Mentorship in contemporary practice: the experiences of nursing students and practice mentors

Michelle Myall BSc, MA, PhD
Senior Research Associate, Department of Primary Care & Population Sciences, University College London, London, UK

Tracy Levett-Jones MEd & Work, BN, RN, DipAppSc, PhD
Senior Lecturer, School of Nursing & Midwifery, University of Newcastle Callaghan, Australia

Judith Lathlean BSc (Econ), MA, DPhil
Professor of Health Research, School of Nursing & Midwifery, University of Southampton, Highfield, Southampton, England

Submitted for publication: 21 March 2007
Accepted for publication: 10 October 2007

Correspondence:
Michelle Myall
Department of Primary Care & Population Sciences
University College London
Archway Campus
4th floor, Holborn Union Bldg
Highgate Hill
London N19 5LW
E-mail: M.Myall@pcps.ucl.ac.uk

Mentorship in contemporary practice: the experiences of nursing students and practice mentors

Aim. This paper explores the role of the mentor in contemporary nursing practice in the UK. It presents findings from a recent study which investigated the impact of a locality-based nursing education initiative on students, practice mentors and academic staff and draws on another study, conducted in the same setting and two Australian sites, to examine the perceptions of nursing students and mentors.

Background. Within nursing, mentorship is integral to students’ clinical placement experiences and has attracted increasing interest among researchers. Despite a plethora of studies focussing on mentoring and its nature and application within the practice setting, limited attention has been paid to the extent to which guidelines provided by regulatory bodies for nursing inform and influence the practice of mentoring in contemporary health-care settings.

Design. The study used a two-phased design with data on mentorship being focussed on the second phase.

Method. Data were collected using an online survey questionnaire of pre-qualifying students and a postal questionnaire for practice mentors.

Findings. The findings highlight the importance of mentorship for prequalifying students and emphasise the need to provide mentors with adequate preparation and support. They confirm previous research, but also highlight improvements in bridging the gap between rhetoric and reality for mentorship. Results are further strengthened when compared with those of the second study.

Conclusions. Findings provide new evidence of a narrowing of the gap between the theory and practice of mentoring and for the continuing implementation of national standards to clarify the roles and responsibilities of the mentor. They also suggest the benefits of developing such standards in countries with similar systems of support for nursing students.
Relevance to clinical practice. Mentorship is pivotal to students’ clinical experiences and is instrumental in preparing them for their role as confident and competent practitioners.

Key words: clinical placements, experience mentors, nurses, nursing, preregistration education

Introduction

Over the last two decades, the role of the mentor in prequalifying nurse education has attracted increasing interest. Earlier studies focussed on defining mentorship (e.g. Donovan 1990, Morle 1990, Armitage & Burnard 1991, Barlow 1991) and subsequent research explored student perceptions of the mentor role (e.g. Earnshaw 1995, Watson 1999, Gray & Smith 2000, Neary 2000, Chow & Suen 2001, van Eps et al. 2006), the relationships between mentor and mentee (e.g. Andrews & Chilton 2000, Lloyd-Jones et al. 2001, Spouse 2001, Andrews & Roberts 2003) and identified mentorship as an important influence on students’ practice placement experience (Gray & Smith 2000).

This paper extends this knowledge about mentorship in prequalifying nursing education by exploring the current system of practice and examining the extent to which the gap between the rhetoric and reality of mentorship is beginning to be narrowed. Based primarily on the results of a recent UK study, the perceptions of students and mentors on mentoring in contemporary nursing practice are presented. Findings confirm the value of mentorship in prequalifying nursing, and while they complement previous research and draw similar conclusions to earlier studies, which suggest there are unresolved issues around mentorship, they also point to a bridging of the gap between the theory and practice of mentoring. These findings are further strengthened when compared with those of another study conducted in the same UK setting and two other sites in Australia. Such findings will be relevant for both nursing students and mentors in the UK and in countries with similar models for supporting students in practice.

