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**Factors Affecting the Relationship Between
Students on a Diploma in Nursing Course
and their Mentors.**

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**A thesis submitted in partial fulfilment of the
requirements of
Sheffield Hallam University
for the degree of Master of Philosophy**

July 1998

**Collaborating Organisation
The University of Sheffield
School of Nursing & Midwifery**



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Abstract

Student nurses learn best in placement settings, applying theory under supervision. Learning through practice enables students to reflect upon experiences in the light of critical thought about concepts, and is crucial to developing thinking, questioning practitioners. In 1987 the ENB recommended that nursing students be supervised during practical placements by a mentor who will help them gain the most from the experience.

When this study began in 1991, there had been little research into how mentoring was being applied in nursing education in the UK, though there was considerable literature about mentoring in other fields and in nurse education in other parts of the world. These studies cannot be applied to UK nursing education for two reasons: differences in UK nurse education; and confusion about what 'mentor' means. While this investigation was in progress, much similar work was published; the findings were in broad agreement with this study.

This study investigates how mentoring is working for students of the adult branch of a Diploma in Nursing course. Focus group interviews were performed and the analysis of these interviews was used to devise questionnaires, the responses to which were in turn analysed. The experiences of both mentors and students were considered. The study took place in a large centre during a period of major change within health care services in the UK. Major themes emerged from analysis of the qualitative data. Quantitative data were used to verify findings over a wider sample (144 mentors and 164 students).

The findings show the potential for both positive and negative effects of mentoring in the study site. The investigation of the mentor role demonstrates differences in definition when it is applied to pre-registration nursing students to that applicable at later stages of career development. In particular the functions of supporting and skills teaching are accorded a high priority by nursing students. Both parties are shown to be subject to multiple stressors which, along with a variety of personal and organisational factors affect the quality of the mentor-student relationship.

The study recommends preparation and support for mentors that acknowledges the importance of the supporting, befriending and skills teaching aspects of the role. The identification of the part played by students within the association highlights the need for teachers to generate realistic expectations of the relationship. Good practices identified on the study site may serve as a model for others.

Further research is needed to investigate the workload involved in mentoring and the pattern of interaction that occurs when the mentoring relationship is perceived by one or other of the parties to be working in an unsatisfactory manner.

Acknowledgments

I would like to acknowledge the help given by the following people without whose support and cooperation this study would not have been possible:

Anne Dean, Stephanie Hutchison and Des Wilson; my Supervisors, whose help, guidance, support and encouragement have been essential to my completing this study.

My managers in The University of Sheffield School of Nursing and Midwifery, especially Mr. Aiton Marr, for their collaboration in this project and for financial support.

The managers within Sheffield Health Authority who allowed me access to their staff.

The staff nurses and students who took part in focus groups, filled in questionnaires and commented on various interpretations of the data.

My colleagues in the School of Nursing and Midwifery who allowed me to bounce ideas off them at various stages of the project.

Rhoma Eastwood and Stephanie Keighley from the Survey and Statistical Research Centre, Sheffield Hallam University: for help in designing the questionnaires.

Jean Russell, Academic Computing, University of Sheffield: for help with using SPSS.

Anne Palmer, Education Consultant, for allowing me access to her work on mentoring.

Dirk Keyzer, Annette Lankskear, Helen Orton and Jennifer Wilson-Barnette for sharing their expertise with me as a novice researcher.

The librarians at Sheffield Hallam University and The Royal Hallamshire Hospital Health Sciences Library for support with literature searching.

Elisabeth Rees of Landsker Editorial Services for proof reading this document.

1. Introduction

1.1 Overview of the Problem and Resulting Study

1.1.1 The Problem

1.1.1.1

In 1987 the English National Board for Nursing, Midwifery and Health Visiting (ENB) stated that student nurses working in clinical placements should be supported by a 'mentor', defined in 1988 as:

an appropriately qualified first level nurse, midwife or health visitor who, by example and facilitation, guides, assists and supports the student in learning new skills, adopting new behaviours and acquiring new attitudes.(ENB 1988a)

Mentoring had been extensively expounded in literature in the USA in a variety of fields including nursing. Before this time descriptions in the UK were chiefly limited to the business world. There had been some developments within nursing at management level employing this concept but these were very limited in extent (Clutterbuck 1991 p 9). Following the issue of the ENB's directive, articles started to appear in the UK nursing press reflecting attempts by colleges of nursing to implement this requirement. These initial papers were descriptive and anecdotal rather than research based. What became clear relatively quickly was that there was considerable confusion as to what exactly was meant by the term mentor (Morle 1990). The definition as given by the ENB is inconsistent with many given elsewhere in the literature.

1.1.1.2

Confusion already existed within published literature as to the definition and functions of mentors in general (Hagerty 1986, Wainwright 1991). Confusion of definition leads to lack of clarity, with words meaning different things to different people (Hagerty 1986). If our knowledge is to progress, the words used to express concepts must have a

commonly understood meaning (Walker & Avant 1995 p 24). The lack of clarity in defining the concept intended by the use of the term mentor means that there is the potential for confusion of roles for those called to undertake the duty. That this proved to be the case in practice has been demonstrated by White et al. (1993).

1.1.1.3

Initiating specific helping relationships between students and members of qualified staff will have some effect upon both parties involved, regardless of the term used. The question that needs to be addressed, irrespective of the semantic debate, is the nature of that effect and its direction. Burnard (1990) considers that there may be negative consequences due to the excessive paternalism that he sees as inherent in mentoring. Braken and Davis (1989) and Wainwright (1991) both give a caution that if the people chosen to fulfil the role are not themselves able to be good role models for students, undesirable results may occur.

1.1.1.4

The author in her role as a nurse teacher in a large college of nursing and midwifery was aware that the establishing of mentorship was having effects upon both students and the qualified staff who acted as mentors. Many of these appeared to be positive, but negative consequences were also evident. The author shared concerns expressed by Morle (1990) that an innovation that had not been fully understood or worked through in the context of basic nursing education as it existed in the UK was being implemented on a wide scale.

1.1.2 A Changing Situation

1.1.2.1

This innovation was one of many changes affecting the whole of the NHS at this time.

Nursing education was reorganising both the curriculum design and the methods used in its implementation. Changes in government philosophy regarding the organisation and delivery of health care were articulated in a series of directives, the most significant of which at this particular time were the Department of Health (DOH) White Papers 'Working for Patients' and 'Caring for People' (DOH 1989a, & DOH 1989b). These were having far-reaching effects upon the NHS hospitals and community service areas that provided clinical experience for students.

1.1.2.2

Whenever an institution undergoes a major change there is a period of instability while the innovation is being introduced. A period of consolidation should follow to enable the parties engaged in it to integrate the new practices fully (Lewin 1967, Bolam 1975). The recent history of nursing is one where there has been change upon change without time for consolidation to occur. Where change is managed well the stressors generated can serve to motivate individuals to better performance. Where stress is excessive and uncertainties are prolonged, this generates anxiety resulting in poor morale (Rogers & Shoemaker 1971). The rapidity and extent of the changes outlined below demonstrate that it would be unreasonable not to expect to find expressions of stress and anxiety from among the participants of the study.

Changes in the preparation of nurses for registration, commencing in 1989, were as far-reaching as they were dramatic. Since its commencement in the latter part of the last century, preparation for registration had been based upon an apprenticeship system using an occupational model. Training took place away from the general education system in

relatively small schools of nursing, attached to specific hospitals or groups of hospitals. The course that led to Registered Nurse qualification was rated in terms of academic standard as at certificate level, or below. The recommendations of successive reports highlighting the inadequacy of nursing education had finally been accepted by government. This necessitated the development of a true educational programme based on a professional model. The new courses, nicknamed Project 2000, required participants to achieve at diploma level. Participants were accorded supernumerary status instead of having to fulfil a service obligation during the practice element for the majority of the course. Initially courses were based in large colleges of nursing and midwifery which then formed collaborative links with institutes of higher education and finally joined and became part of the university system. Local expressions of these changes are outlined in sections 3.4.1 and 3.4.2.

1.1.2.3

The service areas where students gained clinical experience under the supervision of registered nurses were also in the throes of major reorganisation. Since its inception in 1948 the philosophy of the NHS had been the provision of health care, including the preparation of sufficient nurses, financed and organised by the state. This changed, under the Thatcherite and post-Thatcherite Conservative governments, to the principle of the state fulfilling its obligation by purchasing health care services from an appropriate provider. Suitably sized hospitals and other groups of services were invited to become self governing trusts contracting with the health authorities to provide an agreed level and type of health care for a fixed budget. The implementation of this has had far-reaching effects upon those providing services at all levels. The local implications of these changes are outlined in section 3.4.3.

1.1.2.4

In the late nineteen eighties nurses had undergone the clinical grading exercise which, for some, resulted in considerable changes in role. The hierarchical system with auxiliaries at its base going up through staff nurses to sisters and finally administrative ranks, which had been in position since the last century, was replaced. Grades were awarded on the basis of job analysis which did not always correspond with rank. Newly qualified staff nurses started at 'D' grade with 'G' grades being awarded to the senior sisters who were in charge of wards or departments. This very time consuming exercise proved to be a major stressor in all areas and the resulting restrictions in staff mobility were accentuated by the prevailing financial cutbacks. The government was also in the process of replacing nationally agreed pay structures with locally negotiated agreements designed to be responsive to regional variations in staffing requirements. At the time of the study this process was meeting with considerable opposition and generating great anxiety.

1.1.3 The Current Study

1.1.3.1

The current study is set in the context of these changes. It seeks to examine the effects of one development within nursing education within a vast array of major changes (3.4) taking place rapidly within a very short time span. Chapter Two seeks to identify the concepts and history of mentoring from the literature with the aim of providing a theoretical background to inform the study. It will then proceed to investigate some of the factors which are associated with the positive and negative outcomes of mentoring. This will enable nurses to identify good practice and emulate it and, by avoiding the mistakes of others, minimise negative consequences.

1.1.3.2 Aims of the Study

- 1. to identify factors associated with the quality of the relationship between student nurses and their mentors.*
- 2. to make recommendations to guide practice in mentoring*

1.1.3.3 Objectives of the study

- 1. to describe the qualities and behaviours that student nurses expect to find in a mentor*
- 2. to identify factors associated with mentors that may affect the quality of their relationship with the students*
- 3. to ascertain the perceptions of the role of mentor held by the trained nurses who fulfil this function*
- 4. to evaluate the effects of various forms of preparation and training on the performance of the mentors, so that recommendations regarding preparation can be made*

1.1.3.4

The initial stage of the research involved the use of focused group interviews to generate information from both students and mentors about the issues that they considered most important. The resulting material was content analysed using a 'code book' approach as recommended by Crabtree and Miller (1992). The major themes emerging were incorporated into a questionnaire to assess the responses to the issues over a wider sample. This was administered to a sample of students and mentors and the results analysed using Statistical Package for the Social Sciences (SPSS). Between the time that the researcher commenced the literature review late in 1991 and the time that questionnaires were distributed early in 1995 the changes outlined above had occurred or

were in the process of implementation in the working environments of both parties. This must be taken into account when interpreting the results.

1.1.4 The Study Findings

1.1.4.1

During the period covered by the study a considerable amount of other work has been published relating to various aspects of the support of student nurses during clinical placements. This has been reviewed (2.6.4) and the relevant findings are discussed in relationship to the results of this study in Chapter Six. All recent work including the current study shows that stress and anxiety are significant issues for both students and mentors. The need for adequate support of both parties is clearly and forcefully articulated (6.1).

1.1.4.2

The participants in the study, which took place in Sheffield, were demonstrating many positive adaptations to the challenges posed by mentoring by the end of the period of data collection (6.1.3.4, 6.1.3.5, 6.2.2.2, 6.2.3.1, 6.3.1.3, 6.3.2.3, 6.3.3.4, 6.5.2.2, 6.6.2.2). Good mentoring practices which are evident may be emulated by others. It is also possible to learn from the negative experiences recounted and identify the pitfalls to be avoided. This mixed picture is similar to those portrayed elsewhere. Sheffield had had longer to adjust to the changes than some of the sites of other studies. There has also been considerable input into the education of qualified staff serving as mentors. Both of these factors may account for the relative success achieved here.

1.1.4.3

The issue of resources, especially time for student support, is one which has been highlighted since the inception of nursing. Organisational issues related to this which

need to be addressed are identified (6.6.6). Mentors in Sheffield demonstrate various strategies which make the best use of available resources. Others can profitably consider adopting or adapting these strategies to their own situations.

1.1.4.4

Analysis of the various elements incorporated into the mentor role as applied to nursing students in the UK indicates that this has distinct and different features from those associated with mentoring at later stages in career development (6.4.1). As is the case with most research, the study raises many more questions than it provides answers. These are identified as recommendations for future research (6.7.3) to develop further our understanding of the issues involved in this complex interpersonal phenomenon.

2. Literature Review

The phenomenon of mentoring is discussed in relationship to the literature over the past twenty years. Different definitions and developments in the concept are traced from a historical perspective among different occupational groups, focusing specifically upon nurses. The use of mentoring to support nursing students is examined in various western countries. Application to nursing students within the UK is analysed with reference to changes in nursing education in the last decade.

2.1 Introduction

2.1.1 The History of Mentoring

2.1.1.1

Mentoring as a form of interpersonal relationship can be traced back at least to the ancient Greeks. Mentor was asked to look after Telencymus while his father Ulysses was away at the Trojan wars. This practice whereby the youth was supervised by an older, wiser adult was common among the ancient Greeks. The concept of the younger, inexperienced person being taught and guided by an older, more experienced one can be demonstrated throughout history. It was evident among professionals such as doctors and lawyers and in the arts and humanities (Palmer 1987, Davidhizar 1988, Yoder 1990, Wainwright 1991). In the craft guilds the young apprentice was mentored by the master craftsman and often married into the family thus ensuring business success (Clutterbuck 1985). Florence Nightingale and other influential nursing leaders who followed her are all shown to have had mentors in their own careers and to have acted as mentors to others (Fields 1991).

2.1.2 The Development of Mentoring During this Century

2.1.2.1

The concept of mentoring was explored by Levinson (1978) who examined the life history of 40 eminent men in four different occupational groups. The relationship he describes is that of

the younger inexperienced worker being coached, encouraged and developed by the older established worker. Vance's work a year earlier using a similar framework and methods demonstrates the existence of mentoring among women holding influential nursing posts (Vance 1977). These relationships all exhibited a significant element of spontaneity, implying that the relationship was instigated and maintained by the parties concerned.

2.1.2.2

From the beginning of the century, managers in industry claim to have employed mentorship to develop subordinates' skills. It emerged in the nineteen sixties and seventies as a popular method to foster leadership talent in the business world. Such contrived relationships were distinct from those spontaneous examples described above (2.1.2.1). Industrialists and businessmen enthusiastically recommended establishing contract mentoring as a way of safeguarding organisational stability. Clutterbuck (1985) cites writers from all disciplines who were urging everyone to find a mentor to ensure success.

2.1.2.3

Meanwhile nursing was making significant moves towards professionalisation especially in the USA. American nurses in the late seventies and early eighties enthusiastically adopted mentoring as a means of developing requisite management skills to enable competition on equal terms with leaders in other disciplines. Careful scrutiny of literature from this time shows that while the linking of neophytes with more experienced 'mentors' was spreading extensively the term was being used to describe a variety of practices.

The positions taken by various authors from the late seventies onwards is summarised in fig

2.1.

Author and field	Definition of mentoring (process)	Description/definition of mentor (person)	Aspects of relationship	Roles and functions
Vance 1977 USA.	The process by which an older, more experienced person guides, supports and nurtures a younger, less experienced one	Person who acts as career role model offering guidance, advice and sponsorship	Spontaneous interpersonal relationship	Career counselling, sponsoring, role modelling, teaching, supporting
Nursing influentials				
Levinson 1978 USA.	Not a formal definition but gives a detailed description as he states that no word currently in use encompasses the complex relationship he envisages	Highly complex, significant type of non-sexual attraction occurring in early adulthood which helps the younger person become established in their career	Naturally occurring type of interpersonal relationship	Teaching, advising, sponsoring, hosting and guiding, career counselling, believing in and helping younger person to achieve dreams
Darling 1984/1985a-g / 1986a-e USA.	"Mentoring is a process in which you are guided, taught and influenced in your life's work in important ways".	"A person who leads, guides and advises a person more junior in experience".	Type of interpersonal relationship. Also mentions organisational phenomenon and starts to identify functional roles	3 crucial functions: attraction, action and affect. Defines 14 roles within these which may be present in varying degrees
Nurses & other health care professionals				
Clutterbuck 1985 UK.	"A protracted relationship in which learning and experimentation can occur, potential skills can be developed and in which results can be measured in terms of competencies gained rather than curricular territory covered"	Career advisor, sponsor and coach who helps development of younger worker	Organisational phenomenon is central aspect	Social induction, career coaching, managing, encouraging, motivating, teaching, nurturing, offering mutual respect and responding to mentee.
based on wide lit. review Business and industry. Cites others' definitions				
Anderson 1986 USA.	Uses Darling's definition	Uses Darling's definition	Organisational phenomenon which may progress to inter-personal relationship if instigated by either party: mentee seeks mentor, mentor seeks protégé	Functions similar to Darling's work. Degree of paternalism variable: most = protégé, least = mentee
Nurses studying for Ph.D and their supervisors.				
Palmer 1987 in Morton-Cooper and Palmer 1993 UK.	"Mentoring is an exciting, complex phenomenon that is either natural or artificially contrived to benefit individuals within a sharing partnership".	"Someone who provides an enabling relationship that facilitates another person's growth and development. The relationship is dynamic, reciprocal and can be emotionally intense. Within such a relationship the mentor assists with career development and guides the mentoree through the organisational, social and political networks".	Interpersonal relationship. Organisational phenomenon described. Structural role developed and expounded. 3 types: classical mentor has all features of the relationship; contract mentor – relationship organised by others; quasi-mentor some but not all features present.	Core functions: teaching, guiding, advising and counselling. Occupational differences in application: nursing has added functions of precepting, guiding/networking, and role modelling to make 7 in all.
Based on wide lit. review. Business persons, teachers and nurses.				

Figure 2.1 Contributions of a Selection of Authors to Knowledge of Mentoring in Chronological Order.

Author and field	Definition of mentoring (process)	Description/definition of mentor (person)	Aspects of relationship	Roles and functions
Davidhizar 1988 USA. Nurse academics	No specific definition but acknowledges Levinson (1978) as source	Person who eases neophyte's entry into world of work	Organisational phenomenon and structural role	Protecting, supporting teaching and counselling
ENB 1988	Not specifically stated: by implication performing the actions attributed to mentors	"An appropriately qualified first level nurse, midwife or health visitor who, by example and facilitation, guides, assists and supports the student in learning new skills, adopting new behaviours and acquiring new attitudes".	Organisational phenomenon required by statutory body as part of course design.	Roles and functions not clearly defined: left for individual nursing schools to develop but assessment and clinical supervision included within the remit of the same individual
ENB 1996 Revised definition reflecting a position change	Not specifically stated: by implication performing the actions attributed to mentors as in 1988 definition	"An individual who has an understanding of the context of the student's learning experience and is selected by the student for the purpose of providing guidance and support".	Recommended practice rather than formal requirement	Assessment not now required as part of formal role. Stipulation that the same individual should not function concurrently as mentor and assessor
Baker 1990 UK Nursing students – mental health.	Work assumes the ENB definition	Staff nurse matched with nursing student to function as ENB definition	Structural role	Teaching, facilitating, role modelling, resource, counselling, assessing, and supervising.
Yoder 1990 USA Nurses: accepts definition given by Bowen 1985	"Mentoring occurs when a senior person, in terms of age and experience (mentor) undertakes to provide information, advice and emotional support for a junior person (the protégé) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties. If the opportunity presents itself the mentor also uses both formal and informal forms of influence to further the career of the protégé".		Interpersonal relationship, organisational phenomenon and structural role	Instrumental functions: sponsorship, visibility, coaching, protection, challenging assignments Psychosocial functions: role modelling, acceptance, confirmation, counselling and friendship.
Wainwright 1991 UK Nurses	2 distinct types of relationship: long term classical mentoring; short term quasi-mentoring between staff nurse and student	Does not give specific definition as the thrust of the work is to identify the semantic confusion	Type 1 would involve all three aspects. Type 2 is organisational phenomenon	Type 2 is supervising, bridging theory/practice gap, teaching and coaching in practical skills, assessing

Figure 2.1 Cont. Contributions of Authors to Knowledge of Mentoring in Chronological Order.

2.2 Definitions and Terminology: the Semantic Debate

2.2.1 Difficulties of Definition

2.2.1.1

Many researchers demonstrate the difficulties of coming to an agreed definition of mentoring (Vance 1977, Levinson 1978, Atwood 1979, Hagerty 1986, Keene 1986, Davidhizar 1988, Wright 1989a, Donovan 1990, Prestholdt 1990, Yoder 1990, Ziv 1990, Vance and Olson 1991, Wainwright 1991, Marriot 1991, and Morton-Cooper and Palmer 1993). Major issues relating to this semantic confusion are explored to aid clarity of understanding and to establish usage of the terms within this study.

2.2.1.2

There are many different helping relationships operating in adult learning and career development. Different theoretical frameworks and different usage of language are employed by various authors (Morton-Cooper and Palmer 1993 pp 34–52). Morton-Cooper and Palmer suggest that ‘mentor’ has become ‘a transcendental semantic signifier’ meaning that it means many different things to different people according to its contextual use (Morton-Cooper and Palmer 1993 p 59).

2.2.1.3

A variety of terms is used to describe the person being mentored, for example: mentee, protégé, mentoree. Anderson (1986) suggests that the differences in terminology denote the degree of control that the mentored party has in the relationship. She suggests that the term ‘mentee’ implies more control than ‘protégé’. This distinction was not noted in literature reviewed here and it seems much more likely that different organisations use each term indiscriminately, further compounding the semantic confusion. The term ‘mentee’, which appears most frequently, has been used in this study. The author has not

discerned the specific shades of meaning suggested by Anderson (1986) and none is implied. Where the author specifically examines the relationship in the context of nursing students the person receiving mentoring is described as 'the student' commensurate with language used by the study population. It is necessary to examine the semantic debate and some of its complexities so that a clear understanding can be reached as to the current state of our knowledge.

2.2.2 Definitions of Mentor and Mentoring

2.2.2.1

Dictionary definitions of the word 'mentor' are unhelpfully simplistic:

an experienced and trusted counsellor (Oxford English Dictionary 1989)

Levinson (1978) and Vance (1982) acknowledge that the way they use the term in describing a relationship between a neophyte and an established worker is referring to something much more complex than the above. Levinson suggests that:

It is one of the most complex and developmentally important relationships found in adulthood (1978 p 97).

Levinson and Vance claim that no word then in use would be adequate to describe the complex nature of the phenomena under discussion (Levinson 1978 p 97, Vance 1982).

The definitions cited by Clutterbuck (1985) show particular application to working situations by citing career development, manager/subordinate relationships and the protracted time span involved.

2.2.2.2

Darling's work, in a nursing context, uses a simple definition more akin to that of the dictionary. She draws the distinction between the person, 'mentor', and the process,

‘mentoring’, but includes within this latter term a variety of influences upon a person’s development, not just those mediated through a specific relationship with a ‘mentor’. This results in the inclusion in her accounts of many aspects of helping relationships and modes of learning which do not fit into the concepts of mentoring as developed by such writers as Levinson and Vance. Levinson acknowledges that many useful relationships exist, which he calls ‘good enough mentors’, which do not fulfil all of the criteria which he identifies as occurring in mentoring. (Levinson 1978 p 100). When the term ‘mentor’ was introduced into English pre-registration nursing by the ENB they used the very broad definition cited earlier (ENB 1988a). The lack of clarity and precision resulted in a variety of practices, which were very different from classical mentoring (Morle 1990, Wainwright 1991).

2.2.2.3

The definition given by Morton-Cooper and Palmer (1993) acknowledges the complexity of the concept and gives useful indications as to the areas that are intended when the term is used. Palmer identifies three types of mentoring:

- classical mentoring where all aspects of the mentor role are present in a spontaneously occurring situation
- contract mentoring where the two parties have been matched by others, usually resulting from managerial decision
- quasi-mentoring where some but not all elements of classical mentoring are present and a much shorter time span may be involved (Palmer 1987)

She sees quasi mentoring as describing the relationships fostered between nursing students and staff nurses (Palmer 1992).

2.2.2.4

The existence of distinctly different usages within this one term is also highlighted by Wainwright (1991). He considers that problems of definition were compounded by the ENB issuing a definition which varied from, and apparently ignored, much of the literature. He states that, allowing for the natural evolution of language, there is a need for clarity of definition and common understanding of meanings if confusion is to be avoided. He sees two distinct types of relationship described in nursing literature. The first has many of the features of classical mentoring, lasting several years, as described by Levinson (1978). The second form of relationship is usually organised by others and occurs between staff nurse/student dyads equating to quasi-mentoring as described by Palmer (1992). Such relationships last for the duration of a clinical placement, the time being measured in weeks not months or years.

2.2.3 Definitions and Descriptions of Preceptor

2.2.3.1

The term 'preceptor' is also found extensively in literature both in the USA and in the UK and is often used to describe an apparently similar concept to that denoted by the term 'mentor' (Hagerty 1986, Yoder 1991, Morton-Cooper and Palmer 1993). Studies by Atwood (1979) and Keene(1986) both clearly use the terms interchangeably within the same articles. Chickerella and Lutz (1981) use the term to describe a concept related to but distinct from that denoted by 'mentor' as defined in figure 2.1. They define precepting as:

an individual teaching/learning method in which each student is assigned to a particular preceptor so that she can experience day to day practice with a role model and resource person immediately available within the clinical setting (1981)

This emphasises the daily contact, involving specific practical skills, that is inherent in precepting. Morton-Cooper and Palmer emphasise the level of skill required when they define a preceptor as:

an identified experienced practitioner with responsibilities for a client group who enhances learning by teaching, instructing, supervising and role modelling (1993)

2.2.3.2

Morle (1990) and Wainwright (1991) also examine the concept of preceptor within the Chickerella and Lutz (1981) definition. They both conclude that this term, which includes role modelling, teaching and coaching in practical skills, is a much more appropriate one than 'mentor' to describe the relationships between students and staff nurses that the National Boards are apparently encouraging nurses to foster.

2.3 *Attributes of Mentors: Roles and Relationships*

2.3.1 Development of the Term 'Mentor'

2.3.1.1

In order to achieve clarity of understanding it is necessary to consider roles and functions ascribed to mentors and establish which aspect of mentoring the various authors are describing when they use the term. Hagerty (1986) and Yoder (1990) both identify three aspects of the mentor relationship: a type of interpersonal relationship, a functional role and an organisational phenomenon. Yoder considers that, if confusion is to be avoided, it is important to identify the viewpoint from which the term is being used (Yoder 1990).

2.3.1.2

It is possible to trace development in the literature over time showing the changing emphasis given to the term and reflecting differing applications of the concept. When the

complexities of the role have been unravelled it is possible to identify how these have diverse applications in different occupational groups.

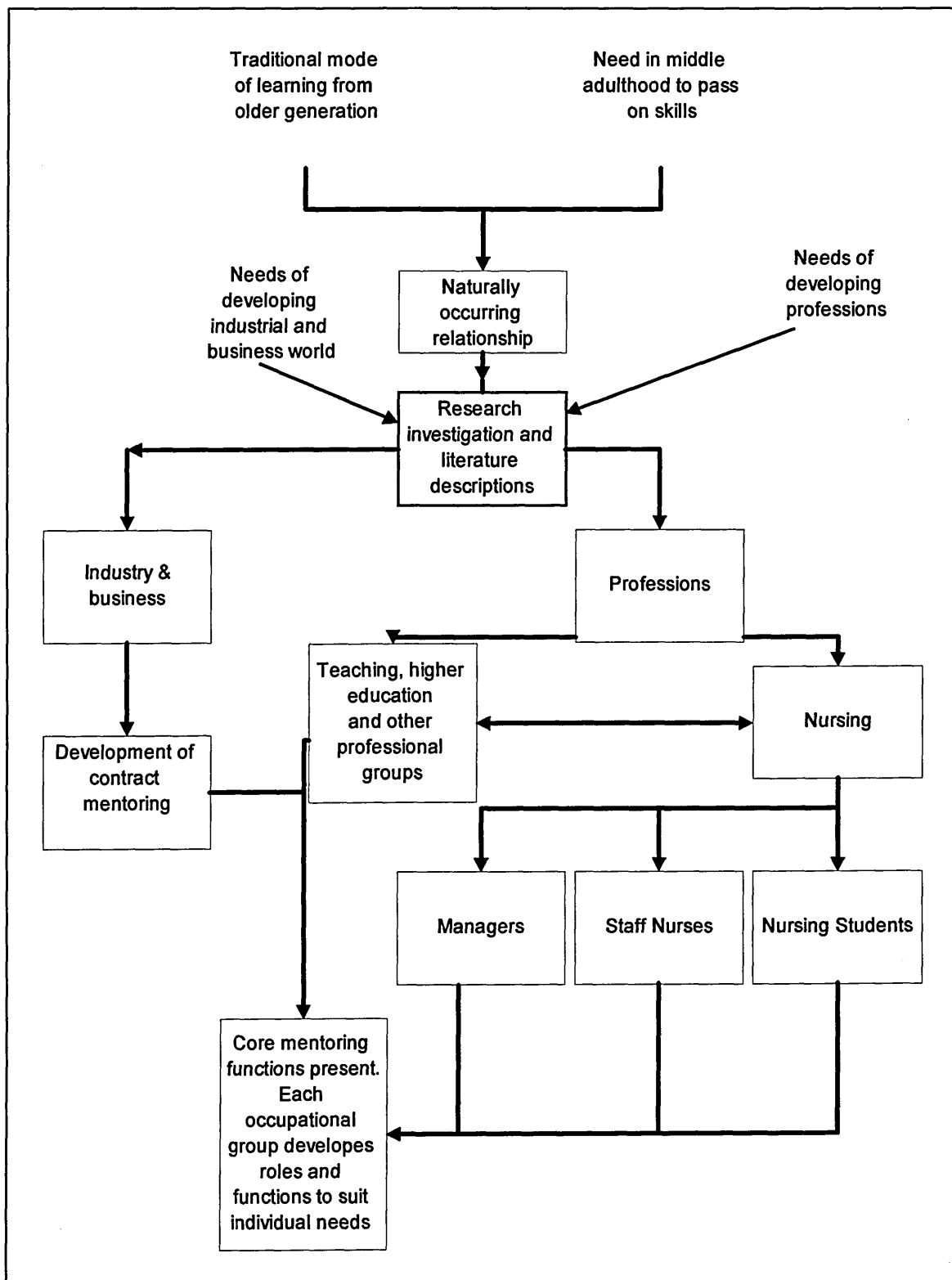


Figure 2.2 The Development of Mentoring in Various Professional Groups

Figure 2.2 illustrates how the naturally occurring interpersonal relationship has been taken and developed by various occupational groups over the last twenty years.

Concepts of mentoring derived from business have been adapted and developed by other professionals to meet their specific needs. Mentoring within nursing is the major focus of this study although some reference will be made to other contexts.

2.3.2 Mentoring as an Interpersonal Relationship

2.3.2.1

The work of Levinson (1978) and Vance (1977) give some of the earliest explorations of mentoring which can be used to identify roles and functions attributed to mentors.

Levinson investigated men from four occupational groups: writers, scientists, managers and manual workers. Vance explored the phenomenon among women using influential nursing leaders. Both use similar conceptual frameworks and identify similar characteristics of the relationship. Vance is describing a type of interpersonal relationship within which the older, experienced worker socialises the newcomer into the social norms of the workplace (Vance 1977).

2.3.2.2

Levinson describes an intense emotional attraction and he states that it contains elements of parent and lover without being either. The older person invests time and energy in the younger one, teaching, coaching and grooming performance. In return the younger person contributes energy, enthusiasm and new ideas. Functions of the relationship identified by Levinson and Vance include teacher, sponsor, host, guide, facilitator, example and counsellor. Levinson states that probably the most important function is helping the mentee realise his career dream (Vance 1977, Levinson 1978).

2.3.3 Mentoring as an Organisational Phenomenon

2.3.3.1

Some companies have facilitated partnerships between junior and senior employees from the beginning of this century (Clutterbuck 1985). The popularity of this approach increased and from early this century it was considered a fashionable thing to do.

Advocates of mentoring in both business and nursing contexts were campaigning for a formal role, requesting management to actively facilitate mentoring. Clutterbuck (1985) reviews a considerable range of literature and identifies similar roles and functions to those described by Levinson (1978). His work gives detailed analysis of the application of mentoring to the business community and strongly advocates its adoption (Clutterbuck 1985). The second edition of his book includes a section dealing specifically with mentoring of women: important because nursing is a women-dominated profession (Clutterbuck 1991 pp 94–103).

2.3.3.2

The literature reviewed here demonstrates that mentoring was adopted by many nurses in the nineteen eighties. Studies show how the role was developed and adapted to suit the needs of individuals at various stages of career development.

2.3.4 Mentoring as a Functional Role

2.3.4.1

Darling used interviews and a grounded theory approach to investigate mentoring in a range of American health care professionals including nurses at management level (Darling 1996). She identified three crucial attributes of mentoring: attraction, action and affect linking these to three critical mentor roles: inspirer (attraction), investor (action) and supporter (affect). The fourteen subroles she describes fit into these three critical

roles. These are model, envisioner, energiser, investor, supporter, standard-prodder, teacher-coach, feedback-giver, eye-opener, door-opener, idea-bouncer, problem-solver, career counsellor, challenger. For mentoring to be said to exist, examples from each of the three critical groupings must be present (Darling 1984).

2.3.4.2

Like Levinson, Darling acknowledges that variations may exist in practice, and helpful relationships may occur which do not exhibit all identified critical mentoring criteria (1986c). Her descriptions of mentoring include many factors influencing a person's career development including self mentoring and peer mentoring, and 'toxic mentoring' (1985a, 1985b, 1985d, 1986a, 1986d). Darling's work has been widely cited since and may have contributed to the 'definitions quagmire' reported by Hagerty (1986).

Darling's descriptions cover mentoring as an interpersonal relationship, as a functional role and contain elements of it as an organisational phenomenon. She advances our thinking by identifying the concept of multiple roles within the whole function of mentoring. Yoder (1990) criticises Darling for using the term mentoring to include related but different concepts suggesting that this leads to imprecision in definition. The extensive citing of Darling's work is interesting, as the author has been unable to locate any details of the research processes involved published in the public domain.

2.3.4.3

A different framework is used by Megel (1985) in her work with nurse academics. She describes a continuum with peer relationship at one end, sponsorship in the middle, and mentoring at the other end. She considers the governing factor to be the degree of paternalism in the relationship. This concept of a continuum is also described by Puetz (1985). Figure (2.3) illustrates a continuum combining ideas from both Megel and Puetz.

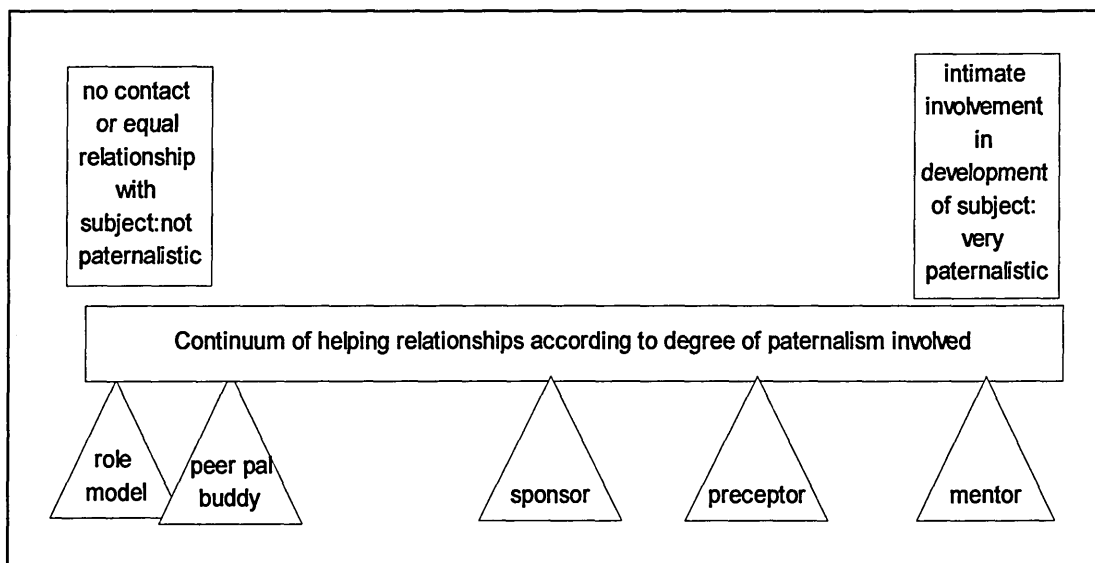


Figure 2.3 Continuum of Helping Relationships Developed from Megel (1985) and Puetz (1985)

Role models are set at the far end of the continuum along with peer pal/buddy relationships because as Megel points out a role model may be so remote from the subject that the two may not be known to each other. Sponsors and preceptors may also fulfil a role model function but exercise far more influence over the subject. Mentors, according to Puetz and Megel, show the highest degree of paternalism, not because of formal authority, but because of the degree of emotional involvement inherent in the relationship (Megel 1985, Puetz 1985).

2.3.4.4

Palmer (1987) examined mentorship as a functional role by means of an extensive literature review covering a variety of occupations. This was then applied to her own career as a nurse education manager. She suggests that there are four core functions that are developed differently according to the context in which mentoring occurs. These are teaching, counselling, advising and guiding: described as individual helping relationships. Mentoring is said to be present where a selection of these is offered in a context of reciprocity and mutual sharing over a significant but finite period. She considers these

latter attributes to equate to those identified by Darling (1984) as attraction, action and affect.

2.3.5 Stages in the Relationship and their Application to Career Phases

2.3.5.1

Palmer (1987) considers the presence of identifiable stages within the relationship, described by various authors, (Levinson 1978, Darling 1984, Clutterbuck 1985, Davidhizar 1988, Donovan 1990) to be a crucial attribute of mentoring. All describe an introductory phase in which the parties come together, a development phase, which may have several stages, and a conclusion. During the initial stages of the development phase mentees show high dependence upon their mentors. Pairs become more interdependent as the mentees' skills develop when greatest productivity may occur. Finally a separation phase occurs when the mentee has to become independent. The way in which this final phase is handled determines whether the pair go on to develop a lasting friendship, drift apart, or engage in bitterness and recrimination. Many authors identify a cyclical situation in which the mentee goes on to mentor others (Vance 1977, Larson 1986, Palmer 1987, Davidhizar 1988, White 1988, Carrolton 1989, Boyle and James 1990, Gasper 1990, Kinsey 1990)

2.3.5.2

According to Palmer nurses demonstrate more and different mentoring functions than businessmen and teachers. She identifies the seven core functions of mentoring for nursing as: adviser, teacher, counsellor, guide and networker, role model, preceptor, and sponsor. Palmer links the concept of multiple functions with the idea of a continuum identified by Puetz (1985) and Megel (1985). She suggests that as various functions are

added to a relationship it can progress from role modelling eventually becoming mentoring (Palmer 1987).

2.3.5.3

Levinson suggests that mentoring occurs specifically when the mentee is in his early twenties. His definition is associated with helping the young man achieve full adult status through realisation of career ambitions. This analysis is informed by the framework of Erikson's life stages, which identifies early, middle and late phases of adulthood; each phase being preceded by a transition phase. Levinson sees early adult transition as the period during which mentoring by persons in the middle adult phase of life is needed to aid transformation into full adult status (1978). Levinson agrees with Erickson that, although society recognises persons as adults at the age of eighteen or twenty-one, in fact, much development has to take place after this time. His comment that this view goes against much popular thinking (1978 p101) is very applicable today when popular concepts of androgyny suggest educators should regard everyone over eighteen as an adult.

2.3.5.4

Nursing writers consider that mentoring is necessary at various stages of career development. (Vance 1982, Butterworth and Faugier 1992, Morton-Cooper and Palmer 1993). Vance suggests that mentor support is profitable for everyone undergoing a significant career move (Vance 1992). Morton-Cooper and Palmer propose that the points on the continuum from role model to mentor may be applicable to different stages of career development (Morton-Cooper and Palmer 1993). Their exposition significantly advances our understanding of mentoring as a functional role which has developed differently within different disciplines supporting conclusions reached by Fagan and

Fagan (1983). These differences help to explain why all aspects of mentoring are not found in every relationship. The author suggests that failure to consider these issues may be the cause of some of the semantic confusion, where authors are presenting parts of the phenomenon as if they were the whole. Walker and Avant (1995) acknowledge that it is possible for different authors to arrive at different analyses of attributes for the same concept and this is evident in literature reviewed here.

2.3.5.5

Knowledge about mentorship has developed from the early descriptions of a naturally occurring interpersonal relationship to descriptions that include all three aspects as described by Yoder (1990). The identification of various roles and functions operating within different phases of career development is important to our understanding of the type of relationship which may be required at any time. Mentor relationships within nursing will be explored among nurse managers and academics (2.5.1), staff nurses (2.5.2) and students (2.6).

2.4 *The Effects of Mentoring*

2.4.1 Positive Effects of Mentoring

2.4.1.1

Mentoring can be a powerful phenomenon and have specific effects on the parties involved. The effects of mentoring are seen as socialisation of the newcomer into the social systems of the workplace. Results recorded include improved self confidence, faster progress up the career ladder, greater job satisfaction, professionalism and productivity, improvements in morale and reduced sickness (Vance 1977, Levinson 1978, Darling 1984, Megel 1985, Davidhizar 1988, Cole and Slocumb 1990, Yoder 1990, Morton-Cooper and Palmer 1993). Companies gain stability where mentorship is

encouraged as a deliberate strategy. The development of talented young employees reduces the need to import leaders from outside who may not hold the company view. The mentor gains increased job satisfaction, career advancement and peer recognition (Clutterbuck 1985). Levinson considers mentoring to fulfil a need in adults in the mid-life period to pass on their knowledge and expertise (Levinson 1978 pp 101–3).

2.4.1.2

In nursing, mentoring is considered important because of the support it offers to newly promoted leaders resulting in improved staff retention. Lack of mentoring is cited as a reason for the poor performance of some nurse leaders and as an explanation for nursing's poor standing among other professional groups (Cooper 1983, Darling and McGrath 1983a and b, Arvardson 1986, Larson 1986, White 1988, Carrolton 1989, Boyle and James 1990, Gasper 1990, Kinsey 1990, Mills 1991). Writers who identify the feminist viewpoint consider that mentoring at this level can help to empower women and enable them to access career opportunities in management (Brown 1983, Davidhizar 1988, Vance 1982, DeMarco 1993). Mentoring among newly qualified staff nurses is claimed to help them cope with adjustments to practice which Kramer (1974) labelled 'reality shock'. This reduces wastage and staff nurses gain in job satisfaction, self concept and confidence (Atwood 1979, Lough 1986, Cain 1989, Locastro and Kochanek 1989).

2.4.2 Negative Effects Of Mentoring

2.4.2.1

Enthusiastic advocates of mentoring gloss over or ignore its potential for negative effects on relationships. These are significant when they occur and can have devastating consequences for the parties involved. Negative effects have been identified as

exploitation of the mentee, envy, and smothering by the mentor due to excessive paternalism and/or an inability to let go (Megel 1985, Anderson 1986, Hercules 1986, Darling 1986e, Bacon 1988, Arnoldusen and White 1990, Droste-Bielak 1990, Morton-Cooper and Palmer 1993). There may be simply a mismatch between mentor and protégé which results from lack of attraction which can cause problems for both parties (Darling 1985c).

2.4.2.2

Some mentors exhibit problematic personality traits. Darling (1986e) describes ‘toxic mentors’ as ‘avoiders, dumpers, blockers, destroyers and criticisers’. Lack of mutual trust may be the foundation of these problems (Morton-Cooper and Palmer 1993) and where relationships end traumatically both parties can be deeply hurt (Darling 1986d). Mentees can respond either with ingratitude towards the mentor or by becoming over-demanding (Levinson 1978 p 103). Clutterbuck (1985) considers such problems are more likely to arise as a result of mentoring as an organisational phenomenon where parties have been matched rather than self selected. Mismatched pairs are not as free to separate from an organised relationship as they could in a spontaneous situation. Problems may also arise between departments within organisations where conflicting demands are made on the mentee. Cross gender mentoring may give rise to problems if the relationship assumes sexual significance for one or both parties. Where women are mentored by men this may deny the woman a role model of a successful female figure and so perpetuate an image of male domination (Clutterbuck 1991 p 99, DeMarco 1993).

2.4.2.3

It is important for nurses acting as mentors to students to be established in their careers and function in a management position where they can exercise some influence on behalf of their protégé. The mentor's lack of power within the organisation can result in inability to function in the networking/sponsoring and facilitating aspects of the role (Morton-Cooper and Palmer 1993). Several authors fear that most of the people acting as mentors for students will be newly qualified staff nurses who would be functioning at the advanced beginner (Benner 1984) stage of practice (Bracken and Davis 1989, Morle 1990, Barlow 1991). Concern has also been expressed that students will learn inappropriate practices from mentors who are poor role models (Bracken and Davis 1989, Burnard 1990, Wright 1990, Wainwright 1991).

2.4.2.4

The hierarchical climate prevailing within the NHS in Britain makes trust and openness, an integral part of mentoring, very difficult, if not impossible, to achieve. This problem is compounded when mentors are asked to act as assessors, as the degree of openness and emotional involvement characteristic of mentoring precludes the detached objective stance necessary for assessment. Descriptions of classical mentoring in the literature do not include assessment as any part of the role.

2.4.2.5

The strengths and weaknesses identified indicate that mentoring is a powerful tool not to be considered lightly. The concerns expressed by Morle (1990) and Burnard (1990) regarding the way in which it seems to have been adopted wholesale into nursing education without adequate evaluation or investigation need to be taken seriously.

2.5 Development of Mentoring Among Qualified Nurses

2.5.1 Mentoring at Senior Nurse Level

2.5.1.1

Vance's work in 1977 is important as it demonstrates the existence of mentoring as an established phenomenon among women in nursing at this time. Studies during the eighties and nineties confirm the existence of mentoring among nurse administrators and managers (Larson 1986, White 1988, Carrolton 1989, Boyle and James 1990, Gasper 1990, Kinsey 1990). These studies used self-reported mailed questionnaires, and only Boyle and James describe any system of checking respondents' understanding of the term 'mentor', by asking respondents to give a definition. Given the confusion of definitions demonstrated in past literature this must be considered as limiting the construct validity of these works. In spite of the differences in instruments used and possible variations in understanding of the concepts, senior nurses appeared to be using mentoring in ways comparable to those identified among managers in other occupations. This is confirmed by Darling (1996) who used in-depth interviews and a grounded theory approach and by Kinsey's (1990) analysis of critical incidents.

2.5.1.2

There is some evidence of mentoring among nurses at senior level in the UK (Clutterbuck 1991 p 9, Jackson 1991). Palmer (1987) analyses her relationship with two people whom she considered to have acted as mentors to her and demonstrates mentoring as a functional role in her own career. Senior nurses in both the USA and the UK appear to be engaging in classical mentoring relationships and demonstrate the range of functions identified by Morton-Cooper and Palmer (1993).

2.5.2 Mentoring Among Staff Nurses

2.5.2.1

Atwood's (1979) experimental work is interesting because it is an early account of mentoring among staff nurses. A significant feature is the short, three month time span, involved. Newly qualified nurses in a critical care area were assigned to an experienced senior nurse who acted as a mentor. The staff nurse acting as the control saw advantages gained by the mentored nurses and arranged informal mentoring for himself! (Atwood 1979) invalidating the classical experimental design and illustrating its methodological and ethical limitations in situations involving human interactions. Action research may have avoided these problems by evaluating results of innovation and using them cyclically to improve practices (Webb 1989).

2.5.2.2

Lepping's (1985) description of mentoring among occupational health nurses specified the use of learning contracts. Here mentors operated an agenda set by the educationalists rather than negotiating freely with mentees. This approach shows considerable shift in emphasis from the spontaneous relationships described by other authors and represents contract mentoring at its most extreme. Mentoring was evaluated by the qualified nurse assessing the students' performance and students filling in a five point Likert type scale and answering open ended questions. This approach, although allowing some free expression, is heavily weighted towards the imposed agenda noted above.

2.5.2.3

Evidence of mentoring among newly qualified staff nurses is cited by Vance and Olson (1991) and in various anecdotal articles (Hercules 1986, Keen 1986, Gunderson and Kenner 1987, Just 1989). These studies tend to present a very positive picture. Coaching

in practical skills is considered much more important as a mentor role by new staff nurses than it is by nurse managers, who consider the networking and interpersonal skills aspects of mentoring to be of greater significance. Nurses at all levels identify introduction to the social world of the health service as a significant issue. Stachura and Hoff (1990) indicate that many staff nurses identify an unmet need for mentor support at this point of career development.

2.5.2.4

British literature demonstrates organised mentoring as a significant activity among staff nurses undertaking post-basic clinical courses by the late nineteen eighties (Wilkin 1988, Lansdell 1989). The term 'supervision' is used by mental health nurses, where the emphasis is on the learning of interpersonal and therapeutic skills (Davis 1983, Barber and Norman 1987). This relationship includes experienced qualified nurses assisting novices to reflect upon clinical experiences in order to improve interpersonal skills and achieve personal growth (Faugier 1992 pp 21–5).

2.5.2.5

All the relationships described for qualified staff exhibit various features of classical mentoring apart from those where a very short time span is indicated. The concept has been adapted and changed over time to suit the needs of various situations within nursing. Individual mentor/mentee pairs show negotiation of roles and functions from the mentoring range to meet their specific needs.

2.6 *Mentoring Among Students*

2.6.1 *America and Other Western Countries*

2.6.1.1

The method of preparing nurses in the USA has now been adopted in Canada (Myrick and Awrey 1988), Australia (Wright 1989a and b) and New Zealand (Keene 1986) and differs from that in Britain (Marriot 1991). Students are taught for a large percentage of time in colleges, and college staff control and supervise exposure to practice. Up until the introduction of Project 2000 late in 1989, British nursing students spent up to 70% of their time in clinical placements where they were expected to make a service contribution. Their education took place in monotechnic schools or colleges of nursing and midwifery attached to the hospitals providing service. Within the UK, Scotland has developed somewhat differently to England, Wales and Northern Ireland due to differences in the general education system there. For this reason comments made may not always apply to Scotland. It is difficult to make comparisons between the American style and British systems and care has to be taken when attempting to generalise research findings (Marrriot 1991).

2.6.1.2

The advent of Project 2000 and the transfer of the pre-registration preparation from schools of nursing tied to hospitals, the service providers, into higher education are major changes for British nursing (1.1.2.3). There are, however, still marked differences from the American system. British student nurses have far more clinical practice than their American and Australian counterparts and a proportion of this is still required to fulfil a service need. Studies relating to students undertaking traditional apprenticeship type courses will be discussed separately from those relating to students undertaking Project 2000 or similar courses.

2.6.1.3

Concern for nursing students' developmental needs has led to a range of attempts to provide helping relationships during clinical placements. These relationships equate to the second use of the word mentor as defined by Wainwright (1991) and many of them use this term. Other writers employ the term preceptor to denote what would appear to be the same or a very similar phenomenon: the pairing of a nursing student with a qualified nurse for the duration of a specific clinical placement normally measured in weeks. An example of this is given by Kramer as part of a whole programme aimed at helping students to integrate successfully into the social world of clinical practice and combat the 'reality shock' experienced when making that transition (Kramer 1974).

2.6.1.4

Myrick and Awrey (1988) used a quasi-experimental study in Canada where a group of students allocated to a qualified nurse, termed a 'preceptor', were compared to a group who were not. Their performance as measured on scales of nursing performance and competency, showed some gains for the preceptored group. The use of this type of rating scale as the sole method of evaluation must be questioned given the complex nature of both nursing and mentoring relationships. Other forms of evaluation need to be included to triangulate findings. American literature cited by Andersen (1991) suggests that 'mentor' or 'preceptor' placements became a popular method of helping senior students make the transition from the classroom supervised setting in which skills were taught to the real world of clinical practice. Andersen's (1991) own study uses a qualitative approach and attempts to isolate how staff nurses functioned when with students. She identifies functions similar to those already identified (2.3.5.2) as applicable to mentors in a nursing context. Wright's (1989b, and 1990) Australian study uses a multimethod approach to evaluate staff nurse/student pairing. It is difficult to judge the

mentors' influence in these two studies as, while demonstrating the existence of staff nurse/student pairing, neither separate these effects from those of the changed nature of the clinical placement.

2.6.1.5

Cahill and Kelly describe a different type of mentor programme for students. This attempts to address lack of continuity of relationships by using one mentor for the whole of the student's programme. Introductions were facilitated with registered nurses who lived and worked near the students. The length of the mentoring period was specified as the minimum of a year with the expressed hope that relationships would continue throughout the students' course. Activities were not prescribed and there were no attempts to use relationships to further organisational requirements or even to teach practical skills (Cahill and Kelly 1989). This would seem to be an attempt to foster the type of relationship that could develop into something more akin to classical mentoring. Evaluation was by means of reflective journals and a final report giving participants' reactions to the experience. Use of qualitative data derived from reflections of the individuals concerned should give valuable insight into actual feelings and reactions from participants' viewpoint, but may prove an onerous commitment to discharge. Unfortunately findings from the pilot study only are reported, which indicate a favourable outcome.

2.6.2 Clinical Support for British Students Prior to 1989

2.6.2.1

The author has been unable to find any references to mentoring among British students in the literature prior to the ENB circular in 1987 (ENB 1987). Butterworth and Faugier (1992 p 9–15) cite a few studies which use the term preceptor and some which describe

supervision before 1987. Research and literature reviews up to this time focus on various aspects of the ward as a learning environment and the experiences of students within it. These are reviewed briefly as they give the background against which the current mentoring programmes have developed.

2.6.2.2

The theme of poor supervision and consequent anxiety for all grades of student is evident in publications between 1975 and 1989 (Bendall 1975, Birch 1975, Orton 1981, Marson 1981, Fretwell 1982, Melia 1982, Gott 1984, Jacka and Lewin 1987, Reid 1985). Until 1989 students, except for the few undertaking degree courses, were employees of the hospitals and regarded as part of the workforce. The psychosocial climate of the ward and method of work organisation exerted considerable influence upon students' learning ability. (Orton 1981, Ogier 1982, Ogier and Barnett 1986, Sellek 1982, Gott 1984).

Ward based teaching, undertaken primarily by sisters, was didactic, infrequent, poorly planned, and in some cases virtually non-existent (Orton 1981, Marson 1981, Melia 1982, Gott 1984, Jacka and Lewin 1987, Reid 1985). These provided convincing evidence of the need for better support. However, the requirement for students to fulfil a service commitment precluded any real efforts to change the situation, although some efforts to improve qualified nurses' teaching skills were undertaken (Fretwell 1982, Ogier and Barnett 1986). The persistence of an occupational model (Kramer 1974) renders 'training', the term used at this time, an appropriate descriptor. The studies cited demonstrate the benefits of interpersonal situations where students were valued as people with learning needs by role models showing a high degree of professionalism.

2.6.2.3

Works up to this time make relatively little mention of the students' contribution to learning. They portray students as relatively passive recipients of instruction. This is consistent with the current models of teaching and learning (Marson 1981). There is virtually no mention of the term mentor associated with nursing students until it was introduced into basic education by the ENB in 1987. The experiences of students described above suggest that the practice of mentoring did not exist either.

2.6.3 The Emergence of Mentoring for British Nursing Students

2.6.3.1

The requirement by the ENB for mentors to be formally involved in teaching and assessing students' practical skills clearly denotes what follows as descriptions of mentoring as an organisational phenomenon. The 'mentors' were recruited to implement an agenda specified by nursing educationalists. Hyde (1988), Foy and Waltho (1989) and Northcott (1989a and 1989b) all describe mentoring in an adult nursing setting; Laurent (1988) and Morris, John and Keen (1988) demonstrate it within a mental health nursing context. All have assigned the role of assessor to the mentor. These authors do not define the term mentor with any great care. It is assumed that they are using the definition as given by the ENB. The above authors claim to have experienced great gains from the schemes but the evidence for this is scanty, and the articles must be considered as anecdotal rather than research based. Foy and Waltho (1989) are the only ones to give any details of how they validate claims to success beyond asking participants how they felt. They used a self-devised questionnaire, which they describe as 'qualitative', to evaluate findings. However this consisted of fifteen closed questions the wording of which tended to generate positive responses from respondents. Further comments are reported to expand upon answers but details are not given of any statistical analysis.

Their conclusions that mentoring was working successfully must therefore be viewed with caution.

2.6.3.2

The first study of mentoring as a functional role among student nurses is by Baker (1990). He used semi-structured interviews to investigate aspects of mentorship among mental health nursing students. Mentors here acted as assessors and this clearly caused some problems in the degree of openness that was possible between the pair. Content analysis demonstrated positive and negative attributes of mentors from both student and mentor perspectives allowing a balanced picture to emerge. It also forms a basis to illuminate the type of relationships being formed within student/mentor dyads.

2.6.4 Mentoring for Students on Project 2000 and Similar Courses Since 1989

2.6.4.1

The latter part of 1989 saw the start of the implementation of Project 2000 in England, Wales and Northern Ireland. Research after this time has to take account of the effects that this has had on nurse education. Studies of mentoring published since the author commenced this work will be briefly summarised here and their relationship to her findings discussed in the conclusion in Chapter Six.

2.6.4.2

Some recently reported studies describing mentoring among undergraduate students suggest that careful selection of mentors and considerable support by lecturer practitioners was possible for these elite groups (Atkins and Williams 1995, Spouse 1996). The numbers of students involved in Project 2000 courses renders this much more difficult in Sheffield, a situation that reflects those described elsewhere in Britain (White

et al 1993, Phillips et al 1996a and b). This needs to be remembered when attempting to generalise from studies involving undergraduate nurses to students pursuing diploma programmes.

2.6.4.3

Wilson-Barnett et al, in an ENB funded study found that a wide variety of terms and roles for student support were evident within the investigated areas causing confusion that was detrimental to all concerned (White et al 1993 and Wilson-Barnett et al 1995). The conclusions of a parallel study carried out in Wales for the Welsh National Board (WNB) confirms similar problems there (Phillips 1994, Phillips et al 1996a and 1996b). Both of these studies explored a wide range of issues involved with the student learning environment and so could only devote limited space specifically to the mentoring relationship. Experiences of introducing preceptorship (the term used in Northern Ireland) and supernumerary status in a graduate course demonstrate greater difficulties with achieving supernumerary status than with matching students with a named staff nurse (Parahoo 1992a, 1992b, 1992c). Omerod and Murphy (1994) report the reverse, with greater difficulties encountered in establishing mentorship than with supernumerary status among students in Scotland.

