidence of how student nurses understand mentorship and being mentored.

This next chapter, chapter 7, is the final chapter and provides a summary of the thesis as a whole. The chapter will include recommendations of the study and how the study findings will be disseminated.

Chapter 7: Conclusion and Recommendations

7.1 Introduction

The final chapter draws the thesis to a conclusion presenting new understanding and contribution to knowledge relating to the variety of ways student nurses experience mentorship and being mentored in clinical practice, in particular for those who have retrieved a clinical placement.

I undertook this thesis journey as in practice I had experienced concerns regarding the current mentorship *model Supporting Learning and Assessment in Practice* (NMC, 2008) and the varying knowledge of assessment processes mentors displayed when completing practice assessment documents. The concept for this research study developed from my professional role as a PEF which made me question how student nurses' experience the mentorship process and being mentored when having retrieved a practice placement. I wanted to explore the variation of these experiences more broadly to understand students' perceptions of additional assessment and mentoring supervision as I have had a lot of experience working with this group of student nurses. I also chose this research group as there is limited research regarding student nurses retrieving/failing a practice placement or how this phenomenon is experienced.

The findings from this study suggest that student nurses experience clinical practice in different ways and the current clinical practice mentorship model does not reflect or support these differences or understandings. Having examined and interpreted the data from the participants drawings and interviews, the thesis revealed four categories of description and outcome spaces which demonstrate four distinct different ways student nurses experience, conceptualise and understand mentorship and being mentored having retrieved a practice clinical placement which are, Mentorship and being mentored as unequal relationships; Mentorship and being mentored as being lucky; Mentorship and being mentored as prescribed learning and Mentorship and being mentored as independent learning.

7.2 What was known about mentorship and student nurses

Mentoring has been a key element of pre-registration nursing for many years. However, the NMC mentorship framework (2008), introduced 13 years ago was revolutionary when first implemented. The framework gave clearer guidance and a structure to mentors who were responsible for clinically assessing competencies of student nurses, however, the framework offered no guidance or support on how students learn in practice. It was the responsibility of the HEI through mentorship taught modules to discuss different learning styles the mentor may encounter whilst mentoring.

Literature published since the introduction of the framework (NMC, 2008) focused on the voice of the mentor uncovering many themes associated with mentoring student nurses and the complexity of the mentorship role. The literature addressed the *what* aspect of mentoring and student nurses being mentored with no literature discussing *how* student nurses experience mentorship and being mentored. Empowerment, professional socialisation and belonging were all identified as necessary attributes student nurses need to have or develop to become a registered nurse (Levett-Jones and Lathlean, 2009; Bradbury-Jones *et al,* 2011; Gray and Smith,1999; Houghton 2014). What was unclear from the literature was who was responsible for supporting or guiding student nurses to fulfilling these traits if they are deemed necessary for successful completion of a student nurse programme.

Role modelling, a positive attitude and having a good relationship with their student were cited as important characteristics and behaviour of a mentor (Salminen *et al*, 2014; Huybrecht *et al*, 2010). However, *how* student nurses understand and experience mentorship and being mentored was not present in the literature.

The final part of the literature review discussed failing in clinical practice citing students who fail in clinical practice lacked self-awareness and the ability to think critically about their own practice (Scanlan *et al*, 2016). What was also prevalent from the literature was students lacked the ability to use feedback to improve performance. Scammell (2012) found the feedback students receive should be constructive and clear to aide clinical practice improvement.

These common reoccurring themes in the literature need addressing to support and guide all students in clinical practice. Choosing a phenomenographic methodology to explore the understanding of student nurses experience in clinical practice retrieval allowed the variation of ways to emerge. The methodology helped to uncover various ways a student nurse perceives mentorship and being mentored drawing on themes of similarities and differences. This has provided new knowledge to inform how student nurses can be adequately prepared for clinical practice or be supported throughout their three-year programme.

7.3 Original contribution to knowledge

The study provides new knowledge of *how* student nurses experience and understand mentorship and being mentored. This knowledge can help mentors understand that not all students in clinical practice understand and conceptualise the same knowledge and skills the same way at the same time. Student nurses may only understand and experience one concept of mentoring and being mentored which prevents them from being exposed to a multitude of resources and programme specific competencies for effective learning in practice.

This thesis has also added an original theoretical framework in the form of a referential and structural framework which helps understand how student nurses understand and experience mentorship and being mentored as a complex one-dimension awareness and a multi-dimension understanding. This new insight is significant for educators and nursing mentors who are involved in student nurse education. The potential impact of not understanding how student nurses experience mentorship and being mentored will leave clinical practice with student nurses experiencing difficult and challenging situations without the necessary skills to solve them or adapt in an attempt to complete the clinical placement successfully. This is potentially more significant with the new model of supervision where students do not have a profession specific mentor within their first year of student nurse training.

7.4 Recommendations

There is no doubt that mentorship and clinical placements are fundamental for the continuation of nurse education. This is clear from the literature which recommends changes to preparation for practice for student nurses however, this will only address the expectation element of practice for nurse students and not its management. Preparation for practice involves discussions centered around what student nurses should expect in the clinical practice area, however, the management of clinical practice would equip student nurses with fundamental skills to manage difficult or challenging situations necessary for completion of the programme.

7.5 Recommendations for pre-registration nursing programme providers

This study suggests that preparation for practice knowledge is not enough, and psychogenic positivity is fundamental to encourage emotional power to be achieved through mental wellness programmes. Psychogenic positivity as a term was created by me to define the ability to acquire a positive mindset to achieve and understand practice placement by enhancing the personal power to achieve. Wellness programmes focus upon the understanding and application of self-awareness and emotional intelligence in a bid to keep our mental health well. The need for wellness programmes are greater now than ever before as health care providers are predicting burnout of their staff and an increase in mental health issues following the pandemic.

When students find themselves in challenging unequal relationships with their mentors or staff members, having strategies to manage and internalise the situation will empower the student to seek alternative support through raising concerns and be able to view the mentorship experience from another dimension. Whilst all student nurses are aware of the existence of the raising concerns process, having the courage and confidence to voice a concern is still limited.

The delivery of wellness sessions would best be suited to the clinical environment as a joined-up preparation session. This would give mentors and students the opportunity to participate as individuals and not see themselves as mentor/student. This new preparation for practice in addition to wellness sessions, would introduce

problem-based learning and clinical reasoning which will enhance student/ mentors' ability to approach and solve mentoring issues unique to clinical practice placements.

7.6 Recommendations for pre-registration nursing programme providers, placement providers and Health Education England

Future nurse education models could make a number of improvements in relation to mentorship. Currently student nurses are supernumerary meaning they undertake observational learning and are not counted in the workforce numbers. To overcome the challenges of professional socialisation in clinical practice and how stress and anxiety is cited as a cause for concern for students starting a clinical placement. For students to feel valued, respected and part of the workforce, an apprenticeship pre-registration nurse education model would support the student as the reduced fear of having to adapt and become familiar with many different placement organisations causes undue stress and anxiety not only for the student nurse but for the mentor too. An apprenticeship model would create a nursing workforce suitable for the organisation by investing in the students as they would be counted in the workforce numbers and become an asset to the team. Nursing apprenticeships exist and are successful for Trainee Nursing Associates and Advance Clinical Practitioners who are employed by their organisation and attend university one day a week to complete the theoretical component of the programme.