The insights regarding mentors emanate from a larger evaluation of the organisation and delivery of prequalifying nursing education by geographical locality in one Strategic Health Authority (SHA) in England (Lathlean & Myall 2006). In the spring of 2005, the SHA Workforce Development Directorate commissioned the researchers to undertake an exploratory study to investigate the issues arising as a result of the implementation of locality-based nursing education commissioning and delivery, with a view to informing further and future developments of the locality commissioning model.

A survey using a self-administered questionnaire of prequalifying nursing students and practice mentors was undertaken. The results suggested that there is a commitment to the provision of an effective system of mentorship, although students and mentors reported both positive and negative experiences. The implications of the findings are considered in relation to the role of the mentor in contemporary nursing practice.

Background

In the 1990s in the UK, Project 2000 [United Kingdom Central Council (UKCC) for Nursing, Midwifery and Health Visiting 1986] heralded a move away from educational provision by hospitals to a university-based provision, with clinical experience gained in practice settings. This afforded supernumerary status to students and replaced the previous apprenticeship type model of ‘learning on the job’. A formal system of mentorship was made integral to the practice element of the prequalifying curricula (Andrews & Wallis 1999). In 2007, it became a mandatory requirement that UK prequalifying students, undertaking an approved education programme, are assigned a mentor who works with them for the duration of each of their clinical placements [Nursing and Midwifery Council (NMC) 2004a].

Defining mentorship: roles and responsibilities

The implementation of a formalised method of mentoring prompted debates around the definition of the concept and the nature and practice of the role. Within nursing, the term ‘mentor’ has had many connotations and attempts to clarify the exact nature of the role have often added to the confusion. Initially mentors were defined as ‘counsellors’ or ‘advisors’ [English National Board (ENB) for Nursing, Midwifery and Health Visiting 1987], with emphasis later being placed on them being ‘assessors’ and ‘supervisors’ (ENB 1988). This lack of consensus as to the nature and practice of the mentor role was confused further by the use of...

Advisory standards issued by the UKCC in 2000 clarified the debate on the terminology employed to refer to a nurse supporting a student in practice, indicating that the term ‘mentor’ was preferred. Functions and responsibilities of the role were delineated (UKCC 2000) and the ENB and Department of Health (DH) defined a mentor as a practitioner ‘who facilitates learning and supervises and assesses students in the practice setting’ (ENB & DH 2001, p. 6). Subsequent generic guidelines for mentors in the UK were regularly produced (e.g. NMC 2002a, 2005), which stated the responsibilities to include: provision of support and guidance in the practice area; facilitation of student learning; assessment and evaluation of the student; acting as a positive role model; and ensuring students are fit for purpose, practice and award.

Following NMC consultation regarding the quality and nature of support for assessment and learning in practice and fitness for practice, new standards for mentors, practice teachers and teachers came into effect from September 2007 (NMC 2006). The document Standards to support learning and assessment in practice replaced all previously published standards and introduced changes to the mentor role and the way in which students are assessed in the clinical area. In particular, ‘sign-off mentors’ who have met additional NMC criteria undertake the final assessment of students and confirm to the NMC that they are fit for practice. This reinforces that the role of mentor is even more important than originally envisaged.

Preparation

In the UK, mentorship is generally a requirement of a qualified nurse’s job description and is usually devolved to those at staff nurse level. NMC guidelines state that before talking on the role, mentors must have: held their registration for at least one year; undertaken an approved mentorship preparation programme or equivalent; and met the defined NMC standards (NMC 2004b). To achieve these standards, mentors provide support to students by applying theory to practice, assessing, evaluating and giving constructive feedback and encouraging students to engage in reflective practice [Royal College of Nursing (RCN) 2005]. In addition, mentors are expected to attend annual updates to ensure they are informed of issues and changes in prequalifying nurse education. While such courses are intended to equip nurses adequately to become mentors, research suggests that many often feel unprepared for the role and lack confidence in their ability to support students (Andrews & Chilton 2000, Aston et al. 2000, Neary 2000). Additionally, evidence indicates that this is not exclusive to the USA, and in Australia, for example, many mentors report feeling ill-prepared to carry out their role (Henderson et al. 2006, Levett-Jones et al. 2006).