2.6.4.4

Reflective practice is now assuming a high profile in literature and in practice. Many writers suggest that mentors can help students learn to engage in this activity. Reid (1994), Palmer et al (1994), and Atkins and Williams (1995) explore this from the mentors' perspective, while Spouse (1996) examines it from the students' viewpoint. Students' feelings and their reactions to mentoring within clinical placements are discussed by Orton et al (1993) and Earnshaw (1995). The findings of Orton et al are of

particular relevance to the current study, as some of the data collection took place in Sheffield two years before the current investigation and comparisons can be made between the two studies.

2.6.4.5

The need for both support and preparation of staff to be mentors is included in several papers (Baker and Lane 1994, Jinks and Williams 1994, Coleman 1995, Rodgers and Lawton 1995). Woodrow (1994) identifies many of the problems associated with mentorship and Maggs (1994) raises issues for further discussion and research relating to the role of mentoring in developing clinical practice.

2.7 Conclusions

2.7.1 Final remarks

2.7.1.1

With changes in nursing organisation such as primary nursing and the emergence of nurse practitioner roles, helping and supportive relationships, whatever we call them, assume a greater than ever importance in assisting nurses to reach their potential (Merchant 1992 p 115, Wright 1992 p 209–11). The changes to management culture within the NHS which made nurses accountable to general managers, the existence of trusts and the market economy all present new challenges that nurses need to support one another in order to overcome them (Butterworth and Faugier 1992 p4 and 9– - 11, Wright 1992 p 209–11).

2.7.1.2

The advent of Project 2000 (Diploma in Nursing) courses as the mode of entry into the profession has had an irrevocable effect on nursing. They were planned with the explicit assumption that clinical staff would be intimately involved in the supervision of students

in clinical placements. Supernumerary status was devised with this in mind. Shorter placements were thought to be effective if students were free to engage in activities pertinent to their learning needs. The supervision of a qualified nurse who would assist the student to make the connections between theory and practice, i.e. a mentor according to the ENB definition, was seen as a crucial part of this. The writers of Project 2000 were unaware of the proposals contained in Working for Patients (DOH 1989a) and Working Paper 10 (DOH 1989c) with the subsequent division of nursing education from service delivery (Keizer 1992 personal communication).

2.7.2 Key Points

2.7.2.1

Enthusiasm for the concept of mentoring is demonstrated by the extensive literature available on the topic. The number and diversity of studies, literature reviews and discussion papers that have been generated make exhaustive coverage impossible. The major areas have been selected using writers who have contributed significantly to developing and clarifying our understanding of the concepts. Several major points emerge:

- The importance of understanding exactly what is meant by the term ‘mentor’.
Wainwright’s point that two distinctly different phenomena are being denoted by the same term needs to be addressed.
- Difficulties can occur in mentoring situations and this possibility should not be dismissed lightly.

- Use of mentors to assess practical skills has to be questioned. The literature shows that formal assessment is incompatible with the openness and trust necessary for mentoring to achieve its other aims.
- Difficulty of generalising from studies elsewhere in the western world to the situation among British nursing students means that there is little solid research basis for the establishment of mentoring for students. The author agrees with Morle (1990) that the practice has been implemented hastily without due consideration as to its possible effects.
- The cited research illustrates the dangers of relying on a single method of investigation if a full and valid picture of the phenomenon under investigation is to be obtained.

The current study aims to address some of these issues.

3. Approaches and Methods Used in the Study, the Setting and Procedural Issues

This chapter outlines the philosophical frameworks applied to the study and describes the specific setting in which it was undertaken. This provides the rationale for the research design and data collection methods. The author's intention was to sample the feelings and opinions of students and mentors using focus groups and then to use a questionnaire to validate the findings across a wider population.

Examination of the strengths and weaknesses of the methods used allows the reasons for the choices made to be explained. This gives justification of the position taken of minimum researcher intervention within the focus groups and the reasons for the specific design chosen for the questionnaires.

The realities of the research situation are set out below, as theoretical principles had to be adapted to meet the constraints of the real world. The specific context of this investigation was a significant factor taken into consideration when deciding how to apply the methodological principles discussed above to the research design: an issue all researchers must address (Miles and Huberman 1994 p 5). Therefore an outline of the research setting is given before the descriptions of specific procedural issues.

3.1 Introduction: Purpose of the Study

3.1.1 Aims of the Study

3.1.1.1

The literature reviewed in Chapter Two confirmed that the problems experienced by the author, and others, were sufficiently significant issues to warrant systematic investigation. A study design was developed, with aims and objectives as stated in the

introduction (1.1.3.2), to explore some of the issues which emerged from the literature (2.7.2).

3.1.1.2

The semantic confusion surrounding the term ‘mentor’ (2.2.1) needs clarification so that requirements from staff asked to undertake this role are clearly understood. The literature cited (2.6.4.3) indicates that lack of clarity is causing concern at a practical level. Students’ expectations and mentors’ perceptions of the role are described in order to identify the mentoring roles and functions applied to the relationships formed between nursing students and staff nurses facilitating exploration of definitions.

3.1.1.3

The literature indicates that mentoring may have negative effects (2.4.2) as well as the reported benefits (2.4.1). Various factors, including preparation and training associated with quality of the mentoring relationship are explored identifying the nature of the partnerships formed between students and mentors and highlighting strengths and weaknesses.

3.2 *Paradigms Used in Nursing and Social Research*

3.2.1 Searching For a Suitable Philosophical Framework

3.2.1.1

Selection of an approach should be guided by the nature and state of knowledge available within the particular discipline and the research question in hand (Field and Morse 1985 pp 11–12, Miles and Huberman 1994 p 5, Denzin and Lincoln 1994 p2–5). The author has increased her understanding of philosophical positions of various research traditions through the experience of data collection and analysis: a not uncommon experience according to Miles and Huberman (1994 p 307). Had the investigations undertaken been the first phase of a larger study, initial experiences could

have been used to direct further data collection. Hypotheses and questions posed in the conclusions could have been tested out in subsequent phases. Morse (1991 p 17) identifies the dangers of inexperienced researchers mixing and adapting methodologies without consultation with others. The author, as a novice researcher, had personal discussions with Lankshear (1990), Orton (1993), Keizer, who was leading a DOH funded project into Project 2000 students in Wales (reported by Phillips et al 1996a and b) and Wilson-Barnett (1993), who was heading a similar project in England. Her approach was guided and informed by their experiences and the philosophical underpinnings of other nursing education research cited earlier (2.5 & 2.6). The interaction of the philosophical positions of these studies with methodology was explored to establish the rationale for selection of methods and the analytical framework applied to resulting data.

3.2.2 Research Traditions Found Within Nursing and Social Research

3.2.2.1

The philosophical underpinnings of research within the social sciences is a complex and continuously developing field (Miles and Huberman 1994 p 2). Some of the main features are illustrated by the author in fig 3.1 in relationship to positions taken for various aspects of research design, methodology and analysis.

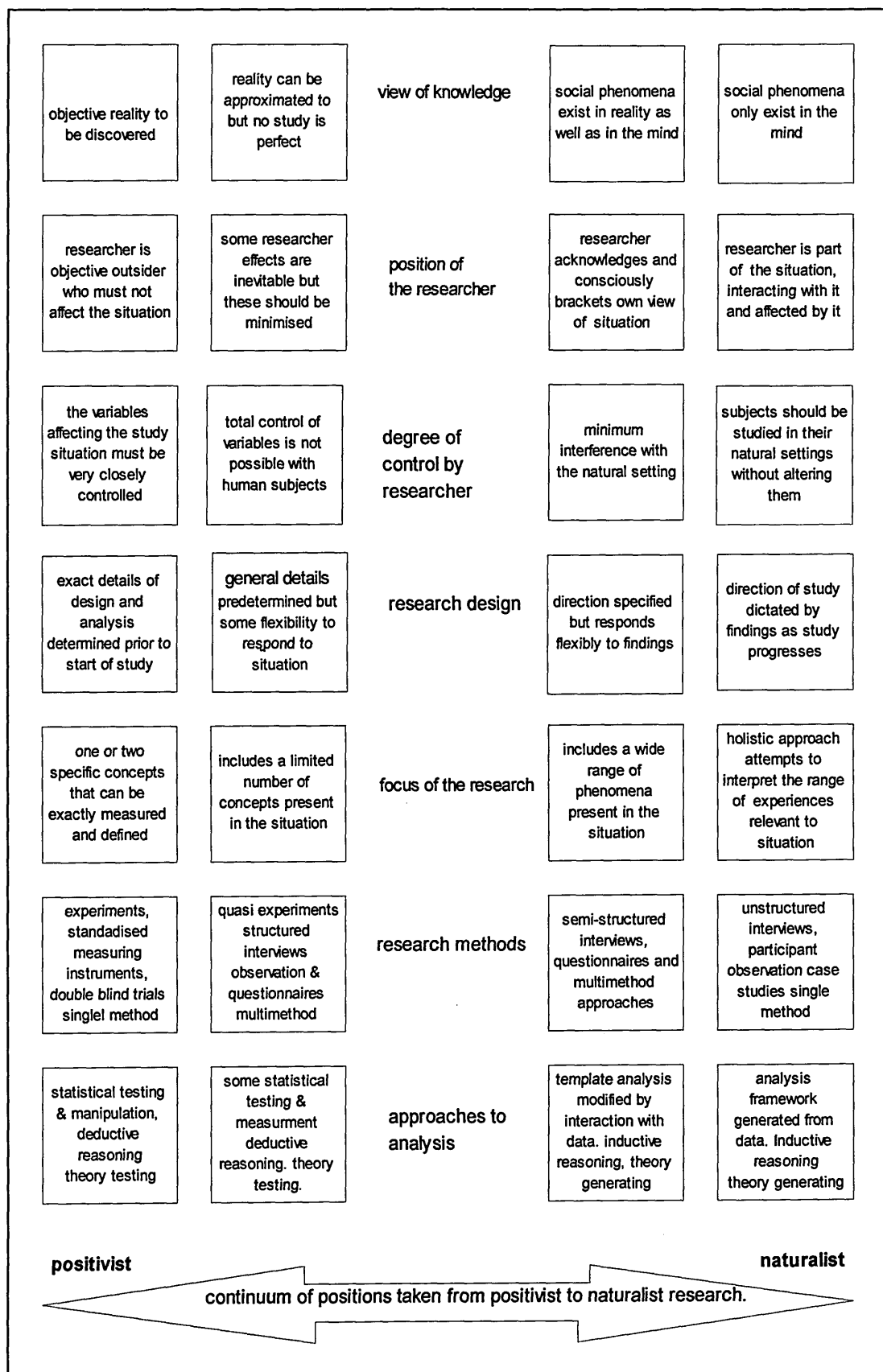


Figure 3.1 Author's Summary of the Effects on Aspects of Research Process of Different Philosophical Paradigms

Positions taken by researchers from different traditions fall along the continuum from positivism to naturalism. Logical positivism, which in the past formed the 'received view' of science, was regarded by the majority of the scientific community as the only scientific method (Carter 1985 p 29). Positivist frameworks had proved inadequate for naturalistic enquiry, which has emerged since the beginning of this century to address the needs of social sciences to explore complex social situations. Because of the nature of education researchers adopt a position at the mid point on this continuum (Miles and Huberman 1994). Nursing has developed under the shadow of medicine which has traditionally employed a positivist approach. This has resulted in the majority of nursing research, including many nursing education studies, being undertaken within a positivist framework (Carter 1985 pp 28–30, Polit and Hungler 1993 pp 12 & 16). Many writers identify the holistic nature of nursing and suggest that it cannot be adequately explored using positivist approaches, as these deny the complexity involved. Naturalistic approaches allow the true essence of nursing and nursing related issues to be identified (Melia 1982, Carter 1985 p 31, Leininger 1985 p 4, Rose et al 1995, Walker and Avant 1995 p 7). Attempts to fit nursing research into a positivist paradigm because it was considered more scientific, resulted in studies which failed to explore many of the reasons for certain phenomena. Often the respondents were constrained by the limits of interview schedules or questionnaires to a point of view predetermined by the researcher, resulting in the loss of much important and valuable information (Rose et al 1995), as illustrated by the quantitative studies cited above (2.5.1.1 and 2.6.2.2). The studies by Larson (1986), Jacka and Lewin (1987) and Reid (1985) serve as examples. Larson used a number of questionnaires relating to career characteristics of respondents to investigate mentoring. Whilst she was able to demonstrate some associations between variables, it was not possible to explore possible explanations. This may have been

forthcoming had it been possible for the subjects to discuss their experiences more fully.

In the absence of these, Larson used illustrations from her own experiences.

3.2.2.2

Jacka and Lewin (1987), in their examination of student nurses' learning in clinical placements in the South East of England, were working from a positivist perspective.

They used a behaviourist framework employing highly structured interviews, observations and questionnaires. Records of time students spent with specific types of patient were used alongside tests, purporting to measure behavioural objectives.

Achievement of these objectives was taken as evidence of satisfactory learning within the stated area. As explanations for ineffectual learning could not be generated from the type of data present the authors resort to blaming the students for this failure, charging them with poor motivation.

3.2.2.3

Reid investigated the characteristics of wards in Northern Ireland where nursing students gained practical experience by using detailed observations of working partnerships between students and various grades of qualified staff. Wards were rated by tests of students' performance on completion of the placement. Descriptive information about ward placements is provided but no explanation of observed phenomena is given. These studies (Jacka and Lewin 1987, Reid 1985) both rest on the assumption that exposure equals learning and that all students need the same amount of exposure to satisfy the standard of performance required. This argument would appear to be fundamentally flawed. A behaviourist perspective demands that a stimulus in the form of a reward is needed to produce a positive response. The emotionally traumatic experiences described by the study populations are more likely to produce avoidance behaviour. The effects of this flawed argument need to be taken into account when considering how to apply the findings.

3.2.2.4

These studies inform us about the paucity of teaching, support and supervision of nurse learners. They are important because they indicate that a significant problem existed. Their quantitative nature and large sample size has resulted in generalisations being made to pre-registration students in other parts of Britain. This is potentially dangerous as we cannot extrapolate from the information provided why the described phenomena occurred or their significance for the participants. The flawed behavioural arguments alluded to above (3.2.2.3) make this all the more concerning as these studies were used to inform policy makers at the time. Account needs to be taken of qualitative as well as quantitative studies before basing decisions upon work which, while giving the impression of being scientific, only examines a limited aspect of the situation.

3.2.2.5

Melia's (1982) study, set in an ethnographic framework, and employing content analysis of unstructured interviews, gives insight into the realities experienced by students who were often left alone with patients. This was undertaken shortly before Jacka and Lewin's work but in a different area. Students vividly describe the anxiety and frustration felt where there was no one to help them interpret the situations that they were faced with (Melia 1982). Sellek's (1982) study, based on content analysis of critical incidents, also identifies the agonies and frustrations as well as the high points that students encountered during their clinical experiences. The author can identify with such sentiments herself and has encountered them in numerous students during her experience as a nurse teacher. This type of fit of qualitative studies with the experiences of those seeking to utilise them is considered by Brink (1991 p181) to be a proof of validity. The samples in these studies were much smaller than those used by Jacka and Lewin (1987) and Reid (1985). Inferences beyond a situation specific application can only be made where multiple studies confirm findings. They can however be used

alongside the quantitative works cited to give depth and meaning to the situations exposed. It can therefore be argued that studies investigating the problems associated with students learning in clinical placements need to address the complexities of the interpersonal situation highlighted by qualitative works (2.6.2.2): it is not sufficient to match the student to a staff nurse and assume that learning will occur as suggested by studies based on behavioural models.

3.2.3 Triangulation or Multimethod Approach

3.2.3.1

Many writers in nursing, health care and educational contexts advocate triangulation, now becoming known as a multimethod approach, as the best way to forward our knowledge (Tripp-Reimer 1985, Carr 1994, Denzin and Lincoln 1994 pp 2&3, Miles and Huberman 1994 p2–5, Begley 1996). Triangulation as described by Denzin (1970) involves using a variety of methods to investigate a situation so that the strengths of one will compensate for the weakness of another. Purists argue against triangulation on the grounds that the different skills demanded for quantitative and qualitative approaches are not always possessed by a single individual, resulting in studies where one paradigm is demonstrably weak (Morse 1991 pp 19–20, Rose et al 1995). This problem can be overcome by recruiting a team of researchers who possess the range of skills needed for specific projects (Carr 1994).

3.2.3.2

Variations in every aspect of research design, method and analysis framework can be incorporated into a triangulation design according to the intended purpose (Denzin 1970 p 471–5, Knafl and Breitmayer 1991, Begley 1996). Triangulation has two basic purposes: the first to confirm findings, the second to examine different perspectives of the same concept. In the first case methods employed should compensate for relative strengths and weaknesses, in the second case the importance of the methods selected is the extent to which they expose different aspects of the study question (Knafl and Breitmayer 1991).

3.2.3.3

Fretwell's study of ward learning environment illustrates the use of triangulation. She assessed learner nurses' perceptions of their wards using a ranking scale. Additional comments made were analysed qualitatively to explore the reasons for rankings. Interviews with ward sisters illuminated a further perspective. Triangulation enabled her to explore the situation more completely than was possible from use of any single method or form of analysis. Thus a multifaceted picture of the teaching/learning activities within the ward environment emerged. Qualitative data are used to explain and give depth to the quantitative findings. The use of quantitative methods allowed access to a much wider sample than would have been possible using qualitative methods alone.

3.2.3.4

Wright's (1989b & 1990) evaluation of the mentorship component of a nursing course is a further example. In analysing qualitative data she was able to explore the participants' perspective of the situation. Changes occurring as the course progressed were demonstrated by a longitudinal design. Questionnaires assessed the incidence of

variables identified from qualitative data using the total mentored population. The whole gives strong support to the original suggestion that the mentoring programme would benefit students.

3.2.3.5

These studies both illustrate the benefits of triangulation in allowing the strengths of one method to compensate for the weaknesses of another. Situations are examined from a variety of perspectives allowing a much fuller picture to emerge. Recent major studies investigating student support among Project 2000 students have successfully used triangulation, with a team approach, demonstrating its applicability to this situation (White et al 1993, Phillips et al 1996a and b)

3.2.4 Justification for the Approach and Design Used in this Study

3.2.4.1

This study is at the interface of nursing education and clinical nursing practice. Thus selection of a theoretical framework needs to draw on approaches used by educationalists and social scientists, whilst acknowledging the nursing context and that participants are nurses and will think and react as nurses. The stance taken, midway on the continuum described above (fig 3.1), is compatible with that adopted by both educationalists (Miles and Huberman 1994) and other nurse researchers in this area (Lankshear 1990, Orton et al 1993, Wilson-Barnette 1993, Phillips et al 1996a).

3.2.4.2

The literature review has demonstrated that a considerable body of work exists which explores various aspects and contexts of the mentor relationship among qualified nurses. Very little was found, however, which explored short term relationships between student/staff nurse dyads. Work that had been done among British students was

insufficiently developed to give any relevant testable research hypotheses, ruling out a positivist approach until the relationship could satisfactorily be described.

3.2.4.3

In investigating the relationship between students and mentors the researcher is seeking understanding of their worlds and attempting to see things from their perspectives. The major issue arising from the literature is the lack of clarity and definition of roles involved in mentoring among nursing students. Rose et al (1995) argue the case for phenomenology and grounded theory as an appropriate method to clarify concepts used to denote phenomena encountered in nursing from a holistic perspective. Grounded theory is very labour intensive and time consuming because it involves continuing data collection until saturation of the concept is reached (Glaser and Strauss 1970 pp 105–6, Chenitz and Swanson 1986 p 14). Pragmatic considerations ruled this out in this study as the research was conducted on a part-time basis and in a context where there was significant research overload.

3.2.4.4

A design was sought that was economical in time, both for the researcher, and the participants, and that also fulfilled the qualitative requirements outlined above. The need to probe feelings and opinions over a reasonably wide sample of the student and mentor population to establish generalisability and counter criticisms of small sample bias were significant issues best addressed by quantitative methodology. Method triangulation allowed both of these requirements to be satisfied. By investigating both students and mentors, comparisons of their different perspectives can be made. Focus group interviews were chosen which would generate information to inform a questionnaire. This contained attitude scales which fell towards the positivist end of the continuum (fig 3.1). Content analysis of group interviews is well established in this area of enquiry as is demonstrated below (3.3.1.2).

3.3 The Methods Used

3.3.1 Focus Groups

3.3.1.1

Focus group interviews have been defined as:

simply a discussion in which a small group of people under guidance of a facilitator or moderator, talk about topics selected for investigation. Participants answer the questions posed by the moderator, make comments, ask questions of other participants and respond to other participants' questions (Howard et al 1989)

and as:

a form of information-gathering technique where a number of people are interviewed simultaneously, responses being sought from individuals arising from their group association (Mullings 1985)

The rationale behind focus group interviews is that people do not hold views in isolation but that they are affected by the social situation in which they find themselves. In this case both students and mentors tended to hold group views on various issues (6.2.3.2 & 6.6.5.1). The social context of the group environment enabled expression of these feelings that may not have been revealed in individual interviews (Krueger 1988, Morgan 1992).

3.3.1.2

Focus groups were developed by Merton, Fisk and Kendall (1956) in the context of market research. They have been utilised increasingly in the social sciences and within nursing as a means of investigating opinions and feelings held by groups of people (Lankshear 1990, Morgan 1992, Macleod Clark et al 1996). Attention to the principles involved in running focus groups are necessary to prevent over-domination of the discussion by one or two strong participants leading to biased material and the existence of unidentified 'groupthink' (Lankshear 1990, Morgan 1992). Krueger (1988) indicates that they can be used in a variety of contexts, and argues that properly constructed and

well run focus groups in which an experienced interviewer acts as moderator will produce valid and reliable data. Focus groups can be used either as the sole data collection instrument or as part of a mixed method design (Morgan 1992). The focus groups used in this study generated issues perceived as important by participants and the language used to express them, a function identified by Saint-Germain et al (1993) as being one of their greatest strengths.

3.3.1.3

Krueger's recommendations for focus groups state that they should consist of between six and ten participants, unknown to each other, but having common views and experiences related to the topic of the research; in this case the experience of mentoring or being mentored. Saint-Germain et al (1993) argue that using members who have prior acquaintance may be an advantage in that they can reveal insights into their normal relational patterns that can be validated by the group. Morgan, while agreeing with the stand taken by Krueger, concedes that where the mode of interaction between individuals is of interest, previously acquainted participants are acceptable (Morgan 1992).

3.3.1.4

Hierarchical relationships between group members are problematic. Members lower down the ranks may feel inhibited by others perceived as being of higher status. This is an important consideration within a nursing context where hierarchical relationships function very strongly. Regardless of status, the existence of dominant personalities within groups is an issue that requires attention from the moderator if biased information is to be avoided. All authors recommend using multiple groups because of the danger of one group producing biased information. Most authors recommend using four to six groups (Krueger 1988 pp 39–40), and Morgan prescribes ten as the upper limit. The identification of recurring themes and concepts across different groups is

important in validating interpretation. The use of a single group is universally condemned although Morgan (1992) concedes that where this is the only option available to the researcher, as was the case in this study (3.5.1.1), the information gained may be used with caution and other means sought to verify it.

3.3.1.5

Some authors advise the use of highly trained moderators who exercise a considerable degree of control over participants along with a predetermined list of trigger questions (Krueger 1988, Mullins 1985, Stewart and Shamdasani 1990). Morgan, however, describes a continuum of moderator control both over the questions posed and the direction taken by the group once proceedings have commenced. This is determined by the nature of the research question. The less the control exercised by the moderator, the greater the insight that is likely to be gained into the world of the participants, and the issues that are of importance to them are more likely to emerge (Morgan 1992).

Lankshear cites Powney (1988) describing 'structured eavesdropping' to represent the least controlled end of the spectrum of moderator non-involvement. Her work demonstrates the suitability of using a minimal degree of moderator (researcher) control over focus groups in the context of the interface between clinical nurses and nursing education. She claims that this gave her good insight into the worlds of the participants and access to the issues that they deemed to be of greatest significance (Lankshear 1990). The author adopted the view taken by Morgan and Lankshear as being most applicable to the aims and context of this study because of their work in health care settings.

3.3.2 Questionnaires

3.3.2.1

Questionnaires vary between being highly structured and relatively open-ended. It is possible to combine diverse elements within the same tool so gaining the advantages of different approaches. Standardised and researcher generated measuring instruments can be incorporated if desired. They are quick and easy for respondents to complete if properly constructed, and can cover a considerable range of information. Analysis, appropriate statistical testing and manipulation are easily accomplished using computer packages, enabling the researcher to handle large numbers of responses quickly. This format is suitable for gathering biographical data and specific objective information. The danger that all respondents may not interpret the questions in the same way should be taken into account at the construction stage and efforts made to avoid ambiguity. Rigorous scrutiny of items, discussion with others including members of the target group, followed by piloting, as was done in the current study, will minimise this problem. It should nevertheless always be considered as a limitation to construct validity. The researcher may not be aware of the extent to which this is a problem if subjects are unable to ask for clarification.

3.3.2.2

The degree to which the language used reflects that of the subject group will affect both construct validity and the acceptability of the instrument to the target group (Henerson, Morris and Fitz-Gibbon 1987 p 70). Identification of relevant semantic codes before construction will aid both compliance and comprehension. This supports the construction of a questionnaire for this study informed by material generated from focus groups recruited from the target population. Open-ended questions allow informants to respond in their own words to the query posed. The agenda is that of the researcher not

the participants but the responses are not limited to predetermined categories so allowing more expression of individual feelings and ideas. The results are considered as qualitative data and subject to all the constraints and problems associated with that, the most significant consideration being that it is much more time-consuming to analyse than quantitative data.

3.3.2.3

The major purpose of the questionnaire was to sample respondents' opinions on various issues related to mentoring that had been raised in the focus groups. True attitude measures involve the generation of Likert or other similar scales, which involves the creation and pre-testing of numerous items and their selection by means of factor analysis (Oppenheim 1992 chapters 10 & 11). Oppenheim suggests a pool of 250–300 subjects to pre-test the items (Oppenheim 1992 p 195). This was impracticable as it would have involved the total student population in the development phase.

Agree/disagree scales, termed 'Likert type scales', have been widely applied to instruments sampling opinions on a range of issues. Commonly a 5 point scale is used. A midpoint may either be seen as allowing respondents to avoid making a choice indicating a don't care response or to represent a valid option for some people (Rothwell 1993 pp 22–4, Streiner and Norman 1994 chapter 4). Items on such scales have varied from above seven points, down to a simple agree/disagree option. From a statistical point of view the greater the number of points the greater the degree of accuracy; however, this has to be balanced against respondent's ability to process information. Five point scales are considered by Streiner and Norman to be acceptable to the majority of respondents. A simple agree/disagree option is found by some to be too constraining while more than five items may become too confusing (Streiner and Norman 1994 pp 34–6). The target population was familiar with the use of 5 point agree/disagree scales, as these were extensively used in a variety of contexts for both

students and mentors. Familiarity with the type of instrument was considered to be an important factor in acceptability. The tendency of informants to resort to a 'response set' by ticking all items in the same column needs to be countered. Items were arranged so that subjects with a strong response in one direction had to use alternating sides of the scale (Rothwell 1993 p 27, Streiner and Norman 1994 p 71).

3.3.2.4

Once constructed, the method of administration of the questionnaire affects both the response rate and the quality of the data. Postal questionnaires have a relatively low response rate compared with other administration methods. The lack of direct contact between the researcher and the respondents, while eliminating researcher bias, does not allow respondents to question any items that they do not understand. This criticism has been levelled at many of the studies cited in the literature review (Hagerty 1986).

Where the researcher administers the questionnaires personally, clarification can be given of unclear items, thus reducing problems of misinterpretation. As this study is set in a naturalistic perspective the ability of subjects to clarify issues with the researcher is considered as important in establishing validity of data (fig 3.1). A personal approach by the researcher is also likely to increase the response rate. Oppenheim(1992) discusses the relative merits of various formats and modes of presentation and concludes that decisions have to be made in the specific context of the individual project (Oppenheim 1992 pp 105–6). Confidentiality and anonymity are vital issues on which all writers agree. These are important ethically besides the effects that they may have on response rates (Polit and Hungler 1993 p 363).

3.4 *The Context of the Investigation*

3.4.1 The Setting of the Investigation

3.4.1.1

The situation under investigation included student nurses and qualified nurses working for the NHS who were acting as their supporters and supervisors (mentors). The College of Nursing and Midwifery involved in the investigation was one of the demonstration districts for Project 2000. There are approximately seven hundred students undertaking this course. Around three hundred of these are involved in the adult branch at any one time. Community nursing services and 60 wards in two district general hospitals and four specialist hospitals provide the practical placements where mentor support and supervision functions.

3.4.1.2

Major change was being experienced in the research context. The college underwent two major structural reorganisations during the investigation and radical curriculum revision occurred. The hospitals providing placements for students were also experiencing major upheavals. Such changes have resulted from alterations in public policy described earlier (1.1.2), so the situation will have been influenced by national as well as local politics. These changes in the research context are summarised in fig3.2.

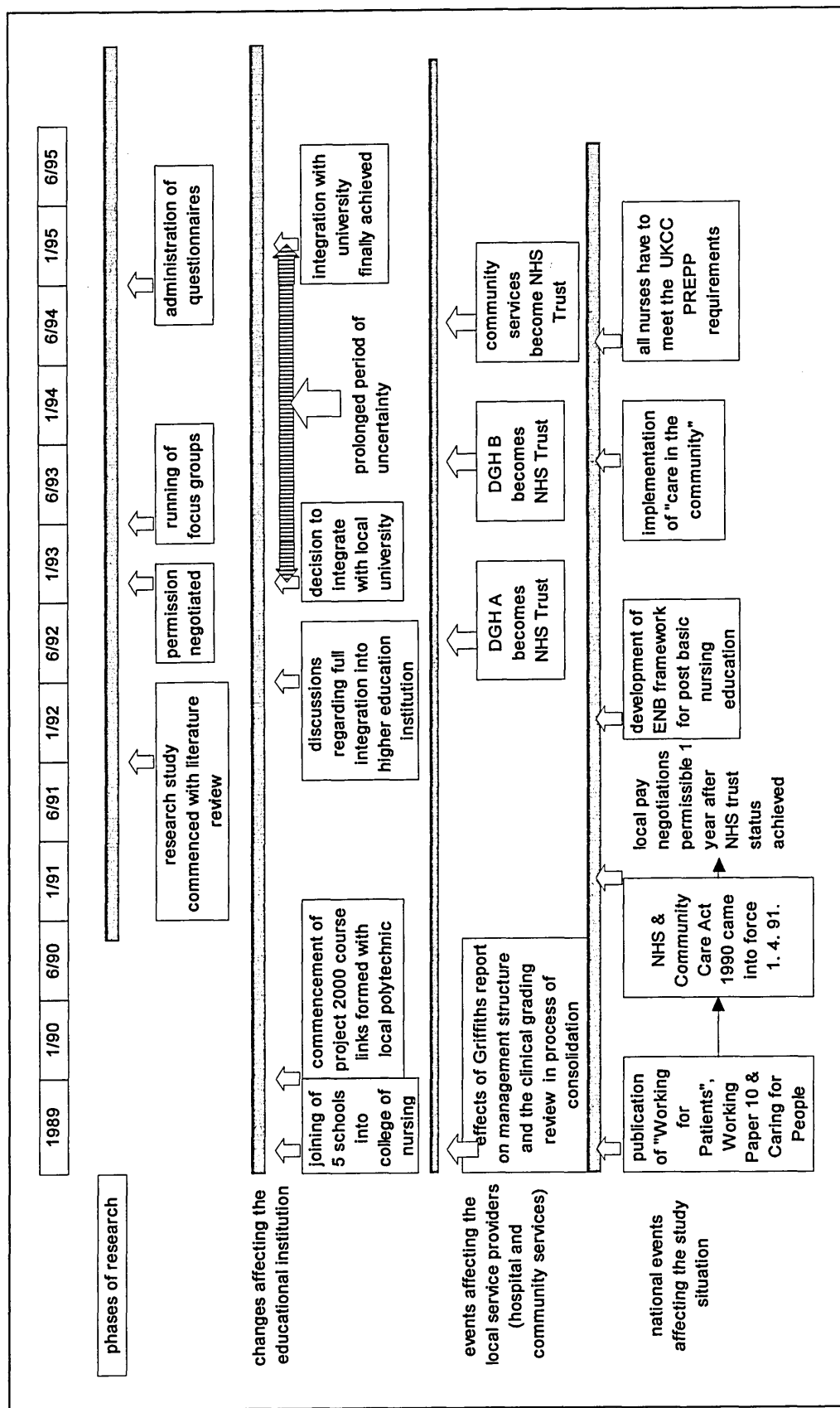


Figure 3.2 Changes Affecting the Study Situation that Functioned as Intervening Variables

3.4.2 The Educational Institution

3.4.2.1

At the time this work commenced, Sheffield School of Nursing had merged with five smaller schools to form Sheffield and North Trent College of Nursing and Midwifery. Links to validate the courses were established with the local Polytechnic, which was granted university status in 1992. All these changes were still in the process of consolidation at the onset of the study. Subsequent to this there was a national directive that all colleges of nursing and midwifery were to be merged into higher education. The College of Nursing and Midwifery joined the established university as a school attached to the Faculty of Medicine once tendering procedures were completed. Considerable reorganisation of both management structures and approaches to educational programmes ensued taking two years to complete. Data collection for this study occurred during this interim period.

3.4.3 The Service Areas

3.4.3.1

Service areas providing the clinical placements were in the process of implementing the recommendations of the government white paper 'Working for Patients' (DOH 1989a). One large district general hospital (DGH A), the second hospital, together with several smaller specialist units (DGH B) and the community nursing service, successively achieved trust status (fig 3.2). Permission to undertake the research was being sought from the service managers during this time. Once trust status was achieved, management structures were reorganised on clinical directorate models, which varied across the city, resulting in new terminology to designate the various tiers of administration. A significant number of personnel changed jobs and locations creating

difficulties in gaining access to the areas for research. It is a tribute to the goodwill of all involved that the study was able to proceed.

3.4.3.2

Education for qualified staff was also undergoing a period of change. Post-Registration Education and Practice Project (PREPP) became operational in 1994 (UKCC 1990) and the ENB framework and higher award (ENB 1991) added new dimensions to post-registration development. Working paper 10 (DOH 1989c) gave the trust hospitals choice in fulfilling their educational obligations. Relationships between the college and service were affected by the trusts' decisions to provide some of the educational services, previously purchased from the college of nursing and midwifery, themselves.

3.4.4 The Position of the Researcher

3.4.4.1

It is argued that fieldwork is best carried out in areas where the researcher is not known, as previously established relationships may result in loss of objectivity and bias or important information missed due to familiarity (Field and Morse 1985 pp52–3). Working in one's own area is considered by others to enhance data gathering, as relationships of trust already established can be utilised. The researcher does, however, need to take note of the points raised above (Moser and Kalton 1979, Field 1991, Lipson 1991, Shutz 1994). The researcher was employed as a nurse teacher in the college of nursing and midwifery at the commencement of the work. She was known as such to the students, service management and a significant number of staff in both DGH B and, to a lesser extent, in DGH A. While the researcher had been both a student and a staff nurse in the past, as a teacher she was now an outsider to both worlds. This became very apparent when moderating the focus groups (3.5.2.3) and analysing the data.

3.4.4.2

The work was conducted on a part-time basis with the researcher also fulfilling her normal role as a nurse teacher. Data collection and analysis took two and a half years with eighteen months elapsing between the gathering of material from the focus groups and the administration of the questionnaires. This is especially significant as the data were gathered during the period of rapid change described earlier. Both the general effects of rapid change noted above and specific changes that had taken place during that time need to be taken into account when interpreting the results. This is important when comparing responses to items in the questionnaire with those generated from the focus groups.

3.5 *Sampling And Procedural Issues*

3.5.1 The Sample for the Focus Groups

3.5.1.1

The plan was to run two focus groups for mentors, one from DGH A and one from DGH B, and two for students. However DGH A refused permission on economic grounds, only granting access for questionnaires. The decision was therefore taken to work with two focus groups only, one of mentors and one of students, so that the material was balanced. Fig 3.3 shows sampling strategy for mentors.

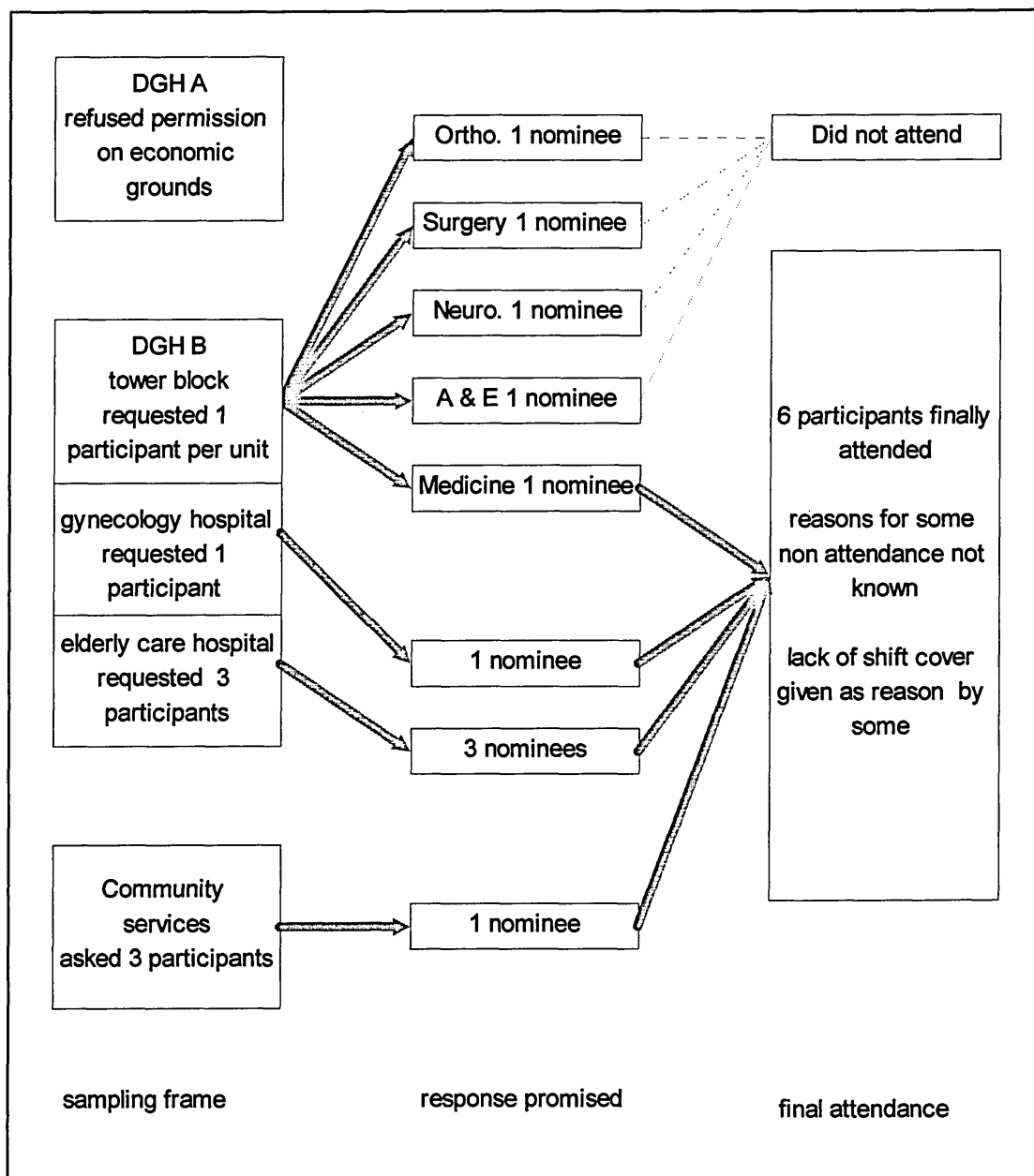


Figure 3.3 Sampling Strategy Used for Mentors' Focus Group

3.5.1.2

Directors of nursing service in DGH B and the community nursing services were asked to allow members of their staff to participate and the request was passed to clinical nurse managers (Appendix 1). From this point the researcher had no control over selection of participants as managers nominated individuals whom they considered suitable. Letters were sent to the nominees explaining the nature of the investigation and

giving details of what a focus group involved along with details of time and venue (Appendix 1).

3.5.1.3

This method of selection of participants raises methodological dilemmas. The internal politics of the NHS places clinical managers in a gate-keeping role, controlling which staff were nominated. Theoretically they can avoid nominating anyone known to have strong views they did not wish the researcher to hear. This not only interferes with sampling strategies, but also raises ethical considerations of voluntary participation and informed consent. How far can an individual be said to be participating voluntarily if they have been nominated by their manager to attend and have been given time off work to do so? Mullins (1985) and Patton (1989) recognise this as one of the realities that the researcher has to accept. Krueger (1988) is very insistent on the importance of selection but he is writing from a market research context where these issues do not operate in the same way.

3.5.1.4

Six of the twelve original nominees finally attended. The total reasons for non-compliance were unknown. Some nominees from DGH B sent apologies citing unexpected staffing crises leading to insufficient clinical cover; other people may simply have been exercising their right of voluntary participation. Of the six who attended, three came from an elderly care hospital, one came from a gynaecological hospital, one from community, and one from the large tower block DGH. This did not represent the ideal according to sampling principles as the large DGH was under-represented. However, this is the reality of doing research as distinct from the ideals propounded by theorists.

Krueger (1988 p 87) discusses the problem of poor attendance and recommends proceeding anyway. This was the decision that was taken. It would have been

inappropriate to have done anything else given the enthusiasm of those present to proceed. Many authors recommend over-recruiting to be certain to have sufficient numbers (Mullins 1985, Patton 1989, Lankshear 1990, Macleod Clarke et al 1996). If the author had over-recruited to a greater degree, while a larger group may have been possible, the imbalance noted resulting from various pragmatic issues within the areas concerned may not have been prevented.

3.5.1.5

A slightly different strategy was used to recruit the student group (fig 3.4).

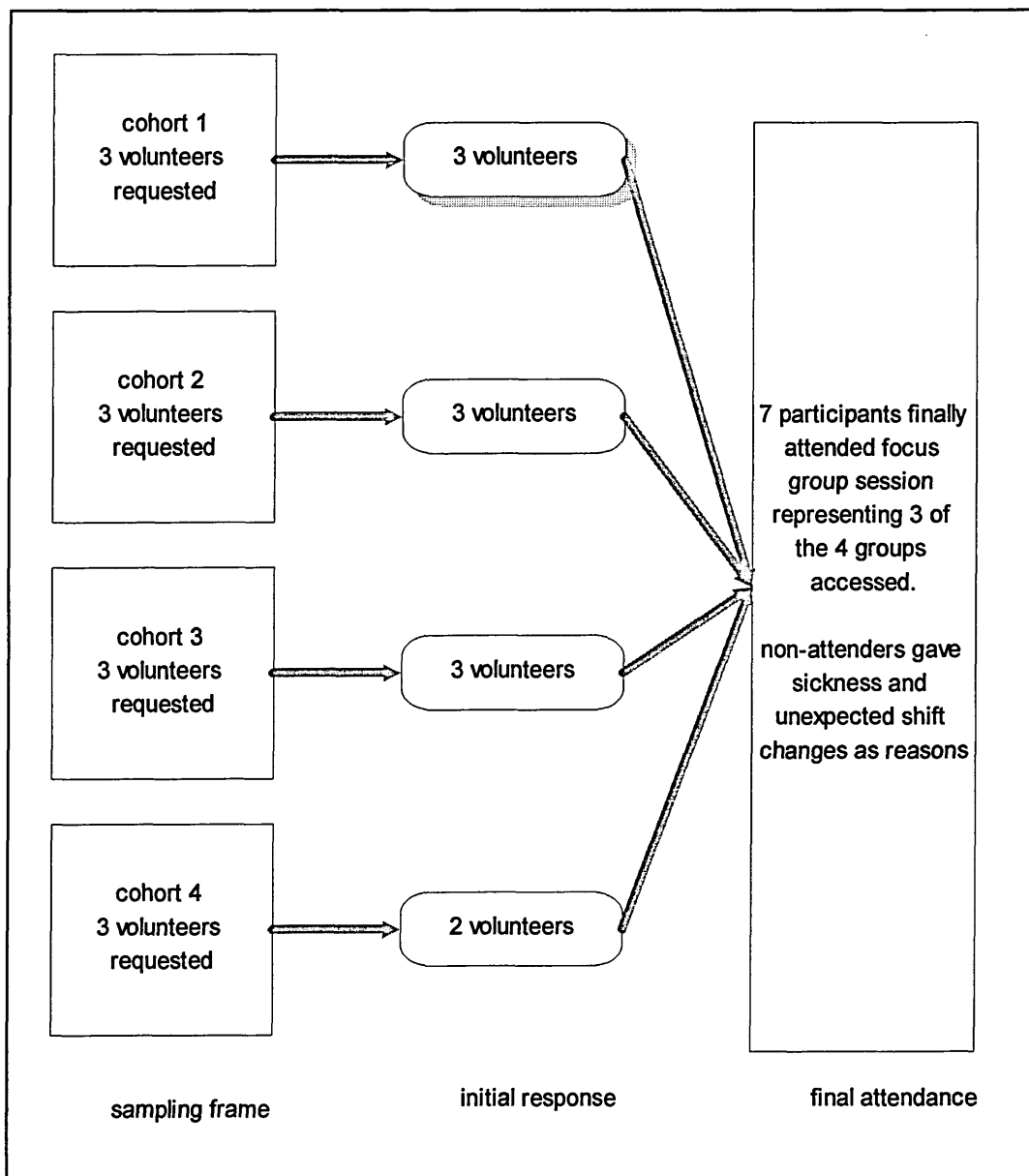


Figure 3.4 Sampling Strategy Used for Students' Focus Group

At this time all the students undertaking the adult branch in the city were receiving their theoretical input on the educational site in which the researcher worked. She accessed each group of students in turn and asked for three volunteers to participate in the group. Ten people came forward, seven of whom subsequently attended. Non-attenders gave sickness and unexpected shift changes as reasons. All had received a letter explaining what a focus group involved (Appendix 1). This group proceeded with those present. Both groups appeared to be reasonably at ease with each other and there were no problems getting them to talk and express ideas once proceedings had started.

3.5.2 Procedural Issues: the Focus Groups

3.5.2.1

The literature review had generated major areas of interest related to the original problems which had emerged from practice. Questions on these topics were piloted on two groups of volunteers similar to the target population. The areas identified by the researcher for both groups were:

1. shift arrangements facilitating time together;
2. the mentor assuming the assessor role;
3. methods of matching students with mentors, compatibility and whether choice was an option;
4. the effects of student status, i.e. supernumerary or rostered.

No significant issues needing revision were raised from these pilot groups, so work then proceeded with the main group.

3.5.2.2

When informants arrived, refreshments were available in an informal setting to help establish rapport before data collection commenced. The researcher formally welcomed participants and reaffirmed the purpose of the group stressing the importance of expressing the issues that were significant to them. The group's attention was drawn to the tape recorder and assurances of anonymity and confidentiality were reiterated.

3.5.2.3

The specific issues noted above were written up on a white board, as recommended by Patton (1987), to help participants keep on track. Each group was also asked to identify any additional areas that they considered to be of importance. The mentors identified support from tutors as a very important issue. The students added three further aspects: the mentors' credibility in mentoring, their willingness to mentor and the time they had been qualified before being asked to assume the role. These items were added to white boards for the respective groups. The tape recorder was then switched on and the moderator invited the group to comment on the first of the identified areas. This resulted in a flowing discussion with little intervention by the researcher who adopted a position of minimal moderator involvement as identified by Morgan (1992) equating to the 'structured eavesdropping' described by Lankshear (1990). The recorded proceedings were transcribed verbatim and copies mailed to each participant with the invitation to withdraw anything that they did not wish to be included (Appendix 1). No requests for withdrawal were received.

3.5.3 Procedural Issues: Design and Construction of Questionnaires

3.5.3.1

The research design envisaged data from focus groups informing the design of questionnaires. In reality, the focus groups were so productive that considerable time

was spent analysing this data. If multiple focus groups had been possible as recommended by Krueger (1988) this could have stood as the sole data collection method. As this was not possible, the major areas identified from the analysis were used along with issues from the literature to inform design of two questionnaires: one for mentors and one for students (Appendix 2). Biographical data was sought in the initial section. Such ordering of topics allows respondents to give information that they feel confident about before proceeding to expressing opinions which may be more difficult. Spaces were left after each section and at the end and comments invited. This allows for unanticipated replies and helps to alleviate feelings of being constrained to a fixed agenda. The closed questions were constructed using a numerical coding for responses to facilitate entry of data into SPSS, the computer statistical package used for quantitative analysis.

3.5.3.2

Advice on the construction of the questionnaire was given by experts in the Sheffield Hallam University Statistical Survey Research Centre. Sample copies were scrutinised by other nursing lecturers and modifications made. They were then piloted on a small sample of students (N=6) and mentors (N=3). As only very minor modifications were indicated, re-piloting was considered unnecessary. Once changes had been made, the instrument was produced, using colour coded paper, for distribution to the main sample.

3.5.4 The Sample and Method of Administration for the Questionnaires

3.5.4.1

The original aim was to give out the questionnaires to half the student population (N=150), and to an equivalent number of mentors. March 1992, September 1992 and March 1993 cohorts of students were approached by the researcher in class time and their voluntary participation requested (fig 3.5).

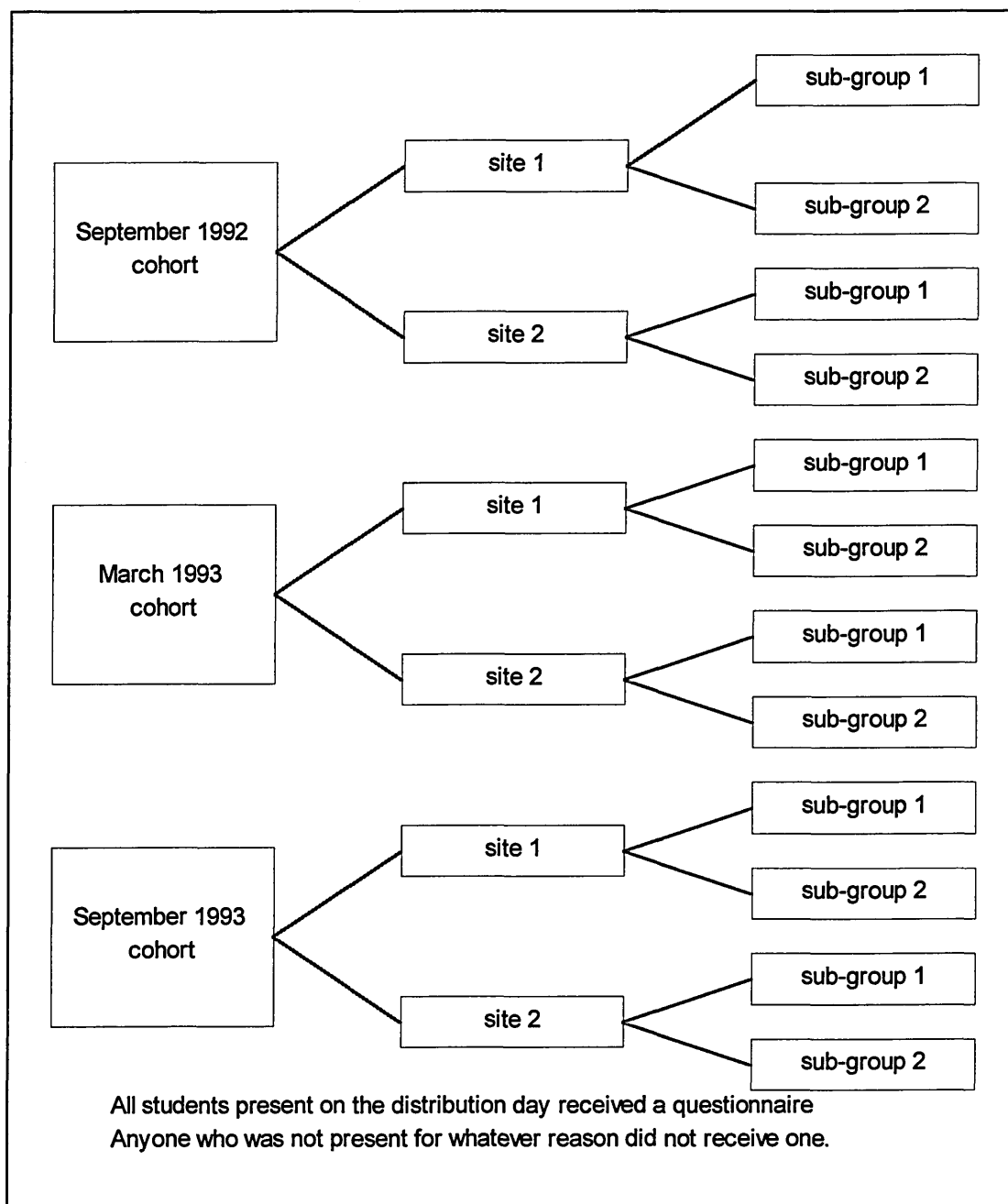


Figure 3.5 Method of Sampling Students for Questionnaire Distribution

The researcher distributed the questionnaires, clarifying the very few points of misunderstanding raised. The students were then left to complete the questionnaires and place them in a designated box. This resulted in 100% response rate with 167 questionnaires returned. Any students not present on the day the researcher visited the group did not receive questionnaires. This strategy involved cluster sampling in that members of each cohort were included (Oppenheim 1992 p 40). Selection by means of

availability on the day is accepted as appropriate for this type of design (Field and Morse 1985 pp 59 & 94) and this is supported by studies cited in the literature (2.6.4).

3.5.4.2

A similar strategy was used to recruit the mentor sample (fig 3.6).

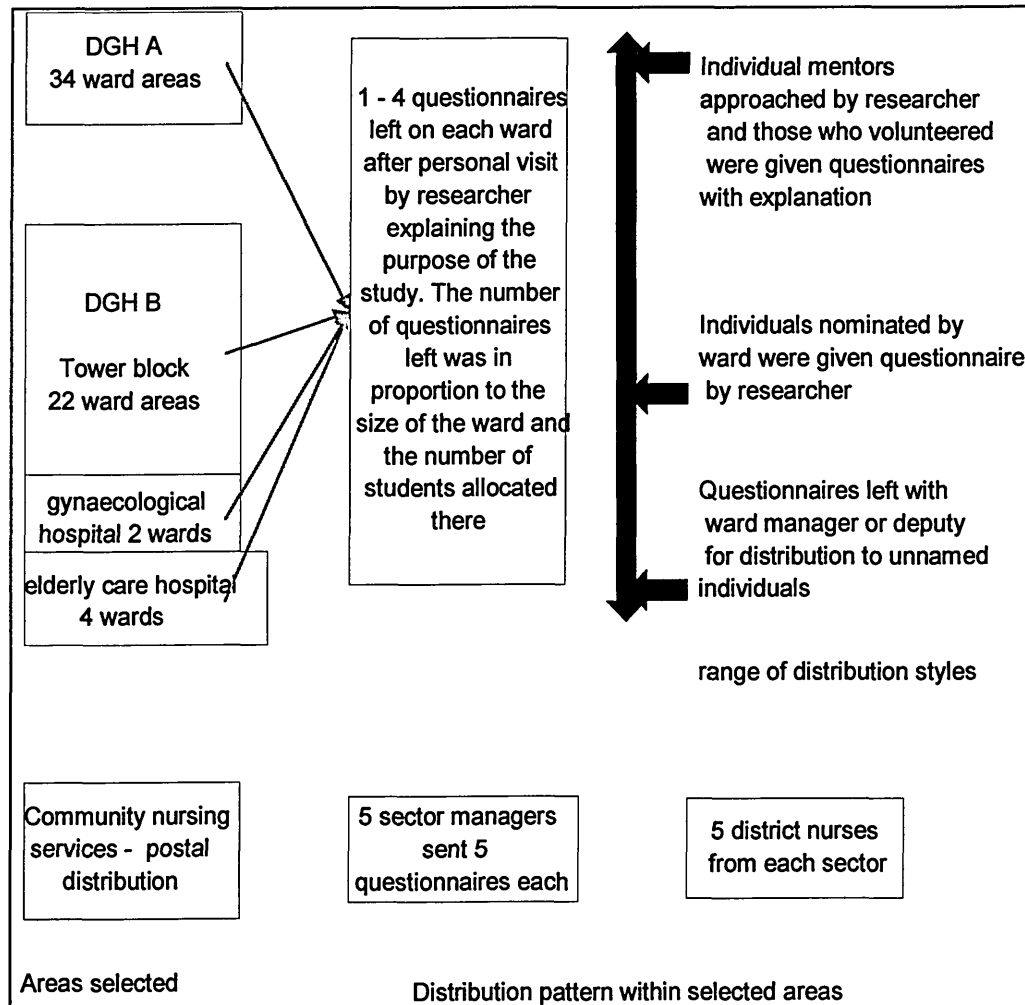


Fig 3.6 Method of Sampling Mentors for Questionnaire Distribution

All the wards that provided placements for adult branch Project 2000 students were included. Two or three mentors from each area were requested depending upon the number of staff and the numbers and frequency of the students allocated to them. After consideration of all options a personal approach to distributing the questionnaires was selected as being likely to yield the optimum response rate. The researcher visited the ward areas by appointment, about sixty in all, and delivered the questionnaires by hand along with an addressed envelope for return via the internal post. This experience highlighted the scale of the differences between the various placement areas encountered by students. First the researcher had to negotiate the variations of physical geography on large sprawling sites at various locations within the city. She then had to negotiate access interpersonally. At this point she had to contend with multiple combinations of management styles and philosophy within the areas visited. The sixty wards visited each had their own mini-culture with which she had to contend. This was a significant and exhausting experience equating to the repeated mini-doses of culture shock discussed by Lipson (1991 p 81). Students must experience this type of mini culture shock every time they start a new placement. In some areas the researcher was able to access the staff who were to fill in the questionnaires personally and request their co-operation. In other areas ward managers or their deputies operated various forms of gate-keeping role which resulted in the questionnaires reaching the respondents via a third party. This raised the same questions about the right to refuse that have already been discussed in relationship to participation in the focus groups (3.5.1.3).

3.5.4.3

It was impractical to visit community staff personally, as they functioned from clinics scattered widely across the city. Five questionnaires were mailed to each of the five sector managers along with a letter asking them to distribute them to community nurses

acting as mentors to adult branch students. The letter stressed the importance of the views of community staff being represented. A stamped addressed envelope was included for return.

3.5.4.4

After two weeks a reminder letter was sent to all areas with a request to bring this to the attention of those who had received the questionnaires (Appendix 1).

The final response rate was 79% (N=142). The response from community staff was 92%. This represents an exceptionally good response rate for a questionnaire. Returns at this level from the numbers involved in the sample allows a reasonable degree of confidence to be attached to the results of data analysis. The frameworks and methods used for data analysis will be discussed in Chapter Four.