An apprenticeship model of nurse education will enrich the student nurse experience as well as providing the student with a professional identity and a feeling of belonging which today's students feel no longer exists (Brennan and McSherry, 2006).

The funding and negotiation of employment contracts from HEE to stakeholders working in partnership is something that is already in place through the apprenticeship levy as some organisation already use their funding to *grow their own* workforce. This means the employee works part time and studies part time. The benefit to the organisation for this investment is it allows for a positive attrition rate and for the employee, it gives the student financial security by not having to rely on student loans.

There are many benefits and considerations for this recommendation to be discussed. Lessons have been learned from previous models of nurse education hence the need to re-evaluate what is currently working and what is not relevant. Moving forward to protect the future of the nursing workforce a consultation should be considered in relation to the planning and implementation of nurse education programmes. A collaborative responsibility from HEE, HEI's, NHS trusts and the NMC, is crucial in a bid to improve mentorship in light of the findings of this study. Currently, the new NMC (2018) mentorship standards which aims to provide a flexible approach to supervision in practice by involving registered practitioners in the supervision of student nurses may bring with it a new set of challenges and issues not only for student nurses but for registered professionals from all disciplines.

7.7 Further research

Undertaking this research study has provided the opportunity to consider further research in order to explore some of the findings from this study. The notion of *how* student nurses understand, conceptualise and experience mentorship and being mentored in clinical practice leads to knowledge and understanding of student nurses' challenges and issues they face in clinical practice.

Further research to expand this study with student nurses who have not had a retrieval placement, would have been an option, however, the mentorship model has changed with the introduction of the new mentorship standards (NMC, 2018) therefore it would be difficult to compare the results.

Findings from this study suggests further research to be considered as follows:

1. Research to consider how mentors experience and understand student nurses' supervision and assessed in clinical practice
2. Research to consider experiences of how other health professional experience and understand being supervised and assessed in clinical practice
3. Research to explore how student nurses experience and understand supervision of the new NMC (2018) Standards for Nurse Education

4. Research to compare the participants from this study, to when they become mentors, how they experience and understand mentorship and being mentored

7.8 Dissemination

Upon completion of this thesis, it is necessary to share the findings along with the study recommendation to the people, organisations and stakeholders who may consider the student nurses voice valuable and potentially want to consider its implications for future pre-registration preparation for practice or pre-registration nurse education standards reform.

Consideration for dissemination locally would be to present at the university where I am a professional doctorate student. The university has a large student nurse intake and is currently organising a research seminar which would be an ideal platform for me to present my findings. In addition, I would present my findings at the university where I am employed as a lecturer in advanced practice. The school forum engages with multiple senior staff members who are involved in practice placement preparation in addition to programme revalidation. Beyond the university, poster presentations at the annual RCN Health Education Conference which is attended nationally by academic lecturers from health and social care, practice placement organisers, health professional mentors and supervisors and importantly health professional students.

Dissemination by publication. There are five relevant nursing journals and I aim to target the most appropriate journal to reach large audiences. Journal of Nurse Education, Nurse Education Today, Journal of Professional Education, Journal of Professional Nursing and The Journal of Continuing Education in Nursing. These journals will be approached for consideration to publish the study findings with a view to reach a target audience of mentors, student nurses, placement development staff and curriculum development staff.

Lastly, I also intend on publishing the methodological theoretical framework findings as I found this process troublesome and would want to assist other researchers in

adapting and applying phenomenographic theoretical frameworks for future research.

7.9 Chapter summary

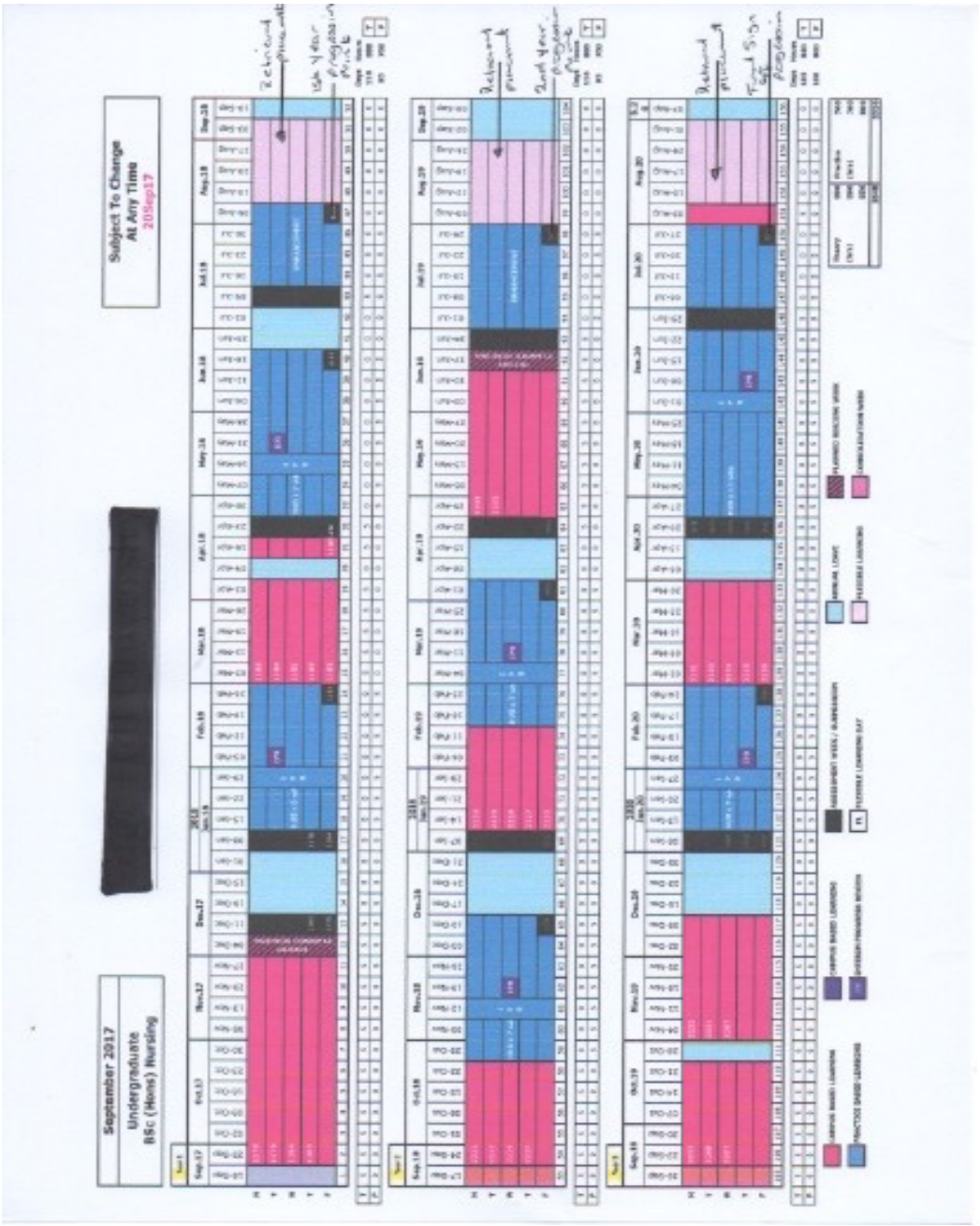
This thesis has focused upon student nurses understanding and experience of mentorship and being mentored in the Northwest of England. This chapter has offered a synthesis of the chapters in order to contextualise the thesis in its entirety. The chapter openly discussed a new contribution to knowledge which is original pertaining to placement providers, university placement staff and student nurses and mentors with recommendations to allow for future changes.