Research design and methods

Aims

Findings were collected as part of an evaluation investigating issues arising from the implementation of a geographical locality-based nursing education commissioning and delivery initiative implemented by one SHA in England. Specifically, the overall aims of this evaluation were to explore stakeholder views and perceptions of locality commissioning; evaluate its impact on stakeholders, including mentors; identify outcomes and recommend actions to be taken that could improve and develop the process.

Design

The study was conducted in 2005–2006 over 15 months and data were collected in two phases. Phase 1 included semi-structured interviews with key academic, clinical and wider stakeholders and a survey of prequalifying students, via a self-administered questionnaire. Phase 2 involved a survey of academics, practice mentors and prequalifying students. This paper reports on selected findings from Phase 2 of the study.

Sample

Student participants were recruited from the main HEI provider of nursing and midwifery education within the SHA. Students were invited to participate via university intranet websites where a link to an online questionnaire and accompanying information sheet about the study were placed. This enabled a total population sample to be targeted across the different branches, awards, five localities, and three years of intake. A total of 161 (10%) questionnaires were returned, although not all were completed in full. These were scrutinised to ensure they included a spread across the branches, awards, localities and years, and analysis of the questionnaires on this basis showed that the sample was in fact representative of the student population as a whole.

A random stratified sample of practice mentors based on clinical area and role was used to identify potential participants from across eight NHS trusts within the SHA. This method was employed to guard against obtaining a sample which under or over-represented certain clinical areas or job types. A 25% sample of mentors was selected from each of the...
trust databases to complete a self-administered questionnaire. From these, a total of 156 (21%) were returned, with 127 completed and available for analysis. Scrutiny of the respondents suggested that they were representative of practice settings and nursing roles across the eight NHS trusts.

Data collection methods

Surveys via questionnaire were used to obtain the views and experiences of both sets of respondents. For the student sample, this took the form of a 27-item online questionnaire, placed on university websites accessed by nursing students. The questionnaire was based on a refined version of a tool used to survey students in Phase 1. Both open-ended and closed questions were used to capture data relating to recruitment, placement experience, mentoring, and student participation in ‘university life’. For mentors, a 31-item questionnaire, derived from a review of the literature and findings from interviews carried out in Phase 1, was disseminated to nurses supporting students in eight NHS Trusts. The questionnaire was designed to collect both quantitative and qualitative data to elicit mentors’ views on their role, relationship with students, and support received for mentoring.

Data analysis

Quantitative data obtained from both questionnaires were coded and input into Statistical Package for the Social Sciences (SPSS version 14) to produce a descriptive statistical analysis. Qualitative data derived from open-ended questions contained within both the student and mentor questionnaires were analysed inductively and coded and categorised to identify the main themes arising from the findings.

Ethical considerations

Ethical approval for the research to proceed was successfully obtained for the study. Permission was gained from the Local Research Ethics Committee and from the internal Ethics Committee of the School of Nursing in which the research took place. All participants were given assurances regarding anonymity and confidentiality of the data.

Findings

Experiences of mentorship

Students’ experiences

All student respondents had undertaken one or more practice placements. They were asked to comment on a variety of aspects relating to their experiences of mentorship while undertaking clinical placements. In line with the NMC guidelines (NMC 2002b), which state that students should be allocated a named mentor before starting in a practice area, half of the students (n = 57/115, 50%) reported that this had been their experience, although a sizeable minority of 10% (n = 12/115) indicated that they had ‘never’ been assigned a named mentor in advance of commencing a new placement.