4. Discussion of Analysis Frameworks and Methods Used

This chapter discusses the theoretical underpinning of methods of analysis employed for data generated from the study.

The methods of physically handling the qualitative data and the theoretical framework used are both discussed and theoretical and practical considerations outlined.

The selection of suitable statistical measures to apply to the quantitative data is explored. This is important, as the ease with which computer statistical packages can generate meaningless results if misused makes correct selection of statistical tests essential. Note is made of the specific problems encountered due to the nature of the data involved. The methods finally chosen are justified by reference to appropriate authors from the fields of social sciences and health care. This discussion enables strengths and weaknesses of the study to be identified.

4.1 Organisation of the Study

4.1.1 The Phases Involved

4.1.1.1

The study design (3.2.4.4) resulted in analysis taking place in three phases. These were integrated together as shown in fig 4.1.

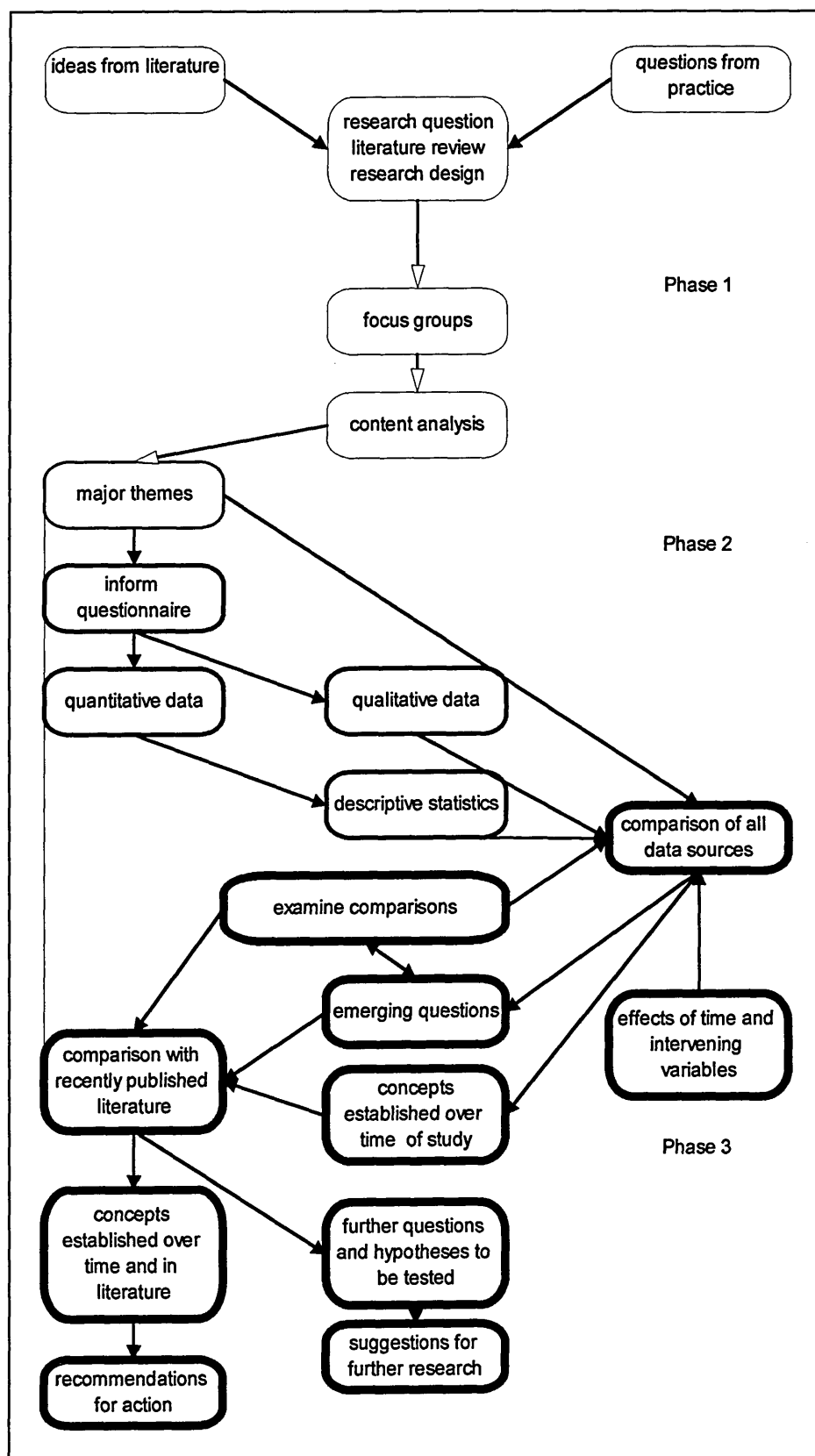


Figure 4.1 The Organisation and Interaction of the Research

4.1.1.2

Phase 1 involved analysis of qualitative data from transcripts of focus group interviews. This material was used as a data source in its own right and in phase 2 to inform the questionnaires which yielded both quantitative and qualitative data. The ensuing data were analysed using appropriate methods, and then finally in phase 3 comparisons were made between the two data sets. The material from the questionnaires was thus used to validate findings from focus groups (fig 4.1).

4.1.1.3

The eighteen months time gap between the collection of the two sets of data was acknowledged during analysis. Note was made when findings from the questionnaires confirmed concepts demonstrated eighteen months earlier in the focus groups. When results are comparable within a period of such rapid change it is reasonable to assume some reliability in the findings (Field and Morse 1985 p 117, Brink 1991 p 176–8, Miles and Huberman 1994 p 278). Note was also taken when the two data sets did not show agreement, and possible reasons for this are discussed in Chapter Five. The many changes which occurred during those eighteen months, at both local and national levels (fig 3.2.), generated intervening variables affecting the questionnaire results. For example, the continuing development of courses for qualified staff will have resulted in an increased level of education for the mentors. The outworking of the clinical grading exercise and the development of the ‘G grade’ sister’s role, interacting with developments stemming from the implementation of trust status, accelerated changes in the organisation of wards and working practices. Checking the reliability of the findings was thus rendered difficult. Where differences were demonstrated between the two data sets it was not possible to judge the extent to which this was due to changes which had occurred in the target population or whether either set of data was unreliable.

4.1.1.4

The original intention of the researcher had been that the questionnaire data should be used to check the reliability of the material from the focus groups. To achieve this, the questionnaires should ideally have been administered within a few weeks of running the focus groups. If the intention had been to study the effects of time, further data collection should have been undertaken after a suitable period. The real world in which research takes place does not conform to theoretical ideals and events are reported as they occurred, acknowledging their strengths and weaknesses. The significance of the high level of agreement found between the two data sets is increased by the time span involved.

4.2 Qualitative Analysis: Focus Group Data

4.2.1 Choices Regarding Computer Facilities

4.2.1.1

There were three possibilities for dealing with the data: using manual methods, using a specialist computer program for analysis or using a general purpose word processing and data base computer package. The literature contains many descriptions of manual methods for handling qualitative data (Bell 1987, Field and Morse 1985 pp 97–102, Edwards 1990 pp 35–6, Riley 1990, Polit and Hungler 1993 pp 329–30). This laborious option; involving copying, cutting and pasting and physically sorting data by a variety of ingenious methods, was never seriously considered.

4.2.1.2

The use of a software package for data analysis was investigated. At the time, 1992/3, there was much less appropriate software available than there is now, and a paucity of information about its capabilities. A comparative analysis of the capabilities of

Ethnograph, Martin and Gator (Walker 1993) indicated the need to invest a significant amount of time learning to use more than one program to get the best function. Miles and Huberman confirm this point (1994 p 44). Access to hardware capable of running the programs and purchasing costs were also practical considerations, as the author did not have access to anything suitable locally. From a theoretical perspective use of computer packages presents the danger that the direction of the analysis is dictated by the capabilities of the software. Packages demanding the entry of a pre-defined code or those that do not easily allow recoding can lead to a more structured approach than would have been otherwise taken. There is also the tendency to limit the investigations to functions that are easily performed by the program, for example to limit the work to that which can be accomplished using search and retrieve facilities rather than going on to engage in development of networks or matrices (Walker 1993, Miles and Weitzman 1994 p 44 & 311–15, Richards and Richards 1994 pp 450–61). The most important issue is that the researcher avoids the assumption that any of the software packages will do the task themselves, but rather views them as tools that can save much time and contribute to organisation in analysis.

4.2.1.3

A PC which ran Microsoft Works, an integrated package including word processing and a database, was available and already being used for other aspects of the work. This saved on both the time needed to learn and expense in obtaining other resources. The scope and flexibility of this package is considerably less than that now offered by packages specifically designed for qualitative analysis. The volume of material to be analysed was small compared to that generated in many projects comprising material from two focus groups, and later comments from the two sets of questionnaires. The

purpose of the qualitative analysis was mainly descriptive/exploratory, the research question being 'What are the factors associated with the quality of the relationship between student nurses and their mentors?' The major requirement was to code segments of text and be able to sort and retrieve them. This could be accomplished by using the database alongside the word processing package. The database allowed the recording of multiple codes for a segment of text, specific bookmarks, the identification of speakers and addition of researcher's comments. Rapid access to the position of segments of conversation within the original text was possible by using the bookmark facility in the word processing package. Shifting between the original text in the word processor and the segmented text in the database was easy, as Microsoft Works is an integrated package and operates a 'Windows' system. Revision of codes was possible, although this was time consuming and rather difficult.

4.2.1.4

Some of the specialist analysis packages that were available at that time did not easily allow all of these functions. The versions of Ethnograph and Gator available at that time did not allow a return to the original text once coding was completed (Walker 1993). This would have posed significant problems for this project, as although 'a priori' codes were used initially these were modified as the researcher interacted with the data. This necessitated recoding of some segments of data and frequent return to the original text to check the interpretations made against the context of the whole.

4.2.1.5

The researcher decided to use the word processor and database already available in the light of information, software and equipment available at the time. The rationale was that the time, effort and expense involved in the use of specialist packages did not justify the

time saved, given the size of the project. Richards and Richards (1994 pp 450–2) describe such use of word processing packages and databases and describe similar problems to those encountered by the author in the final phases of the work related to lack of memory. In the light of experience, further knowledge gained and improved access to facilities, the author would be very interested in considering some of the software packages currently available for any future work.

4.2.2 Theoretical Frameworks for Qualitative Analysis

4.2.2.1

The philosophical framework outlined earlier (3.2) must be reflected in the choice of analysis methods. The purpose of the study, whether exploratory or theory building, the particular client group and the specific nature of the research question should determine the choice of approach (Field and Morse 1985 p 103, Morse 1991 p 18, Miller and Crabtree 1994 p 345). Positions range from those employing maximum structure and researcher control approaching positivist philosophies to those which were very open and flexible reflecting a naturalist position (Field and Morse 1985 p 93, Miles and Huberman 1994 p 4, Miller and Crabtree 1994 p 345–6). Miller and Crabtree identify three steps: developing an organising framework, segmenting the data and making connections between the various elements, which are common to all types of qualitative analysis. They see four analytical styles applicable to these three steps. Styles range from quasi statistical (the most structured), through template analysis and editing analysis, to immersion/crystallisation which is very open and has the least structure and researcher control. This is illustrated by the author in fig 4.2 incorporating approaches used for each step.

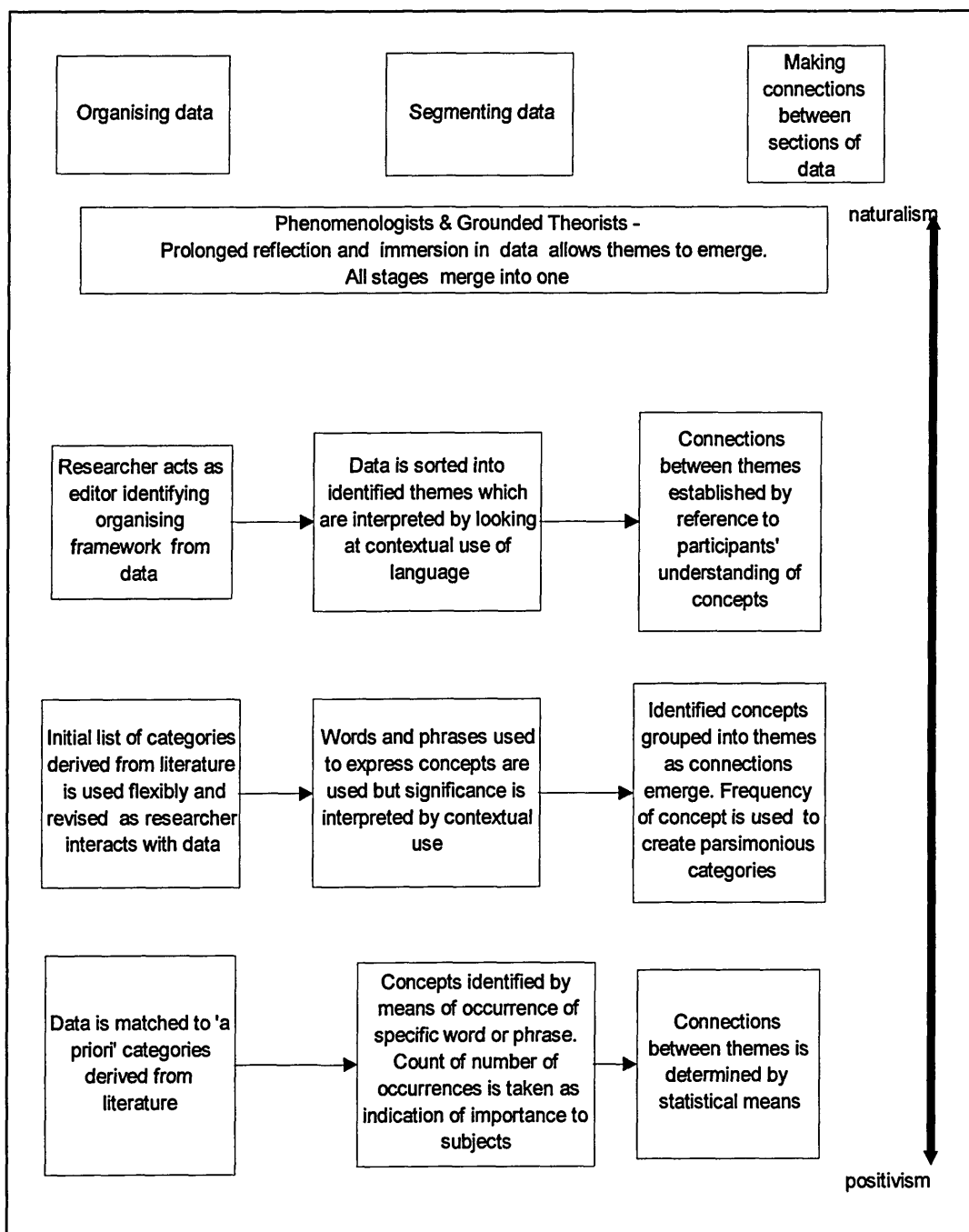


Figure 4.2 Continuum of Approaches to Qualitative Data Analysis Incorporating the Four Analytical Styles Identified by Miller and Crabtree (1994)

4.2.3 The Stages of Qualitative Analysis

4.2.3.1

Coding styles range from the most structured, where the coding categories may be determined 'a priori' by the researcher, to the least structured stance, taken by phenomenologists (Rose et al 1995) and grounded theorists (Chenitz and Swanson 1986)

p122) who insist that categories must emerge from the data (Miles and Huberman 1994). The rationale for adopting the midpoint in the continuum has been explained (3.2.4). The author adopted a code book approach (Crabtree and Miller 1992 pp 93–5) starting with a loose idea of coding categories derived from the literature, her own extensive experience as an expert nurse teacher, and further ideas expressed by participants as important at the commencement of the focus groups (Appendix 3 fig 3A). She also used advice given by other experienced researchers (3.2.1.1). The initial coding categories were developed and modified as interaction with the data progressed, allowing further direction and research questions to emerge (Miles and Huberman 1994 p 58). Segments of text, notes and allocated codes were recorded in a database (Appendix 3 fig B). The final categories that emerged have been derived from comparison of the two data sets both with each other and with previously published literature. These categories resembled the initial pointers for discussion that were raised at the commencement of the focus groups. There are several possible explanations for this. The first of these is that the researcher did not isolate herself sufficiently from previous knowledge and that this influenced her thinking. Secondly, the use of the original list of topics derived from the literature may of itself have influenced the respondents. If this is the case, then this may be considered as bias. Finally the correspondence of the categories with themes found in the literature can be seen as confirming the validity of the data.

4.2.3.2

Segmenting the data involves selecting the method used to establish how different sections of the data are allocated to different codes. Again a spectrum of approaches is evident from the literature, with different disciplines taking various stances. Thematic analysis, semantic analysis and content analysis have all been identified. This is further

split into latent content analysis: looking for occurrences of a concept by viewing descriptions of it within the context of the whole text and manifest content analysis, looking for the occurrence of specific words and phrases (Field and Morse 1985 p 103, Chenitz and Swanson 1986 p 95 & 122–3, Miles and Huberman 1994 pp 8–9).

4.2.3.3

Latent content analysis was selected as the most suitable method for the data in this study, although some elements of manifest content analysis were also present: a commonly employed strategy (Field and Morse 1995 p 103). The possibility exists that different individuals may use different terminology to refer to the same concept; for example, respondents may refer to the educational institution by using either the term ‘school’ or the term ‘college’. If manifest content analysis or semantic analysis had been used in isolation, much of significance might have been lost. One of the questions being asked was what the language used to describe the various concepts associated with mentoring was so that this could be used in the questionnaire. It was important that all variations in this were captured. Samples of the language forms were used at the pilot stage with representative samples of the target populations. This allowed the researcher to discuss understanding with them and confirm validity of interpretation.

4.2.3.4

A coding system was developed to denote the emerging categories. This was enlarged to include sub-categories as these developed (Appendix 3 figs 3C & D). A count of the numbers of instances of a particular category may be used in two ways. The first of these is sometimes called quasi-statistics, and in this approach the number of occurrences of a particular theme within and across interviews is taken as a measure of its significance (Field and Morse 1985 p 103, Riley 1990 p 123, Polit and Hungler 1993 p332, Miller

and Crabtree 1994). This is a very crude method of measurement as it ignores much of the contextual information present. Stern (1991 p 147 sq.) argues that while identifying the number of times a word or phrase is used may illuminate important issues, this is very restrictive and may turn out to be counter-productive as it ignores the emotional overtones accompanying the spoken words. This problem was identified by listening to the original tape recordings many times alongside the written transcripts. There are instances where issues that participants felt strongly about were indicated, not particularly by the number of times that a word was used, but by the accompanying intonation that was evident from the tape and by non-verbal cues noted by the researcher. Using quasi-statistics would have ignored the fact that this part of the study was dealing with material generated by a group, rather than individuals. There were times when a topic was raised relatively briefly accompanied by strong non-verbal expressions of emotion. Once all participants in the group had agreed with its importance, often simply by a resounding 'yes', the group then moved on to address another topic. Using a method that relied solely upon word counting would not have accorded the degree of importance to these instances that the paralinguistic cues suggested. Morgan, specifically discussing focus group analysis, argues the case for taking the middle ground between counting and not counting in qualitative content analysis (Morgan 1993). This approach has credence, and a count of the number of occurrences of a concept was used to justify the existence of a category (Polit and Hungler 1993 p 333, Miles and Huberman 1994 p 58, Chenitz and Swanson 1986 p 95–6 & 122). Parsimonious categories were achieved by giving careful consideration to instances where initially categories appeared very small. These were scrutinised to ensure

that they did represent something significantly different. Where on consideration this was not found to be the case the coding was modified accordingly.

4.2.3.5

The final task identified by Miller and Crabtree is making connections between the various segments of the data. This commenced with the development of a taxonomy. Scrutiny of categories and the development of subcategories enabled connections between themes to emerge. This is described by Miles and Huberman (1994 p 69–72) as pattern coding. Categories were examined for relationships between them. Rechecking against the original transcript and the audiotapes ensured that data had not been interpreted out of context by using segmented snippets of conversation. The seven categories described are outlined below:

1. general feelings about the mentoring situation
2. the mentor/student relationship
3. the mentor's role
4. assessment
5. off duty and time issues
6. the working situation
7. reactions to Project 2000

These are described more fully in the results section (5.1.2.3). These were used to develop an initial model proposing relationships between factors involved in the mentor/student relationship (Appendix 3 fig 3F). This is shown in the results section, fig 5.1.

4.2.4 Interpreting the Data: Reliability and Validity

4.2.4.1

A problem for qualitative researchers during the analysis phase is interpreting the picture that is emerging from the coded data. This involves creative thinking, and various techniques are suggested which help researchers to engage in this in a scientifically credible fashion (Riley 1990, Miles and Huberman 1994 p 79–89). The author found visual expression of results as suggested by Riley (1990 p 99) and graphical presentations as suggested by Miles and Huberman (1994 chapter 5) to be particularly useful in developing ideas (Appendix 3 figs 3G, H, I & J). She also prepared and presented two conference papers which helped her to focus her thoughts (Riley 1990 p 97). Miles and Huberman (1994 p 82–3) describe the use of researcher-constructed vignettes to express the study findings. The author developed a best/worst case scenario derived from the data which depicted ideas in a polarised form and provided a means of presenting data which preserved confidentiality (Appendix 3 fig K). This strategy of focusing on extreme cases also encouraged the search for negative instances of a concept which Miles and Huberman (1994 pp 270–1) recommend to increase the validity of analysis.

4.2.4.2

It did not prove possible to check the findings with the original informants for reasons given earlier (3.5.1.1) but the material has been presented to several groups of students from the same college, undergoing both the same and an updated version of the same course, who expressed general agreement with the findings indicating that these fitted their situation. Similar responses were obtained when the material was presented for peer review at the two conferences noted above (4.2.4.1). This type of response is considered as evidence of validity in this type of study (Brink 1989 p 181).

4.2.4.3

The research design stipulated that the reliability and validity of the focus group data would be checked by incorporating the major themes that emerged into a questionnaire. The language used by respondents was used wherever possible when constructing this, to minimise the risk of error due to differences in interpretation of statements (Streiner and Norman 1995 p 71).

4.2.4.4

The questionnaires consisted of two parts: comments from open ended questions, which formed qualitative data, and also responses to closed questions yielding quantitative data. The qualitative data was handled in the same way as the focus group interviews. The same coding frame easily fitted these comments, and this exercise enabled further refinement and development of the taxonomy to occur. This acted as confirmation of the coding framework and categories generated by the first stage of the study. The analysis of the quantitative section of the questionnaires is discussed below.

4.3 Quantitative Analysis: Questionnaires

4.3.1 Handling of the Data and Descriptive Statistics

4.3.1.1

The quantitative data was entered into Statistical Package for the Social Sciences (SPSS). This is one of the earliest and most widely accepted statistical packages used in social sciences (Kinnear and Gray 1994 p 2, Babbie and Halley 1995 p 5). It was available for use for the study without any additional financial cost. It only required the input of time necessary to learn to use the system. The author did not seriously consider any other options as manual methods of handling the amount of data generated by the study are very laborious compared with the use of computer packages.

4.3.1.2

A preliminary examination using descriptive statistics was undertaken resulting in the generation of frequency tables and bar charts (Appendix 4). The tables enabled descriptions of the respondents to emerge. The two data sets, mentor and student, were examined and compared with one another. These comparisons were considered in the light of the qualitative findings and the findings from the literature.

4.3.2 Statistical Tests Employed

4.3.2.1

The researcher encountered problems with statistical analysis because the data were very skewed, with respondents frequently showing very strong patterns of agreement or disagreement with statements. Scrutiny of frequency tables using percentages as well as raw numbers enabled the author to draw some conclusions as to how far the questionnaire data supported the qualitative findings. The mode was used in preference to the mean because, when dealing with Likert type scales where bimodal distributions frequently occur, the mean obscures these rendering results meaningless (Fitz-Gibbon and Morris 1987 p 23). The very skewed nature of much of the data rendered box plots and stem and leaf diagrams which would normally have been useful in examining the distribution of scores around the mode (Fitz-Gibbon and Morris 1987 p 23 1982, Kinnear and Gray 1994 p 61–2) problematic.

4.3.2.2

Likert type scales yield data that are assigned a numerical value. Debate exists as to whether this should be considered as interval data or whether it should be accorded ordinal status (Streiner and Norman 1995 p 38). Streiner and Norman state that data should be treated as being at an ordinal level where it is very skewed. As this situation applied to many of the Likert scale responses, the author has treated them all using tests

appropriate for ordinal data. There was very little interval data present in the questionnaire. That which was present represented biographical information. This was requested in order to look for associations between biographical variables and other attitudes to aspects of mentoring. It would be possible to employ tests suitable for use at interval level to examine relationships of various biographical variables with each other. This type of investigation did not relate to the original research question. It would be wrong to investigate this simply because it is amenable to certain types of statistical testing. The hypotheses emerging from the data should determine the direction of the investigation, not the ease with which certain procedures can be performed.

4.3.2.3

Chi square one sample tests were employed to check the responses to Likert type scales for significance. This involves looking at 'goodness of fit': the degree to which the data present correspond to a theoretical distribution that may be expected (expected frequency) if there were equal distribution of the variable throughout the sample population. For example distribution of gender would suppose that 50% of the population is male; in fact in the mentor sample only 10.2% are male indicating that there is a difference between the sample population and the general population. A difference of this magnitude is highly unlikely, although not impossible, to have occurred by chance so is considered statistically significant. It is calculated manually using the formula $\chi^2 = \sum \frac{(O - E)^2}{E}$ where O = observed frequency and E = expected frequency. The 5% level was taken to indicate significance because of the danger in this type of study of missing useful information if too rigorous tests of significance are used (Moher 1993 p 144–5).

4.3.2.4

The next step in exploring quantitative data would be to look for associations between responses, to do this it is necessary to use tests of association. Cohen and Holliday (1990) cite Weiss (1968) as identifying five possible methods of investigating association. The first involves departure from independence between two factors and uses Chi square. The very skewed nature of some of the responses noted earlier created problems with this, giving too high a percentage of cells with an expected frequency of less than 5 in many instances. There are two ways of dealing with this: the first is to collapse the categories. This was attempted for the Likert type scales by adding the agrees and strongly agrees and the disagrees with the strongly disagrees. This gave 3x3 tables instead of 5x5 tables, reducing degrees of freedom from 16 to 4. Streiner and Norman consider that this poses a particular problem when dealing with attitude scales, as the greater the number of points, the greater the degree of accuracy from the statistical point of view (Streiner and Norman 1995). Reynolds also criticises this approach in this context, as he considers that people do not hold attitudes in such a polarised manner (Reynolds 1993 p 162). In some areas, where there is very strong (above 80%) agreement or disagreement with the statements, any search for associations is meaningless given the size of the sample. Where this position is not quite so extreme it is possible to use Yates correction. The use of Yates correction is questioned, however, as while it decreases the likelihood of making type 1 errors: rejecting the null hypothesis when it is true, it increases the likelihood of making type 2 errors: accepting the null hypothesis when it is false (Fink 1995 p 57). Moher (1993 p 144–5) also recommends caution in social science research, as too great concern in avoiding type 1 errors can result in missing valuable information by falling into type 2 errors. Chi square

demonstrates the presence of an association between two variables, but it does not indicate its strength or direction.

4.3.2.5

The difficulties encountered when attempting to use Chi square made consideration of its suitability in this context an issue. Reynolds discusses the interpretation of the Chi square. Where large numbers are involved, relatively small differences between cells in a contingency table can give a strongly positive result that is not supported by scrutiny of the tables. Where very skewed data is present, giving marginal distributions, this also renders the results of tests of association open to question (Reynolds 1993 pp 183–7). Much of the data in this study illustrates this problem very clearly. Reynolds and Fink both point out the danger in collapsing categories in contingency tables in order to make them more amenable to testing. They suggest that this may result in positive associations that are a product of the manipulation rather than truly existing within the data (Reynolds 1993 p 187 & 214, Fink 1995 p 57). For these reasons other methods had to be considered

4.3.2.6

The second method, proposed by Weiss, involves looking at the magnitude of sub-group differences. This method can only be used where a 2x2 contingency table is generated. As most of the data does not fall into this category it is not suitable to use this method.

4.3.2.7

The third method involves a summary of pair by pair comparisons using the Gamma statistic. This can be used with ordinal data and so would appear appropriate to search for associations between responses to the Likert type scales. It is, however, unstable

when used on very skewed data without considerable manipulation and therefore is not suitable (Hildebrand, Laing and Rosenthal 1993 pp 274–5)

4.3.2.8

The fourth method suggested by Weiss is suitable for use in cases involving nominal as well as ordinal data. This involves the logic of the proportional reduction of error. This is computed using Goodman and Kruskal's Lambda and Goodman and Kruskal's Tau. Lambda can be affected by very skewed data and where the modal distribution of one variable is very high and limited to one column. This can result in a value of zero even when there is no association. Attempts to use Lambda illustrated this point. In these instances Reynolds suggests using Goodman and Kruskal's Tau as this is not subject to this problem (Reynolds 1993 p 216). This was used where nominal data was involved, as in comparing various pieces of biographical data both with each other and with attitudinal responses. This gives a measure of the strength of the association demonstrated.

4.3.2.9

The final method proposed by Weiss involves the use of correlations. Some of these demand the presence of interval data and so were not suitable for the material being tested. Some authors suggest that Spearman's rank order correlation may be used to estimate relationships between ordinal data (SPSS 1993, Kinnear and Gray 1994). It is not affected as many other tests are by very skewed data, and so is particularly useful with Likert type scales used in a health care context which are often prone to this problem (Hildebrand, Laing and Rosenthal 1993 pp 285–7, Fink 1995 p 38). It was therefore used to search for associations between various responses to the attitude scales. The Spearman rank correlation (Spearman's rho; r_s) compares the rankings

assigned to objects or ordered categories by different individuals. In this study respondents were either assigning their degree of agreement with the various statements posed in the questionnaire to categories ranked 1–5, or selecting one out of a list of ranked options which best fitted their situation. Controversy exists as to the measurement status which can be accorded to attitudinal responses scaled in this way (Streiner and Norman 1995). This renders the suitability of Spearmans rho in this situation a controversial issue. With very skewed data relatively small numbers in some cells can give a strongly positive result statistically which is not in fact justified. Scrutiny of the tables can draw attention to this (Kinnear and Gray 1994). Because the difficulties outlined above rendered the results of this type of statistical testing open to question this section of the findings has not been reported.

4.4 *Strengths and Weaknesses of this Study*

4.4.1 Effects of the Natural Setting

4.4.1.1

Research undertaken in a natural setting is subject to the pressures and constraints that operate there. The reality of practice is messy and does not tidily conform to theoretical approaches. All studies have their limitations and strengths; this one is no exception. The real life situation creates difficulties for the researcher because it does not conform to the ideals set out by theorists. This gives the study one of its greatest strengths: it reports the real life experiences of the participants. The many variables introduced by the rapidly changing situation were beyond the researcher's control. This is problematic from a positivist viewpoint. From a naturalist perspective the work can be seen to represent a snapshot at two time intervals which gives valid insights into the experiences of the participants.

4.4.1.2

The fact that it was not possible to conduct more than one group interview for each of the two groups involved is a limitation that emanated from the political situation operating at the time. This did not allow material from one group to be used to verify findings from the other. Validity had to be sought by means of the questionnaire. The quantitative data did confirm qualitative findings in many cases, as is shown in Chapter Five. The study design generating the questionnaires from the interview data is a method used by various other authors within the nursing education and health care settings (Morgan 1993, Lankshear 1990, Rodgers and Lawton 1995).

4.4.1.3

The school is one of the largest in the country. This allowed access to a large sample of students and mentors for the questionnaires. The response rate was exceptionally high. This allows some degree of confidence to be attached to the results.

Project 2000 had been well established by the time that the investigation took place. The initial problems of adjusting to a major change had been overcome, allowing a clearer picture of the issues under study to be obtained. The sample includes students at all stages of the adult branch, including those who were within a few months of qualifying. Few other studies up to the present time have been able to do this.

4.4.2 The Position of the Researcher

4.4.2.1

The author, although an experienced nurse and teacher, started the work as a novice researcher. Before commencing the study her research education had been biased towards a positivist viewpoint (Leininger 1985 p 3). Before data analysis was undertaken, the researcher was not aware of the need to verify interpretations with the respondents and to use them as a means of validating the interpretation. This was not

therefore undertaken. The author was also attempting to take a very objective stance and not interact with the situation. Naturalist approaches recommend reflexivity and acknowledge that the researcher is bound to influence the situation. The author moved her position on this during the study as a result of the learning experiences of interacting with the data and the literature. This shift in perspective must be acknowledged as a weakness. It is not possible to state with certainty that method slurring (Morse 1991 p15, Rose et al 1995) has not occurred to some degree. The author did, however, consult with others more experienced in the particular area of the study, and the stance adopted is congruent with that taken by others in the same field (3.2.1.1).

4.4.2.2

Studies commissioned and funded by sponsors are always subject to pressure to conform to the commissioners' agendas. As the author received funding only to support academic supervision of her work she was not subject to those pressures and was free to select her own topic and set her own programme. The time and resources available to the researcher were therefore limited. It was therefore necessary to restrict the study to the adult branch of Project 2000 in one school of nursing and midwifery necessitating caution when generalising to other branches.

4.4.3 The Effects of the Study Design

4.4.3.1

The study design examined the practice of mentoring from the viewpoint of both students and mentors, allowing comparison to be made between both perspectives within the same area. Many of the small scale studies reported have only looked at one or other of the two major parties. The large scale studies commissioned and funded by the National Boards to evaluate Project 2000 have been able to examine a broad range of

issues from multiple perspectives. For this reason they have not been able to focus specifically on the mentoring relationship to the extent that the author has done.

4.4.3.2

The research design incorporated a triangulation approach where information generated from group interviews was validated across a reasonable sized sample by means of questionnaires. This strengthens the findings and allows some generalisations to be made. Comparison with other recently published work is also used to establish reliability. One of the problems encountered was that the researcher had limited statistical knowledge. This problem of researchers not possessing sufficient skills in both quantitative and qualitative paradigms is noted by other authors (Morse 1991 pp19–20, Carr 1994, Begly 1996). With hindsight, closer attention to questionnaire design may have generated data that demonstrated a broader range of attitudes and opinions from the respondents. This may have reduced the problems encountered when attempting to explore associations between variables.

4.4.3.3

This is a small scale study. If it stood alone the results could only be said to apply to the situation in which they were obtained. Other studies in the same area at this time show findings which confirm those of the author. Principles identified from a wide literature review covering a significant selection of the western world can be demonstrated to apply to the situation under study. This must give some degree of confidence to the findings and recommendations.

5. Analysis of Results

Demographic data from the questionnaires yielded a description of the mentors and students involved in the study providing the background against which to interpret participants' comments. Data analysis resulted in the identification of seven themes used as a framework for the chapter. Mentors' and students' comments from both focus groups and questionnaires are considered alongside quantitative findings and integrated into the presentation of major themes. Examples from the qualitative data are included. The source is indicated as follows: (MFG) mentor focus group, (MQ) mentor questionnaire, (SFG) student focus group, (SQ) student questionnaire. Frequency distributions and bar charts for quantitative data referred to in the text are recorded in Appendix 4.

5.1 Introduction

5.1.1 Description of Mentor and Student Populations

5.1.1.1

Students come from a fairly wide age range (20 to over 40 years) having had a variety of life experiences. Only 17.6% report accessing the course directly from school or college (Appendix 4, tables 1 & 2). These data reflect changing recruitment patterns. The stereotype of nursing students as being white, middle class, female school leavers, aged eighteen and having five O levels, is no longer applicable. The more mature and experienced people currently accessing the course have varied and different needs from their predecessors, with a majority reporting personal circumstances which allowed them to cope adequately with the course. A minority appeared to be struggling (Appendix 4 table 3).

5.1.1.2

The modal route to qualification for mentors was the traditional RGN programme (N=44), with equal numbers qualifying by means of the pre-1983 SRN programme (N=27) and the enrolled nurse conversion course (N=27). These people will all have had very different background experiences from current students. Mentors who qualified by means of Diploma in Higher Education in Nursing programmes (N=12) or degree courses (N=9) will have had educational experiences more akin to the current students (Appendix 4 table 4). All mentors reported continued learning since qualifying (Appendix 4 tables 5 & 6), commonly ENB courses, with 51.6% having gained a teaching and assessing qualification. Other forms of professional updating were also in evidence. This level of learning activities indicates that mentors are taking the UKCC (1993) requirement to maintain and develop their knowledge seriously. The range of courses pursued reflects the diversity of opportunities currently available in Sheffield.

5.1.1.3

Mentors and students worked in a wide variety of environments reflecting the range of experiences available within the city (Appendix 4 table 7). The majority of mentors (70.1%) had been working in the same setting for three or more years, with a further 21% having worked there for more than one year (Appendix 4 table 8) refuting fears expressed by some writers (2.4.2.5) that mentors are chiefly being recruited from inexperienced 'D' grade staff nurses. This description sets the scene against which to interpret participants' comments and responses to the questionnaire items outlined below. Focus group members were a small sample representative of mentor and student populations existing eighteen months prior to the sample used for the questionnaire.

5.1.2 A Model of Mentoring

5.1.2.1

Initial content analysis of the focus group data identified several major issues that were deemed of importance by the participants in determining the quality of the student/mentor relationship. These issues have been summarised in the model fig 5.1 below. The factors on the external circle represent variables that exert an effect upon the inner circle factors. Inner circle factors directly affect the relationship. All these factors vary with time, situation and the individual qualities of the persons involved, each mentor/student dyad engaging in a unique experience with the potential to have long-lasting effects on the participants. Common features which emerge are discussed in sections 5.2–5.7. Questionnaire data, eighteen months later, confirm and develop many of the highlighted issues.

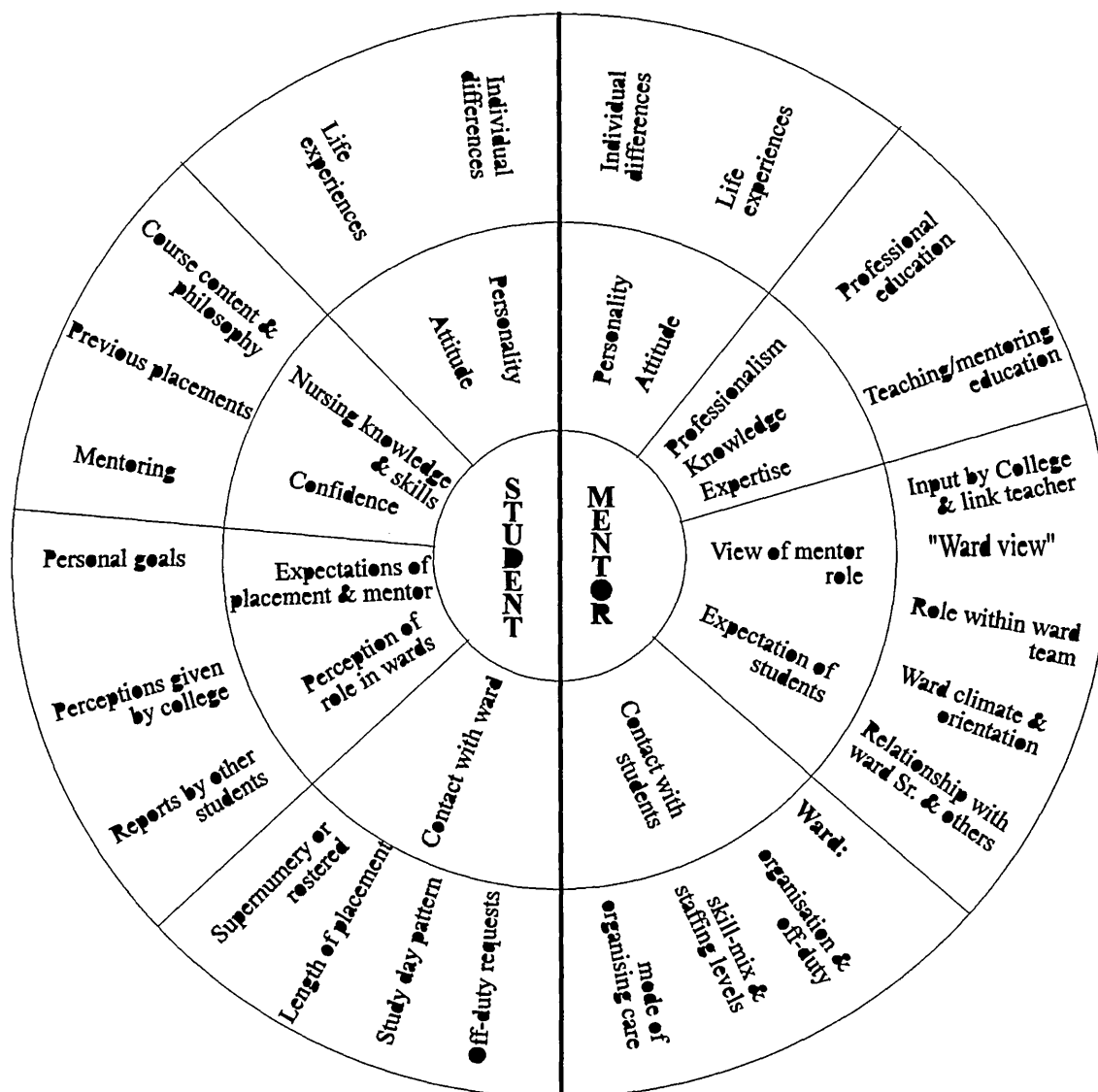


Figure 5.1 Factors Affecting the Mentor/Student Relationship: Model Generated from Initial Analysis of Focus Group Data

5.1.2.2

The possible consequences of variations in outcomes of mentoring for the participants have been summarised using extreme case scenarios. These researcher-generated vignettes (Miles & Huberman 1994 pp 82-3) were constructed from descriptions of a wide variety of situations generated by focus group participants. Drawing was also used as recommended by Riley (1990 p 99) to aid the researcher in expressing the factors present in the data (Appendix 3 figs G-J).

Absence of mentoring

Lack of mentoring due to organisational failure results in the student drifting through the placement without capitalising upon the learning opportunities available. This results in disillusionment with the placement and with nursing in general.

Best case scenario

In an ideal situation the mentor is professionally mature and established in a progressive ward which views the student as a learner. This mentor can act as a bridge between the student and the other qualified staff, thus easing the transition into the social environment. This enables the student to develop and grow with the mentor to guide and support.

Worst case scenario

The converse of this is set in a ward situation where the traditional rigid hierarchical attitudes still prevail. Poor understanding of the course curriculum leads to unreal expectations of the student, who is viewed as a worker rather than a learner. The mentor views the skills of practice from a rigid occupational perspective. This results in confusion for the student, who has been taught to think and practice flexibly according to a professional model. A negative downward spiral ensues. This progresses to the student failing the final summative practice assessment.

Figure 5.2 Summary of Researcher-generated Vignette “Best/Worst Case Mentoring Scenario”

These scenarios illustrate the potential power of mentoring to influence the situation either positively or negatively. Questionnaire data confirm that a wide variety of possible combinations of the various elements identified above exist. Groups of students who agreed to comment upon the validity of the material verified the existence of the elements composing the scenarios within their experience (4.2.4.2) but stated that the

extremes portrayed are unlikely all to occur in one situation. This is consistent with the fact that the scenarios are researcher-generated vignettes, not reports of any one actual incident. The importance of recognising this is stressed by Miles and Huberman (1994 pp 82–3).

5.1.2.3

Data analysis yielded seven major themes which serve as an organising framework for the remainder of this chapter. The different factors identified within each theme interact with each other in a complex fashion. It is necessary to take into account the variables present within the framework used. These are the responses of both students and mentors, the effects of the eighteen month time gap between the collection of the two data sets, and the differences in the data collection methods used.

The seven headings used to discuss the data are given below.

1. General feelings about the mentoring situation

This section discusses the outcome of the various factors identified in the model, as this changes over time and situations.

2. The mentor/student relationship

This expands upon areas identified at the top of the model, which deal with affective issues and variations in knowledge and experience of the parties involved.

3 The mentor's role

Perceptions of appropriate role functions are addressed here, relating directly to this element in the central section of the model.

4 Assessment

The assessor role was formally assigned to mentors during the study. Important issues related to this will be discussed.

5. Off duty and time issues

These relate to issues identified at the base of the model determining mentor/student contact time.

6. The working situation

The effects of various approaches to organising work and mentoring are examined and their influences on mentor/student contact discussed.

7. Reactions to Project 2000

This section explores the mentors' reactions to the radical changes to nursing preparation that this entailed. It relates to many areas, particularly views of the mentor's role and expectations of the students expressed in the centre part of the model.

5.2 *General Feelings About Mentoring*

5.2.1 Overview

5.2.1.1

Data included in this section represent reactions to consequences of interaction of all the factors present in the mentor/student relationship. Feelings about mentoring expressed by both students and mentors have been classified as negative or positive. Students also articulated feelings related to their self confidence and self image as nurses which changed and developed as the course progressed.

5.2.1.2

Mentors' feelings are summarised in fig 5.3 and show broad agreement in most areas between all data sources. Negative feelings represent expressions of stress in its various forms. Positive feelings demonstrate gains from mentoring as shown in the literature (2.4).

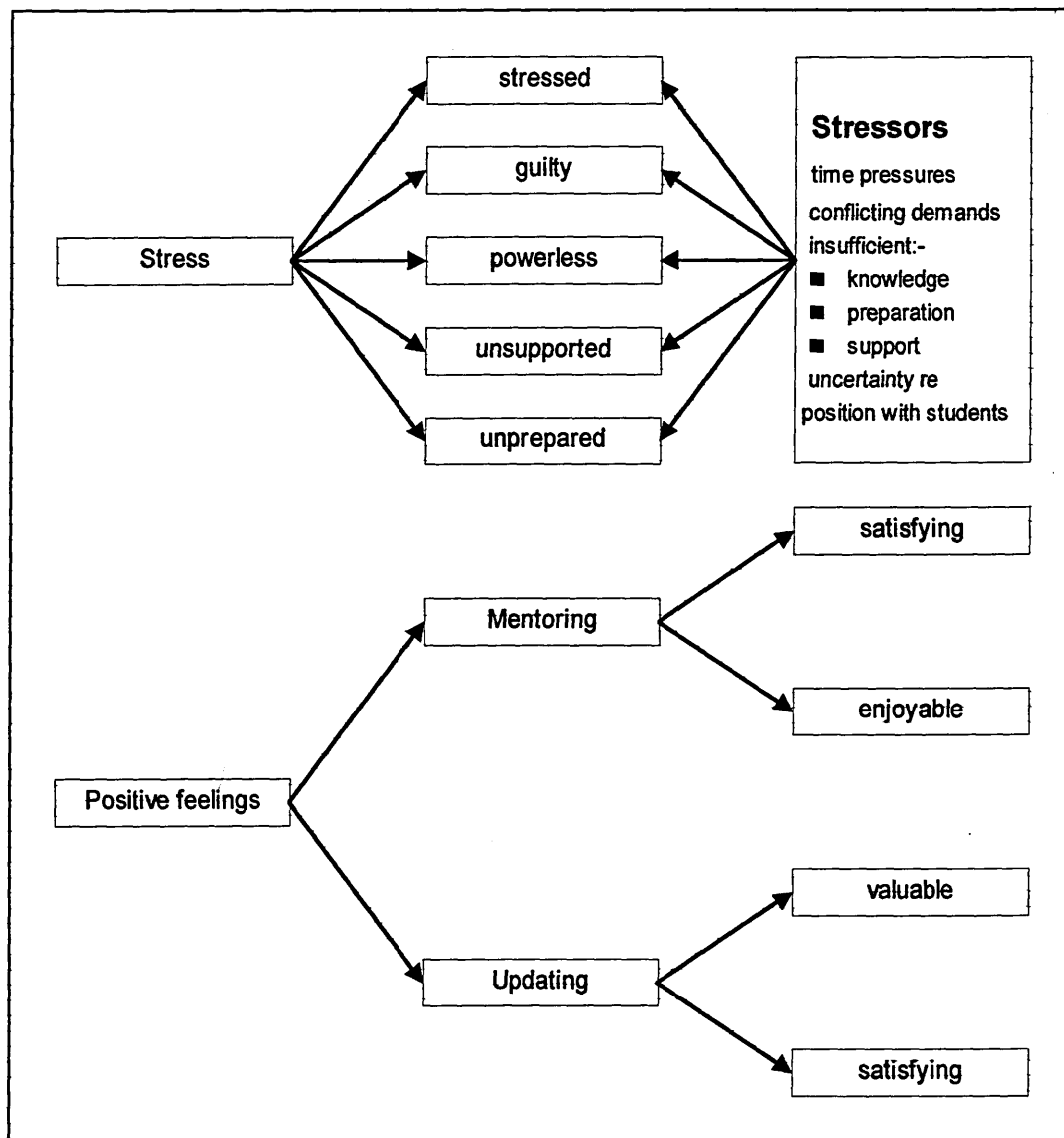


Figure 5.3 Mentors' Feelings

5.2.2 Mentors' Responses

5.2.2.1

Mentors described a range of stressors, some of which changed over the time span of the study. A major stressor raised by the focus groups was dealing with difficult students, especially when they did not achieve the performance criteria to pass the final summative practice assessment. Many mentors expressed the need for support from the school at this time, feeling abandoned when this was not forthcoming. One mentor, who asked for help

with a particularly difficult student who subsequently failed the placement, expresses her feelings this way:

We asked and asked and nobody came (MFG).

Responses to the questionnaires show that experiences of support varied considerably (Appendix 4, tables 9 & 10). Mentors rated support from their own management as better than support from college. Comments backed up this mixed picture, with some respondents describing good support and others lamenting its lack. Stresses related to summative assessment will be dealt with in section 5.5.

5.2.2.2

Other stressors identified by the focus group involved the mentors' perceptions of powerlessness in relationship to supernumerary students.

We've got one who spends most of his shift ... arranging visits, and you can't say anything, can you? (MFG)

and

I don't know what can they get away with (MFG).

Uncertainty about the limits of control would seem to be at the root of these statements.

This relates to one of the major changes that came with Project 2000: learner nurses who had previously been part of the paid workforce were accorded student status. Much anxiety expressed stemmed from translating this change into practice. The term 'observation' had been used to describe the purpose of supernumerary students' activities in placement areas, leading some staff to think that the student was not allowed to engage in hands-on care. Many mentors felt frustrated, as their own experience dictated that practical nursing skills can only be learned by direct engagement with patients in a hands-on situation. Mentors in the focus group recalled how the pressures of being student/workers provided the over-learning needed for skills acquisition.

The blood pressure you always knew how to do those 'cos you did a full ward, didn't you? Start at this end and work up to that end (MFG).

5.2.2.3

The questionnaires indicated that many staff had been working through these problems in the intervening eighteen months. The modal response to the item, 'I do not expect high levels of performance from a supernumerary student', was disagreement (Appendix 4 table 11). This suggests that most had adjusted to the situation and were now expecting students to perform hands-on care to a reasonable level. This is confirmed by questionnaire comments.

5.2.2.4

A significant stressor was managing the conflicting demands of mentoring students, giving care to patients, furthering their own education and satisfying the increasing demands from management for records of all kinds. Comments from both focus groups and questionnaires indicate that this remains an issue. As one mentor put it:

You know, being short staffed in places we're still expected to do a teaching package, to look after the students and do part of our job description, make sure the patients are all right, keep the ward running, keep up to date wi' us own studying (MFG).

Many mentors felt considerable personal responsibility for students allocated to them, experiencing guilt feelings when circumstances prevented them achieving high self-imposed standards. Focus group participants were discussing the effects of students' failure on them. One of them said:

And then you feel it's you that's on trial and 'God have I done all this wrong?' (MFG).

These feelings were not universal: the modal response to this questionnaire item was uncertainty, with feelings spread round on either side (Appendix 4 table 12). This raised the question whether stress responses may have been generated by a core of people who

were generally disaffected and strongly agreed with all items indicating stress. SPSS was asked to select respondents who strongly agreed with the following items: mentoring is stressful, not satisfying, feeling unsupported by college and management, feeling guilty at failing students and finding assessment difficult. There were no respondents who fulfilled all categories, refuting the argument and suggesting that stress associated feelings were generally spread throughout the population.

5.2.2.5

Some of the respondents to the questionnaires appeared to have internalised the course philosophy of according significant responsibility for learning to the student, and were not engaging in personal recriminations when the student did not succeed.

If a student is given every opportunity to obtain the grades there is no reason why I should feel guilty (MQ).

This may indicate that, over time, staff were coming to terms with the changes and were integrating them into their thinking. The Health Authority has invested significantly in post-registration education, including specifically the ENB 998 (teaching and assessing) course. This aims to improve participants' assessing skills and increase professionalism, therefore rendering mentors more able to take a dispassionate view of assessing students. Students' comments, expressing concerns related to some mentor's lack of teaching and assessing skills and indicating a preference for mentors with more post-registration education make this an area needing further investigation.

5.2.2.6

All data sources demonstrated that mentoring motivated students generated satisfaction for the majority of staff, despite associated stressors.

Very rewarding with interested and motivated students; otherwise not (MQ).

Seeing the students acquire skills as a result of their teaching is the type of satisfaction that has been demonstrated in the mentoring literature cited earlier. Having to meet the students' needs for current knowledge acted as a valued spur for many to keep themselves updated. Respondents in both the focus group and the questionnaires expressed these views.

If you have got a student they make you think about what you are doing and why you are doing it (MFG).

and

Mentoring is a good way to make qualified nurses look at their own practice and how they deliver care (MQ).

Many also valued students sharing current theory with them, demonstrating the reciprocity that is an inherent part of mentoring.

5.2.3 Students' Stable Feelings

5.2.3.1

Students' responses have been classified as negative and stress-related, and positive, in the same way as those of the mentors. The students also expressed feelings related to their self image as students and nurses which changed and became more positive as the course progressed (fig 5.4).

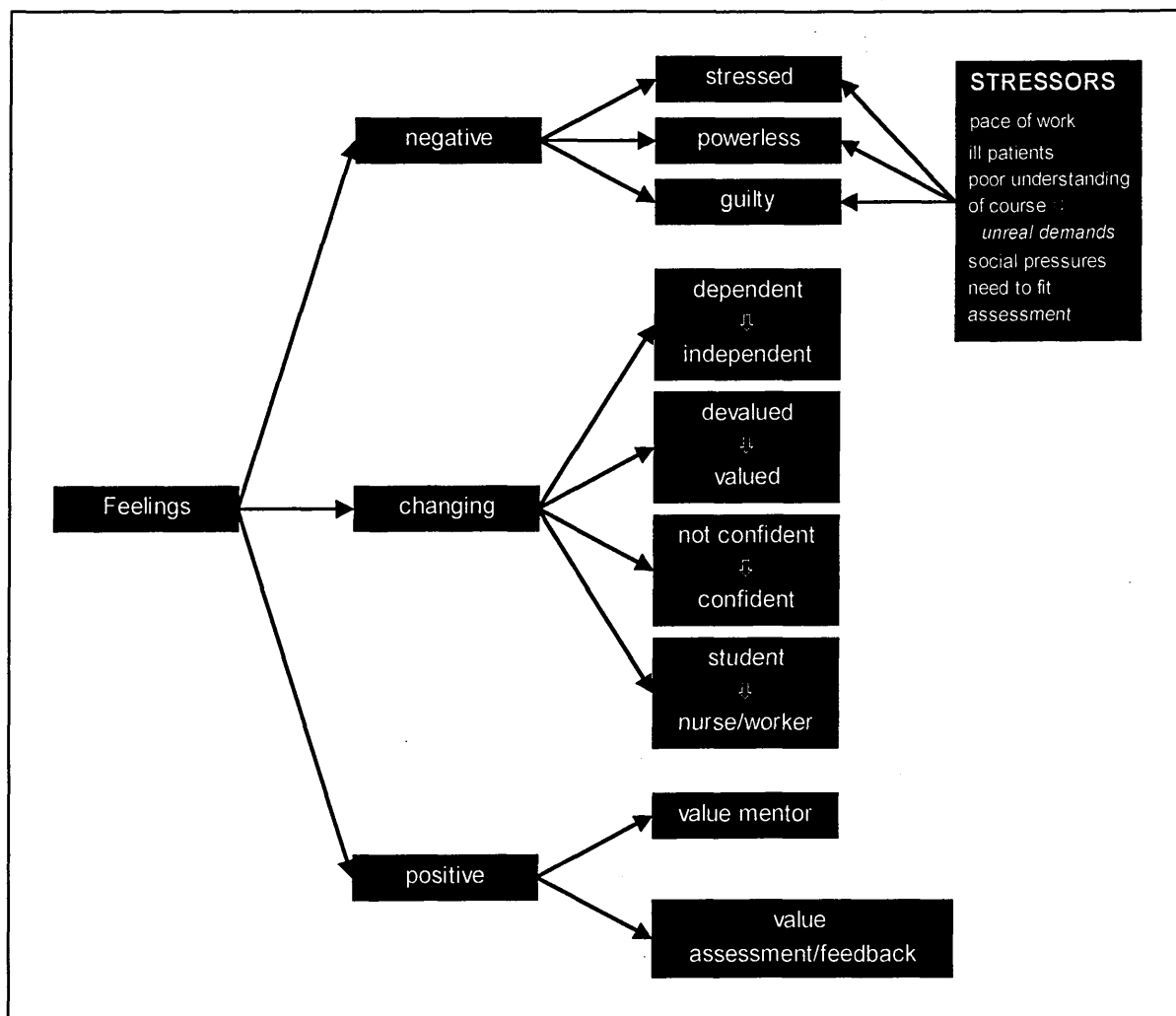


Figure 5.4 Students' Feelings About the Mentoring Situation

The summative assessment element of practice placements unsurprisingly emerges as a major stressor. Other items raised were the problems of having to change placement areas frequently, having to deal with very ill patients, and staff who expected performance levels beyond their capabilities.

5.2.3.2

Over half the students stated that they were often stressed by events occurring during a placement, indicating a significant but not universal problem (Appendix 4 table 13). Students most frequently expressed powerlessness related to the summative assessment as a stress factor. They feared being wrongly assessed and felt where an invalid

judgement had been made that nothing could be done to change it. One student expresses his fears this way:

If they do give you a bad assessment and you know what's been written down is wrong ...you can't get that changed: that's there, that's said that, and that's that (SFG).

5.2.3.3

Some students describe adjusting to the environment and building relationships as tasks to be accomplished every time they enter a new ward. Both take time, and the environment seems to have to come first, possibly because the student feels the need to be credible as a worker. A student from the focus group puts it like this:

You've got to get used to a new environment ... The first week on the wards you're just getting to know where things are ... let alone trying to build up any relationship with staff (SFG).

This issue remains the same over the time of the study, indicating that the effect of frequent changes of placements is something that curriculum planners need to take seriously. It is also an area where the mentors can help students to make the adjustment more easily. One student explains the things that had been most helpful to her:

... they have spent time to teach me skills ... which is essential when first starting on placement ...(SQ)

This comment also emphasises the need felt by students to be credible first as workers in the clinical situation.