I have suggested four considerations for future research which would enhance the use of phenomenographic research within health and social care to give us a clearer understanding of how student learn in clinical practice. And lastly, I have clearly outlined how I aim to approach disseminating the findings from this thesis in order to project the voice of student nurses and highlight how critical this information is for nurse education in particular clinical practice placements.

Appendices

Appendix i

The timetable presents a typical three-year MSc and BSc pre-registration nursing programme starting from September 2017 and finishing in August 2020. I have marked the practice assessment progression point for each year and included the point at which retrieval would occur. Pre-registration nursing students who do not require a retrieval placement, would complete the placement as timetabled practice hours.



Appendix ii Table of searched databases

	Database(s)	Search Term	
	Saved Results		View Results (458)
1	CINAHL	(student nurs*).ti,ab	View Results (33,480)
2	CINAHL	(Practice placement*).ti,ab	View Results (3,939)
3	CINAHL	(Clinical placement*).ti,ab	View Results (8,722)
4	CINAHL	(mentor*).ti,ab	View Results (11,190)
5	CINAHL	(clinical educator*).ti,ab	View Results (4,948)
6	CINAHL	(fail*).ti,ab	View Results (168,870)
8	CINAHL	(competenc*).ti,ab	View Results (38,122)

	Database(s)	Search Term	
9	CINAHL	(percept*).ti,ab	View Results (105,878)
11	CINAHL	*(4 OR 5)*	View Results (15,876)
12	CINAHL	*(1 AND 11)*	View Results (2,866)
13	CINAHL	*(8 AND 12)*	View Results (469)
14	CINAHL	*13 [DT 2008-2019] [Languages eng]*	View Results (322)
15	Medline	*MENTORING/	View Results (725)
16	Medline	(student nurs*).ti,ab	View Results (12,922)
17	Medline	(mentorship).ti,ab	View Results (2,954)
18	Medline	(mentor role).ti,ab	View Results (798)
19	Medline	(student perceptions).ti,ab	View Results (4,616)

	Database(s)	Search Term	
20	Medline	("practice placement").ti,ab	View Results (106)
21	Medline	*(16 AND 17)*	View Results (148)
22	Medline	*(20 AND 21)*	View Results (3)

Appendix iii Literature review table

Author	*Title*	*Focus*	*Method and Sample*	*Key findings*
Bradbury-Jones, Irvine, Sambrook (2010).	Empowerment and being valued: A phenomenological study of nursing students' experiences of clinical practice.	Study aim: to explore effect of mentorship role on nursing students in clinical practice	Hermeneutic phenomenology 13 student nurses	Student nurses require empowering in clinical practice from the mentor
Brammer (2006).	A phenomenographic study of registered nurses understanding of their role in student learning	Study aim: to gain an insight of the variation of understanding registered nurses have of their role with students	Phenomenographic Semi-structured interviews 28 participants	The study highlighted a varied ways registered nurses understand their role with students
Bray and Nettleton (2007)	Assessor or mentor? Role confusion in professional education,	Exploring the role of assessor and the mentor	Mixed methods study 110 questionnaires 20 interviews	Role confusion is evident within the mentoring role. Mentoring can be stressful and emotionally draining
Darling (1984)	What do nurses want in a mentor?	Study aim: to explore the role of mentors	Method and sample not clear Interviewed nurses and healthcare staff	This study coined the phrase toxic mentors however method and sample information is missing from this study

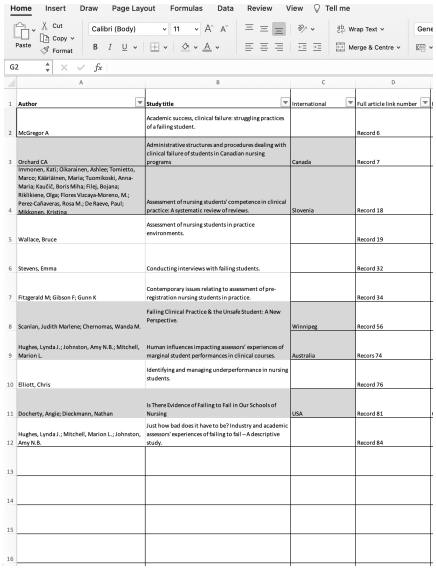
Duffy (2003)	Failing Students: a qualitative study of factors that influence the decisions regarding assessment of students competence in practice	Study aim: the focus was on factors which influence the decisions associated with assessment competencies in clinical practice	Grounded theory 26 mentors 14 lectures	Mentors are reluctant to fail student nurses in practice demonstrating failing to fail
Elliot (2016)	Identifying and managing underperformance in nursing students.	Study aim: to examine effective management of underperforming students in clinical practice	Literature review	The papers reviewed identified several themes
Foster (2014)	Nursing students' expectations and experiences of mentorship	Study aim: to explore students' expectations and experiences of mentorship	Mixed methods exploratory 129 Nursing students	Mentors should be good role models and be prepared for facilitation of learners
Gidman *et al* (2011)	Students perception of support in practice	Exploring perceptions and experience of pre-registration nursing students of support in practice	Mixed methods 174 qualitative 35 quantitative	The study identified that mentors are the main source of support for students during the practice placement
Gray and Smith (2000)	The qualities of an effective mentor from the student nurse's perspective: findings from	Study aim: To explore the qualities of an effective mentor from the student nurse's perspective	A longitudinal qualitative study 10 nursing students	Findings found students lose their idealistic view of their mentor and over time find qualities they

	a longitudinal qualitative study			perceive their mentor to have
Houghton (2013)	Newcomer adaptation': a lens through which to understand how nursing students fit in with the real world of practice	Study aim: understand how nursing students adapt to clinical practice and raise awareness of strategies that can be used to enhance their learning experiences	A critical review	Role modelling is deemed crucial to successful newcomer adaptation. Peer support is necessary but bust be advocated with caution
Huybrecht *et al* (2010)	Mentoring in nursing education, Perceived characteristics of mentors and the consequences of mentorship	Study aim: to investigate perceived characteristics, advantages and drawbacks of mentorship	Mixed method 112 questionnaires Interview number not cited	The ability to give feedback, availability of time and practical aspects of mentoring were cited as important factors
Jack *et al* (2018)	My mentor didn't speak to me for the first four weeks'. Perceived Unfairness experienced by nursing students in clinical practice settings	Study aim: To explore the perceived unfairness experienced by student nurses during their undergraduate clinical placement	A descriptive narrative approach, qualitative survey and interviews 1425 students	Student nurses can feel like they are being treated unfairly in the clinical area in numerous ways.
Levett-Jones and Lathlean (2009)	The Ascent to Competence conceptual framework: an outcome of a study of belongingness	Study aim: to explored nursing students' experience of belongingness when	Mixed methods 362 quantitative phase and 18 qualitative phase	Belongingness is crucial to students learning and success