From responses received to qualitative questions, the allocation of a designated mentor was considered to be ‘important’ to most students, as was the quality of the relationship between the mentor and the mentee. A good relationship was perceived to be based on mutual respect and understanding, and students identified a number of qualities they looked for in a mentor. These included someone who was ‘supportive’, ‘helpful’, knowledgeable’, ‘experienced’, ‘enthusiastic about their role’ and ‘committed to their students’. A mentor who provided feedback and opportunities to discuss progress was seen as contributing to a good-quality placement experience, as was one who promoted confidence in their students, challenged their practice and offered constructive criticism. Reflecting on their own experience, most students considered they had a good relationship with their mentor (n = 102/116, 87%) and over half (n = 70/114, 61%) felt that their experiences of mentorship had met their expectations.

In terms of the actual mentoring received, on the whole, most students reported positively on their experiences. The majority considered their mentor to be knowledgeable and skilled in their area of practice (n = 103/114, 89%) and agreed they were carrying out the role and responsibilities of mentor in regard to meeting learning outcomes (n = 86/116, 74%) and providing constructive feedback and time for reflection on practice (n = 78/116, 67%). Similarly, 63% (n = 76/115) felt that their learning experiences had been planned with their mentor and they had been given the autonomy to practice clinical skills under supervision. In addition, 81% (n = 93/115) agreed that their mentors acted as good role models for them.

The amount of time students spent with their mentor was seen as influencing the quality of their placement experience. This was considered in relation to whether students were able to work with their mentor during the first week in a new placement, had regular time with them throughout the duration of the placement and were able to spend three or more shifts working with them in addition to other protected time each week. Students felt that the availability of quality time with a mentor while undertaking a placement to be ‘essential’.
With regard to their own experience, more than three-quarters of students (n = 86/113, 76%) indicated that they had worked three or more shifts out of five with their mentors (as recommended by the RCN 2002). Nevertheless, almost one-quarter of students (n = 27/113, 24%) reported working less than three out of five shifts with their mentor. Of these, nearly all (n = 26/27, 96%) would have liked to have spent more time with their mentor. While these results suggest that most students were able to work with their mentors for the majority of their clinical placement, others were spending less than the recommended amount of time with them.

Mentors’ experiences

The majority of mentors completing the questionnaire were experienced in their role, with 50% of the sample reporting they had been qualified as a mentor for five years or more. Respondents worked in a wide range of clinical areas and 60% were currently mentoring one student. Findings suggest that mentors seemed to understand the nature and purpose of their role and the importance of supporting students during their placements. In terms of carrying out the role, 57% (n = 72/127) reported working on average three to four shifts out of five with students, with 17% (n = 22/127) claiming to work five out of five shifts with their mentee. Only 2% (n = 2/127) stated not working any shifts with their students.

The importance given to welcoming a student to a new practice area was reflected in the preparation reported to be undertaken for their arrival in the clinical environment. The majority of mentors (n = 117/127, 92%) agreed that a mentor was allocated to work with a student prior to commencement of their placement and 68% (n = 86/127) considered that students were also assigned an associate or ‘buddy mentor’ as well. Seventy-seven per cent of mentors (n = 98/127) reported ensuring students were given an orientation to a new placement.

The findings suggest that mentors were aware of the significance of their role in providing students with their clinical skills and experience and enabling them to link theory to practice through the assessment, evaluation and provision of feedback on their performance while undertaking a placement. Ninety-seven per cent (n = 125/127) considered assessment to be a critical element of mentoring, with 99% (n = 126/127) agreeing that it is essential for mentors to provide students with opportunities for learning and assessment. Similarly, 97% (n = 124/127) felt that continuous assessment of students was important and 98% (n = 125/127) reported always endeavouring to provide students with effective and constructive feedback.

Benefits of the mentor role

The importance of the mentor role to the quality of students’ placement experience and to their learning has been demonstrated in earlier research (Watson 1999, Sibson 2003, Brown et al. 2005) and was identified by students in the study reported here. Results indicate that students viewed their mentor as a source of support, and most (n = 87/114; 76%) reported the level of support received from their mentor was adequate for their needs.