5.2.3.4

Facing very busy wards and being asked to care for acutely ill patients is also a source of considerable stress. One student described how she reacted to a placement on a busy surgical ward:

... you've not really got used to the sort of high panic situation ... and I think you do learn as you qualify how to take it easy and take it in your stride, but I do think as a student that's difficult when it's so new (SFG).

She described in another section how the mentor helped her to work through her feelings and realise that qualified staff may also panic in busy acute settings.

5.2.4 Changing Feelings of Students

5.2.4.1

For many students, progression through the course resulted in increased confidence and decreased dependence upon their mentors. One student discussing dependency on the mentor put it this way:

It changes throughout the course and it also changes throughout the placement as well: to start off you're quite dependent (SFG).

It is impossible to be certain about the reasons for those who indicated that their dependence had not diminished (Appendix4 table 14). It is possible that they still felt dependent or that they were confident individuals who had never experienced an overwhelming need of support. Students in the focus group indicated that they sometimes felt devalued and used as pairs of hands. By the time the questionnaire data was collected it reflected an improving, although not perfect, situation (Appendix 4 tables 15 &16), as both the school and service areas had had time to reflect upon their initial experiences of Project 2000 and learn from them.

5.2.4.2

Students' comments clearly indicate the importance of good mentoring.

The mentor can make or break a placement (SQ).

Quantitative data confirmed the importance of the mentors' contribution (Appendix 4 table 17). Individual experiences of the quality of mentoring varied greatly. The modal response to the statement 'the majority of mentors have met my needs' was agreement (Appendix 4 table 18), providing a balanced perspective to negative comments.

It is difficult to assess as I have had excellent mentors and I have had people who simply do not wish to be a mentor and make it apparent (SQ).

The variations in experience do not always seem to have been evenly distributed among students.

I have had more poor mentors than good ones (SQ).

Another student stated:

I have been very lucky with my mentors, but luck should not be a question, the quality should be consistent (SQ).

Some stated that the good outweighed the bad:

I have worked with good mentors and bad and have learned from the experience. It has been stressful but the good has outweighed the bad, thankfully (SQ).

The following sections expand upon significant issues that contributed to these feelings expressed by students and mentors.

5.3 Mentor/Student Relationship

5.3.1 Overview

5.3.1.1

Mentors and students each described their perceptions of the others' needs. Students' comments in particular may be seen to indicate their requirements within the relationship. They correspond with each group's perceptions of their own needs, indicating that general awareness of the others' needs was present in both groups. They demonstrate the contribution of items in the outer ring of the circle model (fig 5.1) as factors exerting a significant influence upon the relationship itself.

5.3.1.2

Psychosocial issues relate to the affective area at the top area of the circle model (fig 5.1). Attributes of students and mentors represent the interaction of personal qualities with professional experience and education. Section 5.5 headed "assessment issues" relates the situation where the mentor performs the role of summative assessor. This corresponds to the middle section of the circle (fig 5.1). Time issues relate to the section at the bottom of the circle (fig 5.1) dealing with mentor–student contact. Time and assessment will be dealt with in the sections devoted to these issues.

5.3.2 Mentors' Perceptions of the Mentor/Student Relationship

5.3.2.1

Focus group data which portrayed mentors as seeing students needing their help, support and guidance are summarised in fig 5.5.

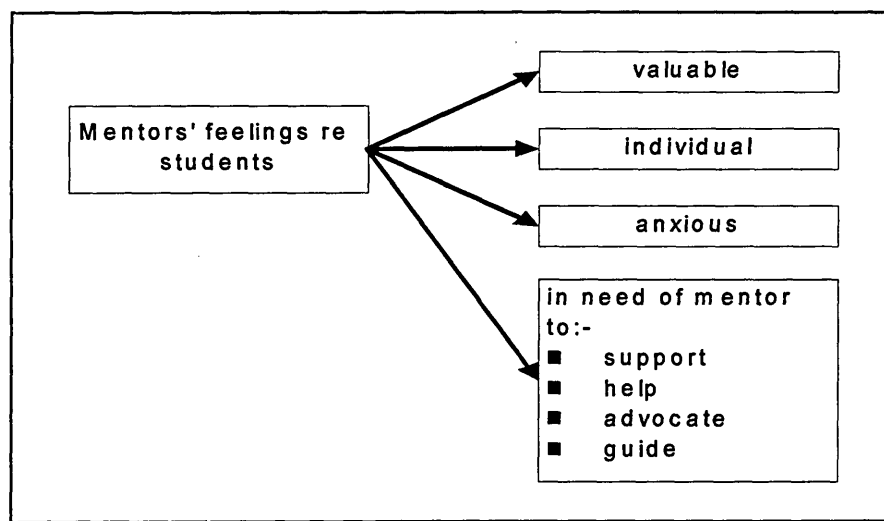


Figure 5.5 Mentors' Perceptions of Students

These perceptions corresponded closely to students' perceptions of their own needs.

Respondents to the questionnaires eighteen months later agreed with these views. A range of comments were made, some of which confirmed comments recorded in the focus groups.

5.3.2.2

Interesting differences emerge between comments made on the questionnaires and earlier ones from the focus groups. Later responses showed awareness of students' individuality and an objection to being asked to generalise in the questionnaire items. This can be interpreted as demonstrating an appropriately professional attitude on the part of those involved. Experience of the course had enabled the mentors to move from stereotypical views based on a few instances to a more balanced perspective. One of the mentors expressed it this way:

It is impossible to make generalised statements about students. Each is an individual with individual needs and expectations. Some are more enthusiastic than others, some need more support than others (MQ).

5.3.2.3

Comments in both sets of data show understanding by some participants of pressures upon the students which may be matched to the factors identified in the outside portion of the circle (fig 5.1).

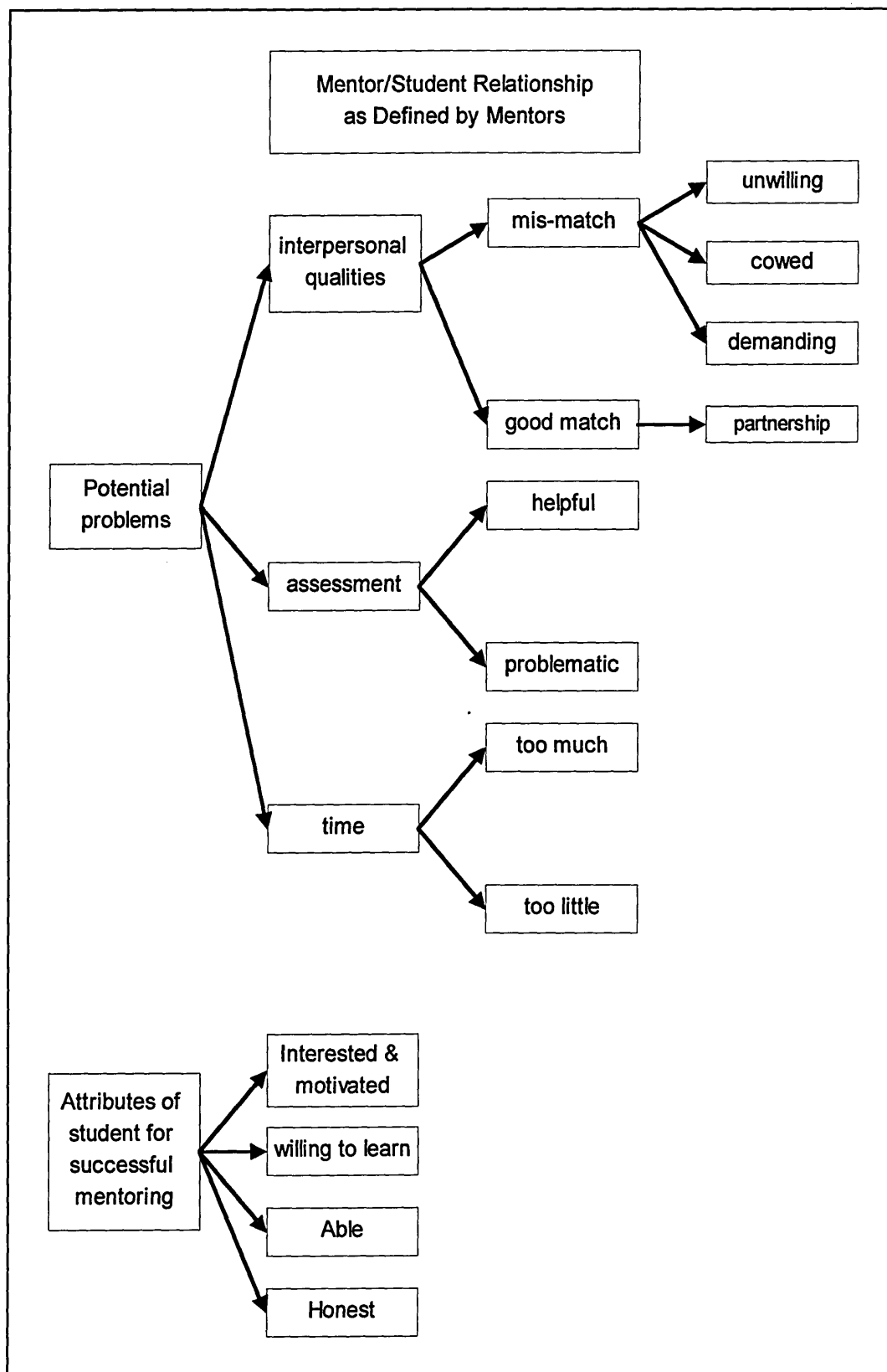


Figure 5.6 Mentors' Perceptions of the Mentor/Student Relationship

5.3.2.4

Mentors identify attributes of students that make a successful partnership likely from their perspective (fig 5.6). These are: ability; demonstrated interest, particularly in relationship to the clinical environment; willingness to learn from the mentor; and honesty within the relationship. Examples of comments are:

A disinterested (sic) student can also be very frustrating (MQ).

and

Mentoring students is dependent on their competency and commitment to learning (MQ).

They valued genuineness within the relationship:

He/she displays good attitude to the mentor but behind the mentor's back is a completely different person. For a mentor not to have that trustworthiness ... somehow impairs the process of good mentoring (MQ).

They confirmed that the issue of 'fit' was important:

And ... sometimes you can have personality clashes ... you are only human - you can dislike people (MFG).

5.3.3 Students' Perceptions of the Mentor/Student Relationship

5.3.3.1

Overall students' views of their mentors' needs showed good insight into those issues affecting their performance corresponding with mentors' perceptions of their own needs summarised in fig 5.7.

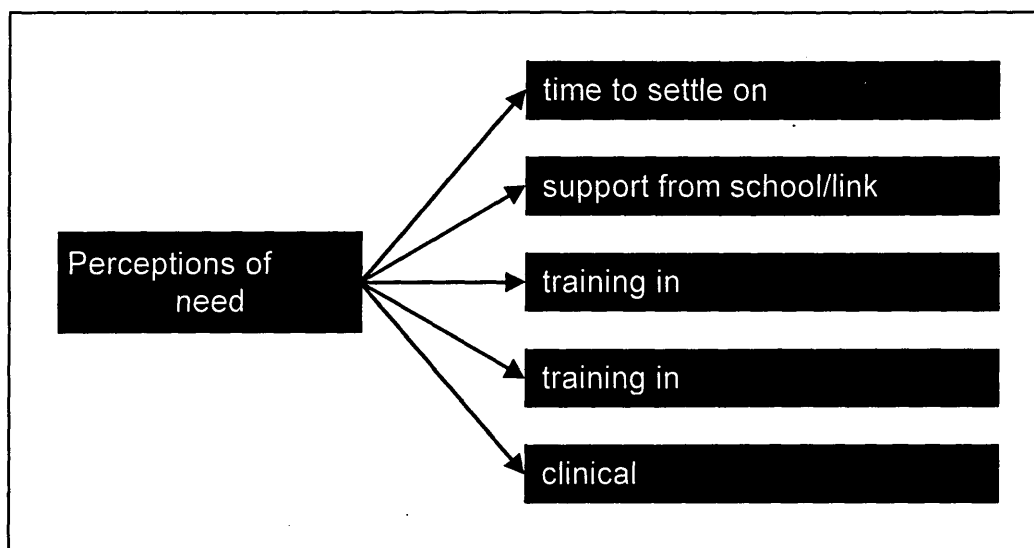


Figure 5.7 Students' Perceptions of Mentors' Needs

Their comments stem at least in part from experiencing mentors who did not meet up to their expectations. One student made this comment on the questionnaire:

Good mentorship is reliant on the personality of the person doing the mentorship and their intent to teach coming from a secure base of their own ability. It doesn't often happen(SQ).

5.3.3.2

Students clearly felt sympathy for some mentors who had been forced into the role very early in their experience. As one focus group participant who was about to qualify said:

If someone's newly qualified, ...it must be a terrible strain on them to become a mentor when they're trying to find their own feet themselves and consolidate their own learning experiences and then be given the role of mentoring (SFG).

Where these identified needs of mentors are unmet, they can be seen as contributing to the stressors noted earlier (fig 5.3).

5.3.3.3

Mentors' attributes affecting good or poor mentoring have been generated from students' descriptions of positive and negative situations. Three areas have been identified: inter-

personal qualities, teaching/mentoring skills, and the mentors' professional maturity and clinical expertise. Time and assessment issues pose potential problems. Focus group data and questionnaire responses show a high degree of agreement on these issues which are summarised in figure 5.8.

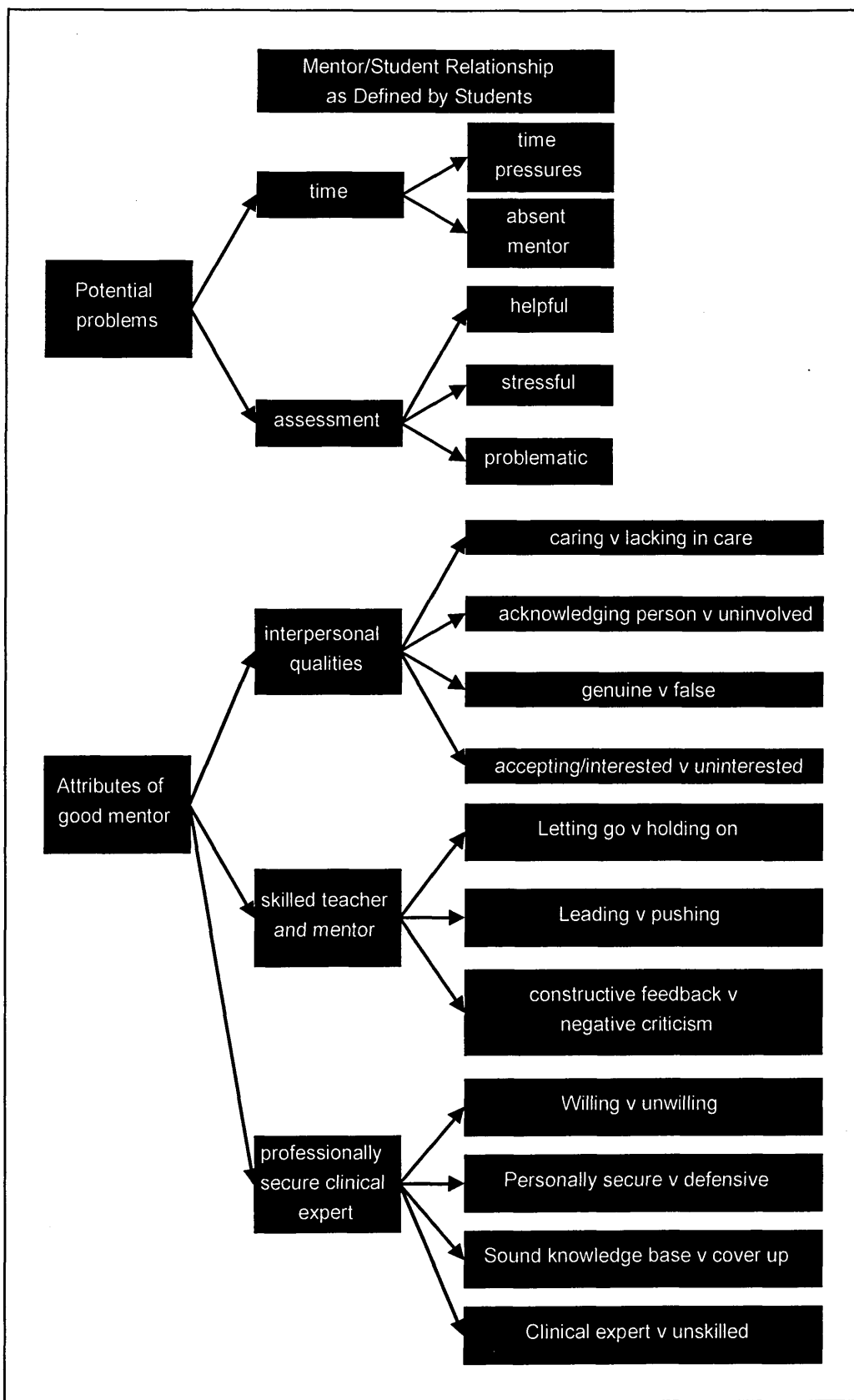


Figure 5.8 Attributes of the Mentor/Student Relationship as Defined by Students

5.3.3.4

Students indicated their strength of feeling regarding the importance of the mentors' knowledge of mentoring and their willingness to mentor by agreeing strongly with items assessing these issues (Appendix 4 tables 19 & 20). Their comments illustrated what good mentoring involved for them. Their need for the mentors' presence became less and changed in nature as they progressed through the course (5.2.4.1). Mentors need to be able to recognise this and let go at the right time. This demands the mentor exercising quite a high degree of skill and judgement of the student as an individual. A student discussing independence needs in the focus group stated:

It's knowing when to let go;...it's them being happy letting you do something, letting you be independent (SFG).

When the mentor got this right, students experienced it as leading them to the point where they felt able to perform an activity confidently. Where the mentor made a misjudgement, students felt pushed in at the deep end. One student described the difference as he had experienced it:

Yes, some of them try to push you into doing things where others will ... they actually, you know, wanted me to do certain things but then said it was up to me when I was ready ... I could like build myself up and say, right, yes, I will do that today ... and I knew there'd be the backup there to help me. Whereas other placements you find they would say today you're going to give report and you'd go "Oh my God!" (SFG).

5.3.3.5

Students valued feedback on their performance, provided that this was given constructively, as they were eager to get things right and become skilled nurses. A participant in the focus group said:

They should be taught how [to give constructive criticism] too because it's important to us that we know where we are going wrong. I mean we could carry on through our training doing something wrong and no one tells us (SFG).

Negative criticism, on the other hand, undermined their confidence.

5.3.3.6

The professional maturity and clinical expertise of mentors are also important for them to be credible to students. One of the students explained what she felt was needed:

Like personal qualities that you admire in somebody that you see, and if you think that they're really skilled and they're good at teaching you. I mean, some of them are really skilled but they just don't have that ability to teach it well or want to (SFG).

One student in the focus group expressed great admiration for a particular mentor whom she described as an expert. The group agreed that this was the standard of practice that they wished to emulate but did not always find.

My mentor at the moment has been nursing for a long time but he keeps up to date with everything, and it's because I think he's an expert in what he's doing and I respect that ... he's good (SFG).

Students were able to see through attempts to cover up for lack of knowledge:

If you say something they don't ... if they don't know an answer to something, they won't tell you they don't know an answer. They faff about and go on and on and don't answer, but yet they won't say that they don't know something. I think it's because they've been there on the ward for so long and for you to come on and, like, been there for about 2 weeks, and how dare you ask me something that I don't know or know something that I don't (SFG).

5.4 The Mentor Role

5.4.1 Overview

5.4.1.1

Mentors and students identified similar mentor roles. These fall into three groupings (see figure 5.9) related to evaluation and assessment issues, instrumental functions and psychosocial functions.

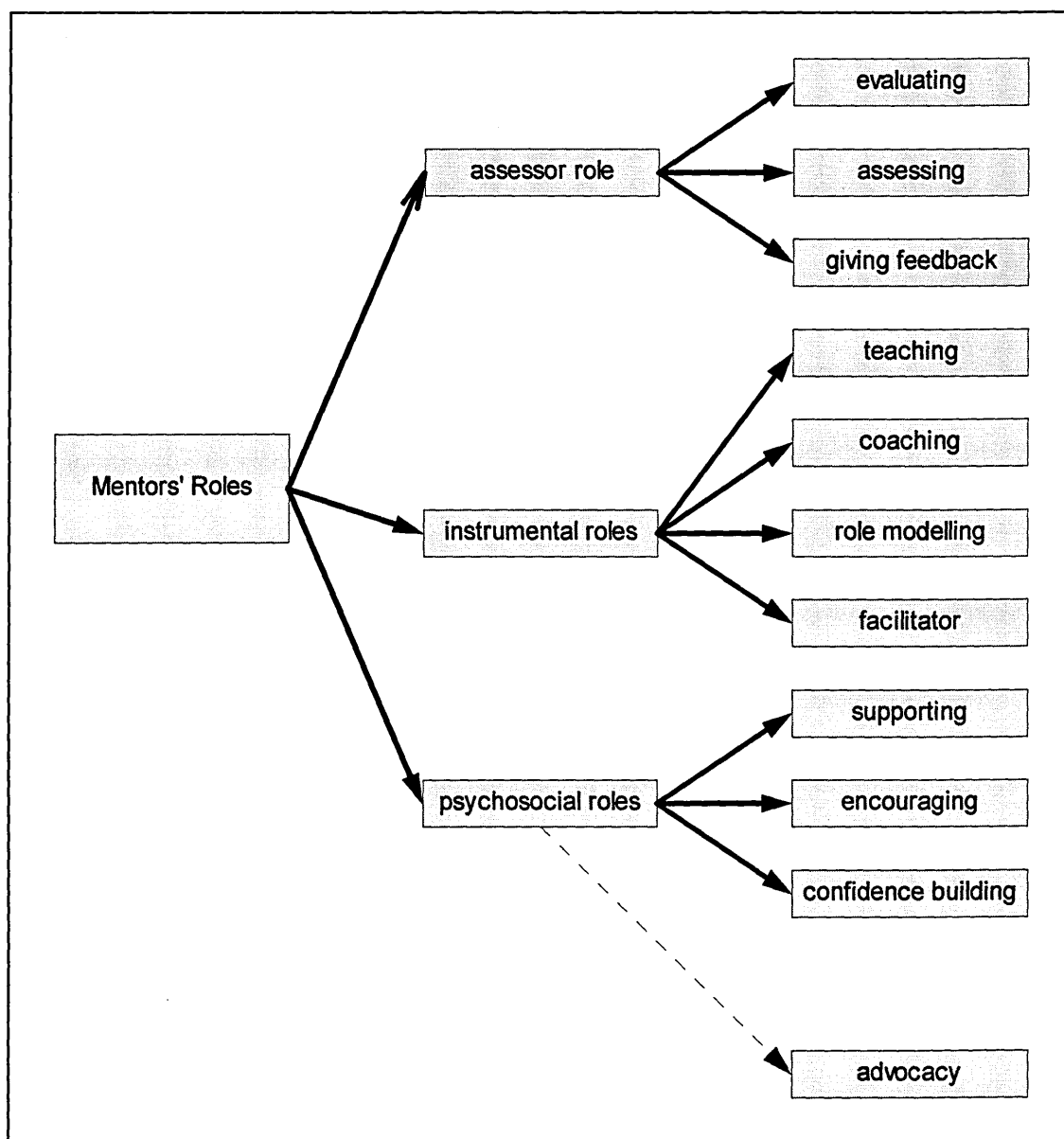


Figure 5.9 Mentors' Roles as Defined by Students and Mentors

Questionnaire responses strongly endorse all of these (Appendix 4 tables 21–28) except for advocacy (Appendix 4 tables 29 & 30) where the modal response is uncertain (6.3.4.2).

5.4.2 Assessment Functions

5.4.2.1

The course is designed so that formal summative assessment of practice is undertaken by the mentor in accordance with the ENB requirements in force when the course was written (ENB 1988a). There is debate in the literature as to whether this situation is totally incompatible with mentoring. Classical mentoring certainly precludes it. Mentors in the focus groups explained some of the difficulties that they had encountered:

I think perhaps because they've got a pass or fail thing that they're not as likely to tell you their inhibitions or their worries 'cos they're frightened they might fail on it. You are supposed to be their advocate but really they know they've got to impress you or show you that they're capable ... If they probably told you about them you could rectify them earlier on (MFG).

and

It is a conflict of roles a mentor and an assessor, 'cos the mentor is there to guide and help and be a sort of resource, and then the assessor is looking critically and judging a person, which is a conflict, and it should be two different people to make life easier for the student (MFG).

5.4.2.2

These comments demonstrate both the role conflict for the mentor and the difficulties perceived by students. Students' comments showed fear of failure as a problem within the relationship for some of them. A student midway through the course expressed it this way:

Do you ever feel that sometimes you might be walking on eggshells because she knows that she's got to fill your report in at the end of the day and you're thinking, yes, I've got to watch my step here or I daren't say something about ...(SFG).

Another student within the group who was nearing the end of the course disagreed, explaining that she no longer experienced this now that she was more senior. The questionnaires show that, while fear of failure is important for most students (61.7%), the

majority of mentors (64.1%) disagreed, indicating that the assessor role was not problematic for them (Appendix 4 tables 31 & 32). This is discussed in section 6.3.2.

5.4.2.3

Formative assessment and the provision of feedback on performance are, however, an essential and valued role.

One of the mentors explained how she worked with students using feedback to guide and promote performance to the required standard:

I hopefully would have identified any problems early in the placement and prevented students failing (MQ).

Students placed a high value on good assessment and feedback, as this helped them gain in confidence and ability. Where this was lacking, they felt let down and attributed this to inability on the mentor's part. One of them explained what he required but did not always find:

If they were to assess it properly and at certain intervals say, ah, this is a weak point, let's work on it, but they don't because they haven't got that skill so you know they can't do it ... (SFG).

5.4.3 Teaching/Instrumental Functions

5.4.3.1

Teaching, coaching and role modelling are endorsed by all respondents as important mentor roles. The most interesting issue to emerge is in relationship to skills teaching. The course philosophy dictates that practical skills should be taught in clinical areas by the staff who regularly work there. The rationale for this is that these people will have up-to-date knowledge and function as experts whom the students can emulate. Traditionally the school was considered to be the authority on practice issues. Various comments emerged

indicating that a number of mentors and some students still considered that this should be the case.

Tutors should be more visible on the wards. I think the old system of clinical teachers worked very well, e.g. students are taught aseptic technique several different ways – and it becomes confusing (MQ).

Even when students are supernumerary, teaching skills from a very basic level can take a considerable time, which is not always available in the pressurised environment of today's NHS. One experiences considerable sympathy with this busy community nurse who described her feelings in the focus group:

It does add to our workload having to teach people how to do things from the beginning. Some can do things but I spent an hour trying to just get a student to give an injection and it really got me fraught, 'cos I was thinking I've got 13 more to see and if we're taking this time at every patient I'll not finish within the day (MFG).

5.4.3.2

Another issue related to skills teaching is that of the standards of the person teaching.

Some mentors and students expressed concern about some practitioners' level of expertise:

Mentors may have no teaching qualifications, they may also have questionable skills, and yet the majority of practical skills are learned from such people (MQ).

Other comments, however, demonstrate the existence of mentors who showed pride in passing on their skills:

I feel very responsible in carrying out the role of mentoring in that what I teach will affect how they nurse in the future. I try and ensure they have the underpinning knowledge behind their practice and that they are safe and competent deliverers of care (MQ).

In spite of the various problems to be overcome, the great majority of both students and mentors endorsed skills teaching as a component of the mentor role (Appendix 4 tables 21 & 25), the modal response in both cases being strong agreement.

5.4.3.3

Students describing what they require from a mentor indicated their need for the coaching aspect of skills teaching:

Someone says, well, would you like to do reports, say, sometime in this placement, and you say, OK, I will, then they could start giving you tips and you could start to watch ... (SFG).

Acting as a resource and facilitating learning are other instrumental functions associated with the teaching role that have been identified:

I see myself as a resource for my students when I am a mentor and hope they use me as this (MQ).

and

... facilitating in a learning environment (MQ).

One student described a mentor who was a good facilitator and empowered her to take up available learning opportunities:

... doctor's doing a plural effusion on the ward and he said, "He's starting it now, leave this, go and watch it when the opportunity's there." (SFG)

5.4.3.4

The role model function is said to exist where the student is observing the mentor's behaviour and emulating it. It can also be said to relate to watching and learning from expert practice as described by Benner (1984 pp 34–5). This enabled students to refine their practice skills, as one mentor commented:

Most students are very capable but appreciate observing experienced nurses at work (MQ).

Some mentors expressed anxiety about the role model function, possibly because they did not understand the full meaning of the term:

The expression role model causes me some anxiety as it seems to imply that my behaviour is to be emulated at all times – that I am a counsel of perfection. I am not this and would never claim to be (MQ).

Others, however, describe this function although they do not use that language:

So of course we're telling the student how to do it our way, the student will mimic our way (MFG).

The majority of students and mentors responding to the questionnaires strongly endorsed the role model function. Only 0.7% of mentors and 1.2% of students disagreed, with very few (4.9% of mentors and 11.4% of students) being uncertain (Appendix 4 tables 22 & 26).

5.4.4 Psychosocial Functions

5.4.4.1

Support is described as being there for students and being available if a situation arises that is beyond students' competence. A rostered student identified the supporting and facilitating role of the mentor in this way:

You're just rushing round or you're just, you're just absolutely baffled by what you're doing ... a mentor should be there as a back-up to say, look, everybody's panicking 'cos ... the mentors should sort of be aware that the student might be in that situation when it's difficult for her or him (SFG).

The students all clearly endorsed the support role. The researcher asked the group what the most important things that they required from their mentors were: support was stated first, with strong intonation indicating their strength of feelings.

5.4.4.2

There is also a befriending and caring aspect to the support role. Many students expressed a need for this and some mentors claimed to attempt to give it:

Like if you've not been well for sometime, people just completely ignore the fact as a student, but when your mentor comes back and says how are you, it's just little things like that ... that they're involved ... caring about you ... (SFG).

and

I try to be a friend to my students (MQ).

5.4.4.3

Students saw encouragement and confidence building as important roles which aided their practical and psychosocial skills development. They describe various situations that can undermine their developing confidence.

This student explained how her confidence was affected by the mentor expecting skills that she did not possess:

So that the student can say, I haven't done this before, do you mind showing me, and they don't go off 'Oh my God you've been nursing for how long and you can't do that – where have you been?' – that knocks you back, and you kind of think, I'm not saying anything again, I'm not going to ask anything (SFG).

Another student gave a positive example of encouragement:

...it means such an awful lot at the end of the shift to whoever's been in charge and mentions you've done really well thanks a lot, someone to actually acknowledge that you've actually done something, 'thanks a lot you've worked really well today and see you tomorrow'... (SFG).

5.4.4.4

Students gave examples of situations where the mentor helped them to build confidence.

These included facilitating learning, giving continuity, and teaching and coaching where the student needed to build up skills:

A good mentor can make a placement a better learning experience. This increases my confidence (SQ).

and

When I am put with a mentor and am kept with the same mentor it gives me a lot more confidence than being thrown around to different members of staff (SQ).

This was especially important when starting a new placement:

A few of my mentors have been excellent, in that they have spent time to teach me skills and instilled confidence in me, which is essential when first

starting on placement and when I am unfamiliar with the techniques etc. (SFG).

5.4.4.5

Advocacy is defined as taking the part of another (Oxford English Dictionary 1992). So in this context it may be construed as taking the students' part and protecting them from other staff who may exploit them or give them a bad time. Both mentors and students gave equivocal responses to the item asking about this in the questionnaire, the mode in both cases being uncertain (Appendix 4 Figures 29 & 30). Focus group descriptions suggest that there is a function that is distinct from support which equates to generally accepted notions of advocacy. Mentors described the need to take the students' part and protect them from the sister.

But some of them are really being quite poor, they've needed a lot of support, a lot of protection from the mentor (MFG).

Students in the focus group identified various aspects of the advocate role and considered it an area that mentors needed to engage in to a greater extent than they currently experience as the norm.

I think they should take on that (advocacy role) a lot stronger than they do (SFG).

They described it as helping the student in situations where they did not have the experience and/or the power to negotiate successfully for themselves. They gave examples in relationship to whistle blowing, negotiating with the ward sister and intervening in disputes with patients.

A student described a whistle blowing situation:

When you see something going off you may disagree with, it's useful if you have a mentor that you can say you've seen something that you're not particularly happy with ... it would also be useful if that mentor was able to

take that and help you, you know, challenge somebody over something more serious or just bring up your feelings ...(SFG).

Negotiation with the sister was described in this way:

Yes, if ... the sister in charge always does all the management, if it's your mentor isn't going to be in to push you in to do it, you going to have to go through your mentor to the sister; it depends on the role (SFG).

and

Mentors are in a better position to stand up for students due to their established role within the ward team. Students are often not heard (SQ).

Intervening in a situation with patients to see that the student gets appropriate experience was explained in this way:

When you get some patients that don't want you near them because you are a student ... and that's when you need a mentor to be able to see them and say, yes, this person is a student but, you know ... and explain(SFG).

5.5 *Assessment Issues*

5.5.1 Time for Assessment

5.5.1.1

This section deals with the situation where the mentor is taking on the formal role of assessing the students' practice and completing the summative assessment documentation.

The controversy in the literature (2.4.2.4) over combining the assessor role with that of mentor has already been discussed (5.4.2.1).

5.5.1.2

It may seem fundamental that, in order for the mentor to assess the student's practical skills, the pair have to spend time together working. The system of organising shift patterns and off duty operating on some wards made this incredibly difficult to achieve.

The very short length of some of the placements compounded this problem. Both students and mentors expressed considerable dissatisfaction and made many negative comments.

It is very important to work with the student in order to make an informed assessment of them. It is the only fair way to do it. Sometimes it can be difficult to roster the student and mentor together (MQ).

The issue of time is considered in section 5.6.

5.5.1.3

The major issues that emerge are summarised in figure 5.10. These are: the documentation issued by the school, reliability and validity, and the issue of role conflict.

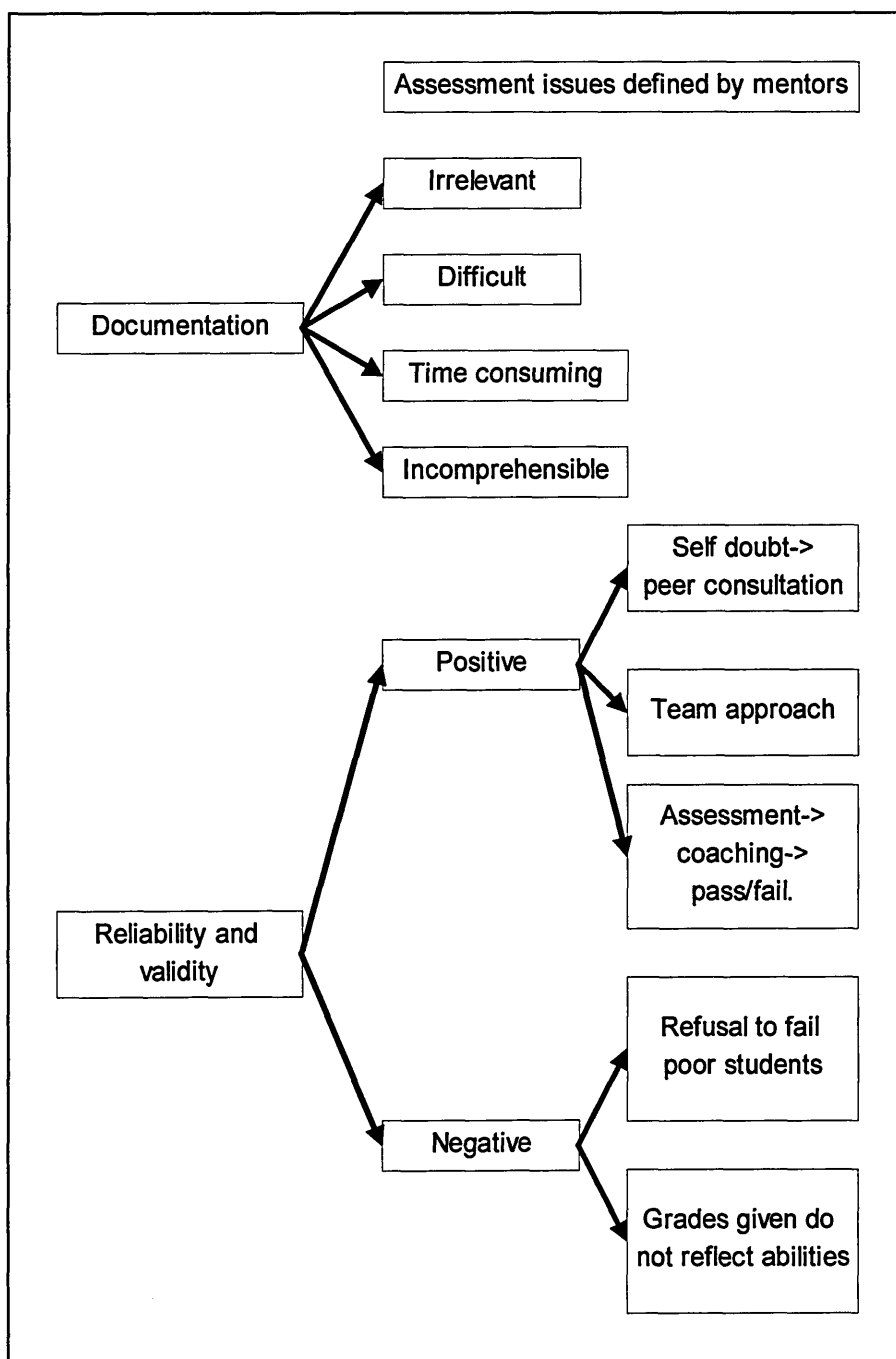


Figure 5.10 Assessment Issues as Reported by Mentors

Students' concerns about assessment issues are summarised in fig 5.11.

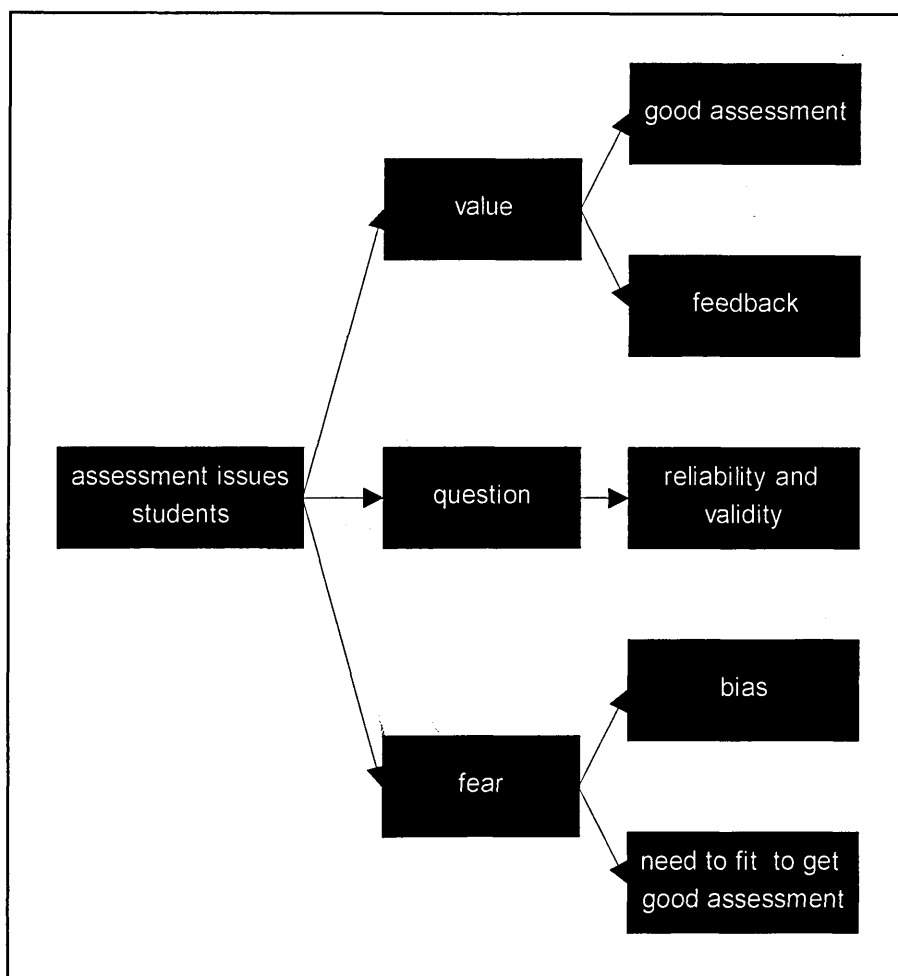


Figure 5.11 Assessment Issues as Reported by Students

Both students and mentors accepted assessment as inevitable. The concerns expressed by both groups regarding reliability and validity and the problems of role conflict indicate acceptance of assessment as necessary preparation for a professional role (6.3.5.4) and a desire to achieve high standards.

5.5.2 Reliability and Validity

5.5.2.1

Lack of contact with the mentor caused students and mentors to question the validity of the assessment.

Mentors often make up what goes into the booklet, they may not understand the booklet, not know you or even work with you (SQ).

and

Credit is often not given in booklets and is often not reflected in the grading systems used in the booklet (SQ).

Mentors felt unable to give valid judgements on students with whom they had worked only infrequently. Questionnaire responses strongly endorsed this view (Appendix 4 table 33).

One mentor said:

If I'm a mentor for somebody and I've only seen him once, I've got to do his report in the next week, and I say, how can I do his report when I don't know him? (MFG)

This mentor felt that she was being asked to do an impossible task in assessment when the student was with her for so short a time. Others, however, described a team-work approach with all staff who had taught the student contributing to the assessment:

The whole of the nursing team need to discuss the students' performance so they can all help with their learning. (MQ).

5.5.2.2

Both mentors and students, when discussing the assessment booklet, described this document as hard to understand and confusing. This caused some mentors to fear that they were not assessing properly:

The booklets tend to be seen as badly written and hard to understand and on some placements mentors are reluctant to fill in the booklets (SQ).

and another said:

I feel the assessment booklet should be much less complicated. I do not understand what I am supposed to be assessing (MQ).

5.5.2.3

Mentors and students considered the varied interpretations made of the document rendered assessment unreliable.

The assessment booklet should be written in plain English as different people will interpret things in different ways (MQ).

This student was concerned that the grading system did not allow credit to be given in areas that she considered to be important:

It's not just those grades, it's what they write about you; those grades don't tell you anything about whether you turned up on time, whether you were dressed correctly, whether you were polite ... I think that is just as important as those grades (SFG).

Many others expressed similar sentiments, indicating that there was no scope to differentiate between those students who just achieved a pass standard and those who performed to a higher standard. Questionnaire data from both students and mentors strongly endorsed the difficulties experienced with the documentation (Appendix 4 tables 34–37).

5.5.3 Students who Fail to Achieve

5.5.3.1

Failing a student is understandably hard for any mentor and it is unsurprising that the majority found this stressful (Appendix 4 table 38). Some mentors responding to the questionnaires stated that they would be prepared to fail anyone whom they did not consider to be a safe practitioner. This demonstrated a high degree of professionalism. Others, while indicating that they were prepared to do this, clearly found it unpleasant.

One mentor put it this way:

I would like to find it easy to fail a student if they were unsatisfactory; however, personal feelings such as feelings of failure or misjudgement make this impossible (MQ).

5.5.3.2

The questionnaire responses sampled a much wider range of staff than the focus groups.

The time gap meant that many questionnaire respondents would have had time to

consolidate experience of mentoring and assessing. Both of these factors may account for those mentors who expressed professional views in the questionnaires. This was not universally the case, and students and mentors described some staff nurses who resort to giving pass grades rather than engage in the trauma of failing a student who was seen not to be achieving the required standard:

I feel that occasionally the mentor fills in the assessment booklet and passes the student, just to make it easier for themselves (SQ).

and

I feel that a lot of people on other wards loathe to be honest with students and on a couple of occasions students have arrived here and been allowed to pass all their previous allocations when it appears that they are not competent to have passed (MQ).

5.6 Off Duty and Time Issues

5.6.1 Overview of Off Duty Issues

5.6.1.1

It can be argued that 'time and off duty' does not constitute a separate category, as these issues affect other areas, particularly stress and assessment. The author feels that not using a separate category is to fail to give these issues the emphasis that they deserve. This is an area that has historically always been of concern, as can be demonstrated from the literature (Marson 1981, Orton 1981, Gott 1984, Melia 1982 in the UK and Wright 1990 in Australia). The area falls into three aspects (fig 5.12). These are: getting together, which outlines the problems of the student and mentor actually being together on the same shift; working together, which explores what may happen when the two are rostered on the same shift and optimum time, which looks at what proportion of a student's placement it is desirable to spend working one to one with the mentor.

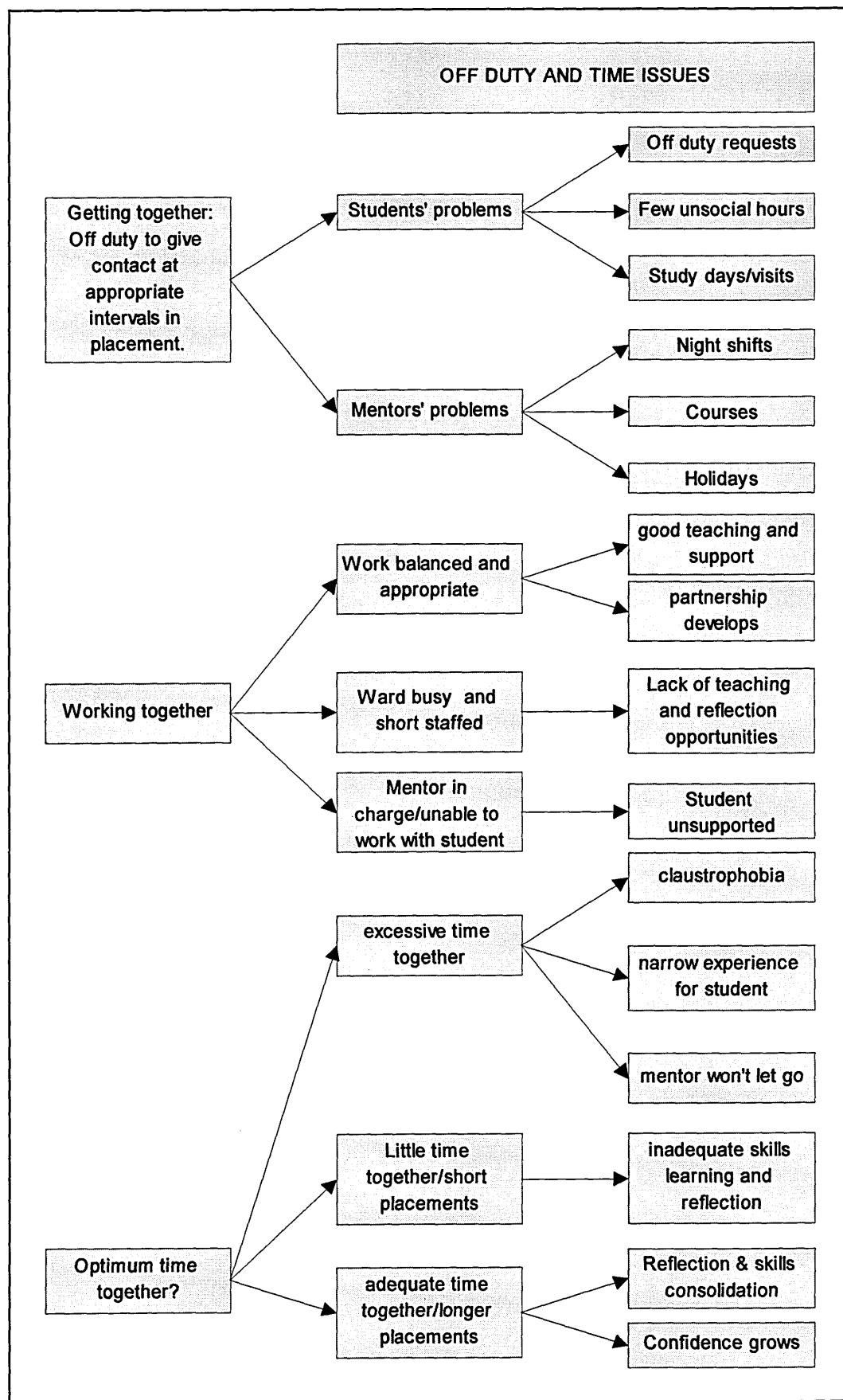


Figure 5.12 Off Duty and Time Issues

5.6.2 Getting Together

5.6.2.1

The quantitative data gives a picture of contact time as perceived by both students and mentors. Mentors perceived considerably more contact time than students (Appendix 4 tables 39 & 40). The majority of students, however, reported at least weekly contact, which is considered satisfactory. The author is surprised at this, given the number of negative comments as outlined below.

5.6.2.2

Supernumerary status was intended to allow the student to work shifts alongside the mentor. There are times when this did occur as this student described:

I think it's the luck of the draw really because I've been lucky and ... all of my supernumerary placements ... I've been given my mentor's off duty and I can choose if I want to work or not so I usually put down the same shifts that she does, but most of that changes in rostered because I'm not with my mentor now (SFG).

There are a variety of factors operating which mitigate against this always occurring.

Some relate to the attitudes of ward staff planning duty rosters who do not seem to be able to understand or accept the thinking behind the current nursing curriculum:

...some of the older members of staff who still see student nurses as apprentices: pairs of hands to be utilised so the supernumerary concept doesn't really ring home to them (MFG).

A rostered student described her experiences in this way:

I had a six week placement where ... my off duty was given for the first couple of weeks the same as my mentor's and then I worked every weekend for the six weekends and the excuse was "well your mentor is working", and half the time she wasn't (SFG).

Students responding to questionnaires eighteen months later still perceive the same problem:

Sometimes it appears that the off duty is not thought out, as sometimes you can go for weeks without seeing your mentor (SFG).

This may be simply due to lack of care, but it could be that students are not fully aware of the many conflicting demands involved in planning duty rosters. The need for most staff nurses to cover night shifts quite frequently makes them unavailable to mentor students during the day time. Both mentors and students identify this problem that does not appear to have diminished at all over the time span of the study.

A mentor in the focus group said:

We do nights frequently ... it wouldn't be fair for students to come on to nights as frequently as what we do internal rotation (MFG).

Both parties reaffirmed the problem eighteen months later:

As my mentor is doing study and has lots of study days and is currently working in another area for one week. Also recently my mentor has been doing nights (SQ).

I find that as senior staff nurse I have to take charge of the ward as well as having to do nights for one week in four (MQ).

5.6.2.3

Night rotation described by this mentor as 25 percent of total time, would indicate that the students' reports of excessive absence of mentors for these reasons are not an exaggeration. Mentors have to work many evenings and weekend shifts to give cover to patients. Students are not paid the enhanced shift allowance and so are not always willing to work these hours. This mentor perceived the off duty as unfair to the student:

I know some of ours are getting pretty rough off duty which they are not getting paid for and I think giving them a large amount of weekends isn't fair (MFG).

Some wards tended only to roster students on weekdays. They also had to have study days and so contact with the mentor was very limited:

They tend not to work weekends; Monday to Friday, one study day, and that's it (MFG).

5.6.2.4

The problem does not have to be insuperable. Some areas have addressed it by encouraging the student to choose off duty alongside the mentor, including inviting them to undertake night shifts:

...some of the students are asked if some of their supervisors are on nights, because we rotate on to nights as well, if they want to do a week with them; and the students that are on now agreed (MFG).

Student status and principles of adult learning would support the concept of negotiating shifts in order to maximise learning opportunities. In some cases, as cited above, students welcomed the opportunity, for others various social engagements took precedence over the need to work with the mentor.

5.6.3 Working Together

5.6.3.1

Student and mentor may be rostered on the same shift and still not be working together.

When the mentors have to take charge of the ward, they are performing a role that only students in the very end part of the course are ready to learn. One student explained how it felt for her when her mentor was unable, or unwilling, to work with her:

But if she was ... in charge of the ward, and "I'm sorry, go and do it and if you get stuck go and ask someone else ... here's three bays go and look after them I'm too busy being in charge", and it was just, it was a nightmare for six weeks (SFG).

and

Mentors are unable to give good mentorship when in charge of the ward (SQ).

5.6.3.2

Although the two may have been working together, the situation may have been so busy that there was little time for teaching or reflective activities.

One student explains:

The shortage of staff on wards does not allow an effective learning environment. Good staffing levels would allow students to gain access to an optimum level (SQ).

5.6.4 Optimum Time Together?

5.6.4.1

There were a few reports of situations where the student and mentor spent considerable time together. This may result in the student experiencing only a very narrow view of practice. The mentor may also find it very claustrophobic. As one mentor put it:

You can't turn away or go to the toilet or anything, they're there at the side of you (MFG).

This mentor's comments related to one particularly difficult student whom she had had a particularly stressful time mentoring:

I was on the verge of a nervous breakdown by the time that girl finished (MFG).

5.6.4.2

Many mentors found assessment difficult where they were the only person involved with the student. This staff nurse was wrestling with the difficulties of assessing someone particularly poor and wishing to remain unbiased:

For me to be able to say, is it me or is it her, because it really gets to that stage when they're with you all the time, it comes to that (MFG).

5.6.4.3

Mentors and students identified the need to experience a variety of personal styles to give a broad view of nursing. Focus groups and questionnaire comments demonstrated this.

One mentor stated:

Also important that they work with other people, so that they can get a different opinion, a different outlook, so they're not just looking down one passage (MFG).

and a student's viewpoint:

And I think it's nice to be able to work with other staff, isn't it, and pick up different things and different ideas and get different perspectives on things (SFG).

Various methods of performing both interpersonal and psychomotor skills exist. It is necessary for students to experience this diversity to consolidate a professional approach to nursing. This assumed greater importance as students progressed through the course.

It is important for students to work with other nurses as well as their mentor, to examine other nurses' management and communication skills and for different role models (MQ).

While situations involving excessive contact appeared rare, they were serious when they did occur. They do demonstrate the necessity to establish the specific needs in each mentor/student pairing.

5.7 The Working Situation

5.7.1 Overview of the Work Organisation

5.7.1.1

This section explores various methods of organising the wards, mentoring and teaching of students. The areas represented in the sample reported great variation. As can be seen from figure 5.13 they represent continuums ranging from rigid and old fashioned to

progressive, flexible and democratic. Quantitative findings confirm the existence of a range of styles (Appendix 4 tables 41–44).

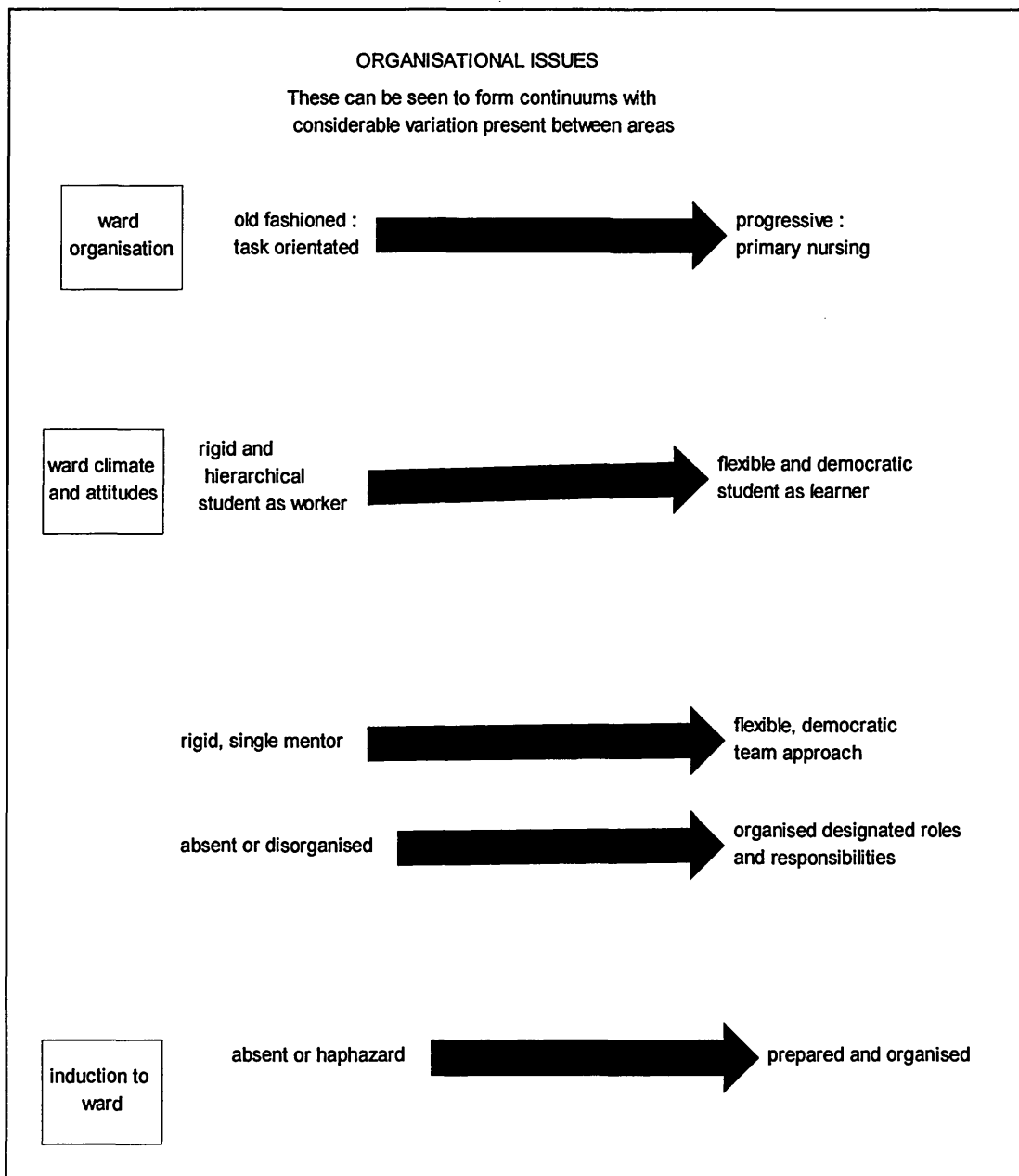


Figure 5.13 Methods of Organising Wards and Student Supervision as Reported by Mentors and Students

5.7.1.2

Primary nursing is reported as the method of organising care by 20.5% of mentors in this study and only one (0.7%) reported task allocation. The majority of mentors reported

either a mixture of methods (39%) or team nursing (30%) (Appendix 4 tables 41 & 42).

The differences in style between wards confirm previous findings from the literature (2.6.2). The author experienced these variations very acutely when administering the questionnaires (3.5.4.2). These findings demonstrate a range of organisational styles, with primary nursing being used in a number of wards. A similar range of styles of student supervision are reported by mentors and students (Appendix 4 tables 43 & 44). The significance of these variations and their possible effects on both students and mentors will be explored in the discussion (6.5.2 & 6.6.1).