		undertaking clinical placements.		
Salminen *et al* (2012)	The competence and the cooperation of nurse educators	Study aim: to assess the competence of nurse educators based on their own evaluations as well as those of student nurses	A descriptive, cross-sectional survey design	Key findings suggest nurse educators rate their competence as being very good
Scanlan *et al* (2016)	Failing Clinical Practice and the Unsafe Student: A new Perspective.	Study aim: intended to identify clinical failure indicators from files of successful students	Mixed Methods 52 student files	The study found that students who failed clinical practice lacked self-awareness and the ability to think about their own practice from a critical perspective.
Sharples and Kelly (2007)	Supporting mentors in practice	Study aim: To explore mentor support in practice	Informative paper	Information about sign-off mentor role.
Webb and Shakespeare (2008)	Judgements about mentoring relationships in nurse education.	Study aim: to explore how mentors make a judgement about the clinical competence of pre-registration nursing students	An exploratory qualitative design	Appropriate mentor preparation and support and enough time is available for mentoring and student supervision

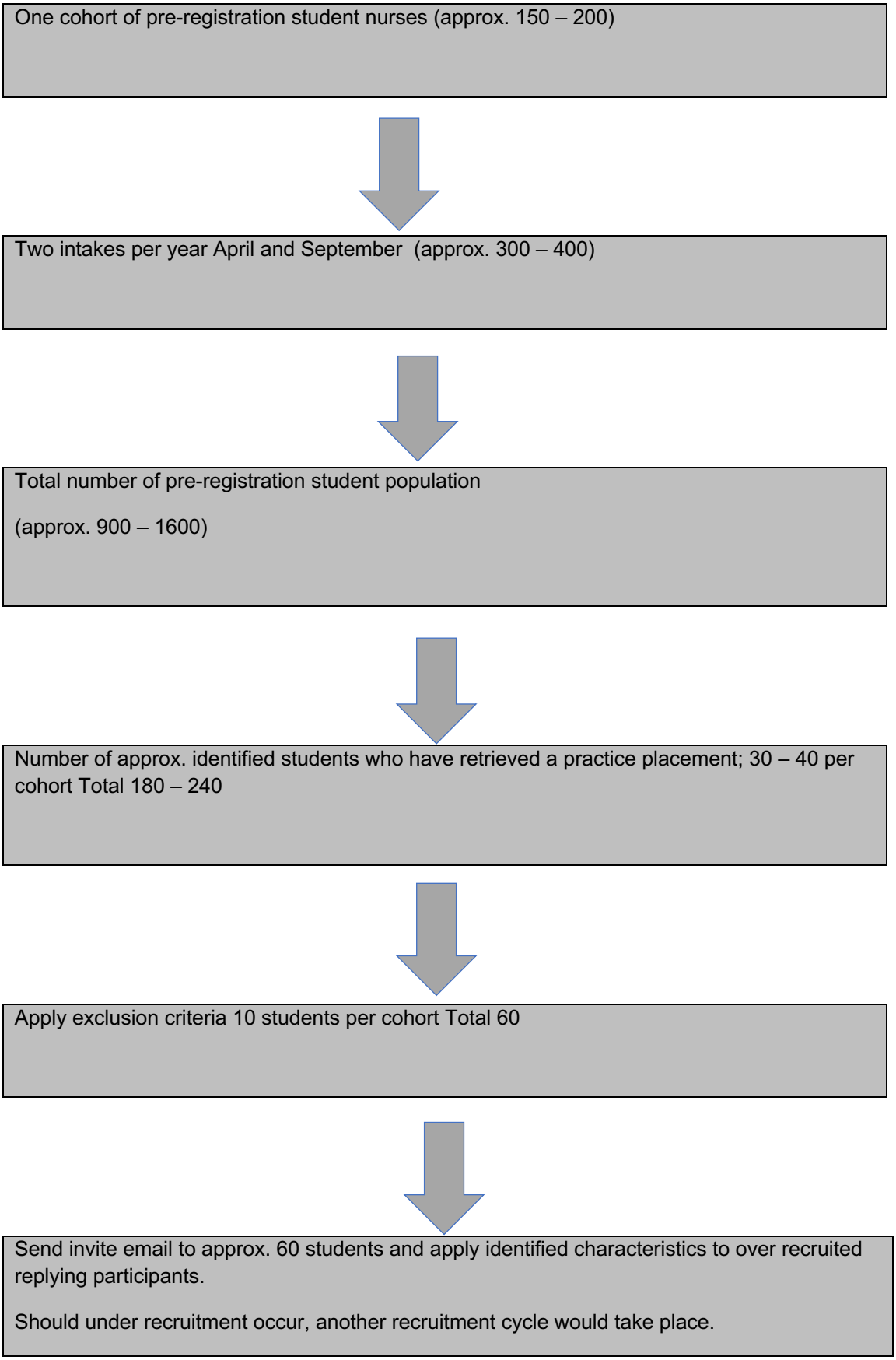
Appendix iv Synthesis tables screenshot

Author	Study title	International	Full article link number
Newton, Joanna; Taylor, Rachel M; Crighton, Liz	A mixed-methods study exploring sign-off mentorship practices in relation to the Nursing and Midwifery Council standards.		Record 4
Jokelainen, Merja; Turunen, Hannele; Tossavainen, Kerttu; Jamookeeah, David; Coco, Kirsi	A systematic review of mentoring nursing students in clinical placements		Record 5
Pulsford D; Bait K; Owen S	Are mentors ready to make a difference? A survey of mentors' attitudes towards nurse education.		Record 10
Hauge, Kari Wentzel; Bakken, Hege; Brask, Ole David; Gutteberg, Anne; Malones, Bente Dale; Utvund, Ingeborg	Are Norwegian mentors failing to fail nursing students?		Record 11
Taylor J	Are you a good mentor?		Record 13
Anderson, Lorna	A learning resource for developing effective mentorship in practice.		Record 3
Zakaek T; Rebec D; Skocir H; Kamjua I; Trobec I	Assessment of clinical practice of nursing and midwifery students	Europe	Record 16
Kennedy, Sara; Chesser-Smyth, Patricia	Assessment of undergraduate nursing students from an Irish perspective: Decisions and dilemmas?	Ireland	Record 20
Henderson, Amanda; Eaton, Emma	Assisting nurses to facilitate student and new graduate learning in practice settings: What 'support' do nurses at the bedside need?	Australia	Record 22
Miller, Sam Louise	Assisting students to prepare for a clinical practice placement.		Record 23
Jokelainen, Merja; Jamookeeah, David; Tossavainen, Kerttu; Turunen, Hannele	Building organizational capacity for effective mentorship of pre-registration nursing students during placement learning: Finnish and British mentors' conceptions.	Finland and UK	Record 26
Wilson, Christine	Clinical competence of nursing students	Australia	Record 28
Stoker, Amy Kathleen	Clinical failure of a nursing student: The experience and meaning for faculty.	USA	Record 30
Harvey, Sarah; Uren, Claire D.	Collaborative learning: Application of the mentorship model for adult nursing students in the acute placement setting		Record 31
Kajander-Unkuri, Satu; Leino-Kilpi, Helena; Katajisto, Jouko; Meretoja, Riitta; Räisänen, Anu; Saarikoski, Mikko; Salminen, Leena; Suhonen, Riitta	Congruence between graduating nursing students' self-assessments and mentors' assessments of students' nurse competence.	Finland	Record 33
Emanuel, Vernel; Pryce-Miller, Macine	Creating supportive environments for students.		Record 36
Stevens C; Clark C; Young A; Thomas K; Hassell D	Developing activities to help students achieve learning outcomes in practice placements.		Record 37
Tuomikoski, Anna-Maria; Ruotsalainen, Heidi; Mikkonen, Kristina; Miettunen, Jouko; Kääriäinen, Maria	Development and psychometric testing of the nursing student mentors' competence instrument (MCI): A cross-sectional study.	Finland	Record 38
Mikkonen, Kristina; Tomietto, Marco; Cicolini, Giancarlo; Kaucic, Boris Miha; Filej, Bojana; Riklikiene, Olga; Jukkuskiene, Erika; Vizcaya-Moreno, Flores; Pérez-Cañaveras, Rosa M.; De Raeve, Paul; Kääriäinen, Maria	Development and testing of an evidence-based model of mentoring nursing students in clinical practice.	European	Record 39
Brosnan M; Heffernan C	Differences of opinion.	Ireland	Record 42
Williams, Jane	Ensuring the success of nursing student practice placements		Record 46



Author	Study title	International	Full article link number
McGregor A	Academic success, clinical failure: struggling practices of a failing student.		Record 6
Orchard CA	Administrative structures and procedures dealing with clinical failure of students in Canadian nursing programs	Canada	Record 7
Immonen, Kati; Oikarainen, Ashlee; Tomietto, Marco; Kääriäinen, Maria; Tuomikoski, Anna-Maria; Kaučič, Boris Miha; Filej, Bojana; Riklikiene, Olga; Flores Vizcaya-Moreno, M.; Perez-Cañaveras, Rosa M.; De Raeve, Paul; Mikkonen, Kristina	Assessment of nursing students' competence in clinical practice: A systematic review of reviews.	Slovenia	Record 18
Wallace, Bruce	Assessment of nursing students in practice environments.		Record 19
Stevens, Emma	Conducting interviews with failing students.		Record 32
Fitzgerald M; Gibson F; Gunn K	Contemporary issues relating to assessment of pre-registration nursing students in practice.		Record 34
Scanlan, Judith Marlene; Chernomas, Wanda M.	Failing Clinical Practice & the Unsafe Student: A New Perspective.	Winnipeg	Record 56
Hughes, Lynda J.; Johnston, Amy N.B.; Mitchell, Marion L.	Human influences impacting assessors' experiences of marginal student performances in clinical courses.	Australia	Recors 74
Elliott, Chris	Identifying and managing underperformance in nursing students.		Record 76
Docherty, Angie; Dieckmann, Nathan	Is There Evidence of Failing to Fail in Our Schools of Nursing.	USA	Record 81
Hughes, Lynda J.; Mitchell, Marion L.; Johnston, Amy N.B.	Just how bad does it have to be? Industry and academic assessors' experiences of failing to fail – A descriptive study.		Record 84

Appendix v Participant sample process



Appendix vi

Confirmation email from Head of Nurse Education- Student Experience, Faculty of Health and Social Care Edge Hill University

Hello XXXXXX,

Following our discussion this morning relating to your Professional Doctorate, I am happy to support your research proposal which will involve recruiting students on the pre-registration nursing programmes at Edge Hill University.

I understand that your proposal is yet to gain ethics approval at Salford university, but acknowledge that in this you will be seeking to ensure that students will not be coerced and will volunteer to become subjects within this study.

Regards

XXXXXXXXXXX

Appendix vii Ethics application approval

Research, Enterprise and Engagement
Ethical Approval Panel

Doctoral & Research Support
Research and Knowledge Exchange,
Room 827, Maxwell Building,
University of Salford,
Manchester
M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk

7 June 2018

Dear Sharon,

RE: ETHICS APPLICATION–HSR1718-063 – 'A phenomenographic exploration student nurses' understanding of mentorship.'

Based on the information that you have provided, I am pleased to inform you that application HSR1718-063 has been approved.

If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,

A Clark

Dr. Andrew Clark
Deputy Chair of the Research Ethics Panel

Appendix viii Ethics application amendment approval

University of Salford MANCHESTER

Amendment Notification Form

Title of Project:		
Student nurses' perception of mentorship? A phenomenographic exploration of student nurses' who have experienced the retrieval process		
Name of Lead Applicant:	**School:**	
Sharon Roberts	Health & Society	
Are you the original Principal Investigator (PI) for this study?	Yes	
If you have selected 'NO', please explain why you are applying for the amendment:		
Date original approval obtained:	**Reference No:**	**Externally funded project?**
07/06/2018	**HSR1718-063**	No
Please outline the proposed changes to the project. *NB. If the changes require any amendments to the PIS, Consent Form(s) or recruitment material, then please submit these with this form highlighting where the changes have been made:*		
The changes are to extend data collection until February 2021. Data collection has taken longer than expected therefore I wish the amendment to include a request to extend approval.		
Please say whether the proposed changes present any new ethical issues or changes to ethical issues that were identified in the original ethics review, and provide details of how these will be addressed:		
No proposed changes.		

Amendment Approved:	✓	***Date of Approval:***	**28/02/2020**

Chair's Signature:

Version 3.0 – Nov 2018

Appendix ix Ethics application amendment approval

University of Salford MANCHESTER

Amendment Notification Form

Title of Project:		
Student nurses' perception of mentorship? A phenomenographic exploration of student nurses' who have retrieved or repeated a practice placement		
Name of Lead Applicant:	**School:**	
Sharon Roberts	Health & Society	
Are you the original Principal Investigator (PI) for this study?		Yes
If you have selected 'NO', please explain why you are applying for the amendment:		
Date original approval obtained:	**Reference No:**	**Externally funded project?**
07/06/2018	**HSR1718-063**	No

Please outline the proposed changes to the project. *NB. If the changes require any amendments to the PIS, Consent Form(s) or recruitment material, then please submit these with this form highlighting where the changes have been made:*

The proposed changes are;

- **to interview participants via online video resources such as Microsoft teams.**
- **Recruitment of participants to include pre-registered nursing students from University of Salford**
- **Recruitment to include online recruitment via social media sites**

Please say whether the proposed changes present any new ethical issues or changes to ethical issues that were identified in the original ethics review, and provide details of how these will be addressed:

No new ethical issues

Amendment Approved:	**YES**	***Date of Approval:***	**22/06/2020**

Chair's Signature:

Appendix x Participant information letter

Participant Information Sheet

Title of study: A phenomenographic exploration of student nurses' understanding of mentorship

I would like to invite you to take part in a research study as you have had experience of retrieving a practice placement and are still on your course. Before you decide, you need to understand, why the research is being undertaken and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part.