5.8 *Mentors' Reactions to Project 2000 Course*

5.8.1 Reactions to a Major Change

5.8.1.1

Students and mentors were asked in the focus groups to bring up issues that were of importance to them. Students had only experienced the Project 2000 course and so had nothing with which to compare it. Sheffield had been running the course for sufficient time for them not to feel that they were guinea-pigs. Most would probably not have known students doing any of the old style courses. This may explain why they did not bring up this issue at all. As they did not raise it in the focus group, the researcher did not include items about this issue in their questionnaire.

5.8.1.2

Mentors made various comments regarding Project 2000. This involved considerable changes in both practice and attitudes on their part. They were being asked to treat students in significantly different ways from those in which they themselves had been treated. It is interesting to compare comments made in the focus groups with responses to

the questionnaires eighteen months later. These show a definite shift in emphasis, indicating that staff had become much more accustomed to the course during this time.

5.8.1.3

When Project 2000 was launched in England and Wales amid great publicity, many extravagant claims were made. The principles of adult education incorporated in it asserted that students would be self motivated and able to manage their own learning. These “new nurses”, educated to a higher level than their predecessors, were portrayed as the practitioners of the future. It is not surprising that this caused considerable anxiety and apprehension among traditionally trained staff when they were contemplating having the first students. The reality for many proved to be very different from the picture painted. This finding is mirrored in other studies (White et al 1993, Phillips et al 1996b, Atkins & Williams 1995). Participants in the focus groups expressed their disappointment with the standard of the students they received:

I think the expectations of the P2000 nurse is that I expect them to be different and to be more aware and thinking, and thinking nurses and they're not, so it's a bit of a disappointment (MFG).

And

They're certainly not as self confident as I thought they would be when P2000 hit the press and we had this vision of this marvellous student; it just hasn't come across like that (MFG).

Mentors discussing the students' ability to set their own goals in clinical placements found their ability sadly lacking:

Yes, they don't seem to have their own personal objectives (MFG).

5.8.1.4

Many felt unprepared for the change and considered the preparation given as inappropriate or unhelpful. They expressed strong feelings about the preparation course which they had attended.

It was rubbish, weren't it? In fact I didn't go for 2 days (MFG).

and

It did not prepare us for this onslaught of these completely different students (MFG).

5.8.1.5

Reactions to the students are interesting. During the discussion the group appeared to swing from feeling sorry for the students at some points to expressing feelings that may be interpreted as jealousy at other times. They were clearly comparing their own experiences with those of the students:

It is not the students' fault if their practical skills are poor, it is the lack of time they are allocated to improve on the basic nursing techniques (MQ).

and commenting on the general pressures of the course:

And they've got that many assignments and when they fail their assignment it affects them and they've got that many (MFG).

and

And everything goes on record and they're frightened to be off sick (MFG).

and

It seems to weigh very heavy on them (MFG).

Other comments could indicate jealousy towards the students, who are perceived as having opportunities not available to the mentors:

They do tend to get a lot of time really, don't they? I mean how often did you ever get sent to the library or sent to do some studying when you'd got

an essay coming up? I mean now they just go off don't they, they go to the resource room (MFG).

By the time the questionnaires were administered, most people had adjusted their expectations and many initial problems had been addressed.

5.8.1.6

Mentors' responses to questionnaire items related to the Project 2000 course indicate that many people have positive feelings towards the change, some were uncertain, while some were still hostile (Appendix 4 tables 45–51). This can be considered a normal finding at this point in adjustment to a major change in an organisation. Comments indicated a range of reactions, but the general feeling supports the quantitative data suggesting that people were gradually adjusting to the changes and accepting them.

5.9 Major Points for Discussion

The major issues to emerge from the data can be linked to the various segments of the circle model (fig 5.1):

1. The degree of stress expressed is of concern. The discussion will explore the degree to which this is a feature of the total situation and how far it is specifically linked to mentoring and the way in which this was introduced.
2. The level of professional knowledge and expertise of the nurses employed to be mentors is important. Students' high expectations of mentors' skills are not always fulfilled.
3. The role of the mentor needs clarification on two counts. One is in relationship to skills teaching and how much of a burden it is realistic to place upon very busy staff. The other relates to the expectation that the mentor fulfils the role of summative assessor for practical skills.

4. There is general agreement between all data sources regarding mentor roles which will be discussed in relationship to other literature recently published on the subject.
5. The climate of opinion and attitudes within clinical areas is constantly changing in response to the many social and organisational factors that are in operation. This influences relationships within the wards and so affects both students' and mentors' abilities to perform their roles. It also affects how the issue of mentor/student contact time is addressed. This needs to be taken seriously if needs are to be met.

These issues will be discussed in Chapter Six.

6. Discussion and Conclusions

The major findings from the study, outlined below, are discussed in relationship to the literature review. Particular attention is given to studies published in Britain over the last five years which relate directly to this work carried out in Sheffield.

Recommendations are made in each section for consideration or for further study as appropriate.

- *The study, unsurprisingly, demonstrates various expressions of stress from people undergoing major change, and discussion centres on specific stressors involved in the mentor–student situation.*
- *The desirable qualities identified in the study for mentors and the appropriate grades of staff to fulfil the role are compared with other current work in the UK.*
- *The mentor roles required by students are concordant with other current findings. The appropriateness of some of these functions is discussed, particularly the assessor role.*
- *The debate regarding definitions, raised in the literature review, is considered and suggestions made in the light of the roles and functions which this and other current studies show to be appropriate for pre-registration nursing students.*
- *Finally, the study identifies various factors affecting mentor–student contact time.*

6.1 Stress

6.1.1 Stress Within a Changing Situation

6.1.1.1

The mentors and students in this study express stresses that cause concern. Mentors' stress can be linked to two separate issues. The first is the introduction of a major

change, Project 2000, and the speed with which it was implemented; the second is stress specifically linked to mentoring students. Students expressed anxiety about a range of issues related to social integration, self image and confidence as nurses.

6.1.1.2

Stress has long been a noted feature in health care situations (Menzes 1960). It is also a feature of organisational change. There were significant and extensive changes within all health care settings in the UK at this time. Expressions of stress such as poor morale and feelings of powerlessness are to be expected in this context. Staff at all levels need to be equipped with stress management skills to enable them to survive in the climate of today's health care setting (Booth 1992 p 56). It is also important to identify the areas where support is needed so that individuals are not overwhelmed by unnecessary pressures.

6.1.2 Stress Among Mentors

6.1.2.1

The introduction of Project 2000 was one of the major sources of stress identified by mentors in Sheffield. Other studies of mentoring at this time indicate similar concerns.

These are:

- confusion regarding the changes in the course and feeling inadequately prepared to contend with difficulties (Orton et al 1993, White et al 1993, Jinks & Williams 1994, Rodgers & Lawton 1995)
- confusion regarding the interpretation of supernumerary status (Parahoo 1992a-c, Elkan & Robinson 1992, Orton et al 1993, White et al 1993)

Project 2000 was introduced in what White (1996) describes as ‘an unrealistically short time scale’ precluding adequate education aimed at unfreezing the innovation users’ attitudes, which is important in overcoming resistance to change (Lewin 1967 p 59–68).

6.1.2.2

The negative emotions expressed in all the studies cited above can be seen to correspond to the emotional phases of response to change identified by Marquis and Houston 1992).

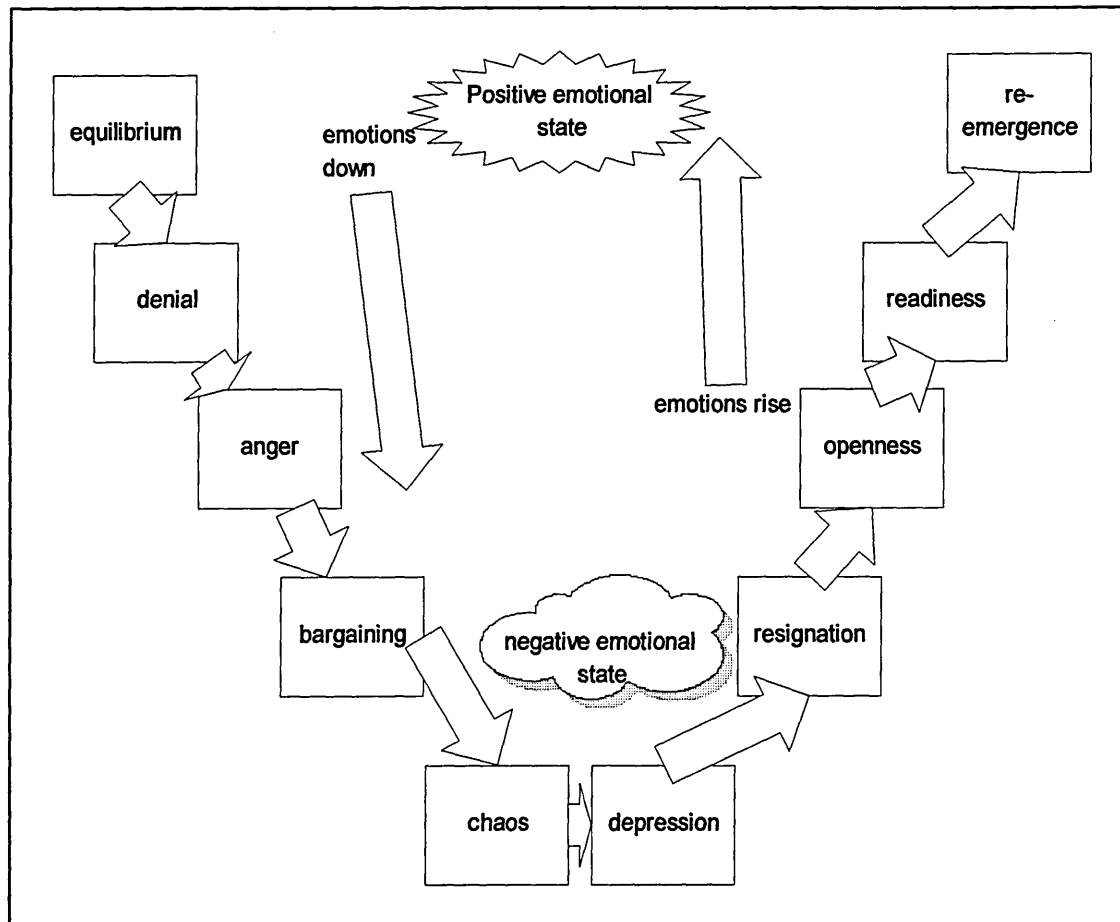


Figure 6.1 The Ten Emotional Phases of the Change Process Adapted from Marquis and Houston (1992)

These can be seen to demonstrate that a normal positive emotional state becomes negative during the change process and reverts to positive again as individuals accept the change and internalise it. A distinct improvement in emotional response can be seen when the data from questionnaires in this study is compared to findings by Orton et al (1993). Their multi-site study included analysis of focus groups run in Sheffield. This

gave a picture of the situation here two and a half years before the start of this study. Positive adaptations to the challenges of mentoring Project 2000 students are evident among respondents to the questionnaires in the current study. This suggests that staff have progressed further in their adaptation to the changes, responding in a normal way and, with time, adjusting to them. There had also been modifications to some aspects of the course delivery as a result of ongoing evaluation by both the school and service staff. The negative picture that is portrayed by White et al (1993) may have been a function of timing. The study was commissioned very soon after the implementation of Project 2000. Participants involved in that study were likely to have been experiencing the anger, bargaining, chaos and depression stages of emotional response. The authors rightly highlight the need for support at this time. White (1996) cites the newness of Project 2000 as one possible explanation for the negative findings of that study.

6.1.2.3

The number, extent and rapidity of changes within health care delivery systems in the UK at this time make some stress and the negative emotions which accompany it inevitable. Supportive helping relationships are essential if individuals are to negotiate stressful changes successfully and not make maladaptive responses. Staff who are feeling unsupported, demoralised and overwhelmed by their own stresses are unlikely to be able to give adequate support to students. It is important that this need is recognised so that mentors are not over-stressed to a point of abuse, especially in a management culture which emphasises individual responsibilities (Faugier 1992, Woods 1992 pp 40–42, Morton-Cooper & Palmer 1993). Clinical supervision, which includes mentoring, as defined by the UKCC is proposed as a suitable support mechanism (Butterworth & Faugier 1992 p 7–9, Morton-Cooper & Palmer 1993, UKCC 1995). Where adequate

support is given, qualified staff are able to make positive responses to the current challenges in the health care situation, and generate creative solutions to problems. The current study contains examples of co-operative teamwork approaches to mentoring; peer support is seen to be operating and the burden of stress is shared (5.5.2.1).

Attempts need to be made to encourage the spread of these practices to other areas.

6.1.2.4

The following issues which emerge from the current study in Sheffield relate to the mentoring/assessing role as such, rather than the specific introduction of Project 2000:

- the needs of newly qualified mentors
- dealing with difficult students
- failing students
- role conflict resulting from conflicting demands

These issues fall within the subsequent sections and will be dealt with there.

6.1.3 Stress Among Students

6.1.3.1

Sources of stress identified by the Sheffield students in this study confirm findings among nursing students over many years in all areas of the western World. These are:

- the need to integrate socially into the placement
- the necessity to prove themselves as nurses in clinical placements
- feeling overwhelmed by the complexity of the working situation and the number of new ideas that have to be integrated (Kramer 1974, Benner 1984, Wright 1989b, Ziv 1990)

6.1.3.2

Students' stress has increased rather than diminished since Project 2000 has been introduced (Woodrow 1994). Two factors can be seen to contribute to this: the introduction of supernumerary status and the change in skills teaching philosophy. Supernumerary status has made the student's integration into the social world of the ward more difficult (Parahoo 1992c, Orton et al 1993, White et al 1993, Phillips et al 1996b, Spouse 1996). The ward culture is rightly geared primarily towards meeting patients' needs. Students who are labelled as 'observers' rather than 'workers' do not naturally fit into this situation. Ward staff are still struggling to reconcile the various interpretations of supernumerary status that are present (Parahoo 1992b, White et al 1993, Rodgers & Lawton 1995, Phillips et al 1996b). Students often feel pressurised to give up their right to engage in learning activities and be credible as workers to conform to the work culture in which they find themselves. Most experience guilt feelings when undertaking other learning activities at the expense of direct patient care in busy wards.

6.1.3.3

Skills teaching for students now employs a professional rather than a bureaucratic model. This allows people to apply principles and adapt to the needs of different situations in a flexible manner which is essential for nursing to meet the needs of a changing health care setting. It does, however, increase the pressures on the students starting in a ward. They are not immediately ready to function as workers, but must learn how to apply previously acquired principles in a situation-specific manner. This makes fitting in more difficult and contributes to feelings of insecurity and anxiety. The fact that they have to be assessed in the clinical setting increases pressures from both these sources.

6.1.3.4

There are examples in Sheffield where good mentorship helps the student to resolve these conflicts and feel more relaxed in the situation. Here mentors understand the course philosophy and accept students as learners, communicating this to them. These mentors actively facilitate student access to various learning situations, act as role models and provide coaching in practical skills in psychologically safe situations. Students encountering this type of mentor are relieved of guilt stress and empowered to negotiate learning opportunities for themselves within the safety that the mentor has created. Unfortunately all mentors do not respond in this way. Those who have not internalised the philosophies of adult learning and student status still regard students as workers. They then contribute to the pressures on students outlined above.

6.1.3.5

Another situation that students reported as causing significant stress was having to deal with ill patients in the very busy wards that are the norm in today's NHS. Sheffield students' descriptions of being 'baffled' and 'mazed' are similar to Benner's descriptions of novice practitioners overwhelmed by the number of things to take in in the clinical setting (Benner 1984). These findings, especially early in placements, are also reported in other studies (Wright 1989b, Phillips et al 1996b). The way in which staff respond to students' reactions can have a profound effect upon their confidence. Good mentors acknowledge the students' anxieties as normal and help them come to terms with their emotions. They give guidance regarding priorities, act as role models and allow the students increasing responsibility for situations as their skills and confidence increase. Poor mentors may expose students to situations beyond their competence, leaving them frightened and bewildered. Others will interpret the student's lack of confidence very negatively and assume that they do not want to learn. Blaming the students for not

possessing clinical skills that have not been taught can destroy their fragile self confidence. Students do not feel safe enough to continue to ask for help in such situations. Similar findings are reported by Spouse (1996).

6.1.3.6

The examples of good practice noted above can be incorporated into formal mentor preparation and informal support systems operated by teaching staff. The poor practices highlighted can be used to inform staff of how insecure students feel and how easily their self confidence can be dented. This will assist mentors to give more help to the less able students. Further study could investigate the reasons why some staff are able to respond so much more positively than others to students' needs. This would be useful if formalised selection of mentors as suggested by Phillips (1996b) were to be realised. The relationship between available resources and demand for student placements in a given area will determine the extent to which selection will ever become a realistic option.

6.2 *Qualifications to Mentor*

6.2.1 Rank or Skills for Mentoring?

6.2.1.1

The level of professional knowledge and expertise of the people employed to be mentors is important. Students' high expectations of mentors' skills are not always fulfilled. When the concept of mentoring was first introduced into British nursing, fears were expressed that it was being left to staff at the bottom of the hierarchy who were not equipped to undertake it adequately (Burnard 1990, Morle 1990, Barlow 1991).

6.2.1.2

The current study strongly suggests that it is the level of skill and expertise of the mentor, rather than the rank, that is important. Skills are defined in three areas:

interpersonal skills, nursing skills and teaching/mentoring skills. Other recent studies confirm these findings (Earnshaw 1995, Phillips et al 1996b, Spouse 1996). The suggestion in this study that some students prefer more educated mentors may be consequential on educational experiences. It may also be because these are the more experienced, professionally aware and mature people who value education and are therefore better able to cope with the situation. In reality this is likely to be only part of the explanation. Interpersonal factors interact with education and experience to produce the qualities an individual can display in any specific situation. Students report finding good mentors among staff of all grades and levels of seniority. Where accessible education is available, nurses of all grades can develop their potential and pass their skills on to students.

6.2.1.3

There is evidence from this, and other studies, that the role the mentor is performing in the ward is a significant issue. Students' needs include a significant component of practical skills teaching, coaching and supervision which are best fulfilled by someone working closely alongside them, rather than someone occupying a more distant role. Experienced 'D grade' and 'E grade' staff nurses are best placed to fulfil these functions because they spend more time engaged in direct patient care. When people are required to take charge of the whole ward, the administrative workload involved detracts from the ability to mentor efficiently.

6.2.2 Autonomy in Mentors

6.2.2.1

Mentors need to have sufficient autonomy to be able to act on behalf of students. This should not be taken to imply excessive paternalism but rather the reverse. The stated

intention of Project 2000 is to develop knowledgeable, thinking, autonomous practitioners (UKCC 1986). For students to learn to function in this way it is essential that they have a safe environment in which to develop the required skills. As demonstrated earlier, good mentors can and do facilitate this, but they need to have sufficient authority within the hierarchy in order to achieve it. Traditional situations with the sister holding the power have often obstructed staff nurses' efforts to empower students. The current study contains descriptions of just such situations.

6.2.2.2

Wards which have adopted systems of work organisation based on primary nursing have a flattened hierarchy (Pearson 1988 p 34) enabling staff nurses to mediate for students better than more traditional settings. Use of this model is increasing in Sheffield but is by no means universal (5.7.1.2). Persistent hierarchical models and authoritarian practices make it difficult for the full potential of the mentor's role to be realised; a point illustrated by comments made in both the focus groups and the questionnaires.

6.2.3 Experience of Mentors

6.2.3.1

It is important that staff have had a chance to settle in an area and consolidate their experience before being asked to mentor. Benner (1984) points out that anyone entering a new area reverts to the stage of novice practitioner. The UKCC recommendations that all nurses entering new areas receive appropriate support acknowledge this (UKCC 1990). New staff need support and time to adjust to their environment before being asked to take on the mentor role. Sheffield students showed considerable sympathy with staff who had been asked to mentor prematurely. The extent of this problem is not clear. Objective data from the current study indicates that over ninety per cent of staff

responding to the questionnaire had been in post for at least a year, with the majority of comments conveying a positive professional approach. This appears to be a much better picture than that reported by White et al (1993). It may be that there are unrecognised variables causing a bias in the results, as the degree of student concern would suggest that newly qualified mentors were not uncommon. Students, however, may not be reporting their own experiences but those witnessed in others. Whatever the explanation, the important issue is that mentors are adequately supported when first taking on the role, especially when they are relatively newly qualified. This is an issue that managers and link teachers need to address.

6.3 *The Mentor's Role*

6.3.1 Skills Teaching

6.3.1.1

In this section the author will consider which aspects of the mentor roles identified in the literature are applicable to pre-registration students on P2000 courses.

Recent studies strongly support skills teaching as an essential mentor role (White et al 1993, Earnshaw 1995, Rodgers & Lawton 1995, Phillips et al 1996, Spouse 1996). The current study raises two noteworthy linked issues. The first is the expectations of some staff that skills teaching should be the concern of the nursing school. The second is the workload that it is realistic to place upon busy clinical staff.

6.3.1.2

A small but significant minority among the study sample, both mentors and students, consider that at least some skills teaching should be undertaken by the school staff. The people making these comments recognise the considerable workload that skills teaching places upon clinical areas. They also express concern about the relative lack of teaching

expertise among some staff called upon to mentor. These views may represent those who are slow to adapt to changes in educational philosophy. Resisters to change fulfil a useful function by causing innovators to examine and justify the position they are taking (ENB 1988a). It is important that a realistic assessment of the teaching workload is taken into account when workforce planning and skill mix exercises are undertaken. It is also pertinent to consider whether all aspects of skills teaching, particularly psychomotor skills, are equally suited to the clinical environment.

6.3.1.3

Considerable repetition is required for students to become adept in some psychomotor tasks. They also need time and guidance to reflect upon their experiences to integrate theory with practice. Evidence from this and other studies suggests that students often do not feel psychologically safe to experiment and ask relevant questions when they are subjected to the stresses of busy acute wards. They conform to the pressure to act as 'pairs of hands' to get the work done in preference to taking the necessary time to acquire new skills. It is not suggested that all, or even the majority, of skills learning can take place anywhere except with patients. However, a suitably equipped skills laboratory supervised by staff with current clinical experience may provide a more student-friendly environment than a hectic clinical area. This would create a safe atmosphere where students can practise initial handling of equipment and develop some degree of manual dexterity before facing the pressures of a busy clinical setting. It would also help to relieve situations like that described by the community nurse cited earlier whose student took an hour to give an injection. This solution has been adopted in Sheffield since the initial data collection took place with good success.

6.3.2 Assessor Role?

6.3.2.1

The other important issue is the expectation that the mentor fulfils the role of summative assessor for practical skills. Current studies demonstrate this practice in many British nursing schools (Jinks & Williams 1994, Orton et al 1993, White et al 1993, Atkins & Williams 1995, Rodgers & Lawton 1995, Phillips et al 1996b, Spouse 1996).

Documentation appears to be a common problem in many areas including Sheffield (Jinks & Williams 1994, White et al 1993, Rodgers & Lawton 1995). Methods of assessment were not the focus of this or many of the other studies that report on the problem. The studies were not therefore designed to answer specific questions relating to documentation (5.5.2). The fact that the problem is raised so frequently indicates that it needs to be urgently investigated by studies dedicated to addressing this issue.

6.3.2.2

Appraisal of clinical competence is a necessity in all practice based professions in order to assure the public of safe practitioners. Nurses generally accept this and many mentors in Sheffield made comments demonstrating considerable awareness of their responsibility (5.4.3.2). Assessment is a major source of anxiety among students. Woodrow (1994) suggests that it is the necessity of assessment which poses a threat rather than the person undertaking it. The students in Sheffield confirm this, indicating that assessment and fear of failure were significant stressors for them. The mentor taking the assessor role was a problem for a minority (24%) of students, and just over a third (35.3%) were uncertain over the issue. This does not endorse the claims made by much of the literature: possibly because the mentor relationship is much more short-lived and different in nature for students. It is also likely that it is conceived of very differently, and that both parties

approach it with very different expectations from those held by people at a later stage in career development.

6.3.2.3

It is pertinent to consider whether the mentor acting as assessor is the best or the only model for nursing students. The ENB has now adopted a more flexible position on the issue (ENB 1995) which leaves the way open for different practices to emerge. An alternative approach described in this study is a team system with all members contributing to the assessment. This should give greater face validity and enable the student to have more confidence that they are being fairly treated. Whether a team approach is any less stressful for the student is likely to depend more on the psychosocial climate in total rather than the model in use as such. Phillips et al (1996b) support this view.

6.3.3 Support Roles

6.3.3.1

Students and mentors in Sheffield both stress the importance of support as one of the mentor roles; it came over very strongly as the major issue for them from all data sources confirming other recent studies (White et al 1993, Atkins & Williams 1995, Phillips et al 1996b, Spouse 1996). Woodrow (1994) suggests the increased stresses on Project 2000 students heightens the need for the support role. Spouse suggests that the befriending component of supporting is essential first if students are to feel secure enough to benefit from the other mentor roles (Spouse 1996). This hierarchical relationship of roles can be explained by Maslow's contention that psychosocial needs have to be satisfied before intellectual needs (Atkinson et al 1990). Students and mentors in this study express the need for befriending.

6.3.3.2

It is therefore important to consider what makes befriending possible. It is likely to be an interaction of many of the factors identified in the model fig 5.1. Befriending can be an emotionally demanding task (Atkins & Williams 1995) compounded by course designs requiring mentors to cope with a constant stream of different students for very short placements (White 1996, Phillips et al 1996b). It is important to recognise the issues involved in mentoring and not place unreal demands on individual mentors.

6.3.3.3

Supernumerary status, by relieving students of a service commitment, is intended to effect learning within shorter placements. The mentor's role in facilitating this within a psychologically safe environment is crucial. Differences between placement areas have increased since this was studied by Orton in the early eighties (Orton 1981). The degree of diversity and requisite social adjustment was highlighted by the researcher's experiences when administering the questionnaires (3.5.4.2). The presence of mentors to ease students' entry into the placement culture is vital.

6.3.3.4

In this study the mentor is seen as the bridge between the world of the student and that of the placement. Other studies from the UK and other parts of the world identify similar concepts. Spouse (1996) describes mentors acting as gatekeepers and Ziv (1990) describes the mentor as a bridge. Some mentors in Sheffield are clearly functioning in this way. Students articulate their need for this function but indicate that it is not universally found. This echoes findings in other studies (White et al 1993, Spouse 1996). Interpersonal qualities, rather than any particular grade of nurse, are seen to be the most important factors involved in performing this activity well confirming other studies world-wide among all grades of staff.

6.3.4 The Advocate Role

6.3.4.1

The other mentor role of special interest is that of advocate. Burnard is very concerned about the paternalistic overtones to mentoring and this would seem to rule out advocacy (Burnard 1990). As has already been identified this concern may be overplayed.

Evidence from recent studies identifies lack of support rather than excessive paternalism (White et al 1993, Phillips et al 1996b, Spouse 1996).

6.3.4.2

Mentors and students from Sheffield, in both the focus groups and questionnaire comments, all identify functions that answer descriptions of advocacy. Students studied by Spouse (1996) show similar requirements. The equivocal response to questionnaire items designed to look at this is interesting. The author considers the most likely explanation is that the wording of the items was not clear to some respondents, thus invalidating their answers. There may be more concern among the broader range of respondents represented by the questionnaires about the paternalistic elements of mentoring than was thought to exist. The staff nurses forming the focus group had had experiences of particularly difficult students which may have biased their thinking. Because they raised the issue, the researcher specifically asked about this when conducting the student group. This may have resulted in expressions of feelings that would not have been raised spontaneously.

6.3.4.3

Students in Sheffield express the need for their mentors to 'let them go' at the appropriate time providing that support was still available when required. This demonstrates a healthy desire to grow and develop towards independence and does not suggest that the course is fostering over-dependence as feared by Burnard (1990). Some

mentors felt unable to do this, while others expressed difficulties in this area. Where mentors let go too soon, students felt that they had been 'pushed in at the deep end'. This caused as much distress as over-protection. Individual assessment of students is vitally important if mentors are to get this right. There is clearly a need to help those mentors who find this difficult. This issue could usefully be incorporated into mentor preparation. There is also room for further studies investigating the degree of support that is appropriate for pre-registration students within the ethos of adult education.

6.3.5 The Ideal Support Person?

6.3.5.1

Morton-Cooper and Palmer (1993) advocate the model of a facilitator coach as the most appropriate to support students. Their model is derived from analysis of educational theories rather than research into practice. It includes elements concerned with fostering self-directed adult learning. These elements are not strongly represented in roles identified by the study sample. They are replaced by explicit teaching and supporting functions and by advocacy. This may indicate that students and mentors in Sheffield are having difficulty coming to terms with concepts of adult learning proposed by educational theorists. Rodgers & Lawton (1995) reports qualified nurses experiencing problems adapting to this philosophy. Nolan and Nolan (1994) suggest that students on Project 2000 courses are not ready for the full responsibilities of adult learning but need support so that they can grow towards it. The findings in Sheffield support their view as they show that basic students found the self-assessment required at the beginning of placements very difficult, needing help and guidance to set goals. It is necessary to know what one needs to know before one can set learning goals.

6.3.5.2

The experiences of mentors taking part in the focus groups, when Project 2000 was still relatively new in Sheffield, supports the findings of Nolan and Nolan (1994). The course philosophy had created expectations that students would be able and self-motivated from the beginning of the course. These were not borne out in practice and students were found to need considerable support and guidance. The stresses generated from this situation have been discussed earlier. This is an important issue as it illustrates the difference between theoretically derived models and the realities of practice. Care needs to be taken when implementing change based on theoretical principles, to monitor its application in practice, if those involved in the process are not to suffer unacceptably when untried principles do not fulfil theorists' expectations in practice.

6.3.5.3

The roles of career counsellor, networker and sponsor have been identified in studies of classical mentoring (Vance 1977, Levinson 1978, Darling 1984). These roles are not mentioned by either students or mentors in Sheffield. Other current studies of pre-registration students confirm this (White et al 1993, Phillips et al 1996b, Spouse 1996). Career counselling is not yet relevant for most nursing students prior to qualification. The networking and sponsoring functions are also not relevant to their situation and therefore not mentioned. This supports Palmer's (1987) suggestion that the mentoring role is differently defined by different occupational groups at different stages of carer development.

6.3.5.4

This study, along with other recent works, identifies that there are distinct differences in the role definitions of a helping relationship for nursing students from those operating for

people, nurses and others, who enter the workplace as workers with at least a basic qualification. The role needed by students differs in the following respects:

- The mentor is likely to have to participate in summative assessment of the students' practical performance, either as the sole assessor, or as part of the ward team.
- Students' need for a high level of emotional support is accentuated by the transient nature of placements necessitating renegotiation of access into a new social setting every few weeks.
- Practical skills teaching and role modelling form a fundamental part of students' requirements.
- They do not generally need the career counselling, networking and sponsoring functions that are a feature of relationships at a later stage in career development.
- The functions of idea bouncer and eye opener identified by Darling and found in other studies may not feature at all in student mentoring relationships. Where they do, the context is likely to be rather different. In centres where reflective practice is given a very high profile, the mentor may function as an idea bouncer in assisting the student to reflect. This would be very different from a developing manager bouncing ideas off a senior colleague as mentor.

6.4 Definitions

6.4.1 The Case for Distinctive Terminology

6.4.1.1

From the preceding discussion it is clear that the mentor role is defined very differently when applied to nursing students from its usage elsewhere. This needs to be recognised.

The important issue is whether it is still correct to use the term 'mentor' or whether another term should be used, as Wainwright (1991) suggested.

6.4.1.2

A variety of terms have come into use since concern over the issue of definitions has been expressed in the literature. The term clinical supervision as discussed by Butterworth and Faugier (1992) has been used by various authors as a blanket term covering all types of helping relationships in the workplace. Since clinical supervision has been adopted by the UKCC (1995) many people have been using this term to mean a variety of different types of relationship; risking re-emergence of the semantic confusion associated with mentoring. Unclear definitions will result in supporters who are uncertain of their role, adding to the stresses already experienced. We need to arrive at a term that is clearly understood by all concerned. It must incorporate all the features that this and other studies have shown to be involved in the supportive relationship between staff nurse/student dyads that in this study has been termed mentoring.

6.4.1.3

The term preceptor suggested by Wainwright (1991) and Morle (1990) incorporates the skills teaching and coaching elements. Definitions cited do not appear to include the supportive elements that recent studies have demonstrated to be part of the role. There is also the possibility of confusion, as the UKCC has taken this term and given it a specific meaning in relationship to support for qualified staff (UKCC 1990). If 'preceptor' is used now, it may not emphasise the specific and different needs of students.

6.4.1.4

The term 'clinical supervisor', as expounded by Butterworth and Faugier (1992) and as defined by the UKCC (1995), is an all-embracing term but lacks the specificity necessary to give a clear role definition to those asked to perform that function in relationship to students. The author suggests the term 'student supervisor' may add the specific dimensions to the broad concept incorporated by clinical supervision. What is most

important, whatever term is adopted, is that everyone has a clear understanding of its meaning. The nature of the relationship will change and develop as the needs of both nursing and nursing students change. To some extent every pair will negotiate a different contract within the general parameters set out above. A clear definition will help to alleviate the uncertainty expressed by many mentors as to the general definitions of their role. Students will also be able to have clearer expectations as to exactly what they can and cannot reasonably expect to receive from their designated supporter.

6.5 *Qualities For Successful Mentoring*

6.5.1 Qualities in Students

6.5.1.1

Both students and mentors identify qualities in the other for successful mentoring. The students' requirements in mentors identified above confirm other findings world-wide. The mentors' perceptions of student qualities are interesting because this is an area that has not been the subject of much attention in the literature. It is mentioned briefly by Earnshaw (1995) but not developed. Morton-Cooper and Palmer (1993) identify ability to stand out, potential to succeed and adult intimacy capabilities as important attributes in mentees. Some of the reported failures in mentoring could be due to some students not possessing these qualities. Butterworth (1992 p 7) in his discussion of clinical supervision identifies the mutual responsibility for the results of such relationships. Some mentors in Sheffield describe students who are disloyal and dishonest within the relationship. This shows lack of adult intimacy capabilities and precludes the mutual openness and trust necessary for mentoring.

6.5.1.2

Perceived interest in the placement, ability and placing a value on clinical skills are other issues highlighted by the mentors in Sheffield. One has sympathy with mentors who are asked to form relationships with apparently bored, uninterested students. It is also important to consider this from the students' perspective. Some students may genuinely find a particular placement incompatible. The UKCC requirements dictate that students experience a range of nursing contexts, not just those related to their chosen branch of nursing and area of interest. Many of the reports of lack of interest would appear to be related to this situation. Both students and mentors need to recognise the issues involved, and school staff should help students accept these situations in a professional manner.

6.5.1.3

Those students who are quiet and non-assertive claim that these traits can be interpreted by some mentors as lack of interest. This corresponds to the need to stand out in a crowd identified by Morton-Cooper and Palmer (1993). Students state that failure on the part of the mentor to make them feel secure enough to push themselves forward and ask questions makes them retreat into silence. The negative reaction that this generates in the mentor can result in students disliking a placement. This confirms Spouse's findings related to the presence or absence of a collaborative partnership (Spouse 1996). This can create a negative spiral where relationships deteriorate rapidly as is suggested in the scenario in the results section (5.1.2.2).

6.5.1.4

Potential to succeed is the other quality identified by Morton-Cooper and Palmer (1993). It is understandable that mentors who are faced with inexperienced students for placements which are too short to allow skills taught to be consolidated do not find this a

very rewarding situation. Descriptions from Sheffield of the difficulties encountered with poor students match those described by Rittman and Osburn (1995). Support for mentors in this situation is important to enable them to reflect upon their experiences and achieve personal growth. Some of the mentors in Sheffield did not find this forthcoming and stated that their experience had generated negative feelings about mentoring further students. The numbers of students present in some clinical placements does not allow the mentor the choice of opting out. The author suggests that when this occurs it can result in mentors withdrawing from the situation in order to protect themselves. Students sense the mentor's lack of interest but are not aware of the reasons for it. They feel unwanted and abandoned. Some mentors in Sheffield had clearly had support that had enabled them to resolve their feelings resulting in positive professional responses to the problem of poor and failing students.

6.5.2 The Mentor's Responsibilities

6.5.2.1

Communication between the two parties is the key to some of the problems. Some students demonstrate considerable insight into the situation when commenting that many difficulties could be sorted out by frank and open discussion between mentor and student. The issue is who should initiate this? There are several factors which place the student at a distinct disadvantage. These are: the transient nature of placements; the fact that it is the student who is entering the culture of the placement as a stranger; and the unequal power relationship between the two. Mentors need to be aware of these factors and fulfil their bridge building function. Teachers should note this too and attempt to alert students to the part that they need to play in the relationship. Mentor preparation should highlight these issues and offer assistance to those nurses who find difficulties in

these areas. Exploration of the interaction patterns that occur when staff perceive students to be failing could give useful knowledge in this area. Further work should be done investigating the students' contribution to the partnership. The integration of nursing education into universities is resulting in students adopting attitudes and behaviours generally associated with student culture. If these are exhibited in clinical settings the students are likely to create more barriers between themselves and qualified staff.

6.5.2.2

The issue of fit equating to attraction as defined by Darling (1984) is identified by both parties. Self-selected partnerships are impracticable in the context of very short student placements. Sensitivity to situations where mismatched pairs occur is therefore an important issue. Fostering a climate where this can be acknowledged and alternative mentoring arranged is important for those advising clinical staff on the development of mentorship. The practices in some areas of team mentoring or of allocating two people to the student can help to address this issue.

6.6 *Ward Climate and Mentor–Student Contact Time*

6.6.1 The Current Climate

6.6.1.1

There are many social and organisational factors influencing relationships within the wards. Wards and hospitals are closed, staff are relocated or asked to undertake changed functions as part of efficiency measures which characterise the current climate within the NHS. Financial constraints demand that staffing numbers are topped up by bank and agency nurses. These realities all affect the social climate into which students enter when

going on placement. They also affect the mentor's development and the way in which they can exercise their skills.

6.6.2 Getting Together.

6.6.2.1

The issue of rostering mentors and students together is a common problem in many areas of the UK (White et al 1993, Philips et al 1996b). This needs to be addressed at organisational level. Mentors and students both contribute to these difficulties. Models of support for students need to be developed which acknowledge the realities of the situation: the pair will not be together all the time. Students identify specific situations where they feel especially vulnerable. The most significant of these is when starting a new placement. This finding is not new (Orton 1981, Melia 1982) and is consistent with other current studies (Orton et al 1993, White et al 1993, Phillips et al 1996b, Spouse 1996), indicating that it is a highly significant issue. The stress associated with this has already been noted. Clinical staff need to be aware of how stressed the students feel at this time and give priority to providing appropriate support.

6.6.2.2

Several models are identified operating in Sheffield which the findings indicate are beneficial. The presence of the mentor or a mentor substitute on the first day and preferably throughout the first week is the optimum model. Some areas have formal or semiformal induction days when all students starting on a placement at the same time are given varying forms of orientation. This can be useful, especially when the mentor is not available at this point.

6.6.3 Optimum Contact Time

6.6.3.1

The other issue of note is defining the optimum time and pattern of contact. Too much contact, although not as common as too little, can also cause mutual problems. Close contact and involvement with the student can be emotionally draining for the mentor, a point supported by Atkins and Williams (1995). It can also result in too narrow an experience for the student. This assumes greater importance as the student progresses through the course. The curriculum philosophy involves teaching the principles behind skills. It is then important that the student is exposed to a range of practices demonstrated by suitable role models. Students in Sheffield identified the importance of exposure to a variety of working practices. This was seen as especially significant when learning management skills as they approached qualification. Some of the mentors studied were clearly aware of the importance of this, others need to be informed.

6.6.3.2

It is not simply the amount of time spent together but the quality of that time that is important. Students identify some situations where contact was relatively infrequent but very significant, and others where, although the pair were together most of the time, the mentor did not capitalise upon the teaching potential. Each student is an individual and each student/mentor partnership is unique. A meeting between them early in the placement is the time when the pattern and frequency of further contact can be established. Organisational issues need to be addressed to facilitate this.

6.6.4 Expectations of Placements

6.6.4.1

Some students have unreal expectations of the support possible in busy clinical areas. The idealised picture painted by the DOH promotional video (DOH 1993), which was

shot on the study site, does not represent reality for most placement areas. When preparing students, teaching staff have a responsibility to help them achieve a realistic view of the situation. Individual nursing staff have widely varying time management and organisational skills. Help in this area could profitably be offered where needed.

6.6.5 Evaluation of Mentoring Practices

6.6.5.1

The study indicates the existence of a range of mentoring practices from excellent to unacceptable. The existence of variations in the nature and quality of helping relationships is nothing new. Levinson acknowledged that he was describing the ideal which was not always found. He talks about many ‘good enough mentors’ existing, a situation which he defines as falling short of the ideal but satisfying needs adequately (Levinson 1978 p 100). Some disparity exists between students’ accounts in the current study and those given by mentors. The mentors questioned may be conveying too good a picture and representing the reality that they aspired to, rather than that which they were always able to achieve.

6.6.5.2

Comments by students both in the focus groups and on the questionnaires indicate that some mentors did not satisfy their needs. However, their responses to answer specific questionnaire items are much more positive. Comments made often said something like “I have been lucky but...” This would indicate that some of the negative comments relate to second hand experiences. It is likely that ‘collective group speak’ was operating and introducing a source of bias. If a collective view exists that there are many poor mentors about, this is going to affect students’ approach to placements irrespective of the reality

experienced when they arrive. This may contribute to students appearing uninterested and withdrawn and giving the wrong signals to mentors.

6.6.5.3

The other possible explanation for the disparity between the two data sets is sample bias.

As indicated earlier the researcher was not in full control of the mentor selection.

Managers may have nominated people who they thought would give a good impression to take part in the study. Did non-participants vary from the study sample in significant ways, or represent the less able? These issues must be considered when interpreting the results. Similar problems are likely to have affected other studies (White 1996).

6.6.6 Resources for Mentoring

6.6.6.1

Before accepting Project 2000, a costing exercise was commissioned by the government (Price Waterhouse 1988). This had to be speculative and may have been biased by political expediency. Further study could profitably be undertaken which realistically identifies the amount of time that is involved in teaching and mentoring students adequately. This could then be considered in skill mix and workforce costing exercises.

6.6.6.2

The issue of insufficient resources is unlikely to be solved in the foreseeable future. The demand for teaching and support will always outstrip the time available. The priorities are to identify those practices which make best use of time available and to spread good practice. It is also necessary to identify situations where time and other resources do not allow for adequate student support. To continue to place students in such areas amounts to abuse and should be stopped.

6.7 Recommendations

6.7.1 Overview: a Prescription for Ideal Mentoring

6.7.1.1

The findings of this study confirm those of other current works cited and the wider literature reviewed. The areas selected for discussion include those where the author feels that the emphasis in this study has a specific contribution to make to the debate on the issues in question. The key points and the recommendations made have been summarised below. These are first expressed graphically in fig 6.2.

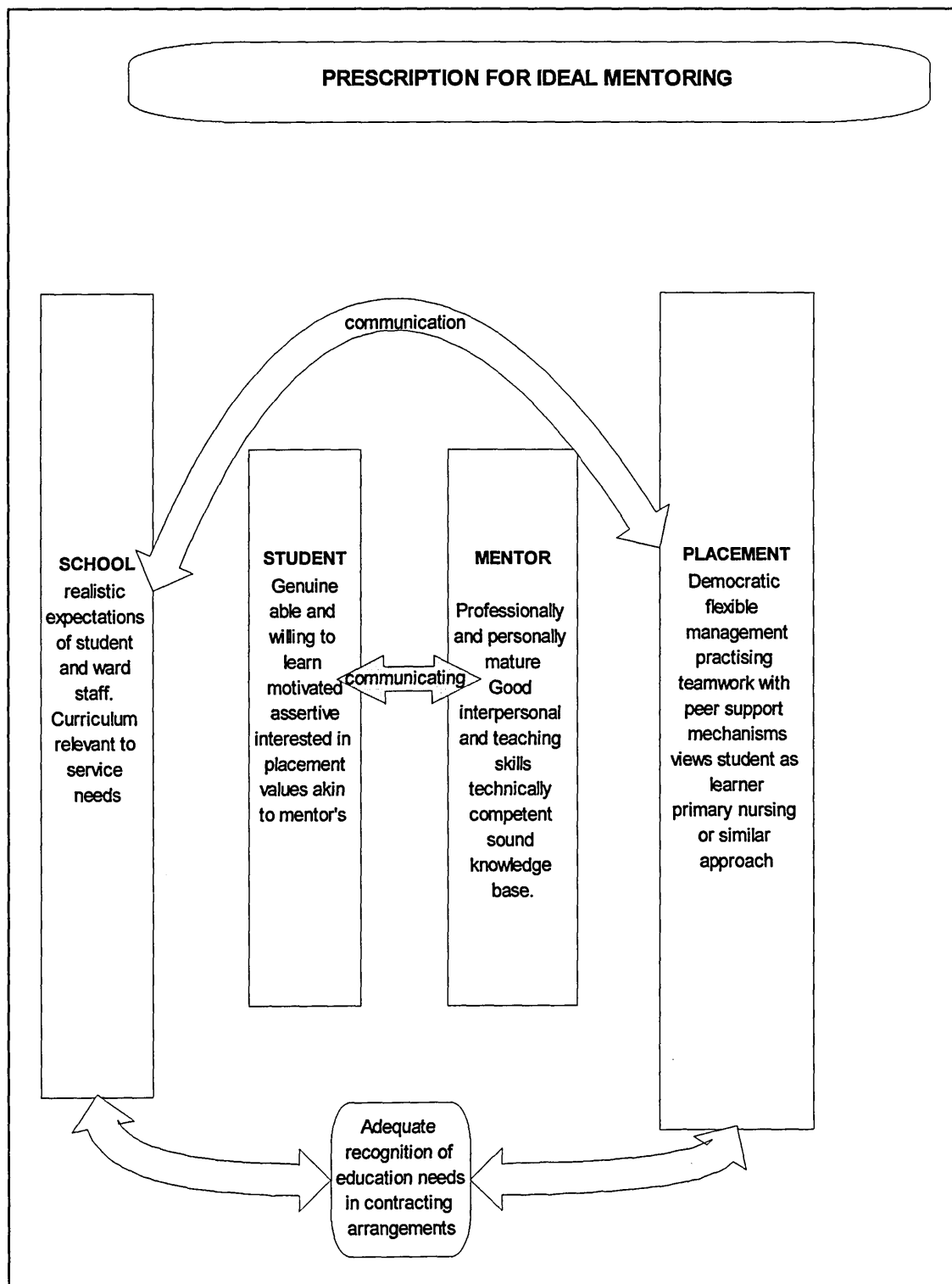


Figure 6.2 Prescription for Ideal Mentoring

6.7.1.2

This model summarises the recommendations from this study for ideal mentoring. Here mentors and students, who both possess the qualities shown to be important for

successful mentoring, communicate with each other within a reciprocal relationship. This is supported by positive attributes in both the clinical situation and the educational establishment. Communication between all concerned is essential both at grass roots level and at the levels of policy making so that education and development needs are realistically reflected in contracting arrangements.

6.7.1.3

This ideal situation is unlikely ever to be fully realised. Acknowledging reality does not, however, equate to an excuse for accepting the status quo. By highlighting problem areas and addressing those issues which can be addressed, the situations may be significantly improved. The model 5.2 which shows the various factors interacting in the mentor/student relationship was created relatively early in the work. It is useful for assessing a situation to establish which specific factors may need attention. It is recommended to those responsible for mentoring to help identify issues within their own areas which could profit from attention. It can act as a guide as to how the recommendations of the study which are summarised in fig 6.2 and below may usefully be applied.

6.7.2 Key Points

6.7.2.1

The following key points emerge from the study:

- The practice of pairing nursing students with qualified staff, termed a mentor in Sheffield, has become established practice. These relationships have the potential to affect both parties in both positive and negative ways.
- Various good practices have been highlighted which can usefully be applied to other areas.

- The quality of the relationship between the parties is affected by complex interaction of a range of personal and organisational factors.
- Students and mentors are both subject to multiple stressors. Where these are not managed adequately they can have adverse effects upon one or both parties within the relationship.
- Supporting students and involvement in various aspects of skills teaching are the two most significant mentor roles identified by the participants.
- Assigning the assessor role to the mentor appears to be accepted by the majority of participants. Because of the way that the mentor–student relationship is defined, this may not pose such a problem as has been suggested in the literature.
- The mentor role applicable to pre-registration nursing students is differently defined from that applicable at later stages of career development.
- The issue of time and resources for mentoring remains a problem. It is necessary to accept that limited resources are a reality that will remain for the foreseeable future, and create a situation where neither party is exploited.

6.7.3 Summary of Recommendations

The major recommendations from this study related to the key points noted are summarised below.

6.7.3.1 Recommendations for Further Research

- Some mentors are clearly better able than others to respond to students' needs.
Further study could explore the various factors which contribute to this.
- A realistic assessment of the workload involved both in mentoring and supporting mentors is needed when workforce planning and skill mix exercises are undertaken.

- Further studies investigating the degree of support that is appropriate for pre-registration students within the ethos of adult education are needed.
- Exploration of the interaction patterns that occur when staff perceive students to be failing could provide useful knowledge to guide coaching practices.

6.7.3.2 Recommendations for Good Practice

- Formal training and informal support systems should be established for all mentors.
These should highlight identified good and poor mentoring practices, and raise awareness of the fragility of students' self confidence.
- Staff must be allowed time to settle in an area and consolidate their experience before being asked to mentor.
- Mentors need to be adequately supported when first taking on the role, especially when they are relatively newly qualified. This is an issue that managers and link teachers need to address.
- The emotional demands of 'befriending' a constant stream of different students for very short placements needs to be acknowledged so that unreal demands on individual mentors can be avoided.
- Initial teaching of some psychomotor skills should be undertaken in a psychologically safe environment, e.g. a nursing skills laboratory. To maintain credibility, the staff involved need to be both up-to-date practitioners and experienced skills teachers.
- Adequate time together is needed for mentoring to take place. A meeting between the two early in the placement is the time when the optimum pattern and frequency of further contact can be established. Organisational issues need to be addressed to facilitate this.

- The method of application of the principles of adult learning to pre-registration nursing students needs to be reviewed. While not implying excessive paternalism, students' need for assistance and support needs to be addressed, especially in situations involving multiple short placements.
- The mentors' bridge building function is important in helping them negotiate access into the social world of each placement.
- Individual assessment of students is vitally important if mentors are to gauge the amount of support each student requires. There is clearly a need to help those mentors who find this difficult. This aspect could usefully be incorporated into mentor preparation.
- The mentor role is defined very differently when applied to nursing students from its usage elsewhere. This identifies it as a unique concept and it needs to be named as such. The author suggests the term student supervisor may add the specific dimensions to the broad concept incorporated by clinical supervision. What is most important, whatever term is adopted, is that everyone has a clear understanding of its meaning.
- Students' attention should be drawn to their responsibilities in the relationship. Further work is indicated to investigate the students' contribution to the partnership.
- Suitable models of assessing students' competence within clinical placements need to be established. While the mentor acting as assessor is widely accepted, other models are evident which are worthy of consideration.

6.7.4 Concluding Remarks

6.7.4.1

This study contributes to accumulating evidence that mentorship as defined by Wainwright (1991) can function well and provide a satisfactory and safe learning environment for students. This is not, however, universally the case. Many of the dangers and problems shown to exist in the literature in other types of mentoring can be found in this situation. It is therefore important that all those who are involved in decision making are aware of potential problems. Action can be taken to spread good practices and limit the harmful effects of negative situations

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Appendix 1

Correspondence

Letter sent to Matrons/Directors of Nursing Services Requesting Permission to Conduct the Research

5th February 1992

Dear ...

I am a nurse teacher employed by Sheffield and North Trent College of Nursing and Midwifery. I am currently working on the adult Branch team. I am engaged in a research project looking at mentorship in nursing education. This is supervised by Sheffield Hallam University and is being registered with them for an M Phil.

I am writing to request permission to have access to qualified nursing staff who act as mentors for student nurses undertaking the adult branch of Project 2000.

I would initially require eight to ten staff to take part in a focus group interview which should last approximately an hour. Following this I need to distribute a questionnaire to a larger sample of staff from the wards which form the training circuit for Project 2000, finally two or three staff who would consent to take part in an in-depth interview.

I enclose a copy of my literature review and research proposal along with an abstract for your consideration.

I would be very happy to meet with you to discuss this further and answer any questions that you may have.

I look forward to hearing from you,

Yours Sincerely,

Miss Jean Glover, Nurse Teacher

Letter Sent to Clinical Directors Requesting Permission to Conduct the Research

Dear...

I am Currently engaged in a research project looking at mentorship in nursing education in particular at the relationship between student nurses and the qualified staff who act as mentors for them in the clinical setting. This is registered with Sheffield Hallam University for an M Phil degree. I have had permission from (*Name of Director of Nursing Services*) to approach you for help with this.

Initially I require x from your directorate who will be willing to take part in a focus group. This is a group discussion related to the subject of mentoring which will be tape recorded and transcribed later for analysis. I enclose a sheet explaining what this entails which can be given to whoever may be interested in participating.

Later I will need to distribute a questionnaire to a larger number of mentors. Finally I will need a small number of mentors - three or four for the whole project - so no more than one from your area who will be willing to participate in an in-depth interview along with a student whom they have mentored.

In order to fulfil the criteria of the research design all participants for each phase of the study need to have been engaged in mentoring students undertaking the adult branch of Project 2000. They can be either registered or enrolled nurses.

I enclose a summary of the research design along with a timetable of events for your information. A full copy of the research proposal is with (*director of nursing services*) if you wish to see it.

I will be very happy to discuss any aspects of my proposals with you if you so wish.

I look forward to hearing from you shortly.

Yours sincerely,

Miss Jean Glover, Nurse Teacher

**Letter Sent to Clinical Nurse Managers Requesting Nominations for
Focus Groups**

Clinical Nurse Manager,

27th May 1993

Dear

I am currently engaged in a research project examining the factors which affect the relationship between students and mentors. I have had permission from nursing management to approach you. I would be most grateful if you could nominate one person from the *(name of directorate)* who is willing to participate in the focus group interview and is available on Friday the 11th of June. The group will meet at 2 30 PM on that day in the School of Midwifery at the *(Name of venue)*.

I enclose a copy of the original letter as sent to *(Name of Senior Nurse)* which sets out details of the research. I also enclose an explanation of focus groups which can be given to whoever you nominate to take part.

I would be most grateful if you can let me know the name of the person whom you nominate as soon as possible.

Thank you for your help in this matter.

Yours sincerely

Miss J Glover, Nurse Teacher

Information Sent to Participants in the Focus Groups

FOCUS GROUPS - AN EXPLANATION

A focus group can be considered as a form of group interview. It is a research tool that is used to generate information about a topic of interest to the researcher. By asking questions to a group of people instead of to a series of people individually the researcher is able to gain information relatively quickly. What takes place is very similar to a group discussion. All members of the group hear the points raised by others and can respond to them. Thus ideas expressed by one group member that the researcher may not have thought of are brought to the whole group and all members then have a chance to comment on them.

All members of the group have a similar interest. In this case all are required to be acting as mentors to students undertaking the Adult Branch of Project 2000.

Taking part in a focus group should be an enjoyable and useful experience as you will have the chance to exchange views and ideas on the subject of mentoring with people from other areas who are engaged in the same task.

I anticipate that the whole activity should take about an hour. I will arrange a mutually convenient time and place; probably in an afternoon. The group will consist of no more than ten people.

The proceedings of the group will be tape recorded and later transcribed. I can then work on identifying the ideas that you consider to be the most important aspects of mentoring.

Total anonymity will be guaranteed to all participants.

The material will be used for the research project that I am engaged in. In particular, it will be used to form the basis for a questionnaire that will be distributed to a larger sample of mentors.

Letter sent to Nominees for the Focus Groups

4th June 1993

Dear (*name*)

Thank you for agreeing to participate in the focus group associated with my research into mentoring.

The group is scheduled to meet (*Insert venue*)
on Friday 11th June, at 2 30 PM

It will help if you can arrive in time for proceedings to actually start at 2 30. It is anticipated that it will take about an hour so if everyone can arrive promptly you should be able to leave just after 3 30 PM.

If you find that you are unable to attend for any reason I would be most grateful if you can let me know. In this event if it is possible for you to arrange for a colleague from your area to replace you that would be most helpful. All participants in the group must have been acting as mentor to students engaged in the Adult Branch of a Project 2000 course.

I enclose some details of what participating in a focus group entails. If you have any questions, or if you need to contact me for any other reason, you can phone either of the extensions above and leave details of where I can find you with the secretarial staff and I will then phone you back.

Thank you for your help in contributing to this research project. I hope that you will find participating in the group an enjoyable experience.

YOURS SINCERELY

JEAN GLOVER NURSE TEACHER

**Letter sent to Participants in the Focus Groups Along With a Copy of the
Tape Transcript**

@title @forename @surname
@ward
@hospital
@ADDRESS

17th September 1993

Dear @forename

Thank you for taking part in the focus group interview for my research project last June. I have now completed getting the tape transcribed. It took considerably longer than I had anticipated. I enclose a copy of the transcript for you to see as I promised. If you find that you have said anything that you now wish to withdraw if you tell me I will erase it and not use that part of the tape.

When I have finished working on the tape the information will be used to help me construct a questionnaire which will be distributed to a sample of mentors across the city. An analysis of the ideas expressed and the problems raised will also appear in the final report of the research project. Any quotations from the material which appear here will be brief and will specifically carry no reference which will identify either the participant or the clinical area from which you come.

If you have any comments on the transcripts I will be delighted to hear from you. If I do not hear from you within four weeks from the date of this letter I will assume that you do not have any objections to me using any of the material in the way described above.

Thank you again for participating in this project,

Yours sincerely,

Miss Jean Glover, Nurse Teacher.

***Letter Sent to Ward Sisters Informing Them of Intention to Distribute
Questionnaires***

9th December 1994.

Sister in Charge
Ward
name Hospital

Dear Sister,

I am currently engaged in a research project looking at mentorship in nursing education, in particular at the relationship between student nurses and the qualified staff who act as mentors for them in the clinical setting. I have had permission to approach you for help with this.

This is the second phase of the research and involves giving questionnaires to qualified staff who act as mentors to students undertaking the adult branch of Project 2000. The questionnaire only takes ten to fifteen minutes to complete. It is based on material obtained from interviews conducted in the first phase of the research.

I will be visiting the wards in early January 1995 to distribute the questionnaire to mentors who are willing to fill it in.

Thank you in anticipation for your co-operation.

yours sincerely,

Miss Jean Glover Nurse Teacher.