What is the purpose of the study?

The study aims to explore the variation of ways student nurses perceive, conceptualise and experience the role of the mentor in practice and in particular factors aligned to mentoring when retrieving a practice placement. There is currently little research, which focuses upon retrieving students within practice placements thus far and yet it requires further investigation to understand what student nurses perceive as the role of the mentor.

Why have I been invited to take part?

You have been invited to take part as you are a pre-registration student nurse on a nursing programme who has experienced being mentored out in the practice setting by a stage 2 or stage 3 NMC mentor and has retrieved a practice placement. Your experiences will enable the researcher to gain an understanding of a variety of ways student nurses experience mentorship, as little evidence exists.

Do I have to take part?

Taking part in this study is strictly voluntary. It is up to you to decide. I will describe the study and go through the information sheet, which I will give to you. I will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw up to one month following interview. Any data provided will be destroyed.

What will happen to me if I take part?

Should you choose to take part in this study, you will be invited to meet the researcher at Edge Hill University at an agreed date when you are already scheduled to attend the University. The interview will be in two parts. Firstly, an interview will be conducted, which will consist of answering an initial question about the research question to generate conversation between the researcher, any subsequent questions that are required to gather information will then follow. Secondly you will be asked to draw two small pictures (size A4) again relating to the research question. **Please bear in mind for this part of the research you do not need to be an artist, the study is not interested in how good you are at drawing.** The process should last no longer than one hour. The interview will be recorded and kept on a password-protected computer. Transcripts and drawings will be stored in a secure locked drawer. All data will be disposed of after completion of the study.

Once the interview has been conducted you will have an opportunity to ask any questions you may have. The study has been granted approval by the University ethics committee and therefore, been deemed ethically sound.

What are the possible disadvantages and risks of taking part?

There are no disadvantages or risks foreseen in taking part in this study.

What are the possible benefits of taking part?

Please note, this study is not to investigate the reasons why you retrieved a practice placement.

By taking part, you will be contributing to research which focuses upon the mentor role in practice placement. Research to date includes extensive information from a mentor perspective but limited research exists from a student nurses' perspective. This research is an opportunity to explore information from a student's perspective.

What if something goes wrong?

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact myself XXXXXXXXXXXXX or my research supervisor XXXXXXXXXXXXX. If the matter is still not resolved, please forward your concerns to Professor Susan McAndrew, Chair of the Health Research Ethical Approval Panel, Room MS1.91 Mary Seacole Building, Fredrick Road Campus, University of Salford. 0161 2952778

Will my taking part in the study be kept confidential?

All the information collected about you during the course of the research study will be kept strictly confidential so that only the researcher carrying out the research will have access to such information. Instances when confidentiality may be broken would be if you identify poor practice or suspect harm to an individual. All the study data will be stored at all times in a secure and fire protected facility in accordance with General Data Protection Regulations (2018) and University Data Protection Policy.

What if I do not carry on with the study?

All recordings, transcripts and drawings will be destroyed.

If you wish to withdraw from the study, you can do so one month after the interviews by contacting myself by telephone on XXXXXXXXXXX or by emailing me on XXXXXXXXXXXXXXXXXXXXXXX

What will happen to the results of the research study?

The results will be written up into a Professional Doctorate thesis. Participants who agree take part will not be identified in any subsequent report or publication.

Who is organising the research?

The research is being conducted and organised by myself XXXXXXXXXXXXX.

Who may I contact for further information?

If you require more information about any of the above information, please contact:

Xxxxxx xxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Appendix xi

Interview Schedule

Part one

1. Can you explain your experience of your practice placement prior to retrieval?
   Prompt: Have you had similar experiences in past placements?

2. What did you experience of retrieval that was different?
   Prompt: How would you describe the mentor in general?

3. How would you describe your experience in retrieval?
   Prompt: Do you feel your experience differs from that of your colleague?

Part two

4. I would like you to draw a picture or abstract of your understanding of a mentor
5. I would like you to draw a picture or abstract of how you perceive the role of the mentor to be

Appendix xii Data analysis stages

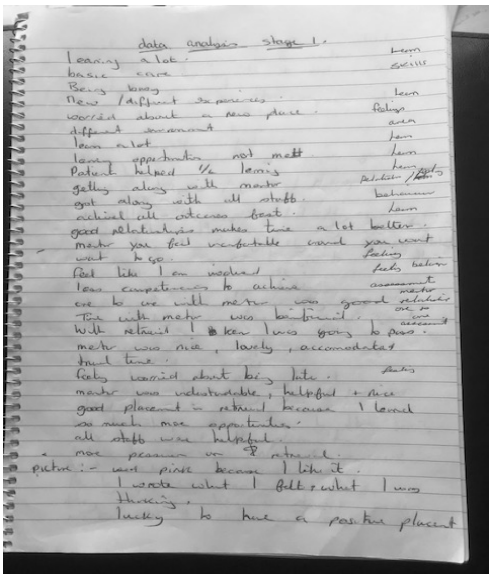


Image 1

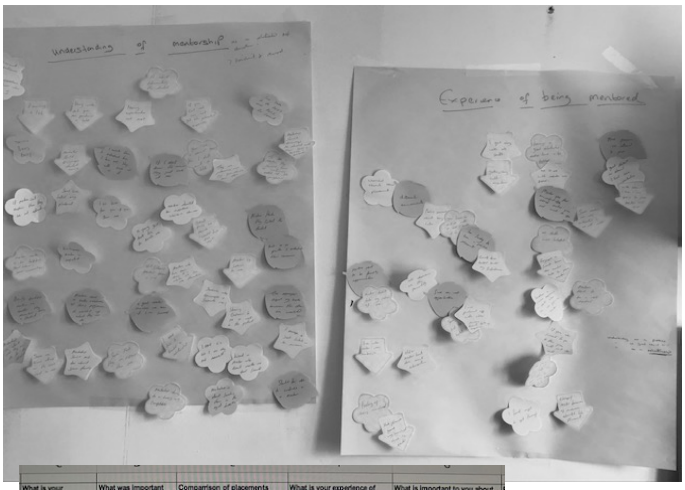


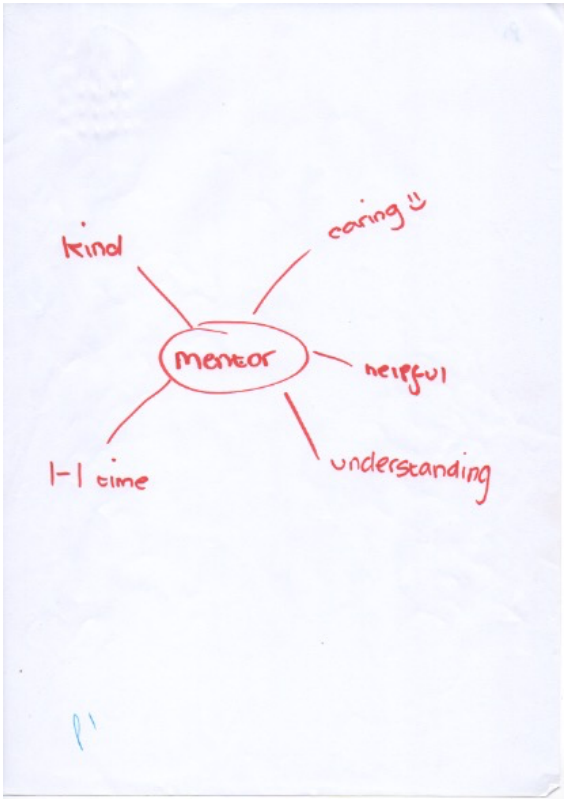
Image 2

What is your experience of placement	What was important about your placement	Comparison of placements	What is your experience of your mentor	What is important to you about mentors
Learning skills Being busy Not achieving competencies	Doing a variety of skills New experiences	Better when it is one to one Bad placement is not getting along with mentor	Good experiences because if it wasn't I wouldn't go. Mentor not always there to work with Staff who are helpful	A mentor who is interested
Awareness of NMC competencies having to complete the 4 fields of practice	The skills I have needs to achieve for each placement. Having the initiative to get on with it Small team , one to one experience	I am lucky I have had possitive placements Luck is about the mentor you get Other placements that are busy, you have to find someone to work with	I wasn't scared of them but some were not approacable but it depends on who you get and their personality. But you quickly learn who you can go to and who you can't. If you can't approach a mentor you can't ask about a spoke placement and you won't get the educational experience	Being helpful, Good listener, good communication skills need to be able to explain what they want you to do to be effective Be approachable if you are scared to go to them you are not going to do well. All mentors have been a student so they should know how it feels. Mentors need to understand what students are doing in university so they understand why students don't have the confidence to do as well as others.
In CCU I got one to one with my mentor	I have been really involved I had negitive expectations of a placement I thought they were all there to judge me and see how much I know.	Some mentors are on the same level rather than a level of superior to me like I know more than you if this happened I latched onto someone else.	I have been lucky with my mentors the only one I didn't like was my school nurse mentor- she did not take any notice of me and did not take me anywhere just put me on courses and I didn't experience anything. I've had some mentors I didn't get on with them, they were not interested in mentoring at all. But most have been good. I just latched onto someone. In the school nurse learn my mentor wasnt bothered, I spent time with another team member and got the manager to sign me off.	A good one is someone who involves me in everything, gets me to do even if I'm a bit scared. They talk me through it instead of taking the lead A good mentor questions and quizes me and learning something new they will explain it to me. A mentor should be patient, understanding and a role model. Mentors who have been doing it for a while are to into themselves where they think they know everythingand they think they control the student. Ive had mentors who let me do stuff instead of making me feel small. If they ask me a question they just stare and
Best placement ever. I had the best mentor. She was lovely. She was such a good woman and acted very professional. She taught me everything. She was thorough in her learning and she was patient.She didn't get frustrated with me. She made me feel comfortable. I have		One bad one all the rest good. I feel scared going into a new placement. I didn't know what to expect I was obviously nervous going in	See box 1	Mentors should be encouraging and hard working. I expect mentors to be honest I didn't expect them to be nicoas they are. I