***Letter Sent to Nurse Managers in the Community Asking Them to
Distribute Questionnaires***

16th March 1995

Dear

I am currently engaged in a research project looking at mentorship in nursing education, in particular at the relationship between student nurses and the qualified staff who act as mentors for them in the clinical setting. I have had permission to approach you for help in this.

This is the second phase of the research and involves giving questionnaires to qualified staff who act as mentors to the students undertaking the adult branch of the Project 2000 course. The questionnaire only takes about ten to fifteen minutes to complete. It is based on material obtained from interviews conducted in the first phase of the work.

I would be most grateful if you could give the enclosed questionnaires to district nurses who act as mentors to the students doing their community placements during the adult branch. Please ask them if they would be willing to fill in the questionnaire for me and return it in the prepaid envelope provided.

It is important that the views of community staff are well represented in the sample so I am most grateful for your co-operation in this.

Thank you,

Yours sincerely,

Jean Glover Nurse Teacher

Appendix 2 Questionnaires

Questionnaire Sent to Mentors

MENTORING

YOUR FEELINGS & EXPERIENCES OF MENTORING

This questionnaire forms part of a research project that I am engaged in. The first stage of this involved interviewing groups of mentors and students and asking them to describe their experiences and feelings about mentoring and being mentored. The questions in sections 2 and 3 of the questionnaire are derived from issues that they felt to be important. I am interested in finding out how far your views coincide with those of your colleagues.

I hope that the information gained will contribute to our knowledge of mentoring and be able to be used to improve the support that can be given to mentors and students in the future.

The questionnaire should not take you very long to fill in. The answers only require you to ring the appropriate number. If you feel that the options given do not represent your views or if you feel that there is something else that you wish to say please write comments in the spaces provided below each section.

All information that you give will be treated in the strictest confidence. It is not possible to link any of the material to individuals and no individual personal details will be divulged to anyone.

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE PLEASE PUT IT IN THE ENVELOPE PROVIDED AND RETURN IT TO ME AT RIDGWAY HOUSE.

JEAN GLOVER Nurse Teacher

SECTION 1

Please give a few details about yourself.

Please ring the appropriate number for questions in this section.

1.1 Sex Female (1) Male (2)

1.2 Age in years

21-25	(1)	26-30	(2)
31-35	(3)	36-40	(4)
41-45	(5)	46-50	(6)
51-55	(7)	Over 55	(8)

1.3 Basic nursing qualifications as entered on the UKCC register

Ring all that apply to you.

1.3.1 RGN (1)

1.3.2 EN(G) (1)

1.3.3 RM (1)

1.3.4 RSCN (1)

1.3.5 RMN (1)

1.3.6 EN(M) (1)

1.3.7 RNMH (1)

1.3.8 RN(ADULT) (1)

OTHER please indicate_____

1.4 Age in years at which you first qualified as a nurse

20-25	(1)	26-30	(2)
31-35	(3)	36-40	(4)
41-45	(5)	46-50	(6)
Over 50	(7)		

1.5 Have you practiced nursing continuously since you qualified?

Yes (1) please go to 1.8

No (2) please answer 1.6 & 1.7

1.6 What was the total time you were not nursing?

1 year or less (1)

1-2 years (2)

2-5 years (3)

6-10 years (4)

Other please indicate _____

1.7 Reason for break

Personal or domestic (1)

Work other than nursing (2)

Pursue study course e.g. degree (3)

Other. Please indicate _____

1.8 How did you obtain your RGN RN(adult) qualification?

Traditional 3 year SRN course (1)

Traditional 3 year RGN course (2)

Combined RGN/RSCN course (3)

Post registration shortened course (4)

Enrolled nurse conversion course (5)

Nursing degree course (6)

Project 2000 course (7)

Education since qualifying. 1.9-1.12

1.9 What qualifications have you obtained since you registered?

Ring all that apply to you.

1.9.1 ENB clinical course (1)

1.9.2 ENB short course (except 998) (1)

1.9.3 ENB A (advanced) course (1)

1.9.4 Teaching/assessing course e.g. ENB 998 or
City and Guilds 730 course (1)

1.9.5 Diploma in nursing (1)

1.9.6 Diploma in another subject (1)

1.9.7 Degree in nursing (1)

1.9.8 Degree in another subject (1)

1.9.9 Master's degree (1)

1.9.10 None (1)

Other please indicate _____

1.10 Are you currently undertaking any form of study?

Yes (1) Please answer 1.11 No (2) Please go on to 1.12

1.11 Please ring the type of course that you are taking.
Ring more than one if this applies.

- | | |
|---|-----|
| 1.11.1 ENB clinical course | (1) |
| 1.11.2 ENB short course (except 998) | (1) |
| 1.11.3 ENB A (advanced) course | (1) |
| 1.11.4 Teaching/assessing course e.g. ENB 998 or
City and Guilds 730 course | (1) |
| 1.11.5 Diploma in nursing | (1) |
| 1.11.6 Diploma in another subject | (1) |
| 1.11.7 Degree in nursing | (1) |
| 1.11.8 Degree in another subject | (1) |
| 1.11.9 Master's degree | (1) |

Other please indicate _____

1.12 Other professional education/updating

Please indicate below the statements which best describes how you keep up to date professionally.

Ring all the options that apply to you.

1.12.1 read articles in nursing journals

- | | |
|----------------------|-----|
| Less than 1 per week | (1) |
| 1 every week | (2) |
| 2 or more most weeks | (3) |

1.12.2 Attending conferences or study days away from your work

- | | |
|----------------------|-----|
| less than 1 per year | (1) |
| 1 every year | (2) |
| 1 -2 per year | (3) |
| more than this | (4) |

1.12.3 Attending in house training or study sessions

- | | |
|----------------|-----|
| 1-2 per year | (1) |
| 3-4 per year | (2) |
| 5-6 per year | (3) |
| more than this | (4) |

1.12.4 Participating in the educational activities of a specialist nursing society or professional association

- | | |
|---------|--------|
| Yes (1) | No (2) |
|---------|--------|

1.12.4 Undertaking some form of open/distance learning

- | | |
|-------------------------------------|-----|
| Completed one such course. | (1) |
| Currently undertaking such a course | (2) |
| More than this | (3) |

Any other form of professional updating; please specify.

SECTION 2

Please tell me about your present working situation.

2.1 What type of environment are you currently working in?

Community (1) Please indicate specialty_____

Hospital (2)

2.1.1 If you are working in hospital is this

Medicine (1)

General Surgery (2)

Trauma/Orthopaedics (3)

Gynaecology (4)

Neuromedicine/surgery (5)

Cardiology (6)

A&E (7)

Theatre (8)

ITU/CCU (9)

Renal (10)

Elderly Care (11)

Rehabilitation (12)

2.2 How long have you worked in your present environment?

Less than 6 months (1)

6 months to 1 year (2)

1-2 years (3)

3-5 years (4)

Over 5 years (5)

2.3 The working situation

2.3.1 The way work is organised in my area is best described as

Task allocation (1)

Team nursing (2)

Patient allocation (3)

Primary nursing (4)

Patient focused care (5)

A combination of the above. Please indicate _____

2.3.2 The supervision of students in my area is best described as

One mentor is responsible for looking after students for the whole of the allocation (1)

A mentor and a supervisor share the task of looking after the student (2)

A named mentor but the whole of the nursing team accept and share the job of supporting the student (3)

There does not seem to be any specific system in operation (4)

2.3.3 The off duty arrangements in my area can best be described as

Enabling the students and mentors to work together 2 - 3 shifts per week (1)

Enabling the students and mentors to work together approximately 1 shift per week (2)

The students and mentors may not see each other for periods of more than a week (3)

Students and mentors may only see each other once or twice during the whole of the students allocation (4)

SECTION 3

Your experiences and feelings about mentoring

In this section there are a series of statements which are derived from comments made by your colleagues who participated in the interview phase of the research. Please indicate by ringing the appropriate number(1 - 5) how strongly you agree or disagree with the statement.

1 = strongly agree 5 = strongly disagree

3.1 Feelings

	strongly agree			strongly disagree	
3.1.1	1	2	3	4	5
It is important for the student to spend time in the clinical areas learning the skills of nursing.					
3.1.2					
If I am mentor to a student who does not achieve the required grades I feel guilty.					
3.1.3					
Mentoring students is a satisfying and rewarding job.					
3.1.4					
I find mentoring students stressful.					
3.1.5					
I feel that I am adequately supported by my manager while mentoring students.					
3.1.6					
The nursing college just dumps the students on the wards and leaves us to get on with it.					

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.2 Students' needs

	strongly agree				strongly disagree
3.2.1					
Students need a lot of support from their mentors.	1	2	3	4	5
3.2.2					
Students often need their mentor to intervene for them.	1	2	3	4	5
3.2.3					
Students are seldom anxious.	1	2	3	4	5
3.2.4					
Most students know what they want to achieve in clinical placements.	1	2	3	4	5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.3 Assessing students

strongly
agree strongly
disagree

3.3.1

I cannot assess a student properly unless I have worked with them for several shifts most weeks.

1 2 3 4 5

3.3.2

The language in the assessment book is hard to understand.

1 2 3 4 5

3.3.3

I find it easy (not stressful) to fail an unsatisfactory student at the end of a placement.

1 2 3 4 5

3.3.4

Sometimes I doubt my judgment about a difficult student.

1 2 3 4 5

3.3.5

The assessment booklet is easy to use.

1 2 3 4 5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.4 Feelings about Project 2000 course

	strongly agree				strongly disagree
3.4.1 Project 2000 students are able and self motivated.	1	2	3	4	5
3.4.2 I do not expect a high level of performance from supernumerary students.	1	2	3	4	5
3.4.3 Rostered students often have major deficiencies in their practical skills.	1	2	3	4	5
3.4.4 The project 2000 course is a big mistake.	1	2	3	4	5
3.4.5 Supernumerary status is a good idea and helps us teach students better.	1	2	3	4	5
3.4.6 Many wards still count supernumerary students in the numbers.	1	2	3	4	5
3.4.7 The project 2000 course contains far too much theory.	1	2	3	4	5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.5 The mentor student relationship

	strongly agree				strongly disagree
3.5.1					
It is important for students and mentors to get on with each other.	1	2	3	4	5
3.5.2					
I often find that a partnership can develop between myself and the student I am mentoring.	1	2	3	4	5
3.5.3					
An important part of my role as mentor is teaching the student practical nursing skills myself.	1	2	3	4	5
3.5.4					
In order to mentor effectively it is important to get feedback from the student.	1	2	3	4	5
3.5.5					
Having to assess the student and fill in the booklet makes being a mentor difficult.	1	2	3	4	5
3.5.6					
The attitude of the sister and others in the ward affects my performance as a mentor.	1	2	3	4	5
3.5.7					
Acting as a role model for the student is an important aspect of mentoring.	1	2	3	4	5
3.5.8					
Part of my role as a mentor is helping and encouraging students develop their confidence as nurses.	1	2	3	4	5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

If you have any other comments on your feelings about or experiences of mentoring that have not been all ready covered please write them below or on the back of the sheet.

Thank you for taking the time and trouble to fill in this questionnaire.
PLEASE PLACE THE COMPLETED QUESTIONNAIRE IN THE
ACCOMPANYING ENVELOPE AND RETURN IT TO ME VIA THE INTERNAL
POST .

Questionnaire Sent to Students

MENTORING

YOUR EXPERIENCES OF BEING MENTORED

This questionnaire forms part of a research project that I am engaged in. The first stage of this involved interviewing groups of mentors and students and asking them to describe their experiences and feelings about mentoring and being mentored. The questions in sections 2 and 3 of the questionnaire are derived from issues that they felt to be important. I am interested in finding out how far your views coincide with those of your colleagues.

I hope that the information gained will contribute to our knowledge of mentoring and be able to be used to improve the support that can be given to mentors and students in the future.

The questionnaire should not take you very long to fill in. The answers only require you to ring the appropriate number. If you feel that the options given do not represent your views or if you feel that there is something else that you wish to say please write comments in the spaces provided below each section.

All information that you give will be treated in the strictest confidence. It is not possible to link any of the material to individuals and no individual personal details will be divulged to anyone.

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE PLEASE PUT IT IN THE ENVELOPE PROVIDED AND RETURN IT TO ME AT RIDGWAY HOUSE.

JEAN GLOVER Nurse Teacher

SECTION 1

Please give a few details about yourself.

Please ring the appropriate number for questions in this section.

1.1 Sex Female (1) Male (2)

1.2 Age in years

21-25	(1)	26-30	(2)
31-35	(3)	36-40	(4)
41-45	(5)	46-50	(6)
51-55	(7)	Over 55	(8)

1.3 Experiences prior to starting the course.

Ring as many as apply.

1.3.1 Came on the course directly from school/college (1)

1.3.2 Had a temporary job (less than 1 year) to fill
in time between school/college and starting the course (2)

1.3.3 Worked for more than a year (3)

1.3.4 Had another career (involving formal training) (4)

1.3.5 Attended university (degree course) (5)

1.3.4 Attended college for vocational
course/access course (6)

1.3.5 Raised a family (7)

1.3.6 Unemployed (for longer than 6 months) (8)

1.3.7 Other. Please specify. _____

Present situation

1.4 How would you describe the effect that your personal domestic situation has on the amount of time and energy that you have available to devote to the course?

Ring one option.

- | | |
|--|-----|
| 1.4.1 I can devote as much time/energy to the course as I wish | (1) |
| 1.4.2 I am busy but I manage to find adequate time and energy to meet the course demands | (2) |
| 1.4.3 I am occasionally unable to meet the course demands due to domestic/personal pressures | (3) |
| 1.4.4 I am frequently unable to meet the course demands due to personal/domestic pressures | (4) |
| 1.4.5 I often feel overwhelmed by personal/ domestic pressures and fear that I may not complete the course because of them. | (5) |

1.5 What educational qualifications did you gain prior to coming on the course?

Ring all that apply. If you have other qualifications that you know are ranked as equivalent to those listed please ring the level of qualification they equate to.

- | | |
|--|-----|
| 1.5.1 Fewer than 5 GCE/GCSEs (grades A - C) | (1) |
| 1.5.2 5 GCE O Levels/GCSEs (grades A - C) | (1) |
| 1.5.3 More than 5 GCE O Levels/GCSEs (grades A - C) | (1) |
| 1.5.4 1 A level | (1) |
| 1.5.5 2 or more A levels | (1) |
| 1.5.6 City & Guilds certificate | (1) |
| 1.5.7 Higher National certificate | (1) |
| 1.5.8 Higher National diploma | (1) |
| 1.5.9 B Tec certificate | (1) |
| 1.5.10 B Tec diploma | (1) |
| 1.5.11 Higher Education diploma | (1) |
| 1.5.12 Degree | (1) |
| Other please specify _____ | |

SECTION 2

The clinical area you are currently working on; or the area you last worked on if you are in college

2.1 What type of environment are you currently working in?

Community (1) please go to 2.2

Hospital (2)

2.1.1 If hospital

Medicine (1)

General Surgery (2)

Trauma/Orthopaedics (3)

Gynaecology (4)

Neuromedicine/surgery (5)

Cardiology (6)

A&E (7)

Theatre (8)

ITU/CCU (9)

Renal (10)

Elderly Care (11)

Rehabilitation (12)

Other please specify _____

2.2 The working situation

2.2.1 The way work is organised in my area is best described as

- Task allocation (1)
- Team nursing (2)
- Patient allocation (3)
- Primary nursing (4)
- Patient focused care (5)
- A combination of the above (6)
- I don't know (7)

2.2.2 The supervision of students in my area is best described as

- One mentor is responsible for looking after students for the whole of the allocation. (1)
- A mentor and a supervisor share the task of looking after the student. (2)
- A named mentor but the whole of the nursing team accept and share the job of supporting the student. (3)
- There does not seem to be any specific system in operation. (4)

2.2.3 The off duty arrangements on my area can best be described as

- Enabling the students and mentors to work together 2 - 3 shifts per week (1)
- Enabling the students and mentors to work together approximately 1 shift per week (2)
- The students and mentors may not see each other for periods of more than a week. (3)
- Students and mentors may only see each other once or twice during the whole of the student's allocation. (4)

SECTION 3

Your experiences and feelings about being mentored

In this section there are a series of statements which are derived from comments made by your colleagues in the interview phase of the research.

Please indicate by ringing the appropriate number (1 - 5) how strongly you agree or disagree with each statement. 1 = strongly agree 5 = strongly disagree.

3.1 Feelings

	strongly agree					strongly disagree
3.1.1	1	2	3	4	5	
I find that I am less dependent on my mentor now than when I first started the course.						
3.1.2	1	2	3	4	5	
I often feel guilty if I spend time on the wards reading or studying rather than caring for patients.						
3.1.3	1	2	3	4	5	
It is important to have sufficient experience in the clinical areas to learn the practical skills of nursing.						
3.1.4	1	2	3	4	5	
I often feel that I am not valued by the staff on my placement.						
3.1.5	1	2	3	4	5	
A good mentor can really help me to get the best out of a placement.						
3.1.6	1	2	3	4	5	
I often feel stressed by events that happen to me while on placement.						
3.1.7	1	2	3	4	5	
My confidence in myself as a nurse can be affected by the attitudes and actions of ward staff to me.						
3.1.8	1	2	3	4	5	
Staff nurses need time to settle into a job themselves before they are asked to mentor students.						

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.2 The mentor student relationship

	strongly agree					strongly disagree
3.2.1						
It is very important to get on with your mentor.	1	2	3	4	5	
3.2.2						
The majority of mentors I have had have been able to meet my needs.	1	2	3	4	5	
3.2.3						
It is important that the mentor knows what mentoring entails.	1	2	3	4	5	
3.2.4						
Being allocated to someone who does not wish to mentor students makes me feel uncomfortable.	1	2	3	4	5	
3.2.5						
The fact that my mentor has to fill in my assessment booklet makes having a very open relationship difficult.	1	2	3	4	5	
3.2.6						
There have been times when I can describe the association between myself and my mentor as a partnership.	1	2	3	4	5	

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.3 The mentor's role

	strongly agree				strongly disagree
3.3.1					
An important aspect of the mentor's role is to teach me practical nursing skills.	1	2	3	4	5
3.3.2					
Students should not need their mentor to support them.	1	2	3	4	5
3.3.3					
The mentor should act as a model of good practice for the student.	1	2	3	4	5
3.3.4					
Students should not need their mentor to take their part or stand up for them in the ward / placement situation.	1	2	3	4	5
3.3.5					
The mentor should plan experiences which help the student to develop confidence.	1	2	3	4	5
3.3.6					
It does not matter if the mentor and student do not meet for the first week or two of the placement.	1	2	3	4	5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

3.4 Being Assessed

	strongly agree				strongly disagree
3.4.1					
The assessment booklet is easy to use.	1	2	3	4	5
3.4.2					
The language in the assessment book is hard to understand.	1	2	3	4	5
3.4.3					
I am afraid that if I do not fit into the ward team that I will not be given a good report.	1	2	3	4	5
3.4.4					
It is difficult to assess yourself when you first go on to a new placement.	1	2	3	4	5
3.4.5					
My assessment booklet is an important and valuable document.	1	2	3	4	5
3.4.6					
My mentor always gives me credit for all the hard work and effort that I put into the placement when filling in my assessment booklet.	1	2	3	4	5

If there is anything else you wish to say about this section please write it below. Please start each separate comment on a fresh line.

If you have any comments to make about your feelings or experiences of being mentored which have not all ready been covered please write them below or on the back of the sheet.

Thank you for taking the time and trouble to fill in this questionnaire.

PLEASE PLACE THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED AND EITHER SEND IT VIA THE INTERNAL POST OR PLACE IT IN THE BOX PROVIDED IN THE GENERAL OFFICE AT RIDGWAY HOUSE.

Appendix 3

Notes and other information on stages of qualitative data analysis

Initial Coding Frame Developed

<u>MENTORS' FEELINGS</u>			<u>MF</u>
MF.ESD a= anxiety b= feelings about std MF.SWS	a	express self doubt	
	a	mentor stressed	MF.MS
	a	guilt stress	MF.GS
	a	stuck with student	
	a	perceives self as powerless	MF.PPS
	b	values clinical time	MF.VCT
	b	open minded approach	MF.OM
	b	values student	MF.VS
<u>SUPPORT FOR MENTOR</u>			<u>SM</u>
		need support - unspecified.	SM.NS
		support from school	SM.SFS
		existing preparation	SM.EP
<u>STUDENTS' FEELINGS</u>			<u>SF</u>
SF.VCT v= valued items c= confidence a= anxiety o= other	v	value clinical time	
	v	values assessment	SF.VA
	v	values mentor	SF.VM
	c	dependence continuum	SF.DC
	c	confidence/self as nurse	SF.CSN
	c	devalued	SF.DV
	a	guilt stress	SF.GS
	a	student stressed	SF.SS
	a	perceives self as powerless	SF.PPS
	o	patient relationships	SF.PR
	o	ward unsuitable for students	SF.WUS
<u>MENTOR PERCEIVED STUDENTS' NEEDS</u>			<u>SN</u>
p= paternalism	p	needs help with goal setting	SN.HWG
	p	needs mentor as advocate	SN.MA
	p	support from mentor	SN.MS
	p	students need support.	SN.NS
		student perceived as anxious	SN.SA
		needs break from mentor	SN.MB
<u>STUDENT PERCEIVED MENTORS' NEEDS</u>			<u>MN</u>
		Need time	MN.NT
		Need support	MN.NS

ASSESSING STUDENT			AS
b= both	b	assessment booklet difficult	AS.BD
	b	book difficult. language	AS.BDL
	b	self assessment difficult	AS.SAD
m= mentor	m	failing student difficult	AS.FSD
	m	time to assess student	AS.TAS
s= student	s	invalid assessment	AS.IA
	s	fear biased opinion	AS.FB
	s	value booklet	AS.VB
FEELINGS RE COURSE			SVR
e= expectations	e	expectations of supernumerary students	SVR.ESS
	e	expectations of rostered students	SVR.ERS
	e	disappointed re p2k nurses	
SVR.DP2			
j= judgments	j	negative to supernumerary	
SVR.NES			
	j	positive to supernumerary	SVR.POS
	j	supernumerary status too short	SVR.SS
	j	negative to p2k	SVR.NP2
	j	conflict of values std & mentor	SVR.CV
r= reality for student	r	respect student status	SVR.RSS
	r	ignores student status	SVR.ISS
c= course	c	interpersonal skills. input in course	SVR.IPS
	c	course soft on student	SVR.SOS
	c	course content	SVR.CC
	c	Increased theory in course	SVR.TC
MENTOR STUDENT RELATIONSHIP			MSR
p= problems	p	too much time with student	MSR.EX
	p	assessing strains relationship	MSR.ASR
	p	need to be compatible	MSR.NC
	p	mentor needs feedback	MSR.MNF
	p	impractical to choose mentor	MSR.ICM
w= working	w	partnership with student	MSR.PNS
	w	learning skills	MSR.LS
q= quality of relationship	q	mentor is OK	MSR.OK
	q	mentor is not OK	MSR.NOK
	q	mentor is unwilling	MSR.UM
	q	mentor credible	MSR.MC
	q	quality of relationship	MSR.QR
	q	absent mentor	MSR.AM
MENTOR'S ROLE			MR
r= roles	r	evaluating/assessing	MR.E
	r	teaching	MR.T
	r	caring	MR.C
	r	advocate	MR.A
	r	support	MR.S
	r	nurturing	MR.N
	r	role model	MR.R
o= other	o	ward climate	
MR.WC			

MENTORS REFLECT ON THEIR OWN STUDENT EXPERIENCE			ROE
		felt used for service	ROE.U
		recall authoritarianism	ROE.AR
		recall self being anxious	ROE.AX
		work heavy	ROE.WH
		recall specific experiences.	
ROE.EX		time on district	ROE.TOD
DESCRIPTIONS OF OWN SITUATION			DS
	o	work organisation	DS.WO
o= organisation	o	mentor/supervisor set up	DS.MS
	o	own education	DS.OE
a= attitudes	a	attitudes of others (old)	DS.AT
	a	new attitudes/practice	DS.NAP
	a	conflict on ward	DS.CV
l= learning	l	ward prepared for student & induction	DS.WP
	l	teaching activities	DS.TA
m=misc	m	patients. perspective	DS.PP
	m	elderly care	DS.EC
	m	employment situation	DS.EPL
OFF DUTY			OD
		time with student	OD.TWS
		time with mentor	OD.TWM
		mentor needs a break	OD.NB
		student needs other experience	OD.SOE
Fundamentally the same coding system has been used for both the student and the mentor tapes. There are areas where the codes are identical and others where there is a clear correspondence e.g. feelings noted as students and mentors.			

Figure 3.A

Notes From Data Analysis of focus Group Interviews

This section shows samples of the data base entries made during analysis of focus group interviews. The fields used are as follows:

***Text** is the relevant section of tape transcript.*

***Comments** are the researcher's thoughts, feelings and observations including references to any concepts identified from the literature felt at that point to be relevant.*

***Nonverbals** gives details of any nonverbal or paralinguistic cues that were evident either from the tape or from the researchers observations at the time of the interview.*

***Code** is the coding used to denote the concept that was identified.*

***Linked code** indicates any other concepts that it was felt were also contained within the sample of text.*

***Speaker** indicates the person making this comment.*

Examples of notes and coding of student data

Text It depends on the staffing levels at that stage but if you negotiate before time you can go (*on a visit to another area*).

Comments; Expresses the situation as experienced by this student whose rostered placements had on the whole been satisfactory at least.

Nonverbals murmurs of assent and interjections agreeing with statement.

Code svr.ers **Linked code**

Speaker jo

Text I've found on the first rostered I was the only student on the ward for 18 weeks and I found that really hard 'cos I didn't know.. there had been a student who had qualified but I still found it very hard to relate to her 'cos now she was qualified

Comments evidence of the stresses of rostered service comments re ex student confirm idea of other world c.f. Kramer's reality shock. A clear need for a good mentor here see later in this conversation

Code sf.ss **Linked code** svr.ers

Speaker jo

Text sometimes you're hours off the ward sometimes you can really do your whole shift off and if you go they get in touch with whoever is in charge and they send cover for you you know whereas they couldn't do that in the first rostered it was totally different

Comments clearly valued the attitude to students on this ward c.f. Ortons high student orientated wards

Nonverbals

Code svr.ers **Linked Code**

Speaker jo

Examples of comments and coding of mentor data

Text But that's only going to come from us wanting it and making a move to get it it's not going to come from the top down it has to come from the bottom up.

Comments a far more mature and professional response than 'si' in that 'm' is taking responsibility for her own destiny rather than demanding that a nebulous 'they' do something about the situation.

Nonverbals various interjections saying 'I agree' and similar noises of assent.

Code ds.oe **Linked Code** ds.epl

Speaker m

Text No no I'm not saying it's the ----- because the manager. My ward sister I've got is excellent what I'm saying is that I think that in general.

Comments indicates that all her previous comments were about the profession in general rather than her specific situation. She appeared to be utilising this to the full.

Non verbals Followed by various murmurs of agreement that 'in general' nurses do not get enough study time for own development.

code ds.oe **linked code**

Speaker si

Text Yes in some ways it's over academic and when it comes down to it, it isn't that academic what we're trying to achieve with it.

Comments More comments on the problems with language said directly in response to the question 'is it the language' from researcher c.f. Bernstein & Wilson, Barnett et al the problem being dislike - or lack of understanding of academic language.

Non verbals

Code as.bdl **linked category**

Speaker m

Figure 3.B

Final Coding Categories When Questionnaire Data Was Added to Focus Group Interviews

CATEGORIES IDENTIFIED - WITH CODES -BOOKMARKS

This shows the final categories arrived at in qualitative analysis when material for both focus group interviews and questionnaire comments had been analysed. The original coding framework was used as a basis for work with the questionnaire comments. This was found to fit well. It was elaborated so that it would include positive(+), negative(-) and equivocal(#) responses to the concept concerned. e.g. a mentor indicating that they were either stressed (ms.y3) or not stressed (ms.n4) by the situation described a numerical notation was then added to facilitate entry of comment codes into SPSS. In fact little use was made of this beyond checking the correspondence of concepts expressed in the comments with responses on the Likert scales.

MENTORS' FEELINGS 1 MF

	1 Express self doubt	ESD y1n2
	1 Mentor stressed	MS y3 n4
anxiety 1	1 Guilt stress	GS y5 n6
	1 Stuck with student	SWS 7
	1 Perceives self as powerless	PPS y8 n9
support for mentor 2	2 Need support - unspecified	NS 1
	2 Support from school	SFS nd2 ok3
feelings 3	2 Existing preparation	EP +4-5
re.std	2 Use peer support	y6 n7
	3 Values student	VS y1 n2
	3 Student is individual	y3n4
	3 Student perceived as anxious	SA y5 n6
	3 Needs break from mentor	MB y7 n8
valued items 4	4 Values clinical time	VCT 1
	4 Open minded approach	OM y2 n3
	4 Values theory/updating	y4 n5
	4 Enjoys/values mentoring	
y7n8#9		

MENTOR PERCEIVED STUDENT NEEDS 5 SN

	5 Needs help with setting achievement goals	HWG
y1 n2		
	5 Needs mentor as advocate	MA y3 n4
	5 Support from mentor	MS y5 n6
	5 Students need support	NS y7 n8#9

STUDENTS FEELINGS SF3

	1 Dependence continuum	DC y1 n2
c= confidence 1	1 Confidence/self as nurse	CSN+3-4#5
	1 Devalued	DV y6n7#8
a= anxiety 2	2 Guilt stress	GS y1 n2
	2 Student stressed	SS y1n2#3
	2 Perceives self as powerless	PPSy4n5#6
v= valued items 3	3 Value clinical time	VCT y1 n2
	3 Values assessment	VA y3 n4
	3 Values mentor	VM y5 n6
o= other 4	4 Patient relationships	WUS 2

STUDENT PERCEIVES MENTORS' NEEDS MN5

5 Need time	NT 1	
5 Need support	NS 2	
5 Link teacher	3	
5 Training in role		4
5 Training in ass/book	5	
5 Clinical update	6	

MENTOR-STUDENT RELATIONSHIP MSR 2

p=problems1	1 Too much time with student	EX y1 n2
	1 Assessing strains relationship	ASR y3n4
	1 Need to be compatible	NC y5n6
	1 Mentor needs feedback	MNF7
	1 Impractical to choose mentor	ICMy8n9
w= working 2	2 Partnership with student	PNSy1n2#3
q= quality	2 Learning skills	LSy4n5#6
of relationship 3	3 Mentor is OK	OK y1
	3 Mentor is not OK	NOK n2#3
	3 Mentor is unwilling	UMy4n5#6
	3 Mentor credible	MCy7n8#9
	3 Quality of relationship	QR
	3 Absent mentor	AM 0

MENTOR'S ROLE 3

	1...Evaluating/assessing	MRE 2
	1...Teaching	MRT 3
mr= mentor roles 1	1...Caring	MRC 4
o= issues affecting role2	1...Advocate	MRA 5
	1...Support	MRS 6
	1...Nurturing	MRN 7
	1...Role model	MRR 8
	2 Ward climate	WC 1
	2 Other staff	OS 2

ASSESSING STUDENT AS 4

	1 Value booklet	VB y1 n2
	1 Assessment booklet difficult	BD y3 n4
b= book 1	1 Book difficult. language	BDL y5 n6
	2 Self assessment difficult	SAD y1 n2
p=probs 2	2 Failing student difficult	FSD y3 n4
	2 Time to assess student	TASy5n6#7
v= valid+rel 3	3 Invalid assessment	IAy1n2#3
	3 Fear biased opinion	FBy4n5#6
	3 Assessing practices	good7bad8

FEELINGS RE COURSE SVR 5

e= expectations 1	1 Expectations of Supernumerary students	ESS+1-2#3
	1 Expectations of rostered students	ERS+4-5#6
	1 Disappointed re p2k nurses	DP2y7n8#9
j= judgments 2	2 Negative to supernumerary	NES 1
	2 Positive to supernumerary	POS 2
	2 Supernumerary status too short	SS y3 n4
	2 Negative to p2k	NP2
y5 n6		
	2 Conflict of values std & mentor	CV y7n8#9
r= reality for std 3	3 Respect student status	RSSy1
	3 Ignores student status	ISSn2#3
c= course 4	4 Notes ips. input in course	IPS 1
	4 Course soft on student	SOS y2n3
	4 Course content: skills short	CC 4
	4 Increased theory in course	TC+5-6?7

DESCRIPTIONS OF OWN SITUATION DS 6

o= organisation 1	1 Mentor/supervisor set up	MSok2nok3
	1 Own education	OEok4nok5
	1 Status of student	6
a= attitudes 2	2 Attitudes of others (old)	AT 1
	2 New attitudes/practice	NAP 2
	2 Conflict on ward	CV y3 n4
l= learning 3	3 Ward prepared - for std	WPyl2n3
	3 Incl whole aspect of induction	
	3 Teaching activities	TA y4 n5
m=misc 4	4 Patients' perspective	PP 1
	4 Elderly care	EC 2
	4 Employment situation	EPL 3
	4 Reason for n/a	ele4 oth5

OFF DUTY - OD 7

0 Time together	TWSok1nok2
0 Mentor needs a break	NB y3 n4
0 Student needs other experience	SOEy5 n6
0 Workload pressure	y7n8

Figure 3.C

Explanation of Coding Used

The following section gives the explanations of the concepts felt to be denoted by the codes as given by the researcher by the end of the first stage of data analysis i.e. analysis of focus group interviews

ASSESSING STUDENT. AS. Issues specifically related to assessment . Students are on progressive assessment with a booklet containing both formative and summative elements which has to be filled in on every clinical placement. Failure to pass the summative elements is a serious issue and could contribute to dismissal from the course.

as.bd Relates to the booklet used for assessment of clinical skills and indicates that this is difficult to use. Where 'l' is suffixed as.bdl it specifically relates to the language in the book.

as.fb Here students express a fear of biased assessment.

as.ia Here students describe events and situations which could actually render the assessment invalid.

as.sad Students and mentors comment that the students find self assessment, which is required by the college as part of the assessment process and has to be recorded in the booklet, difficult.

as.tas Comments that the mentor and student need time together for assessment to take place. Can refer to off duty but includes any issue which prevents the two spending time together.

as.vb Students indicate that they place considerable value on their assessment booklet.

as.fsd Mentors express difficulty in actually failing students.

DESCRIPTION OF OWN SITUATION. DS Where descriptions of various aspects of roles and organisational issues is covered. It also contains a section where the attitudes of others are described as distinct from the attitude displayed by the speaker which would be coded under feelings.

ds.at Describes attitudes which are demeaning to the student as a person or to nurses generally and can be said to have their roots in the old hierarchy of health care systems with Drs at the top.

ds.nap In contrast to the above descriptions of attitudes and/or practices which value the student and are open and non hierarchic.

ds.cv Descriptions of conflict usually of attitudes on the ward.

ds.ms Descriptions of the ways in which the mentoring and supervision of students may be organised.

ds.wo Descriptions of the way the work is organised and allocated within the ward e.g. team nursing etc.

ds.pp Descriptions of the patient's perspective or view of the situation under discussion.

ds.wp Descriptions of the degree of preparedness of the ward for the arrival of the student and any specific arrangements made.

ds.ta Describe specific teaching activities undertaken by the mentors. c.f. students learning skills.

ds.oe Mentors describe various opportunities and situations relating to professional development/education for themselves.

OFF DUTY. OD

Comments related to various aspects of off duty. Can be seen as a sub section of description of own situation.

od.soe Here the off duty arrangements which do not always put student and mentor together are seen as advantageous as student is seen to profit from the various views and practices of the whole team.

od.twm Comments regarding the amount of time the off duty allowed the student and mentor to work together in student tape. Does not include them not working together for any other reason which is 'msr.am'

od.tws As above in mentor tape

od.nb Here the mentors express appreciation of off duty which does not put them constantly with the student valuing a break in what can prove a very claustrophobic relationship.

od.soe Expresses the desirability of the off duty allowing the student to gain experience with a wide variety of people not just the mentor.

MENTOR PERCEIVES STUDENTS NEEDS. SN. Places where the mentors express their perception of the students needs. Most of these categories could be said to contain a significant degree of paternalism.

sn.mb Realising that the student needed other company than that of the mentor not particularly in terms of experience but just to have a break.

sn.hwg Identifies the students as needing help and support from the mentor when setting achievement goals on the ward.

sn.ma Student perceived as needing mentor as advocate a very paternalistic category.

sn.ns Student perceived as in need of a considerable degree of support.

sn.sa The student is perceived as anxious.

STUDENT PERCEIVES MENTORS NEEDS. MN. A very small category but clearly matches the mentor's one where the students are starting to project themselves into the mentors role and appreciate their needs as well as their own.

mn.nt Relates to the need for new staff nurses to have time to settle into ward and consolidate own role before having to mentor a student.

mn.ns Staff nurses' need of support themselves while mentioning.

MENTOR STUDENT RELATIONSHIP. MSR. Looks at various aspects of the relationship

msr.am Situations where the mentor is absent for whatever reason.

msr.asr Comments indicating that requiring the mentor to function in the assessor role puts a strain on the relationship between student and mentor.

msr.ex Indicates situations where it was felt that the time student and mentor spent together was excessive.

msr.icm Relates to the practicality - or impracticality of the student selecting own mentor.

msr.ls Describes situations where the student is learning the practical skills of nursing usually from the mentor.

msr.mc The requirement for the mentor to be credible to the student as a professional and as a mentor.

msr.nc Expresses the need for the student and mentor to 'get on' or be compatible.

msr.mnf Expressing the need for feedback within the relationship and comments regarding various forms of feedback currently employed.

msr.mr.. Various aspects of mentors role suffixes indicate various sub roles

Assessing/evaluating **mre**

Teaching **mrt**

Caring **mrc**

Advocate **mra**

Support **mrs**

Nurturing **mrn**

msr.mu Where the mentor is perceived/perceives self as unwilling to take student for whatever reason.

msr.ok Here the mentor is described as good and the student finds the situation satisfactory.

msr.nok Here the mentor or aspects of the relationship are not satisfactory.

msr.pns Here the relationship between student and mentor is either described as a partnership or descriptions indicate this situation even when other terms are used.

msr.qr Describes various aspects of the quality of the mentoring relationship or factors affecting it.

msr.ok & **msr.nok** Can be seen as sub divisions of this.

msr.wc The psychosocial climate of the ward as a whole is seen as either affecting the mentor-student relationship or being important in addition to it.

FEELINGS As expressed by **MENTORS. MF.** and **STUDENTS. SF** Includes sub section by mentors on needing support as this came over very strongly. **SUPPORT FOR MENTOR. SM.**

FEELINGS RE COURSE. SVR. Comments comparing various aspects of the p2k course both with previous courses and the different elements of it with each other. Can be seen as a sub division of feelings of both mentors and students.

FEELINGS RE COURSE SVR

svr.dp2 Mentors disappointed with p2k students compared to their expectations.

svr.sos Consider the p2k course to be soft on the students or that the students have it easy now.

svr.ess Expressing expectations of supernumerary student status.

svr.ers Expressing expectations of rostered student status.

svr.cv Suggesting a value conflict between students and themselves in that some of the students were more interested in study than practical nursing.

svr.cc Comments regarding the academic content of the course and its assessment strategy.

svr.pos Positive comments regarding supernumerary status for students.

svr.nes Negative comments regarding supernumerary status for students.

svr.rss Comments describing situations where student status was respected and students given their rights.

svr.iss Comments describing situations where student status was ignored and students used as pairs of hands.

svr.np2 Comments negative to the whole concept of project 2000.

STUDENTS' FEELINGS SF

sf.csn Describes students' feelings of confidence in themselves and/or themselves as nurses. Their developing self image as a nurse. Suffixes + indicates positive experiences _ indicates negative ones.

sf.dc. Describes feelings about decreasing dependence on mentor as confidence and experience grew as they progressed through the course.

sf.pps Stress expressed as feelings of powerlessness c.f. mentors feelings. a subsidiary code.

sf.wus Ward felt to be unsuitable for students.

sf.pr. Describes various aspects of relationships with patients, these can be either positive or negative to self image or may not be indicated as either.

sf.dv Here students describe various situations which make them feel devalued either as nurses or as people.

sf.ss Describe various situations causing stress or anxiety.

sf.gs. Describes stress in terms of guilt feelings: usually the tension between the need to fulfil service needs and to attend to own learning requirements.

sf.vct Student expressions of the need to get experience of clinical skills , either generally or in relation to specific areas. c.f. mentors valuing time spent in gaining clinical experience.

sf.vm Students place a positive value on the mentors they have had.

sf.va Students here placing a very positive value on constructive assessment. cf. as.vb this refers again to assessment but is specifically related to what is written in the assessment booklet while sf.va refers to the assessment process as such.

MENTORS FEELINGS MF

mf.esd Mentors express doubt in their own judgment often but not exclusively in relationship to assessment.

mf.ms Mentor feeling stressed or anxious often expressed in respect of role conflict or role strain

mf.gs Here mentor expresses guilt feelings c.f. sf.gs

mf.sws Mentor feeling that they are stuck with the student almost sometimes that the student has been dumped upon them and that they can't get rid of them.

mf.pps The mentor expresses feelings of powerlessness in the situation usually in relationship to the student.

mf.vct Mentor gives a positive value to time spent in the clinical areas learning clinical nursing skills.

mf.om The feelings expressed are open minded and correspond to those coded under ds.nap when described in others.

mf.vs Here the mentor expresses positive feelings about the student cf. sf.vm where student expresses similar sentiments re mentor.

SUPPORT FOR MENTOR SM

sm.ns Expressions of the need for support for mentors from unspecified source.

sm.sfs Support for mentors specifically seen as needing to come from the nursing school.

sm.ep the need for support set against existing preparation for having Project 2000 students, termed 'top up', which was generally seen as not fulfilling the need.

REFLECT ON OWN STUDENT EXPERIENCES. ROE .. Mentor tape only; where the mentors reminisce and reflect upon their own experiences and usually draw comparisons with the lot of current students.

roe.ra Recall the authoritarian regime in force when they were students. This may be valued as well as a cause of anxiety.

roe.ax Here mentors recall anxiety provoking incidents in their own student experience.

roe.u Here recollections are of being pairs of hands used for service needs.

roe.tod Recollections of community experience.

roe.wh Recollections of hard heavy work and being tired.

roe.ex Specific recollections which do not fit into any of the other categories.

Figure 3.D

Initial Comments on Transcripts of Taped Focus Group Interview of Mentors

These comments were written after the first reading and attempts at coding had been made and before any specific efforts were made to search for linkages between themes. They express the researcher's overall impression. She was somewhat surprised at this given the amount of negative comments made by students in the focus group run with them.

The overriding impression is of a group of very aware and forward thinking staff who had an interest in their own development and that of their students.

Very open and up to date attitudes displayed indicating respect for the students as people, and wishing to help them. The 'school' does not come out in a very good light.

The impression one gets is that they feel that the students have been dumped upon them with inadequate preparation or support.

The high stress involved in assessing the student especially when this may involve failing the student is evident and they indicate that this is an area where they feel they need a lot of support. Difficult students generally seem to have an amazing effect on these staff nurses. Would they have affected a group of sisters in the same way?

30 11 93 Impressions after initial reading and before any specific analysis

Figure 3.E

Factors Identified From The Hierarchy of Coding Categories Used in Initial Preparation of Model - Fig 5.1

The principle factors identified from the coding categories were extracted and examined. Those from the mentor data were placed alongside corresponding ones from the student data. This was the preliminary stage in the development of the model.

FACTORS AFFECTING THE STUDENT-MENTOR RELATIONSHIP

personality		personality
age & life experience	S M	experience since qualifying
level of interpersonal skills	T E	own professional education
previous student experience	U N	specific mentoring education
	D T	previous mentoring experiences
expectations from college	E O	expectations of student
perception of role in ward	N R	role within ward team
perceptions/expectations of mentor	T	perceived & actual ward climate
nursing knowledge		relationship with sister
level of nursing skills		skill-mix & staffing level
supernumerary or rostered status		mode of organising patient care
		off duty arrangements
		link teachers input

Classify as:

personal factors
interpersonal factors
educational factors
organisational factors

Following the identification of themes and the association of these in the model (fig 5.1) the ideas were further explored using drawings see Figs .2 - 5 as recommended by Riley(1990) and the development of the researcher generated Vignette Fig 1 the best/worst case scenario.

These ideas were then incorporated in a conference paper.

The themes identified were then used to inform a questionnaire designed to test the concepts identified over a wider sample.

Figure 3.F

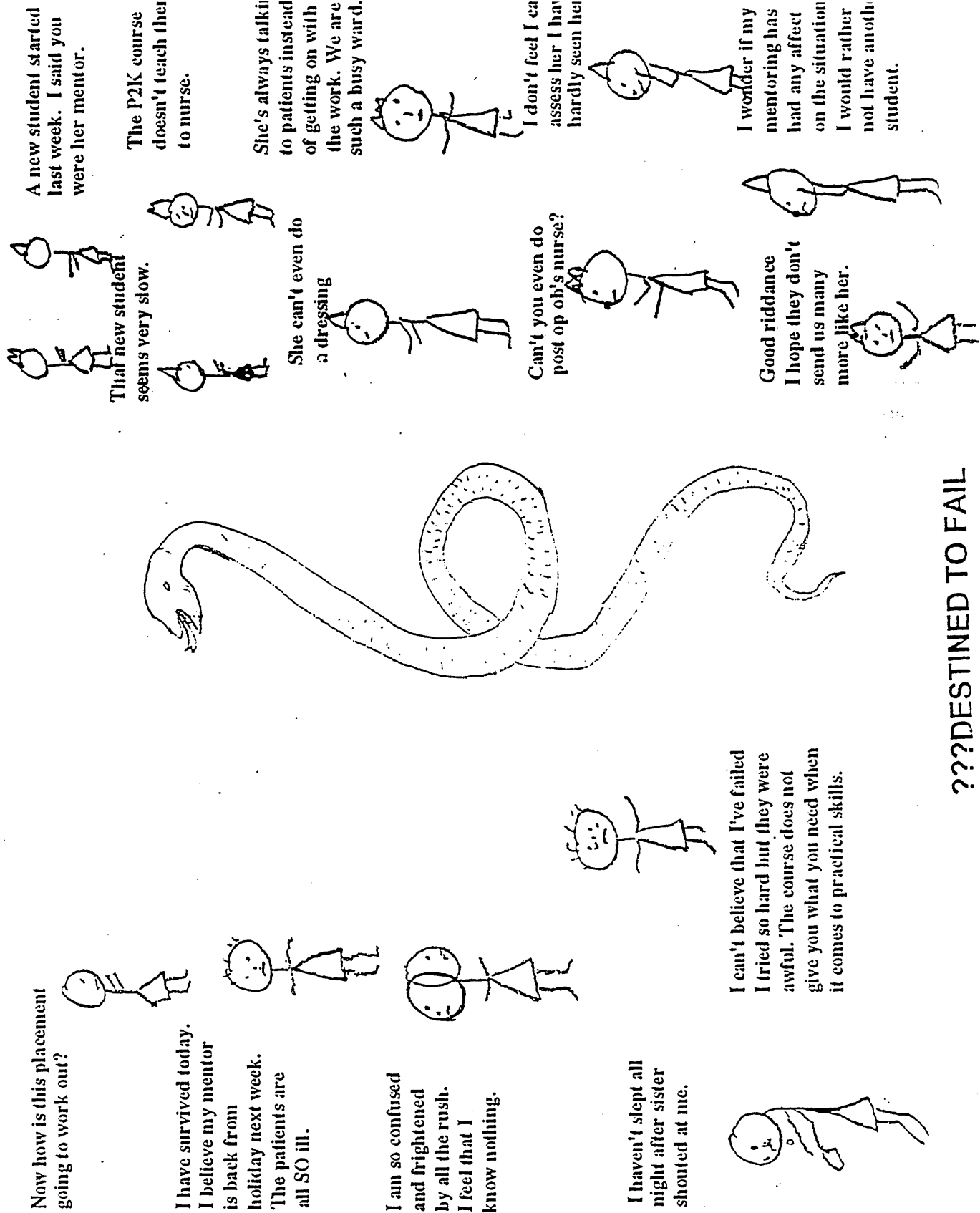
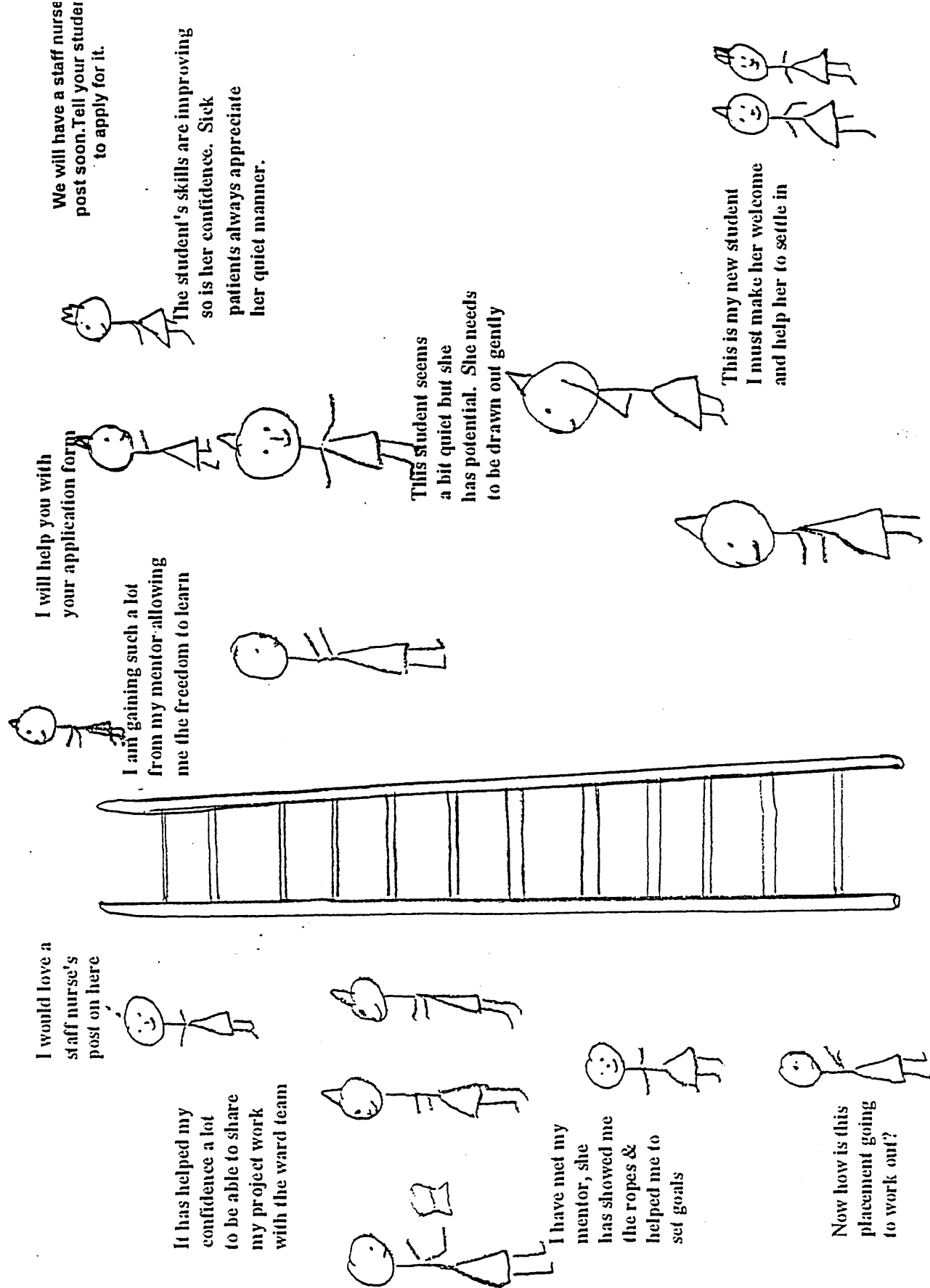


Figure 3.G Researcher-generated Pictorial Representation of the Potential Effects of Poor Mentoring



A LEG UP THE LADDER

Figure 3.H Researcher-generated Pictorial Representation of the Effects of Good Mentoring

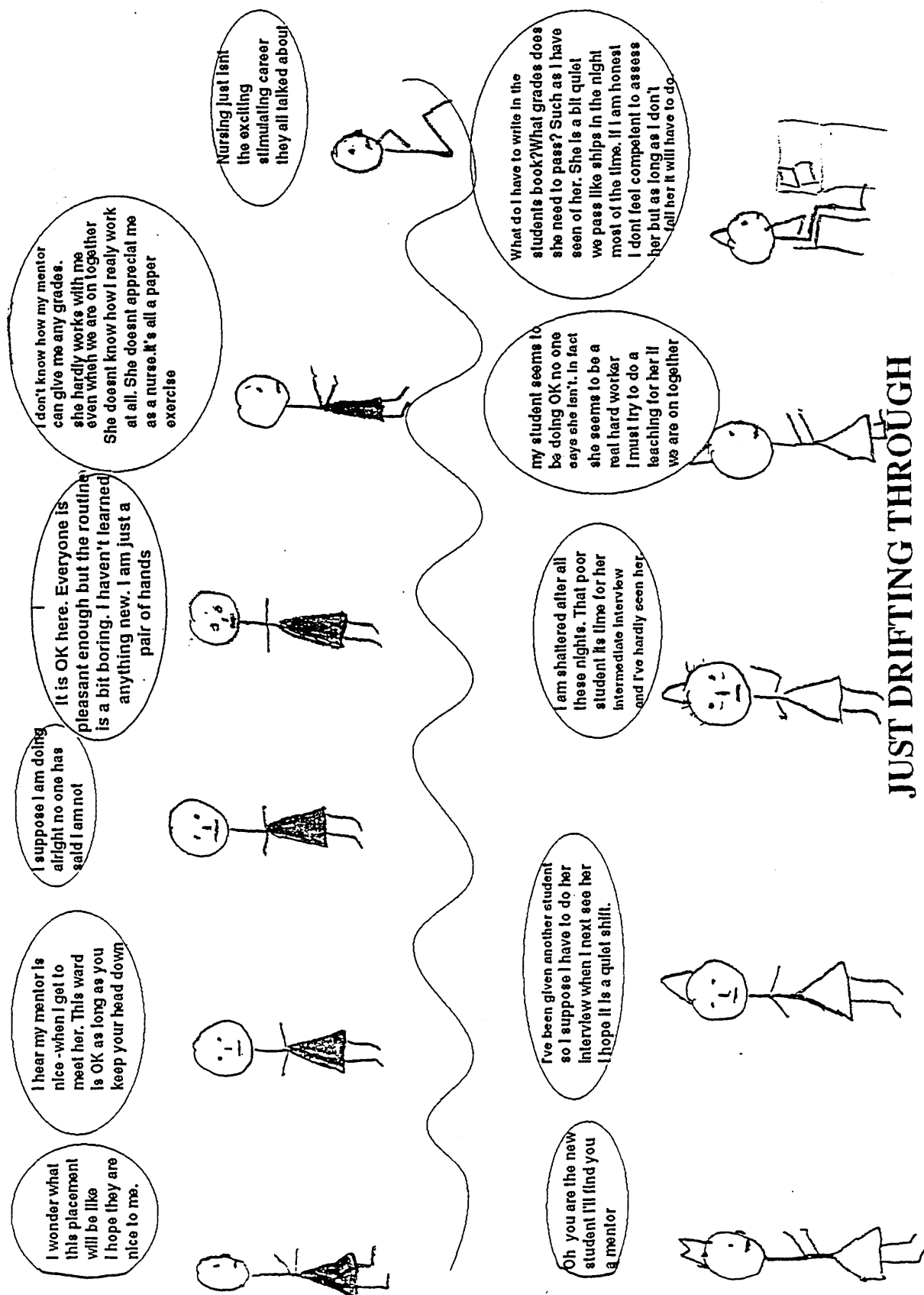
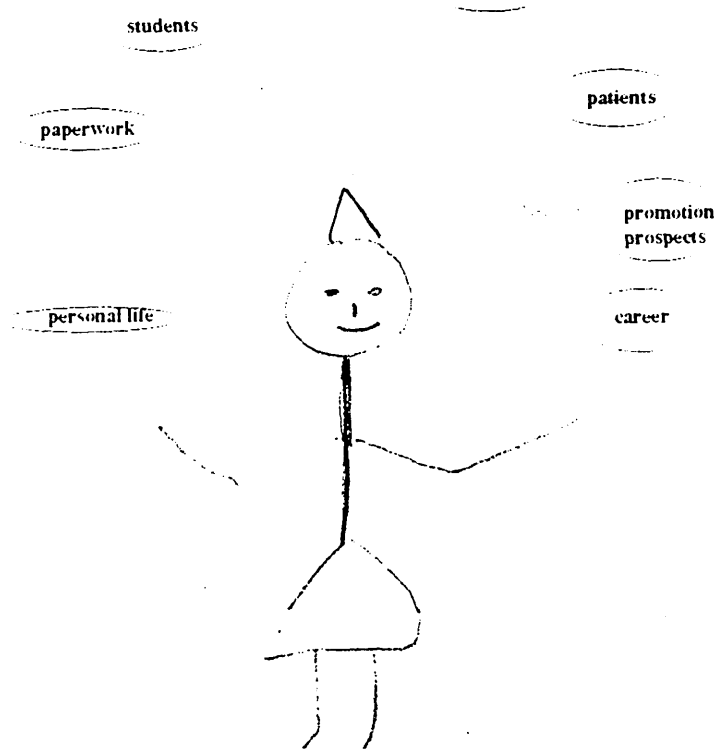
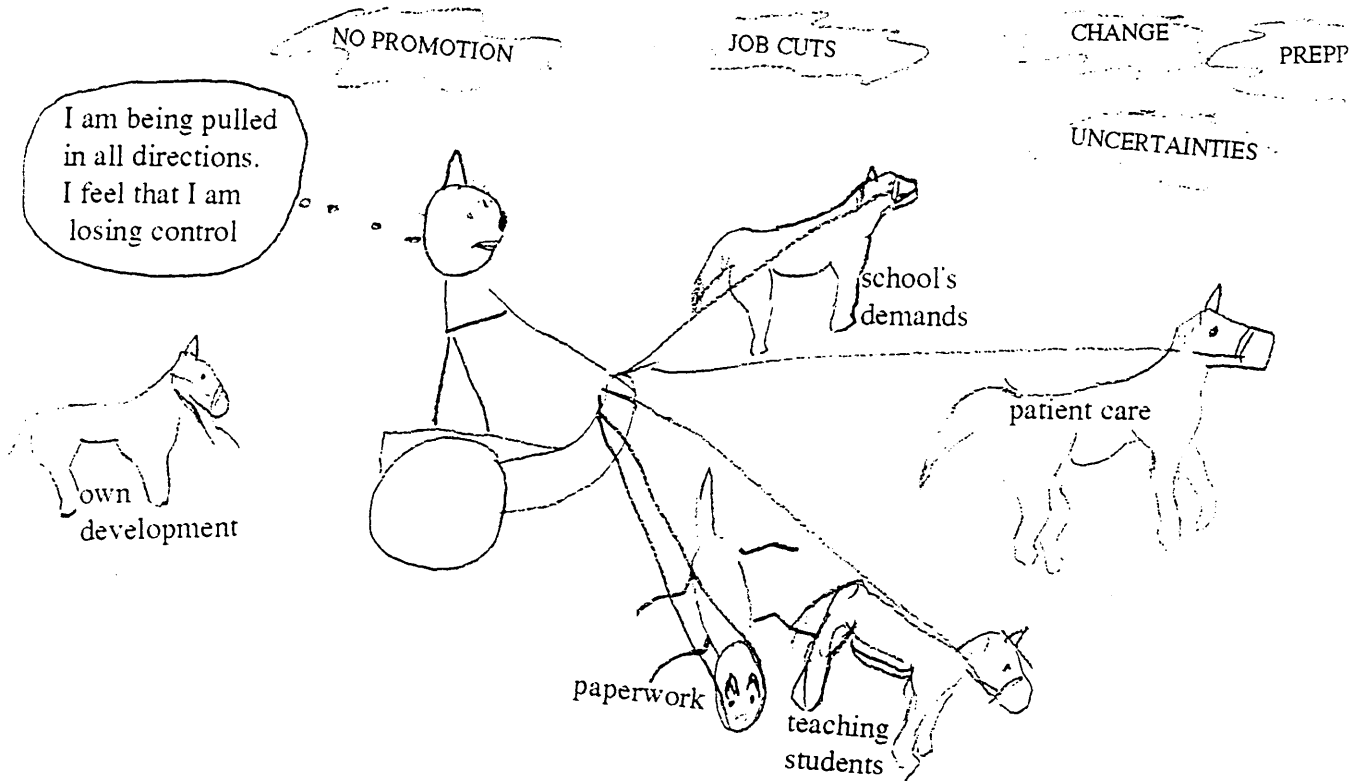


Figure 3.1 Researcher-generated Pictorial Representation of the Consequences of Lack of Mentoring



THE SUCCESSFUL JUGGLER



PULLED IN ALL DIRECTIONS

Figure 3.J Researcher-generated Pictorial Representations of Good and Poor Mentor Types

Researcher-generated Vignette Illustrating the Potential Effects of Mentoring

Best/worst case scenario

The results of the data analysis have been incorporated into a best/worse case scenario. It is not suggested that those extremes actually exist in the area used for the research but rather that they are a compilation of points raised by the participants of the study. For simplicity the female gender has been used throughout.