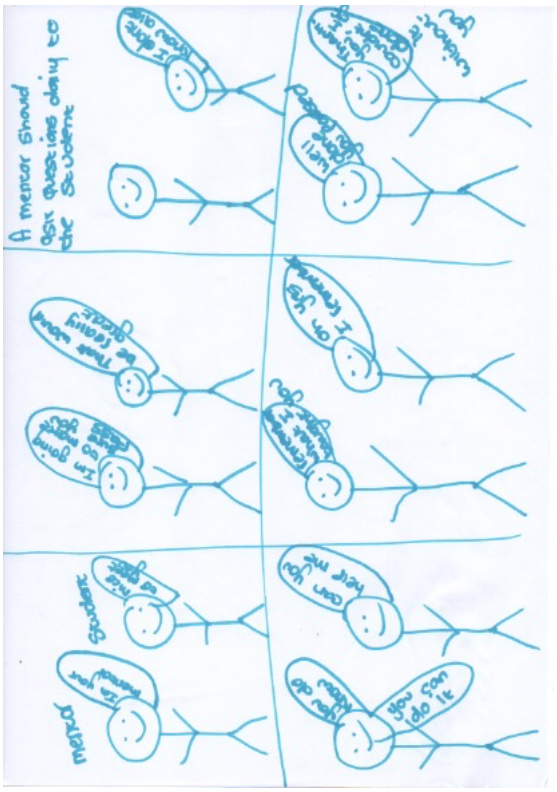
Image 3

Appendix xiii Participants drawings

Participant 1 drawing 1

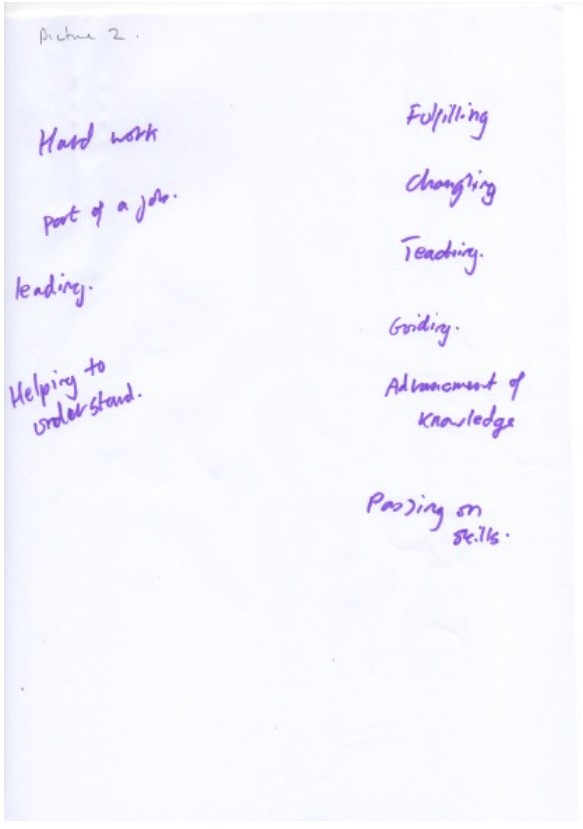


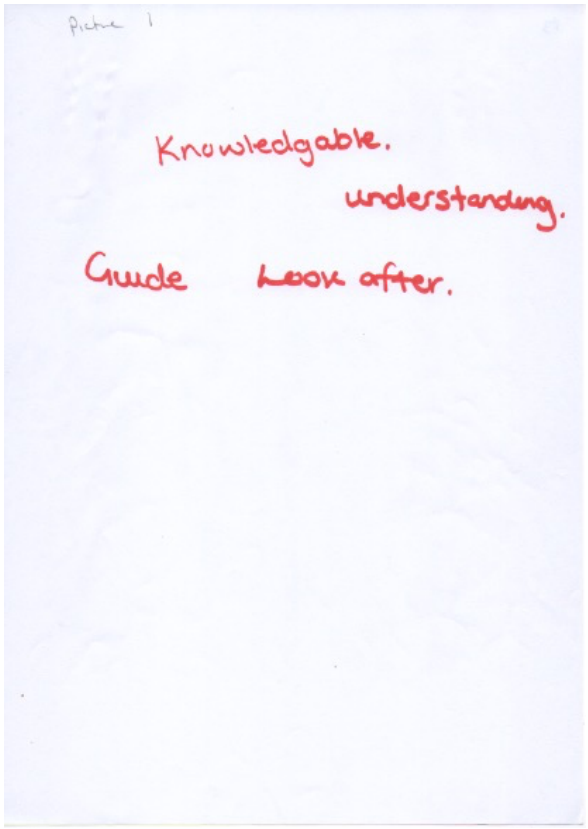
Participant 1 drawing 2



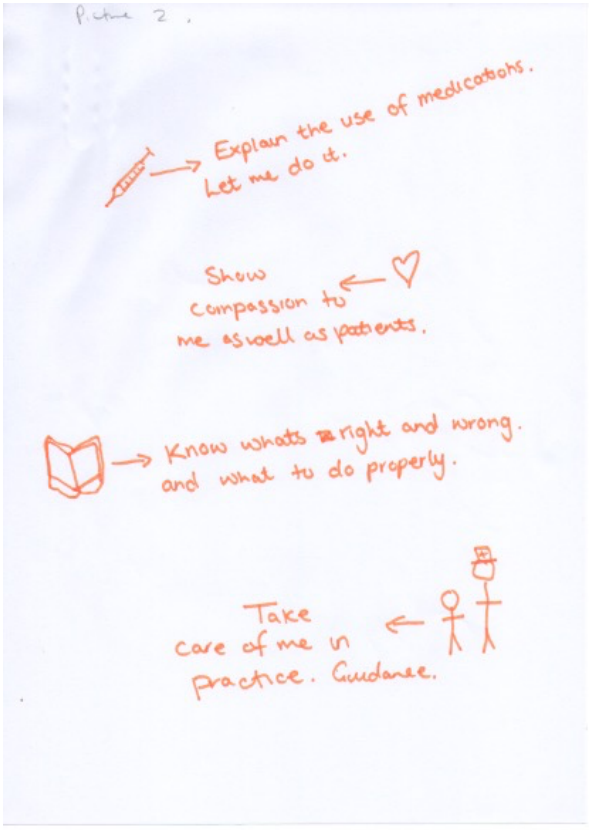
Participant 2 drawing 1

Participant 2 drawing 2





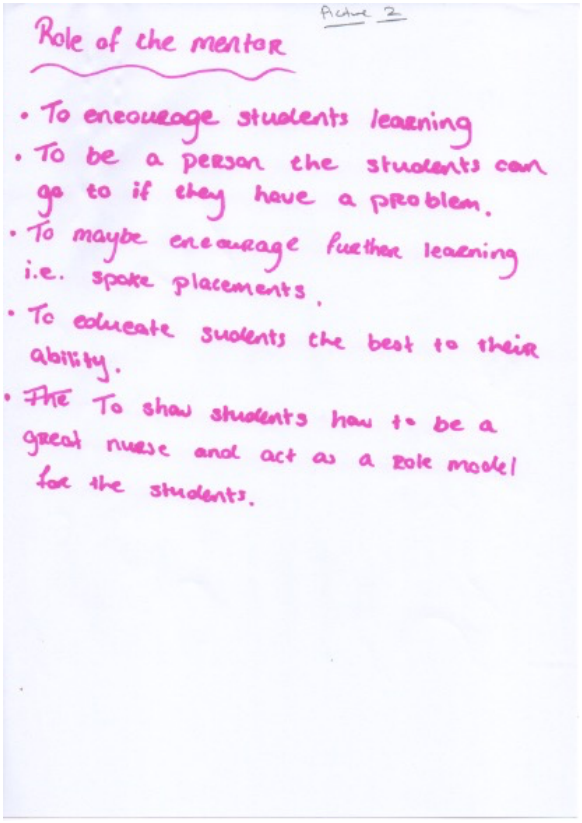
Participant 3 drawing 1



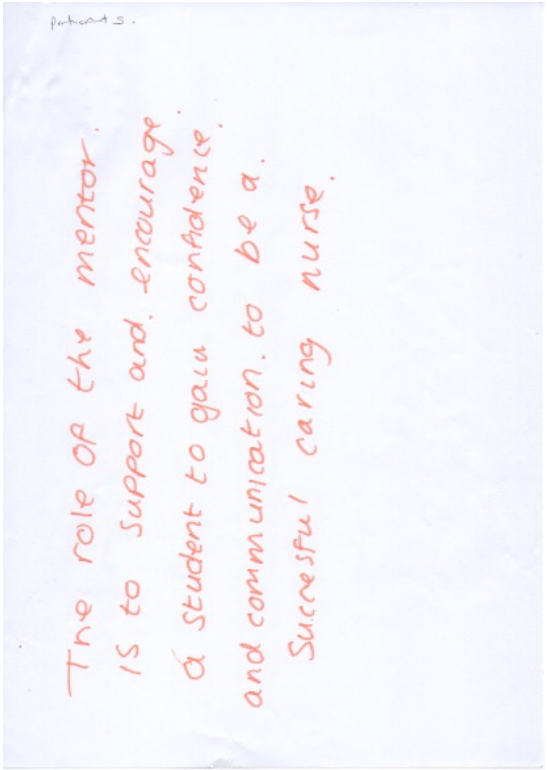
Participant 3 drawing 2

Participant 4 drawing 1

Participant 4 drawing 2



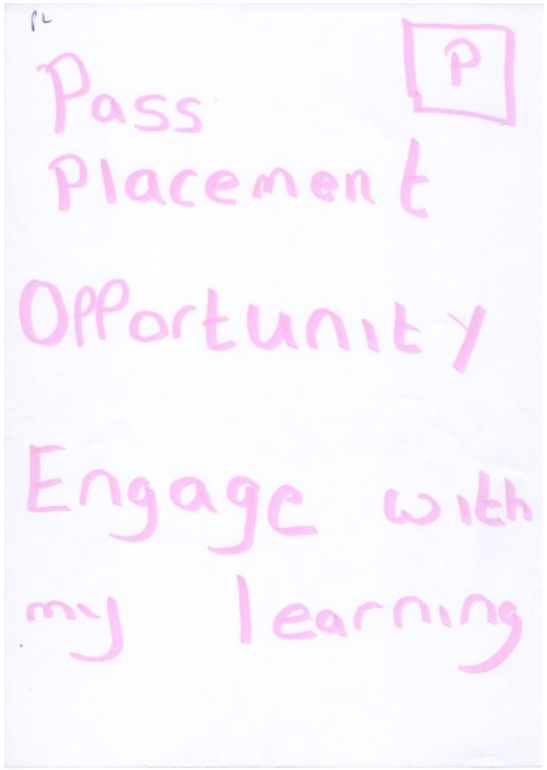
Participant 5 drawing 1



Participant 5 drawing 2

Participant 6 drawing 1

Participant 6 drawing



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