The student

is quiet but conscientious and caring, able academically and is enjoying the opportunities presented by the course to learn and use research to question ritualistic practice. Her early placements have been on fairly quiet areas with limited the opportunity to experience a wide range of skills. The mentors she has had have not pushed her saying that she will have opportunities later in the course and that she cannot expect to achieve too much in a short placement. They have always given her the required grades in her assessment so she goes on feeling that she must be achieving what is required of her. None the less as she approaches her first rostered placement she is becoming apprehensive as she is painfully aware of her limitations in some of the basic skills. She is aware of the requirements of the UKCC code of conduct to acknowledge any limitations of competence. She understands the theory behind many nursing tasks and is well versed in the relevant research. She has appreciated the interpersonal skills component of the course and is sensitive and caring when talking to patients and is good at gaining their confidence.

The ward

is busy acute surgery. It is usual to have at least ten to fifteen admissions and discharges in a day, as well as theatre lists morning and afternoon. The majority of patients are short stay and many are discharged within 24 hours. There can however be acutely ill patients and the ward seems to lurch from one patient crisis to another.

Possible outcomes to first rostered placement

WORST

The sister is authoritarian, task orientated and medical model in her approach. Lip service is paid to the named nurse concept in that the sister is the named nurse for everyone. She is also the supervisor for all the students. She has a high regard for the physical safety of her patients and equates this with a high standard of care. She insists on all practical interventions being performed according to a rigid procedure rather than allowing the application of principles and flexibility. She cannot bear to see anyone standing still or talking to a patient as this is considered a waste of time. She sees the students as workers and even those who are supernumerary tend to get counted in the numbers.

The mentor

has worked on the ward with this sister for years. She was an enrolled nurse and has recently converted. She is not very confident about mentoring students and feels threatened by anyone who asks her questions that she cannot answer. She employs a range of avoidance strategies when confronted by a student whose knowledge she perceives as a threat.

She is on holiday the week the student arrives on the ward and undertakes two periods of nights during her allocation. When she is on a shift with the student she is often in charge of the ward and does not work alongside her.

She interprets the student's quiet nature as lack of interest and assertion. She feels that she should have acquired the basic skills necessary in a surgical ward by this stage in the course. She interprets the student's efforts to talk to the patients as work avoidance. Whenever she does work with the student she is constantly pulling her up for failure to perform tasks according to the procedure laid down by the ward although there are other staff working there who practice much more flexibly and who had been teaching her in this manner.

THE RESULT

The student therefore feels demoralised, confused, and devalued by her mentor. This results in her retreating into herself and not asking questions since she realises that she is not going to get any meaningful answers or even be directed as to where the answer can be found. Her mentor interprets this as lack of interest and decides that it is not worth spending time with her. Because of the shift pattern the mentor is unable to discuss her intermediate assessment with her until just before the end of the placement when she indicates that she will fail unless she improves dramatically. A difficult interview with the link teacher and the ward sister follows and the student leaves in tears wondering whether it is worth going on and doubting the whole course, feeling let down and abandoned but still unable to understand what is required of her.

The sister finally takes the authority from the mentor and insists on doing the final report and fails the student.

Just drifting through

Given a different leadership style from the ward manager this situation can easily change into something not quite as dramatic for the student but potentially just as dangerous for the profession and the public. Unfortunately variants of this situation are by no means uncommon.

Here lip service is paid to democratic forms of management in that everyone tends to be left to their own devices as long as the work gets done to a satisfactory standard. As can be seen from the model the student can drift through having a relatively painless but unchallenging time. Little attention is paid to assessing the details of the students work and to quote one informant 'a cow could have passed as long as it turned up every day'. Students are far from satisfied with such placements and feel demoralised and devalued as a result.

BEST SCENARIO

Same student same ward

The sister

is dynamic, forward thinking and a good organiser. She runs the ward on a nursing rather than a medical model with all the members of the multidisciplinary team communicating and working well together. Although there are crises with patients from time to time the staff are competent at handling them. Primary nursing has been introduced and the sister always encourages her staff to pursue self development and to take responsibility for their own patients. Everyone is valued and accorded the right to be heard. Students are accepted as part of the team and recognised as having learning needs. Even rostered students are allowed time out of the ward for visits provided they organise them so that cover can be planned.

THE MENTOR

is an experienced E grade staff nurse, recognised by many as an expert practitioner. When the student arrives on the ward the whole team welcomes her and makes her feel at home. Someone looks after her on every shift and she is inducted into the ward. She soon recognises the skills of this staff nurse and admires her. After a couple of weeks she approaches her and asks her to be her mentor.

She has already been able to confide in her lack of confidence. The mentor then arranges a work programme to allow the student gradually to acquire the skills she lacks, allowing her time to practise, and giving constructive feedback in a non-threatening manner and always remembering to praise her for her good points. The off duty is arranged to allow the student to work with the mentor a lot initially and to do her night duty at the same time. As she increases in confidence and ability the mentor puts her to work more with other people but always ensures that they met at least once a week for a discussion. The student is encouraged to share her knowledge of research. She is thus able to hear others discuss the relevance of this to practice.

She is able to work alongside her mentor when dealing with seriously ill emergency patients and watch how her mentor copes. The mentor always makes some time afterwards, however brief, to discuss the situation. The student feels able to communicate her initial feelings of panic and is able to accept this as a normal experience. This results in her ultimately being able to handle successfully some of these situations herself under the mentor's supervision.

She has several progress interviews and as she has achieved one set of goals she is able to set new ones. Her skills and confidence increase. She finishes the ward with a good report having achieved levels above those required in some areas. She subsequently successfully applies for a staff nurse's post on that ward.

Figure 3.K

Appendix 4

Tables of results from questionnaires referred to in the text

These have been generated in SPSS and imported into this document

Age in years.

Value Label	Frequency	Percent
under 21	25	15.0
21-25	85	50.9
26-30	21	12.6
31-35	6	3.6
36-40	12	7.2
over 40	11	6.6
	7	4.2 Missing
	-----	-----
Total	167	100.0
Mode	21 - 25	
Valid cases	160	Missing cases 7

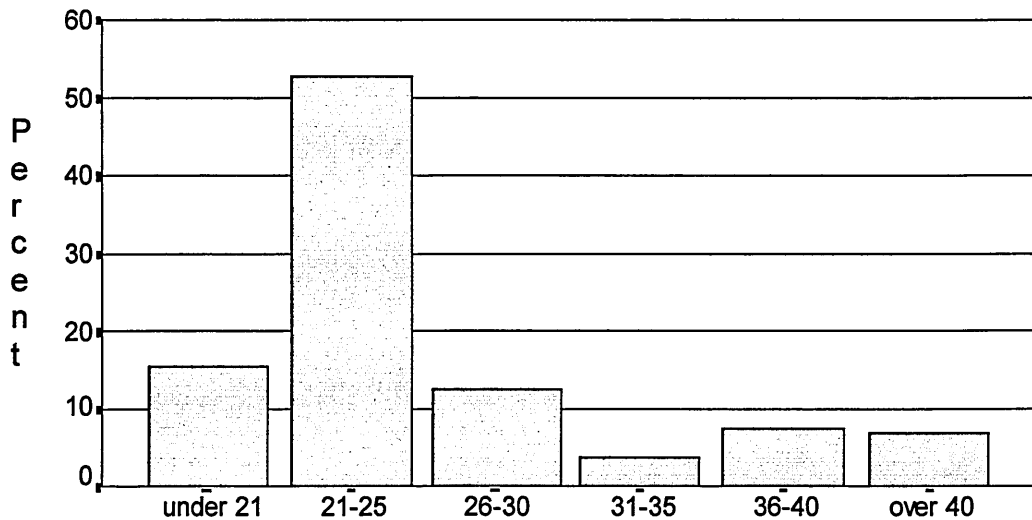


Table Appendix 4 -1 Students' Ages

Students previous experience		
Value Label	Frequency	Percent
college	29	17.4
temp job	50	29.9
work	68	40.7
career	30	18.0
degree	14	8.4
access course	39	23.4
family	27	16.2
unemployed	8	4.8
part time work	5	3.0
travel	2	1.2
other	6	3.6

Table Appendix 4 -2 Students' previous experience N=167; as respondents could ring multiple options the totals will be more than 100%

How would you describe the effect that your present domestic situation has on the amount of time and energy that you have available to devote to the course?

Value Label	Frequency	Percent	
plenty of time	48	28.7	
busy but coping	72	43.1	
occasionally pressured	31	18.6	
frequently pressured	2	1.2	
overwhelmed	9	5.4	
	5	3.0	Missing
	-----	-----	
Total	167	100.0	
Mode	Busy but coping		
Valid cases	162	Missing cases	5

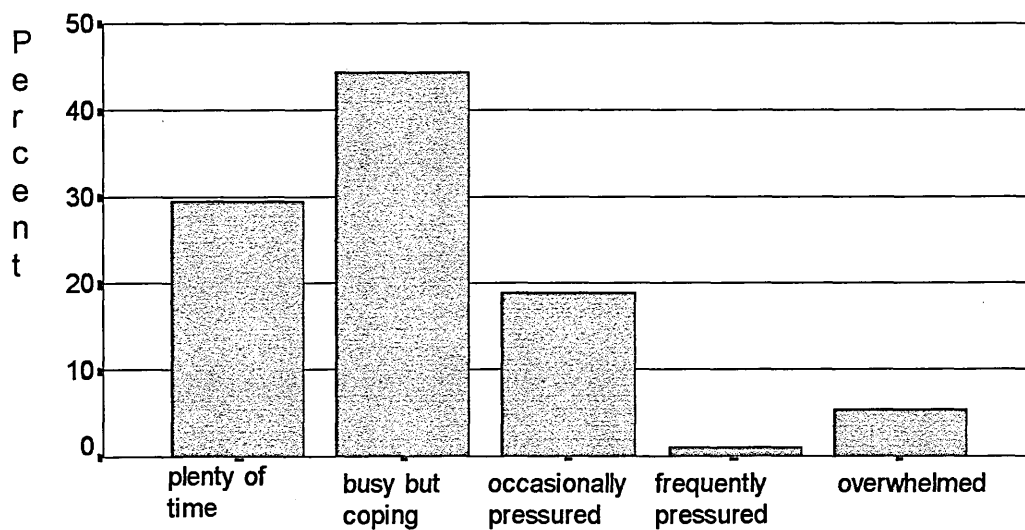


Table Appendix 4 -3 Students' Responses to the Statement "How would you describe the effects of your personal domestic situation on the amount of time and energy that you can devote to the course?"

How did you obtain your Registered Nurse qualification				
Value Label		Frequency	Percent	
SRN		27	19.0	
RGN		43	30.3	
RGN/RSCN		1	.7	
post reg. course		7	4.9	
EN conversion		27	19.0	
nursing degree		9	6.3	
P2K		12	8.5	
graduate short course		2	1.4	
		14	9.9	Missing
		-----	-----	
	Total	142	100.0	
Mode	RGN			
Valid cases	128	Missing cases	14	

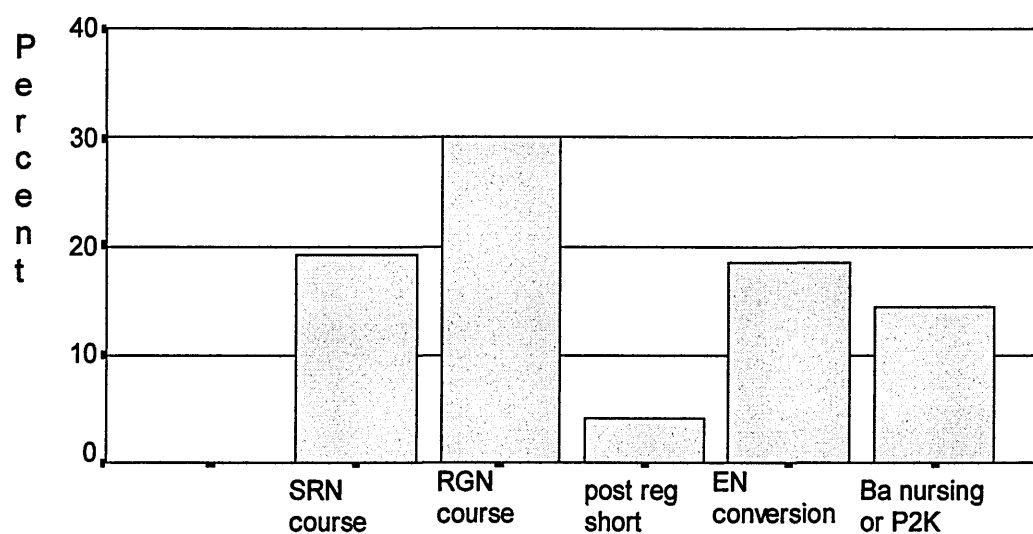


Table Appendix 4 -4 Mentors' Modes of Obtaining Registered Nurse Qualification

Mentors post basic qualifications

Value Label	Frequency	Percent
none	31	21.8
ENB short courses	9	6.3
ENB clinical courses	77	54.2
ENB advanced course	4	2.8
diploma	15	10.6
first degree	2	1.4
masters	4	2.8
-----		-----
Total	142	100.0

mode ENB clinical courses

Valid cases 142 Missing cases 0

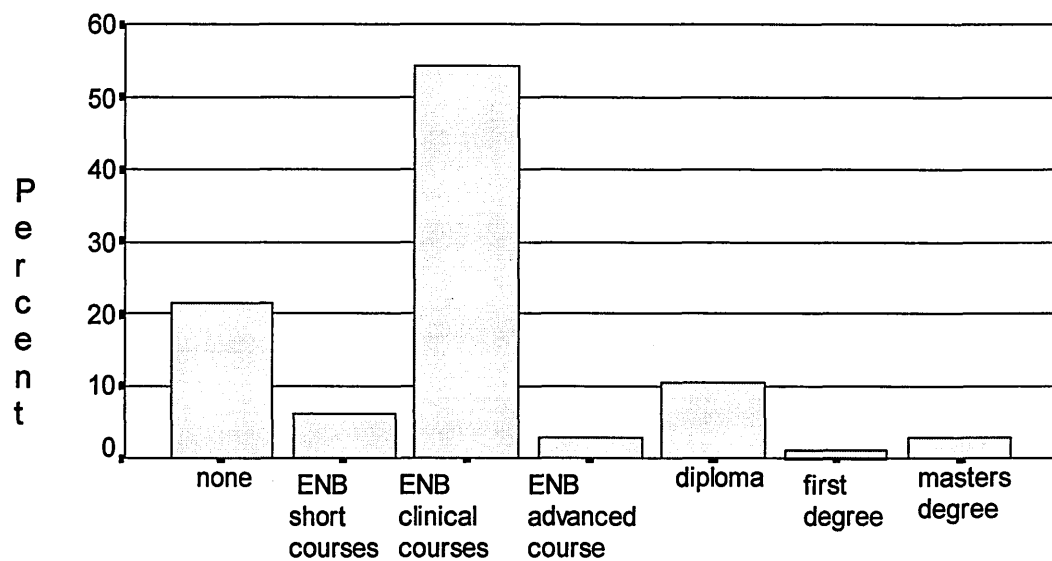


Table Appendix 4 -5 Mentors' Level of Post Basic Qualifications

The various updating activities have been classified as: reading journal articles, attending conferences or study days, in-house study sessions, professional association educational activities, open learning and the activities are coded for frequency – see questionnaire item 1.12. These have been accorded a score and totaled for each respondent to give an index of updating activity which has been classified as passive, adequate and active.

Mentor's commitment to updating skills

Value Label	Frequency	Percent
passive	1	.7
adequate	76	53.5
active	65	45.8

	Total	142	100.0
Mode	adequate		

Valid cases 142 Missing cases 0

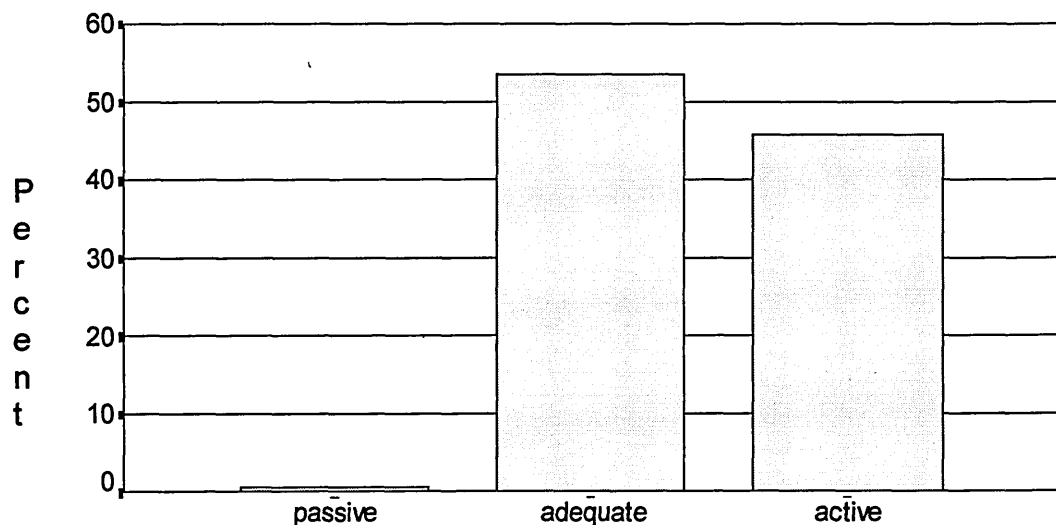


Table Appendix 4 -6 Mentors' Commitment to Professional Updating Activities

What type of environment are you currently working in?

Value Label	Frequency	Percent
medicine	28	19.7
general surgery	20	14.1
trauma/orthopaedics	10	7.0
gynaecology	8	5.6
neuromedical/surgery	7	4.9
cardiology	10	7.0
A&E	7	4.9
ITU/CCU	9	6.3
elderly care	11	7.7
rehabilitation	5	3.5
spinal injuries	6	4.2
community	20	14.1
	1	.7 Missing

Total	142	100.0

Mode medicine

Valid cases 141 Missing cases 1

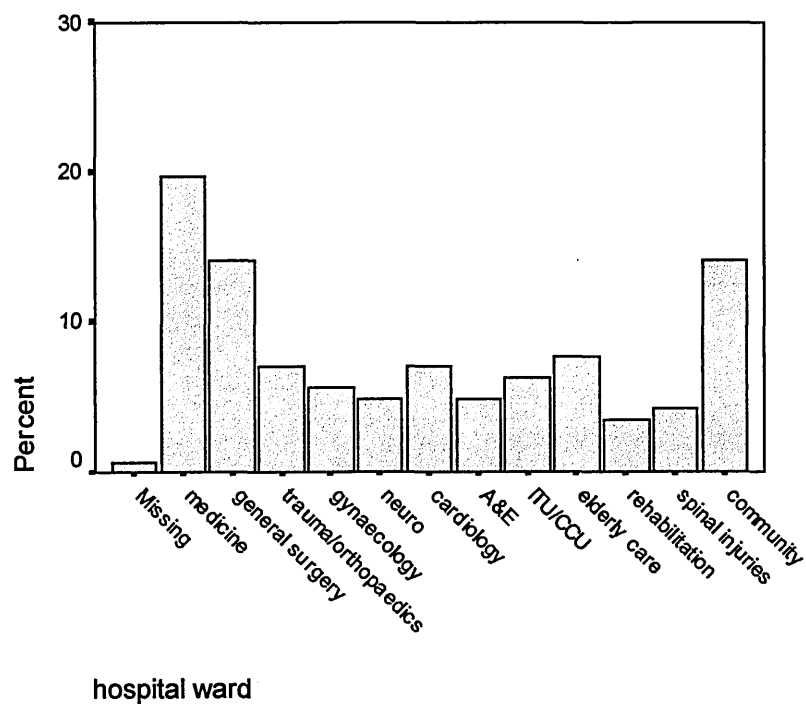


Table Appendix 4 -7 Clinical Areas in which the Mentors Worked

How long have you worked in your present environment

Value Label	Frequency	Percent
0 - 6 months	6	4.2
6 - 12 months	5	3.5
1 - 2 years	31	21.8
3 - 5 years	55	38.7
over 5 years	44	31.0
	1	.7 Missing
-----		-----
Total	142	100.0

Mode 3 - 5 years

Valid cases 141 Missing cases 1

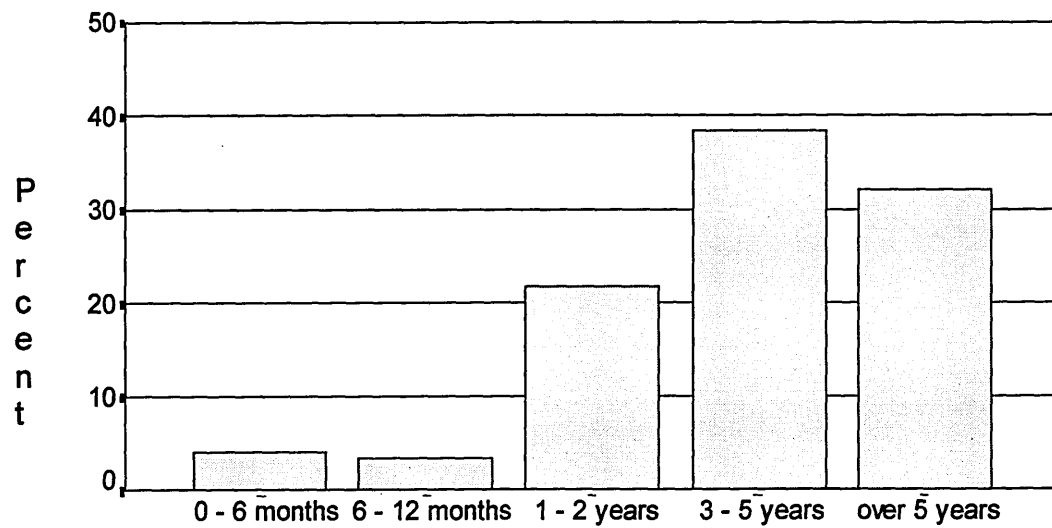


Table Appendix 4 -8 The length of time that mentors had worked in their current environments

I am adequately supported by my manager while mentoring students

Value Label	Frequency	Percent
strongly agree	37	26.1
agree	40	28.2
uncertain	32	22.5
disagree	25	17.6
strongly disagree	8	5.6
	-----	-----
Total	142	100.0

Mode agree

Valid cases 142 Missing cases 0

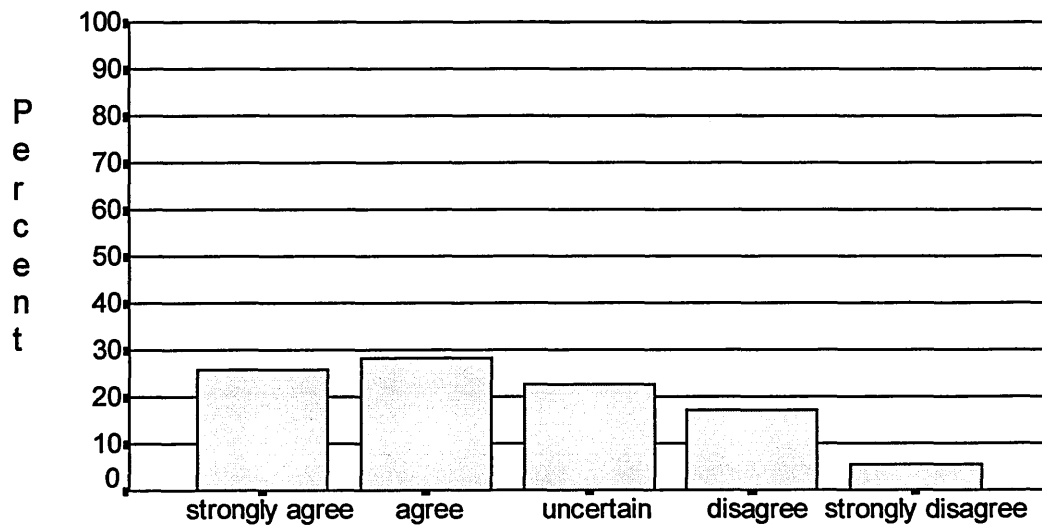


Table Appendix 4 -9 Mentors' Response to the statement "I am adequately supported by my manager."

College dumps students on wards and leaves us to get on with it

Value Label	Frequency	Percent	
strongly agree	16	11.3	
agree	33	23.2	
uncertain	46	32.4	
disagree	25	17.6	
strongly disagree	19	13.4	
	3	2.1	Missing
	-----	--	
Total	142		
Mode	uncertain		
Valid cases	139	Missing cases	3

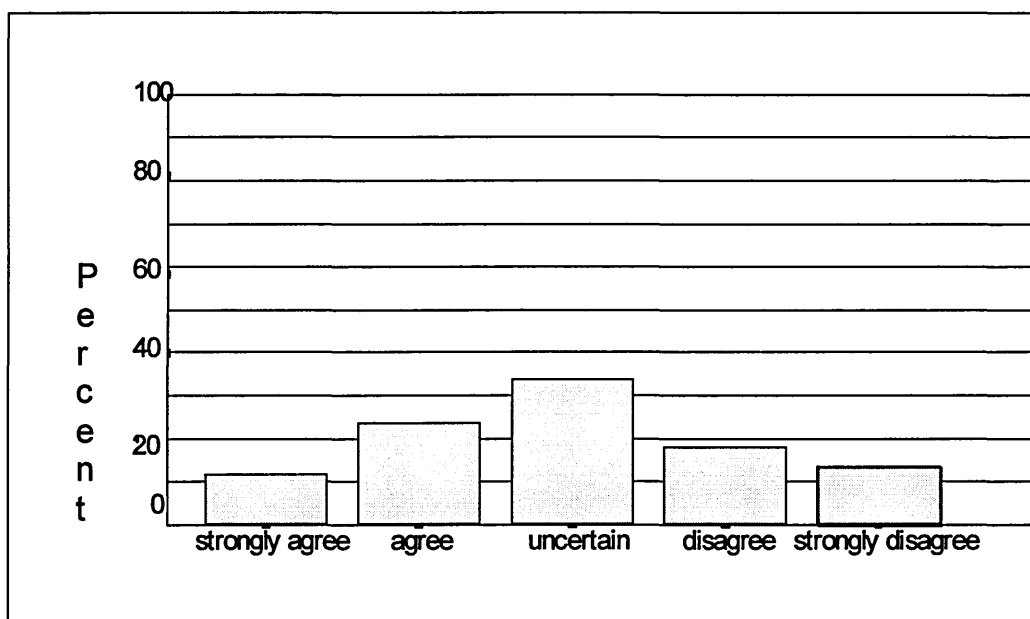


Table Appendix 4 -10 Mentors' Responses to the Statement "College dumps students on the wards and leaves us to get on with it."

I do not expect high levels of skill from supernumerary

Value Label	Frequency
strongly agree	6
agree	26
uncertain	42
disagree	51
strongly disagree	16
	.1 missing

Total	142

Mode disagree

Valid cases 141 Missing cases 1

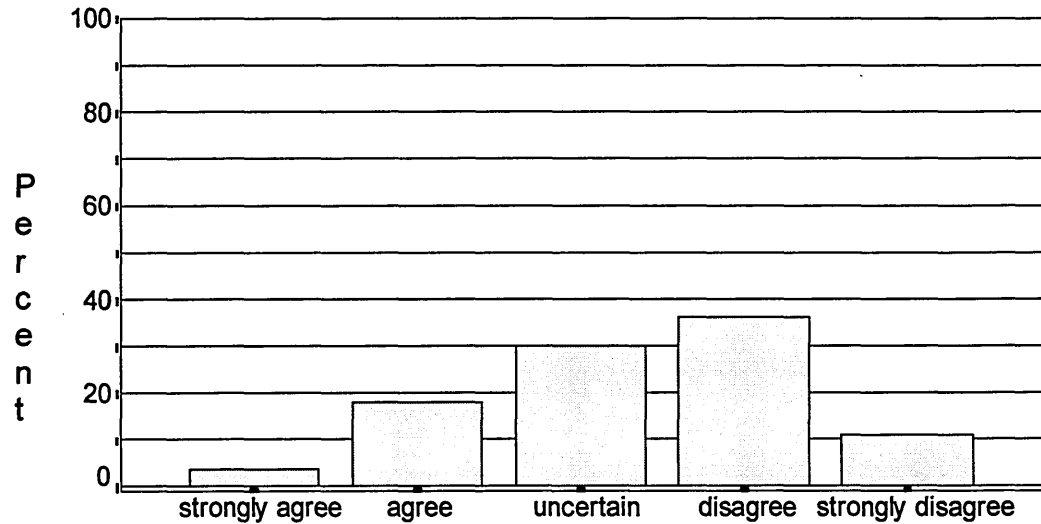


Table Appendix 4 -11 Mentors' Responses to the Statement 'I do not expect high levels of skill from supernumerary students.'

If I mentor a student who does not achieve the required grades
I feel guilty

Value Label	Frequency	Percent
Strongly agree	10	7.0
agree	28	19.7
uncertain	58	40.8
disagree	27	19.0
strongly disagree	18	12.7
not applicable	1	.7 Missing
<hr/>		
Total	142	100.0

Mode uncertain

Valid cases 141 Missing cases 1

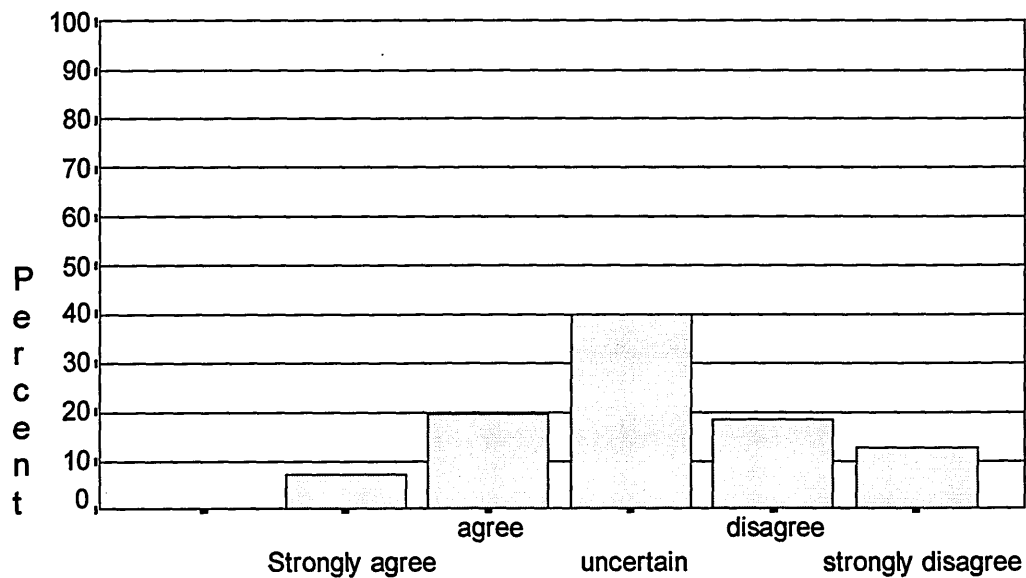


Table Appendix 4 -12 Mentors' Responses to the Statement " If I am mentor to a student who does not achieve the required grades I feel guilty."

I often feel stressed by events that happen to me while on placement

Value Label	Frequency	Percent
st agree	25	15.0
agree	58	34.7
uncertain	49	29.3
disagree	29	17.4
st disagree	2	1.2
	4	2.4 Missing
<hr/>		
Total	167	100.0

Mode agree

Valid cases 163 Missing cases 4

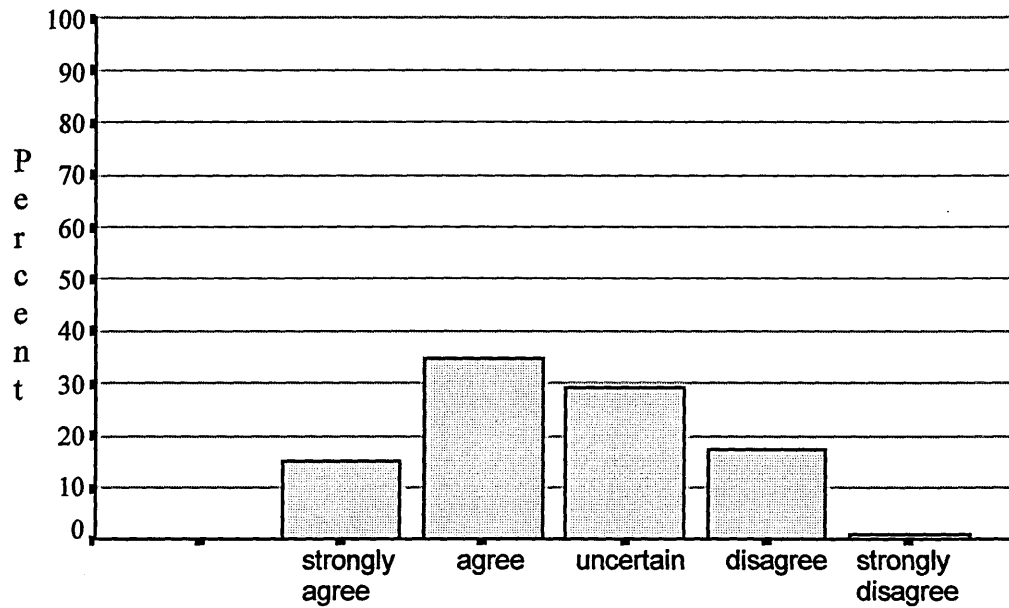


Table Appendix 4-13 Students' Response to the Statement "I often feel stressed by events that happen to me on placement."

I am less dependent on my mentor now than when I first started the course

Value Label	Frequency	Percent
st agree	66	39.5
agree	58	34.7
uncertain	28	16.8
disagree	8	4.8
st disagree	4	2.4
missing	3	1.8
	-----	-----
Total	167	100.0

Mode strongly agree

Valid cases 164 Missing cases 3

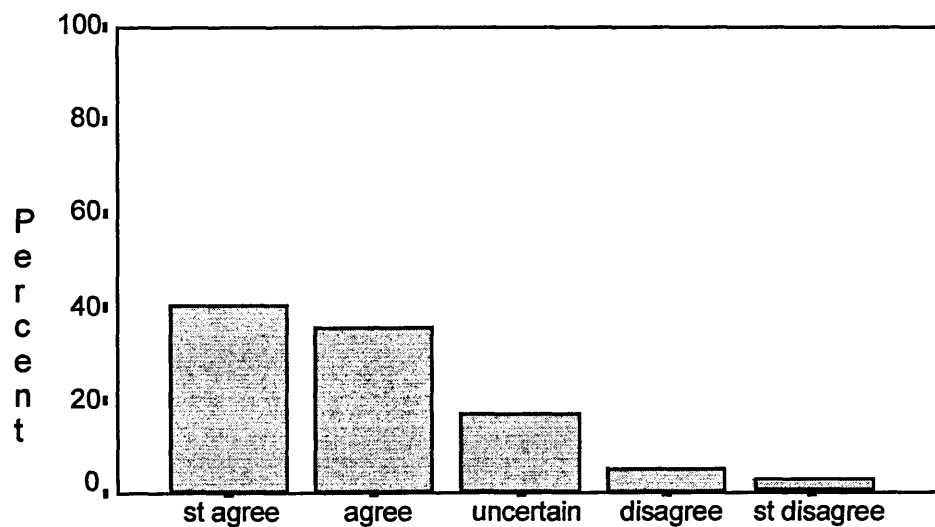


Table Appendix 4-14 Students' Responses to the Statement "I am less dependent on my mentor now than when I first started the course."

my mentor gives me credit for effort when filling in my assessment book

Value Label	Frequency	Percent
st agree	16	9.6
agree	73	43.7
uncertain	38	22.8
disagree	25	15.0
st disagree	10	6.0
missing	5	3
	-----	-----
Total	167	100.0

Mode agree

Valid cases 162 Missing cases 5

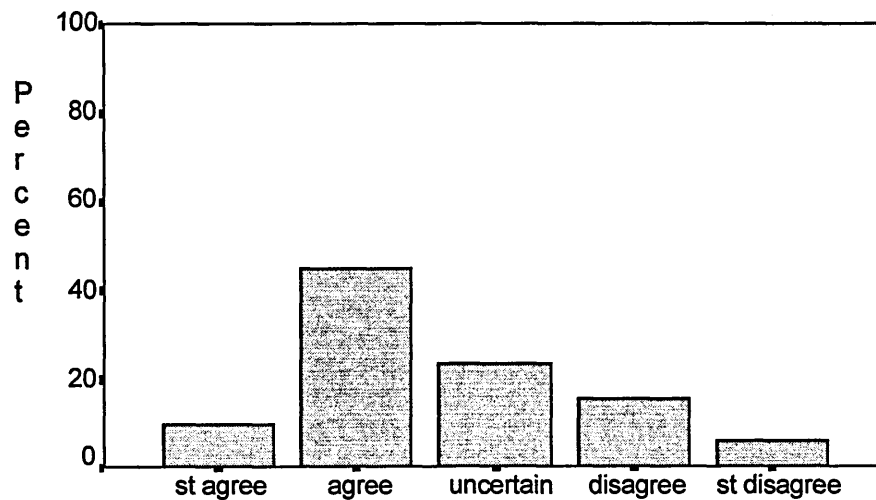


Table Appendix 4-15 Students' Responses to the Statement "My mentor gives me credit for effort when filling in my assessment book".

I often feel devalued by the staff on my placement

Value Label	Frequency	Percent
st agree	11	6.6
agree	35	21.0
uncertain	52	31.1
disagree	42	25.1
st disagree	24	14.4
missing	3	1.8
	-----	-----
Total	167	100.0

Mode uncertain

Valid cases 164 Missing cases 3

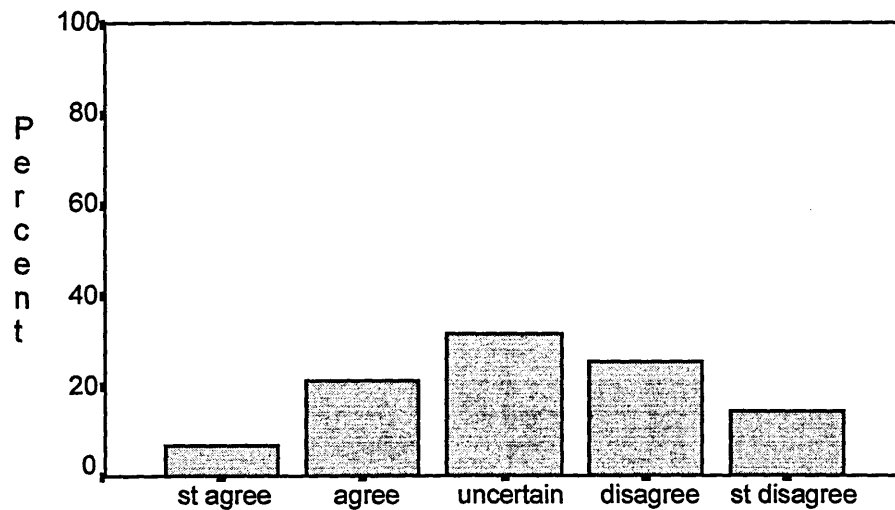


Table Appendix 4 16 Students' Responses to the Statement "I often feel devalued by the staff on my placement".

A good mentor helps me to get the best out of a placement

Value Label	Frequency	Percent	
st agree	131	78.4	
agree	28	16.8	
uncertain	3	1.8	
st disagree	1	.6	
	4	2.4	Missing
	-----	-----	
Total	167	100.0	

Mode st agree

Valid cases 163 Missing cases 4

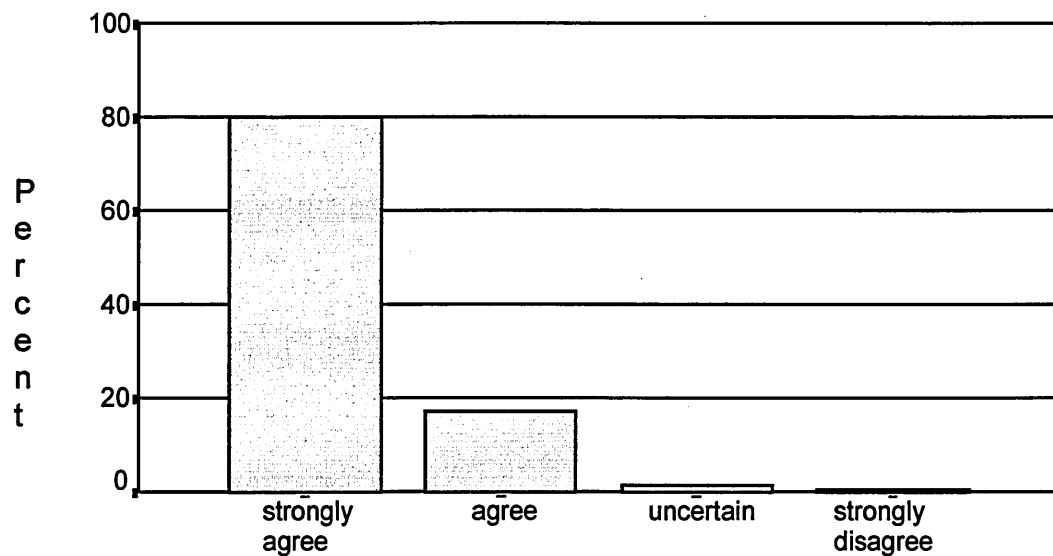


Table Appendix 4 -17 Students' Responses to the Statement "A good mentor helps me get the best out of a placement."

The majority of mentors I have had have been able to meet my needs.

Value Label	Frequency	Percent
st agree	33	19.8
agree	84	50.3
uncertain	34	20.4
disagree	9	5.4
st disagree	3	1.8
	4	2.4 Missing
<hr/>		
Total	167	100.0

Mode agree

Valid cases 163 Missing cases 4

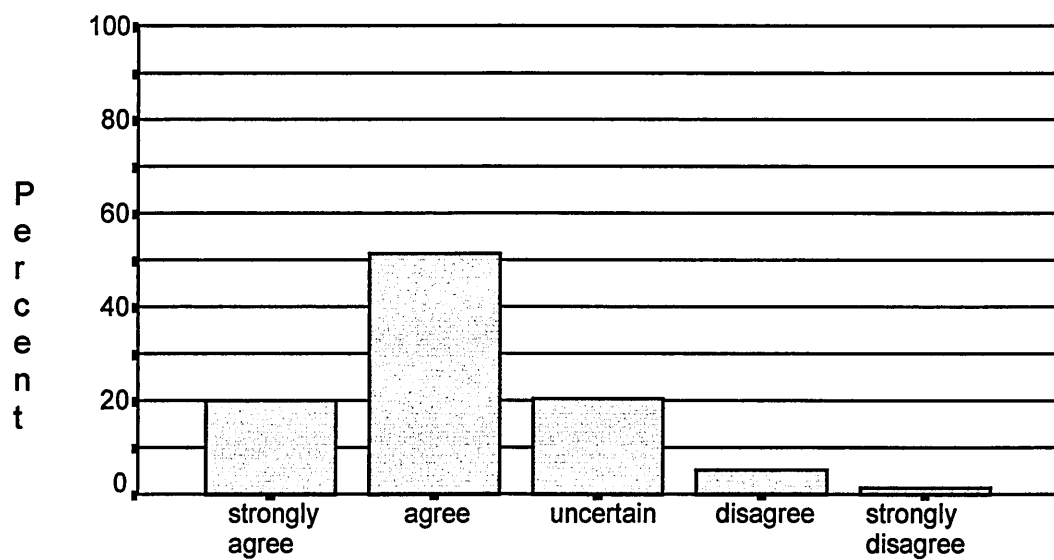


Table Appendix 4-18 Students' Responses to the Statement "The majority of mentors I have had have met my needs."

It is important that the mentor knows what mentoring entails

Value Label	Frequency	Percent	
st agree	134	80.2	
agree	26	15.6	
uncertain	3	1.8	
	4	2.4	Missing
	-----	-----	
Total	167	100.0	

Mode st agree

Valid cases 163 Missing cases 4

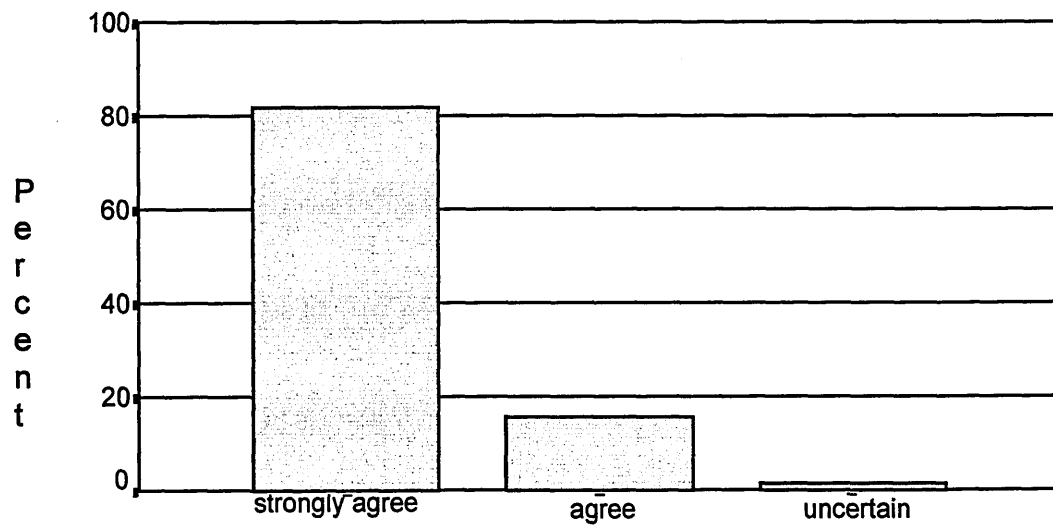


Table Appendix 4-19 Students' Responses to the Statement "It is important that the mentor knows what mentoring entails."

Being allocated to someone who does not wish to mentor students makes me feel uncomfortable.

Value Label	Frequency	Percent	
st agree	124	74.3	
agree	33	19.8	
uncertain	3	1.8	
disagree	2	1.2	
st disagree	1	.6	
	4	2.4	Missing
	-----	-----	
Total	167	100.0	

Mode st agree

Valid cases 163 Missing cases 4

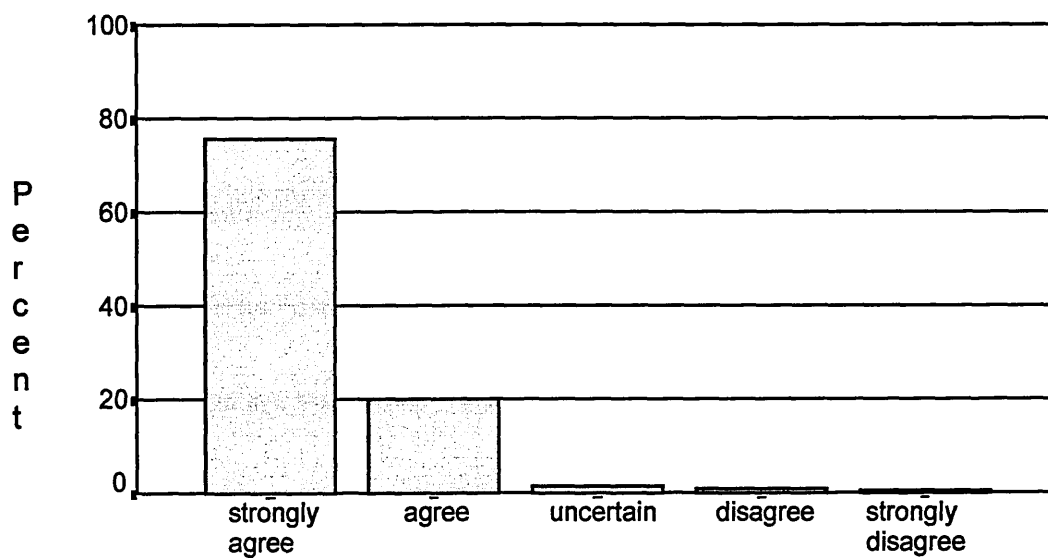


Table Appendix 4-20 Students' Responses to the Statement "Being allocated to someone who does not wish to mentor makes me feel uncomfortable."

An important part of my role as mentor is teaching the student practical nursing skills myself

Value Label	Frequency	Percent
strongly agree	66	46.5
agree	52	36.6
uncertain	20	14.1
disagree	2	1.4
	2	1.4 Missing
	-----	-----
Total	142	100.0

Mode strongly agree

Valid cases 140 Missing

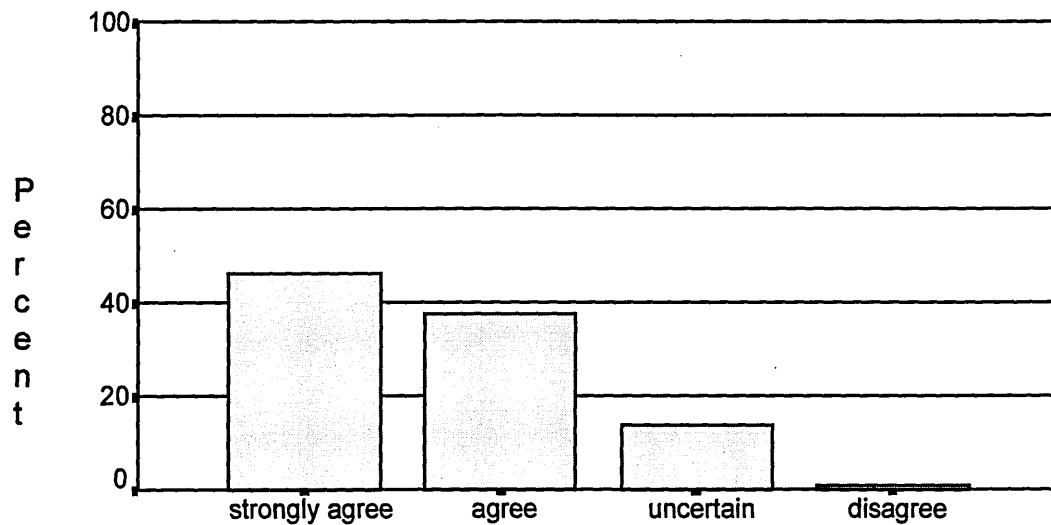


Table Appendix 4-21 Mentors' Responses to the Statement "An important aspect of my role is teaching practical nursing skills myself."

Acting as a role model for the student is an important aspect of mentoring

Value Label	Frequency	Percent
strongly agree	91	64.1
agree	42	29.6
uncertain	7	4.9
disagree	1	.7
	1	.7 Missing
<hr/>		
Total	142	100.0

Mode strongly agree

Valid cases 141 Missing cases 1

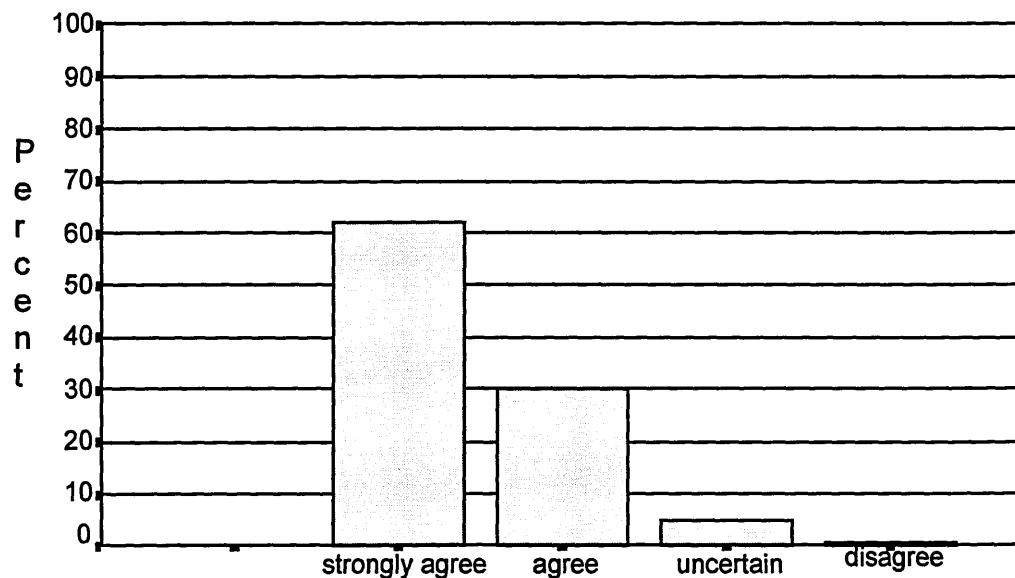


Table Appendix 4-22 Mentors' Responses to the Statement "Acting as a role model for the student is an important aspect of mentoring."

Part of my role as mentor is helping and encouraging students develop their confidence as nurses

Value Label	Frequency	Percent
strongly agree	103	72.5
agree	34	23.9
uncertain	4	2.8
	1	.7 Missing
	-----	-----
Total	142	100.0

Mode strongly agree

Valid cases 141 Missing cases 1

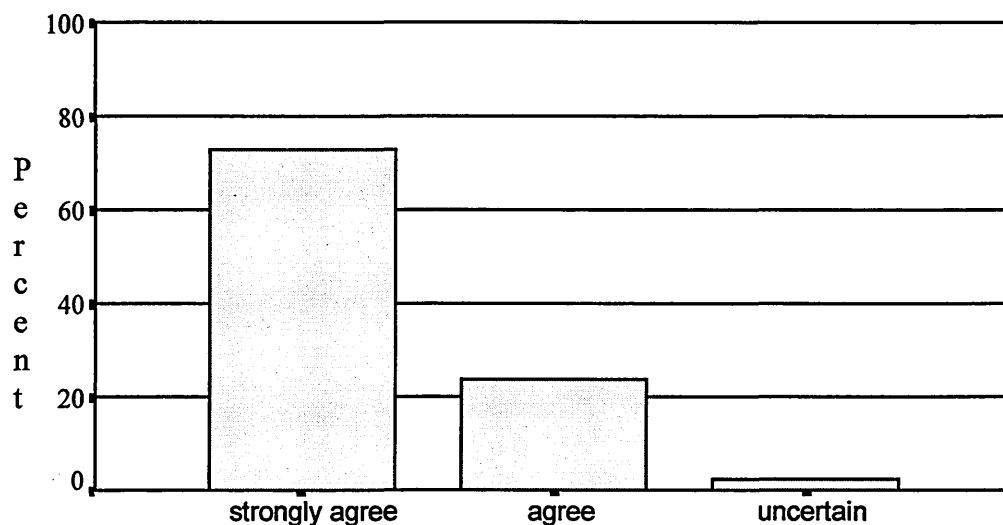


Table Appendix 4-23 Mentors' Responses to the Statement "Part of my role is helping and encouraging students to develop their confidence as nurses."

Students need a lot of support from their mentor

Value Label	Frequency	Percent	
strongly ag ree	72	50.7	
agree	50	35.2	
uncertain	17	12.0	
disagree	2	1.4	
	1	.7	Missing
	-----	-----	
Total	142	100.0	

Mode strongly agree

Valid cases 141 Missing cases 1

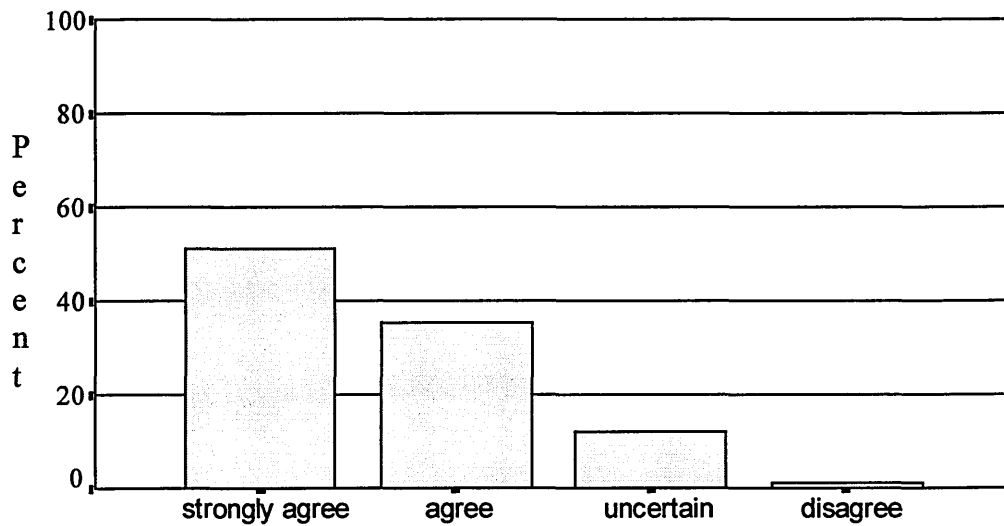


Table Appendix 4-24 Mentors' Response to the Statement "Students need a lot of support from their mentors."

An important aspect of the mentors role is to teach me practical nursing skills.

Value Label	Frequency	Percent	
st agree	90	53.9	
agree	62	37.1	
uncertain	7	4.2	
disagree	1	.6	
st disagree	1	.6	
	6	6.6	Missing
Total		167	100.0

Mode st agree

Valid cases 161 Missing cases 6

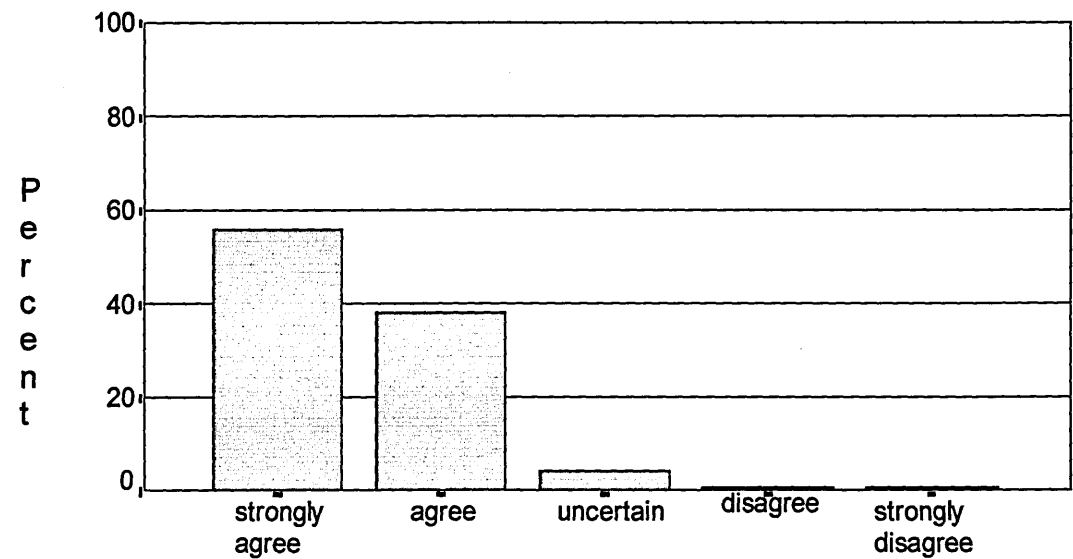


Table Appendix 4-25 Students' Responses to the Statement "An important aspect of the mentor's role is to teach me practical nursing skills."

The mentor should act as a model of good practice for the student.

Value Label	Frequency	Percent
st agree	77	46.1
agree	64	38.3
uncertain	19	11.4
disagree	1	.6
st disagree	1	.6
	5	3.0 Missing

Total	167	100.0

Mode st agree

Valid cases 162 Missing cases 5

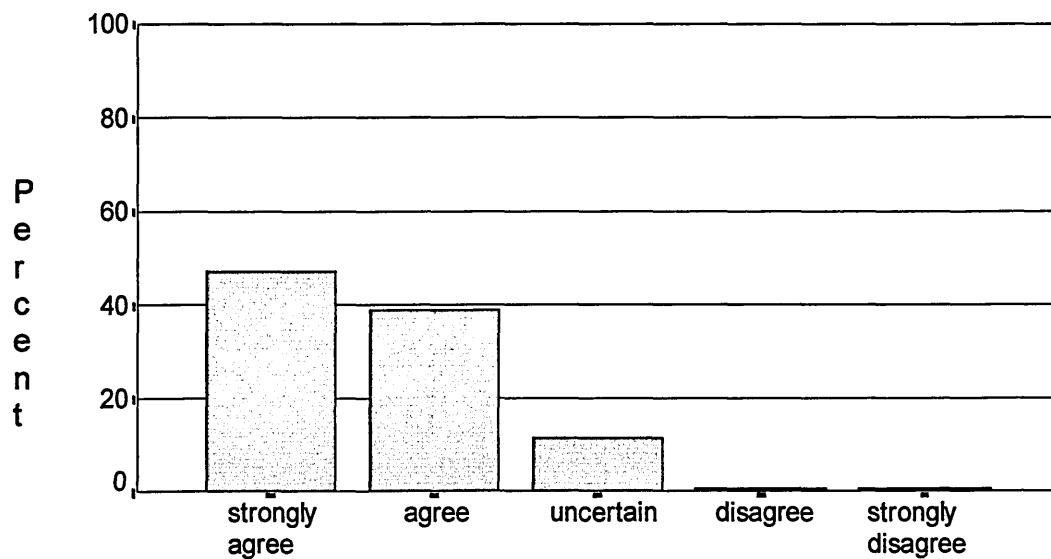


Table Appendix 4-26 Students' Responses to the Statement "The mentor should act as a model of good practice for the student."

Students should not need their mentor to support them.

Value Label	Frequency	Percent	
agree	4	2.4	
uncertain	19	11.4	
disagree	69	41.3	
st disagree	70	41.9	
	5	3.0	Missing
	-----	-----	
Total	167	100.0	
Mode	st disagree		

Valid cases 162 Missing cases 5

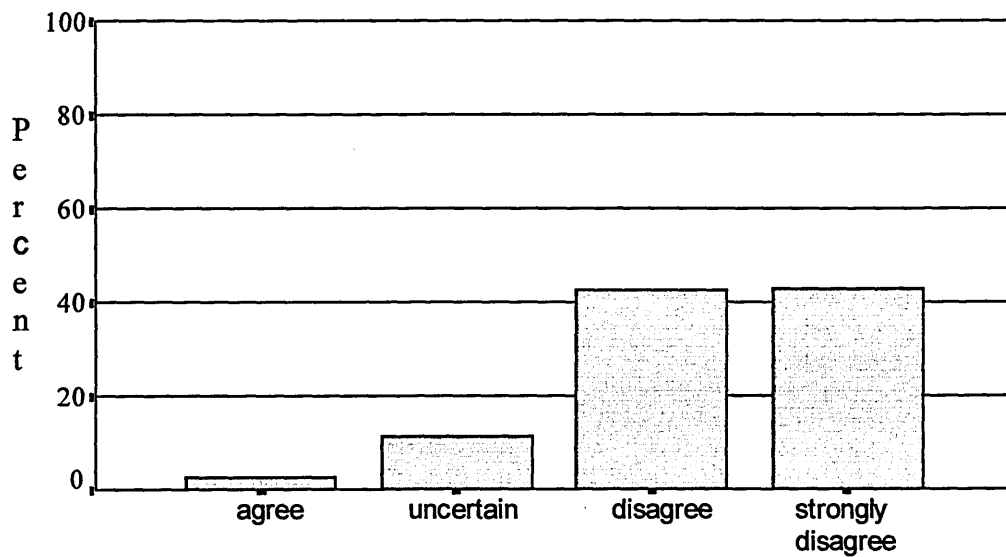


Table Appendix 4-27 Students' Responses to the Statement "Students should not need their mentor to support them."

The mentor should plan experiences which help the student to develop confidence.

Value Label	Frequency	Percent	
st agree	62	37.1	
agree	62	37.1	
uncertain	36	21.6	
disagree	1	.6	
st disagree	1	.6	
	5	3.0	Missing
	-----	-----	
Total	167	100.0	

Mode st agree/agree

Valid cases 162 Missing cases 5

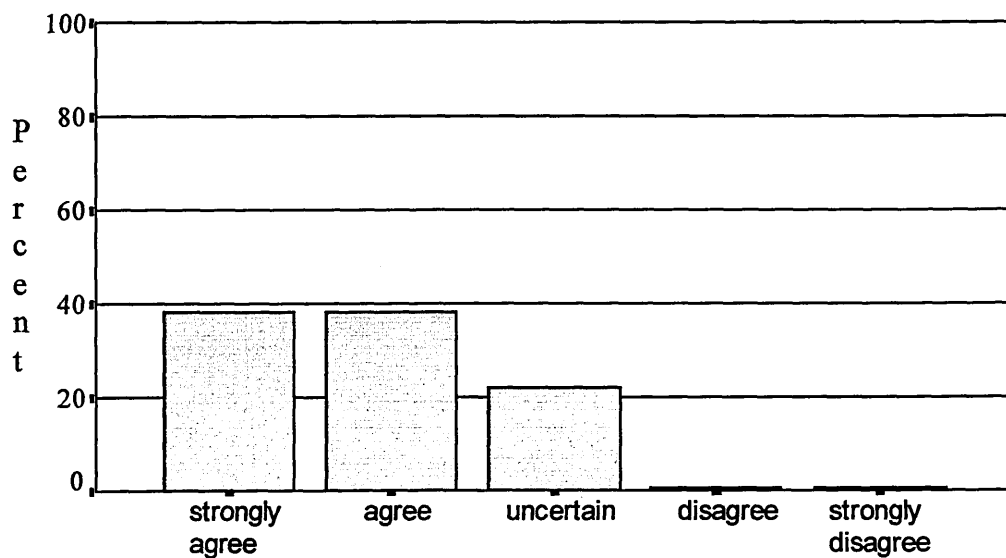


Table Appendix 4-28 Students' Responses to the Statement "Mentors should plan experience which will help the student develop confidence."

Students often need their mentor to intervene for them

Value Label	Frequency	Percent	
strongly agree	10	7.0	
agree	45	31.7	
uncertain	68	47.9	
disagree	15	10.6	
	4	2.8	Missing
	-----	-----	
Total	142	100.0	

Mode uncertain

Valid cases 138 Missing cases 4

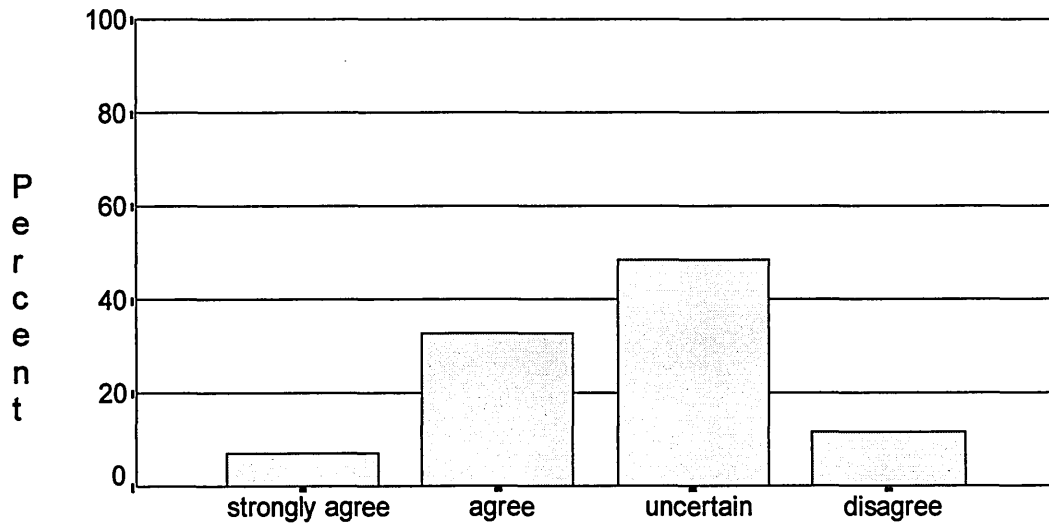


Table Appendix 4-29 Mentors' Responses to the Statement "Students often need their mentor to intervene for them."

Students should not need their mentor to take their part or stand up for them in the ward/pacement situation.

Value Label	Frequency	Percent
st agree	5	3.0
agree	21	12.6
uncertain	59	35.3
disagree	50	29.9
st disagree	25	15.0
	7	4.1 Missing
	-----	-----
Total	167	100.0

Mode uncertain

Valid cases 160 Missing cases 7

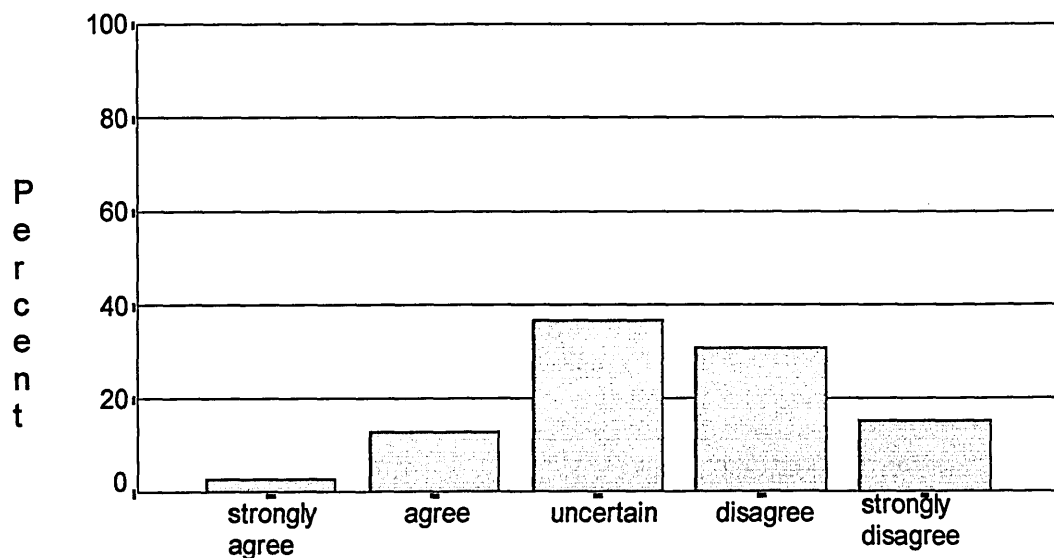


Table Appendix 4-30 Students' Responses to the Statement "Students should not need their mentor to take their part or stand up for them in the placement."

The fact that my mentor has to fill in my assessment book makes having a very open relationship difficult.

Value Label	Frequency	Percent
st agree	14	8.4
agree	26	15.6
uncertain	59	35.3
disagree	44	26.3
st disagree	19	11.4
	5	3.0 Missing
	-----	-----
Total	167	100.0

Mode uncertain

Valid cases 162 Missing cases 5

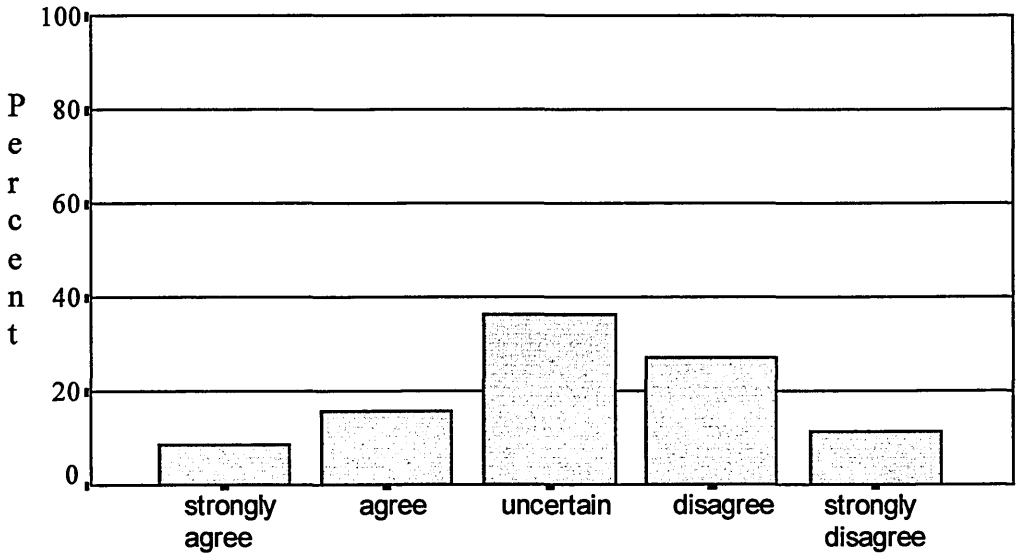


Table Appendix 4-31 Students' Responses to the Statement "The fact that my mentor has to fill in my assessment book makes having a very open relationship difficult."

Having to assess the student and fill in the booklet makes being a mentor more difficult

Value Label	Frequency	Percent
strongly agree	3	2.1
agree	18	12.7
uncertain	28	19.7
disagree	53	37.3
strongly disagree	38	26.8
	2	1.4 Missing
	-----	-----
Total	142	100.0

Mode disagree

Valid cases 140 Missing cases 2

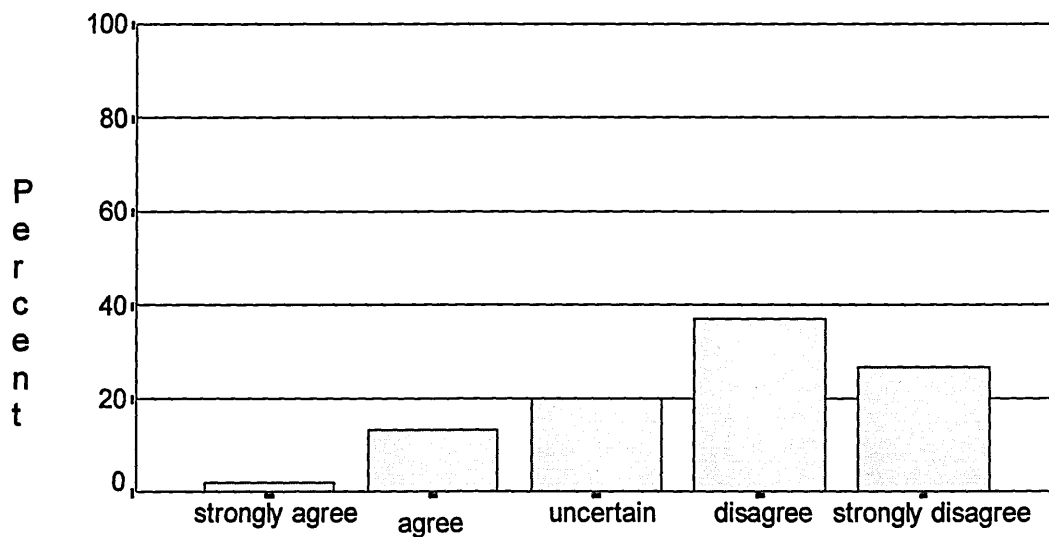


Table Appendix 4-32 Mentors' Responses to the Statement 'Having to assess the student makes being a mentor difficult.'

I cannot assess a student properly unless I have worked with them for several shifts most weeks

Value Label	Frequency	Percent
strongly agree	47	33.1
agree	59	41.5
uncertain	20	14.1
disagree	12	8.5
strongly disagree	3	2.1
	1	.7 Missing
	-----	-----
Total	142	100.0

Mode agree

Valid cases 141 Missing cases 1

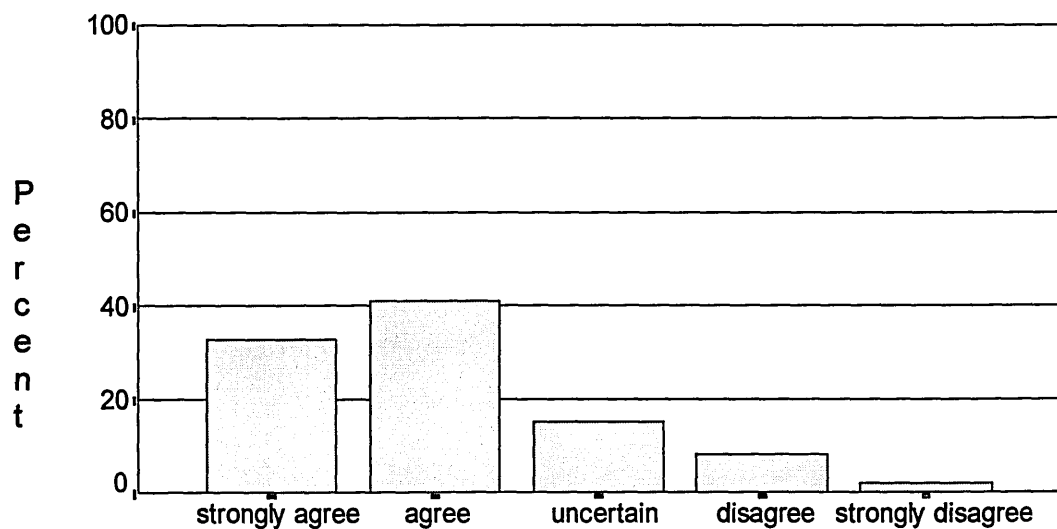


Table Appendix 4-33 Mentors' Responses to the Statement "I cannot assess students properly unless I have worked with them several shifts per week."

The assment book is easy to use

Value Label	Frequency	Percent	
strongly agree	1	.7	
agree	19	13.4	
uncertain	47	33.1	
disagree	37	26.1	
strongly disagree	35	24.6	
	3	2.1	Missing
	-----	-----	
Total	142	100.0	
Mode	uncertain		

Valid cases 139 Missing cases 3

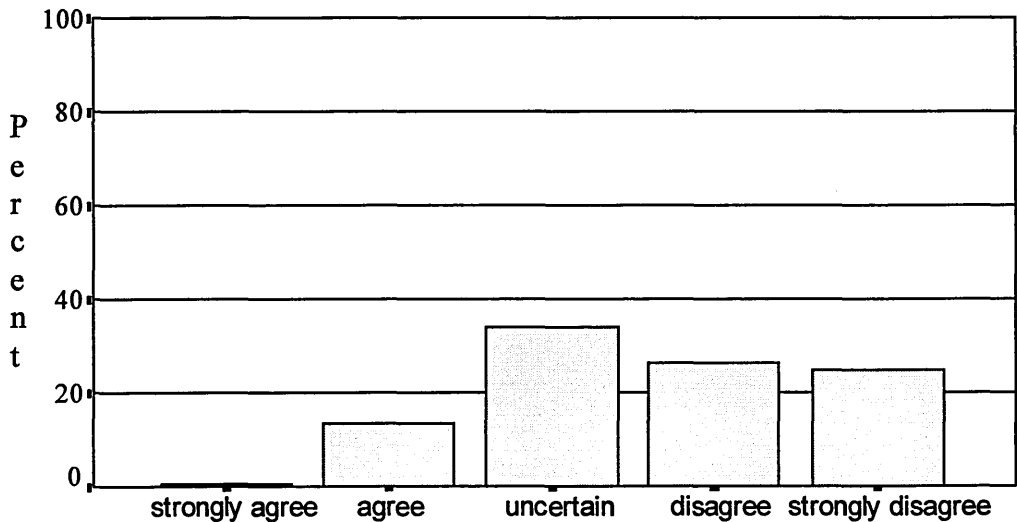


Table Appendix 4-34 Mentors' Responses to the Statement "The assessment booklet is easy to use."

The assessment book is easy to use.

Value Label	Frequency	Percent	
st agree	5	3.0	
agree	9	5.4	
uncertain	26	15.6	
disagree	58	34.7	
st disagree	64	38.3	
	5	3.0	Missing
	-----	-----	
Total	167	100.0	

Mode strongly disagree

Valid cases 162 Missing cases 5

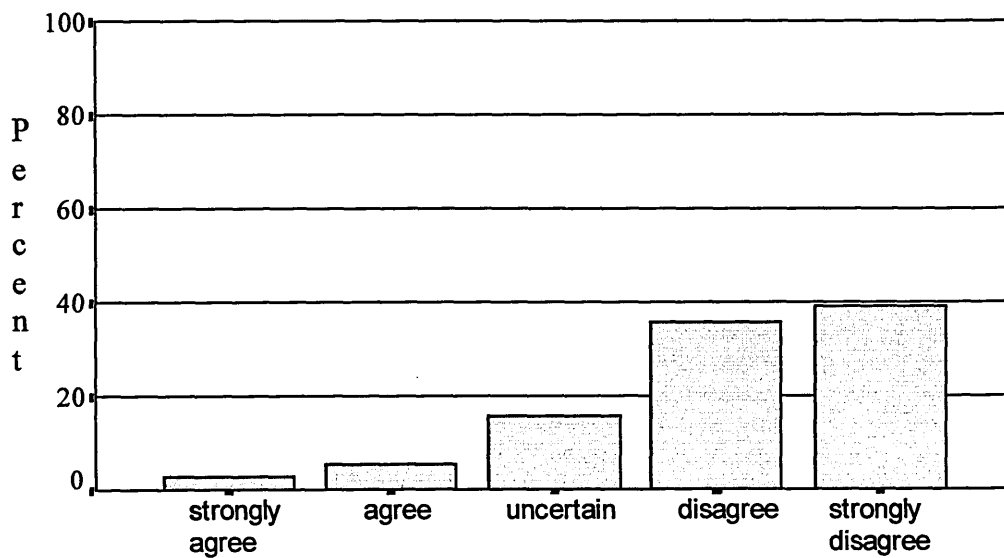


Table Appendix 4-35 Students' Responses to the Statement "The assessment booklet is easy to use."

The language in assessment book is hard to understand

Value Label	Frequency	Percent	
strongly agree	41	28.9	
agree	46	32.4	
uncertain	35	24.6	
disagree	14	9.9	
strongly disagree	4	2.8	
	2	1.4	Missing
	-----	-----	
Total	142	100.0	

Mode agree

Valid cases 140 Missing cases 2

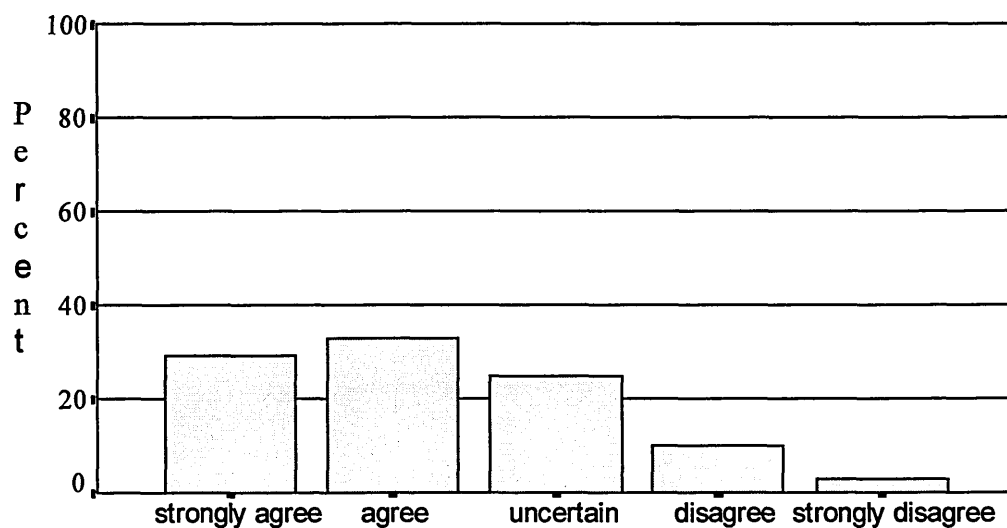


Table Appendix 4-36 Mentors' Responses to the Statement "The language in the assessment book is hard to understand."

The language in the assessment book is hard to understand.

Value Label	Frequency	Percent
st agree	71	42.5
agree	63	37.7
uncertain	12	7.2
disagree	6	3.6
st disagree	10	6.0
	5	3.0 Missing

Total	167	100.0

Mode st agree

Valid cases 162 Missing cases 5

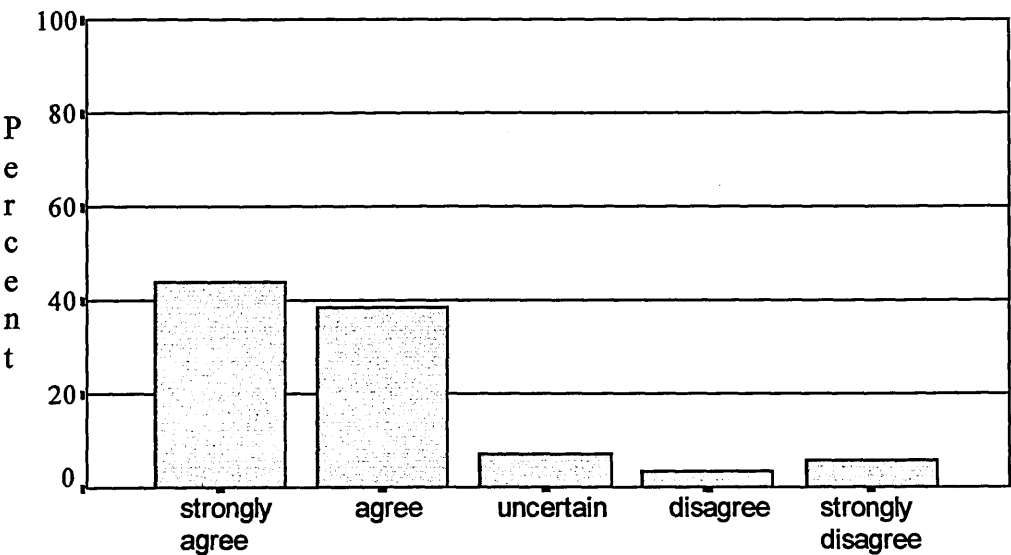


Table Appendix 4-37 Students' Responses to the Statement "The language in the assessment book is hard to understand."

The off duty arrangements on my area can best be described as:-

Value Label	Frequency	Percent
together x2-3 per wk	83	49.7
together x1 per wk	31	18.6
together less than x1 per wk	44	26.3
infrequent contact	3	1.8
	6	3.6 Missing

Total	167	100.0

Mode together x2-3 per week
Valid cases 161 Missing cases 6

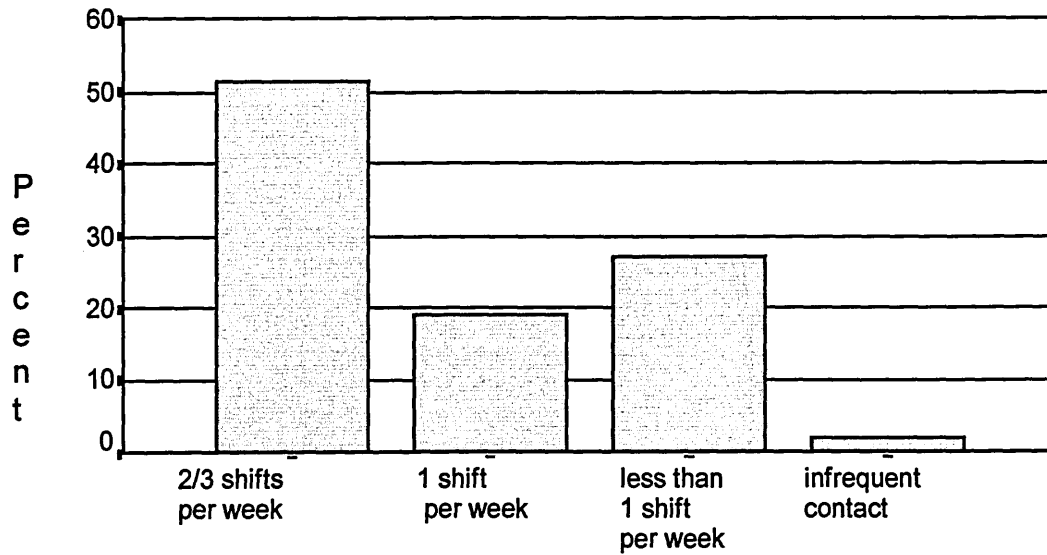


Table Appendix 4-40 Students' Descriptions of Off Duty Arrangements

The off duty arrangements in my area can best be described as:

Value Label	Frequency	Percent
Missing	1	.7
Together x 2-3/wk	114	80.3
Together x1	11	7.7
Together less than x1/wk	14	9.9
infrequent contact	2	1.4
	-----	-----
Total	142	100.0

Mode together x2-3/wk

Valid cases 142 Missing cases 1

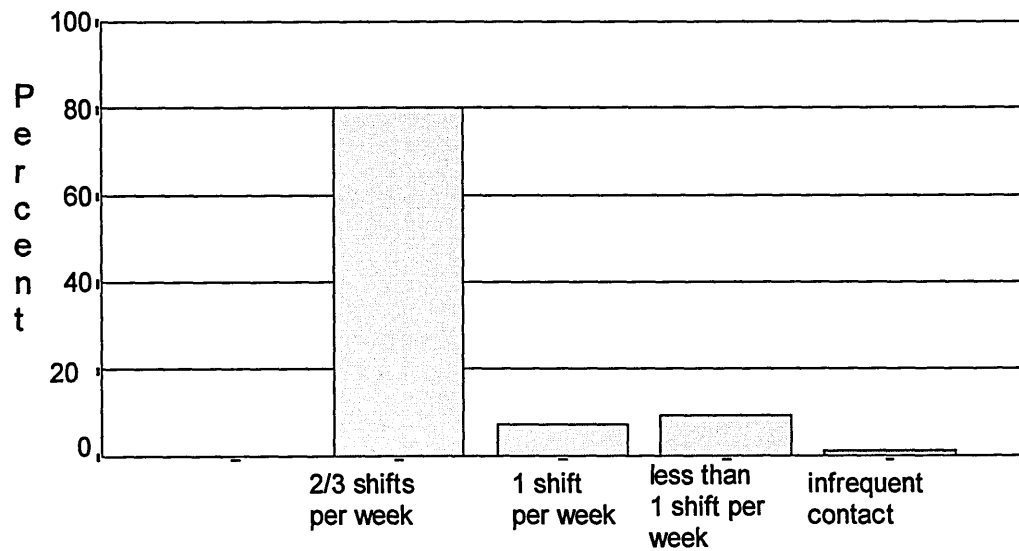


Table Appendix 4-39 Mentors' Descriptions of Off Duty Arrangements

I find it easy (not stressful) to fail an unsatisfactory student at the end of a placement

Value Label	Frequency	Percent
strongly agree	4	2.8
agree	10	7.0
uncertain	25	17.6
disagree	56	39.4
strongly disagree	44	31.0
	3	2.1 Missing
	-----	-----
Total	142	100.0

Mode disagree

Valid cases 139 Missing cases 3

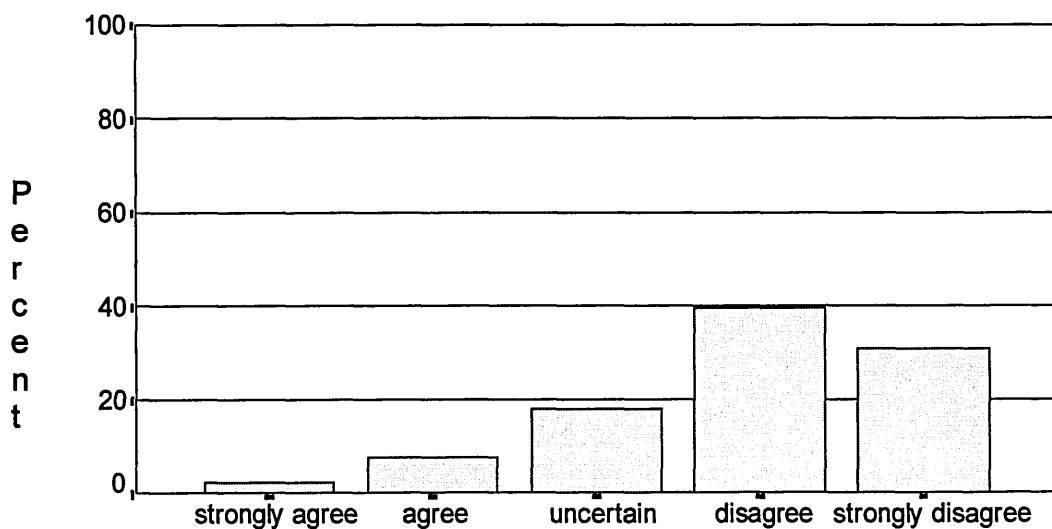


Table Appendix 4-38 Mentors' Responses to the Statement "I find it easy (not stressful) to fail an unsatisfactory student at the end of a placement."

The mentor's description of mode of work organisation

Value Label	Frequency	Percent
task allocation	1	.7
team nursing	44	31.0
patient allocation	7	4.9
primary nursing	29	20.4
patient focused care	3	2.1
combination of above	57	40.1
	1	.7 Missing
	-----	-----
Total	142	100.0

Mode combination of above

Valid cases 141 Missing cases 1

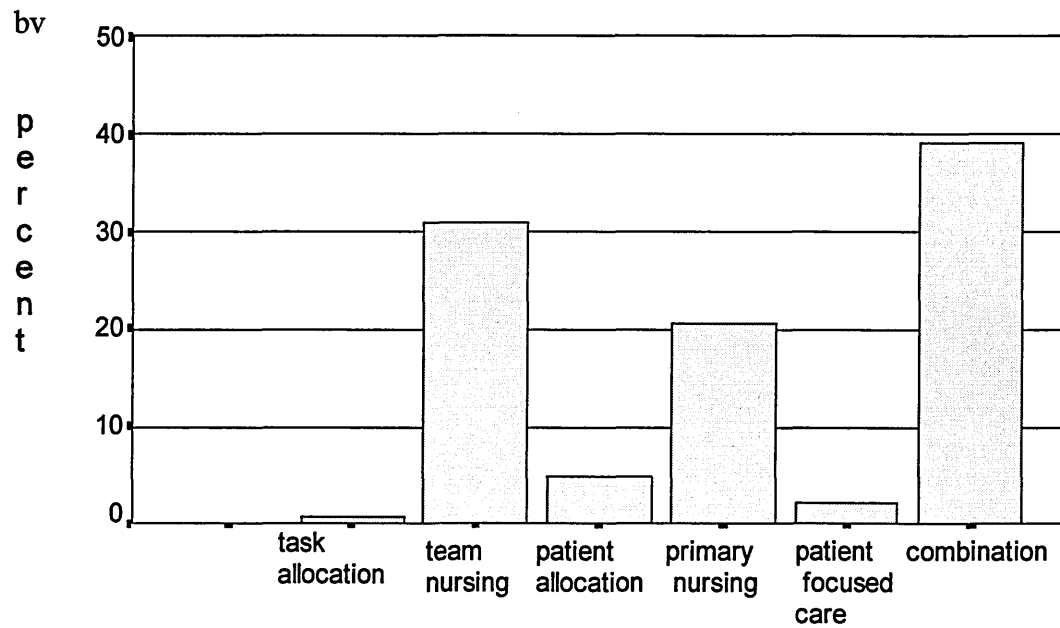


Table Appendix 4-41 Modes of Work Organisation Reported by Mentors

The way work is organised in my area is best described as:-

Value Label	Frequency	Percent
task allocation	7	4.2
team nursing	76	45.5
patient allocation	8	4.8
primary nursing	14	8.4
patient focused care	2	1.2
combination	54	32.3
	6	6.6 Missing
<hr/>		
Total	167	100.0

Valid cases 161 Missing cases 6

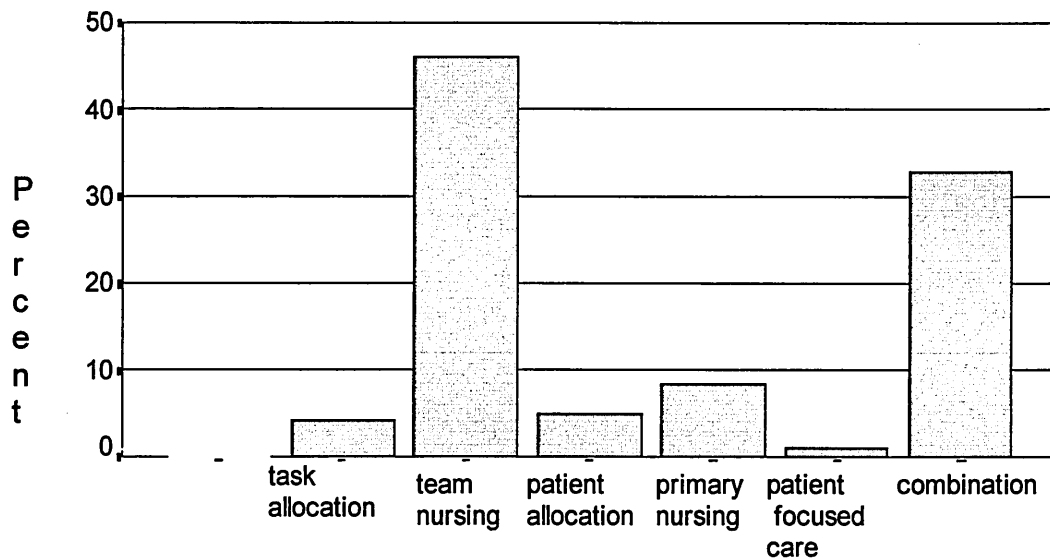


Table Appendix 4-42 Modes of Work Organisation Reported by Students

The supervision of students in my area is best described as:-

Value Label	Frequency	Percent
1 mentor	14	9.9
mentor & supervisor	57	40.1
mentor & team	71	50.0
no specific system	0	0
	-----	-----
Total	142	100.0

Mode team

Valid cases 142 Missing cases 0

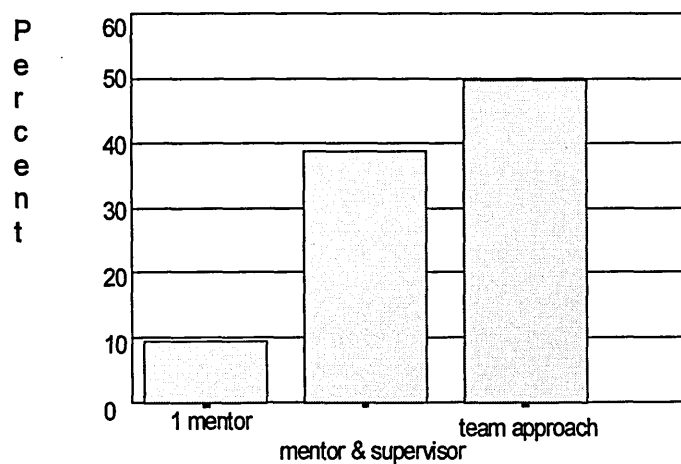


Table Appendix 4-43 Models of Student Supervision Reported by Mentors

The method of student supervision in my area is best described as:-

Value Label	Frequency	Percent	
1 mentor	15	9.0	
mentor + supervisor	37	22.2	
team approach	100	59.9	
no system	11	6.6	
	4	2.4	Missing
<hr/>			
Total	167	100.0	
Valid cases	163	Missing cases	4

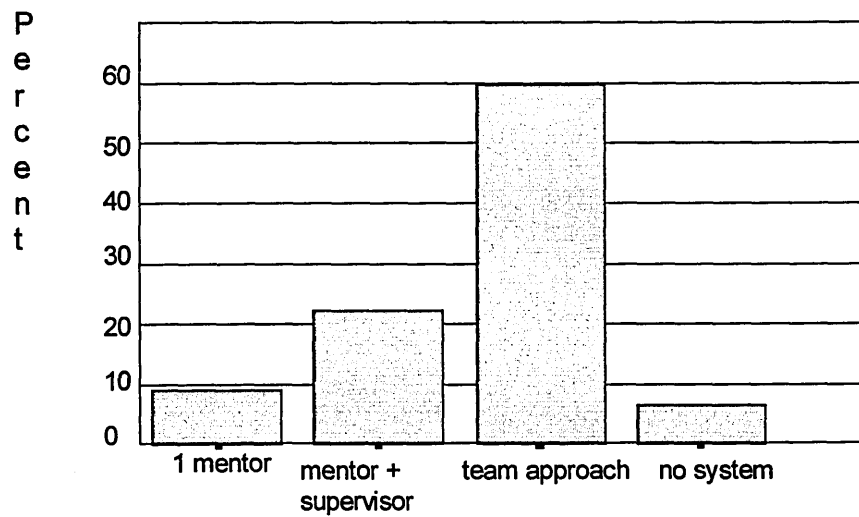


Table Appendix4-44 Models of Student Supervision Reported by Students

It is important for the student to spend time in the clinical areas learning the skills of nursing

Value Label	Frequency	Percent
strongly agree	127	89.4
agree	12	8.5
uncertain	2	1.4
disagree	1	.7
	-----	-----
Total	142	100.0
Mode	strongly agree	
Valid cases	142	Missing cases 0

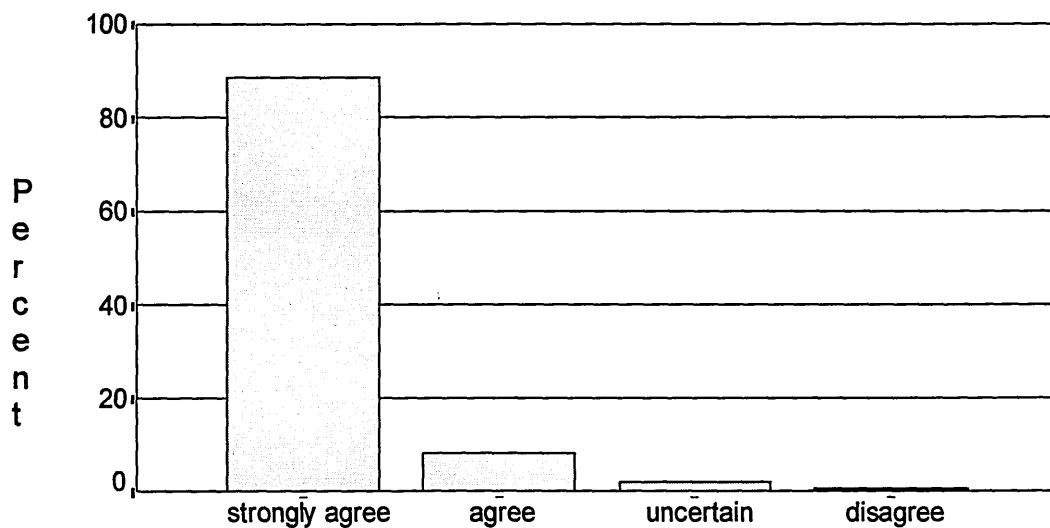


Table Appendix 4-45 Mentors Responses to the Statement "It is important that the student spends time in clinical areas to learn the skills of nursing."

P2K students are able and self motivated

Value Label	Frequency	Percent
strongly agree	4	2.8
agree	40	28.2
uncertain	76	53.5
disagree	16	11.3
strongly disagree	4	2.8
	2	1.4 Missing
	-----	-----
Total	142	100.0

Mode uncertain

Valid cases 140 Missing cases 2

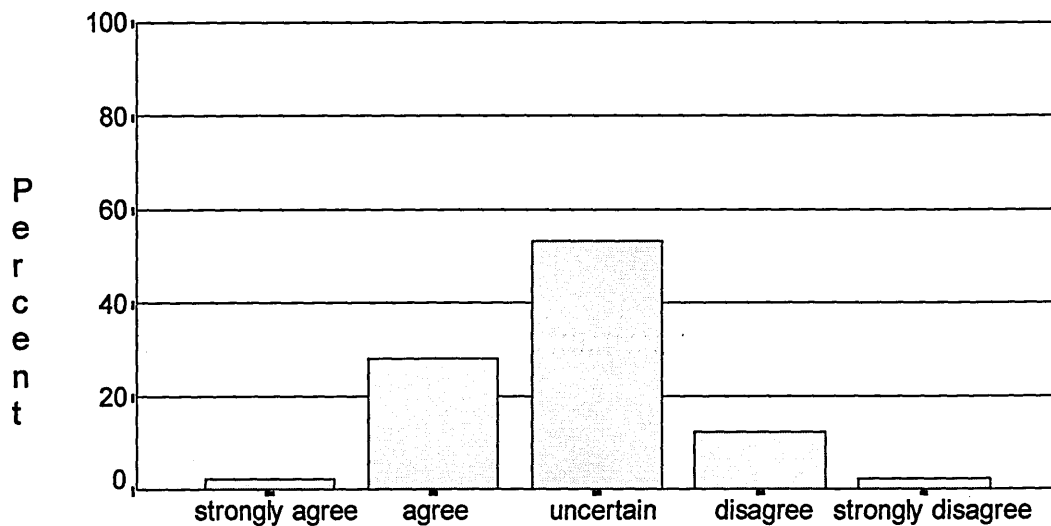


Table Appendix 4-46 Mentors' Responses to the Statement "Project 2000 students are able and self motivated."

Rostered students oftain have major deficancies in their practical

Value Label	Frequency	
strongly agree	20	
agree	44	
uncertain	39	
disagree	23	
strongly disagree	4	
	7	4.9
not applicable	5	3.5
	-----	-----
	Total	142
Mode	2.000	
Valid cases	130	Missing cases

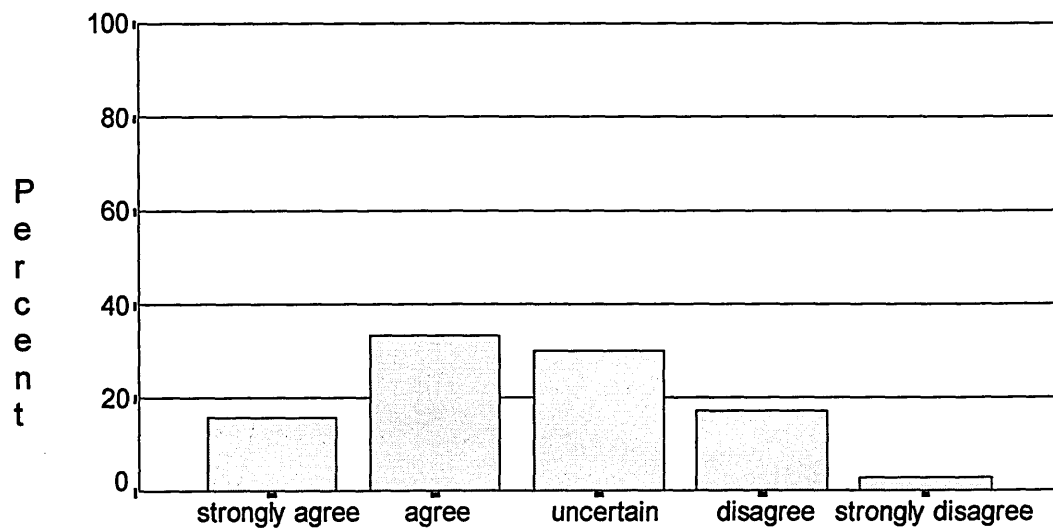


Table Appendix 4-47 Mentors' Responses to the Statement "Rostered students often have major deficiencies in their practical skills."

P2K is a big mistake

Value Label	Frequency	Percent	
strongly agree	6	4.2	
agree	18	12.7	
uncertain	52	36.6	
disagree	45	31.7	
strongly disagree	18	12.7	
	3	2.1	Missing
	-----	-----	
Total	142	100.0	

Mode uncertain

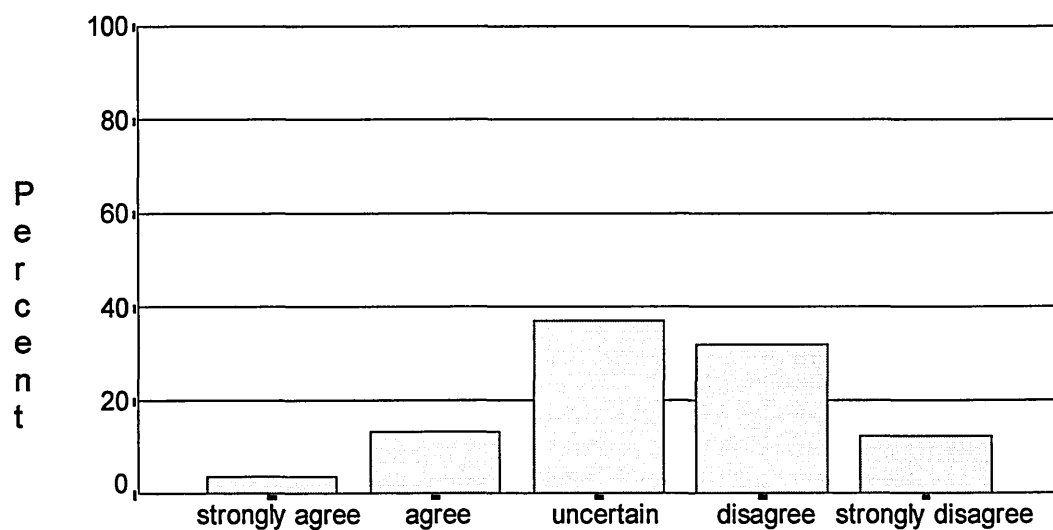


Table Appendix 4-48 Mentors' Responses to the Statement "Project 2000 is a big mistake."

students know what they want to achieve in placements

	Valid	strongly agree	Frequency	Percent
			7	4.9
		agree	44	31.0
		uncertain	59	41.5
		disagree	28	19.7
		strongly disagree	4	2.8
		Total	142	100.0

Mode agree

Valid cases 137 Missing cases 5

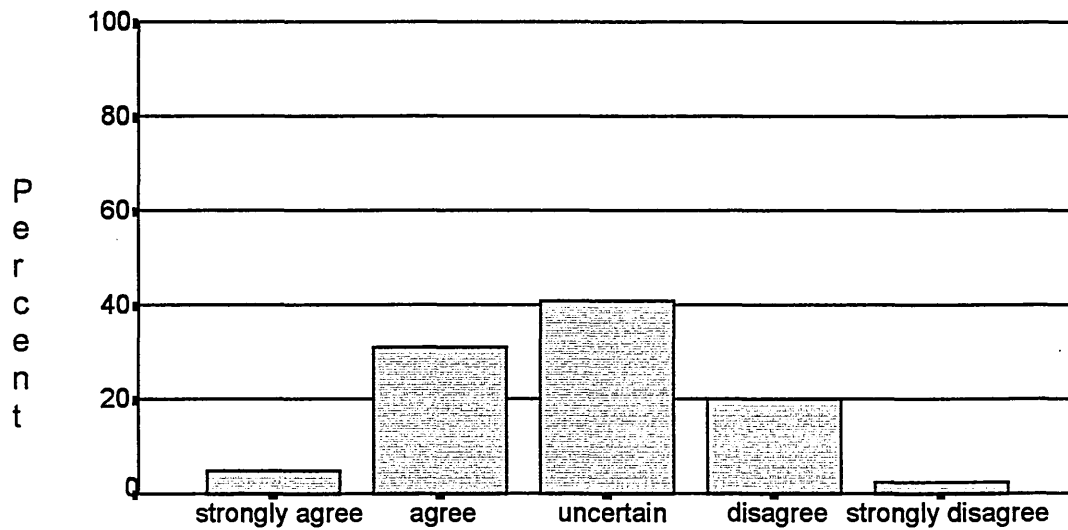


Table Appendix 4-49 Mentors' Responses to the Statement "Project 2000 students know what they want to achieve in their placements."

supernumerary status is a good idea		Frequency	Percent
Valid	strongly agree	36	25.4
	agree		
	agree	53	37.3
	uncertain	25	17.6
	disagree	20	14.1
	strongly disagree	3	2.1
	Total	137	96.5
Missing	0	5	3.5
Total		142	100.0

Mode agree
Valid cases 142 missing cases 2

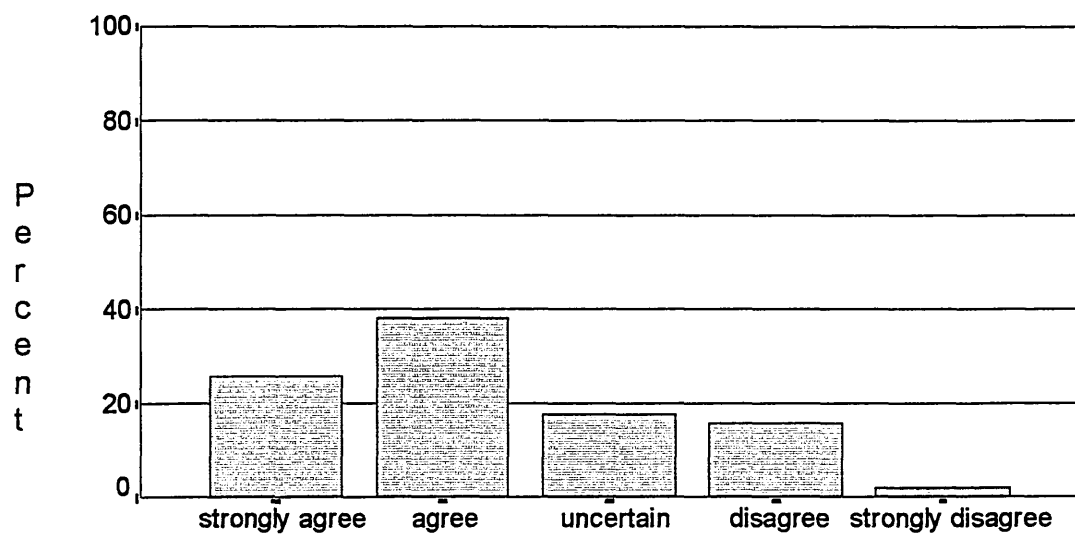


Table Appendix 4-50 Mentors' Responses to the Statement "Supernumerary status is a good idea: it helps us teach students better."

P2K contains too much theory

Value Label	Frequency	Percent	
strongly agree	11	7.7	
agree	34	23.9	
uncertain	46	32.4	
disagree	35	24.6	
strongly disagree	13	9.2	
	3	2.1	Missing
	-----	-----	
Total	142	100.0	

Mode uncertain

Valid cases 139 Missing cases 3

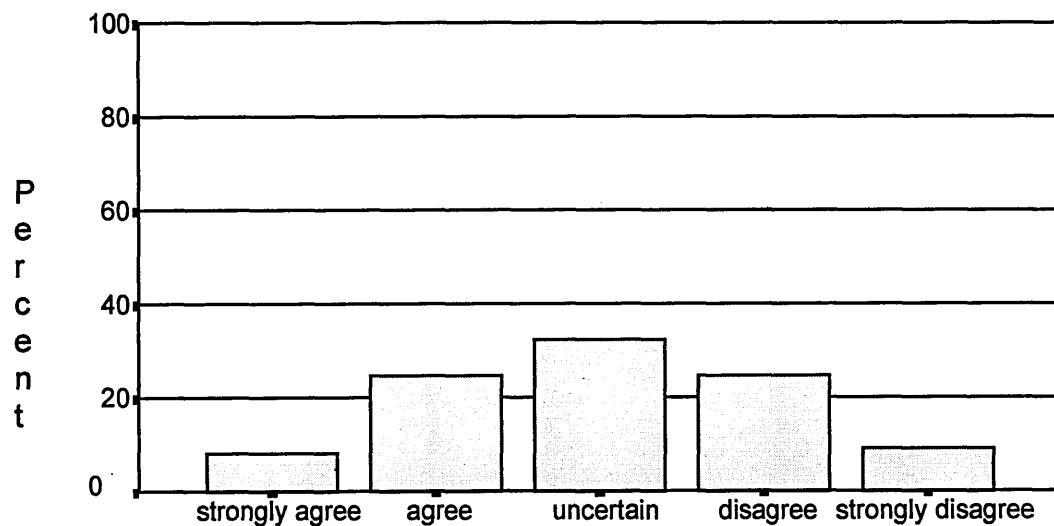


Table Appendix 4-51 Mentors' Responses to the Statement "Project 2000 contains too much theory."