Students also viewed the role of the mentor as important in helping them feel connected to the placement area. This was considered by students to have been achieved in several ways, including: being welcomed to the practice environment; included and valued as a team member; and treated as a valid and legitimate learner. While the importance of being inducted and orientated to a new placement was commented upon by students, less than half in the study felt they had ‘always’ received an orientation (n = 56/116, 48%) and induction (n = 44/115, 38%) when they had arrived in a new practice area.

Findings from the qualitative data suggest that mentors were also viewed by students as having a key role in creating opportunities to maximise their learning. With the chance to experience and practice a variety of skills viewed as an essential element of a good-quality placement, particularly where students were exposed to a wide range of experiences and permitted to participate in patient care albeit under supervision, a mentor who could contribute to the provision of such experiences was considered to be fulfilling their role and perceived as a ‘good mentor’. As one student explained:

A good mentor is someone who gives you the opportunity to undertake a wide variety of skills, observing and participating, observing a variety of procedures, tests, interactions and then being supported in having a go at them, if possible.

The findings collected from the practice mentors indicated that the majority (n = 108/127, 85%) considered these to be benefits. In particular, it was evident that some mentors felt that providing clinical support to students allowed them to keep up to date with their own clinical skills and knowledge, with others indicating that the sharing of knowledge with students was a way of ensuring their own practice was evidence based.

Mentoring was reported by a number of respondents to be rewarding and instilled a great sense of job satisfaction. Some commented on feeling ‘proud’ as they watched their students develop and increase their skills and knowledge and on the way carrying out the role of a mentor enabled them to input and contribute to the future of the nursing profession. The
following quotation was typical of comments made by mentors:

Having enthusiastic students you can watch and develop as the placement progresses, seeing those students go on to become staff nurses is the biggest perk of mentoring.

Constraints on the role

While students identified benefits of mentorship, they also recognised that there were organisational and contextual constraints imposed upon the role which had implications for the quality of their placement experience. The amount of time a mentor has to spend with a mentee has been shown to be influenced by a number of factors, including workload (Mitchell 2003), staff shortages (Edmond 2001) and the staff–student ratio in the clinical area (Hutchings et al. 2005). From the findings in this study, while most students (n = 69/113, 61%) considered the balance between mentor and learner numbers to be ‘about right’, one-quarter (n = 29/113, 25%) disagreed that this was their experience. Furthermore, responses to qualitative questions suggested that students were aware that staff shortages sometimes led to students being used as an ‘extra pair of hands’ which prevented them from being exposed to a wider range of experiences necessary to meet their learning outcomes:

On three out of four of my placements I have simply felt like an extra pair of hands. You try to ask questions to enhance your learning but responses are often brief and it seems generally students are an inconvenience to staff. I haven’t felt as though placements teach you as much as they should.

In addition, a number of students reported that working with mentors who had an increased workload had led to some students being made to feel a ‘burden’, an ‘inconvenience’ or an ‘imposition’. This had resulted in them considering withdrawing or taking time out from their programme of study:

So many things are taught well in School but then there is no opportunity to practise them because it seems the staff are either too busy or too disinterested in helping us to do more.

The views put forward by students were confirmed by the data collected from the mentor questionnaire. More than half (n = 86/127, 68%) reported experiencing constraints on their role. Such restrictions included an increased workload and lack of time to carry out the role, both of which were felt to impact on the learning experiences of students:

Time constraints are a big disadvantage; on a busy shift you do not always get the chance to explain or give the student the learning opportunities they need.

Respondents also indicated that completing student assessment documentation had added to their workload and criticised its non-user friendly format with repetitive and lengthy sections, which made it difficult and time consuming to complete. Some mentors commented that this often led to them filling in paperwork outside of work hours.

While most mentors (n = 83/127, 65%) felt the number of students they were currently mentoring to be ‘about right’, a sizable minority (n = 12/127, 9%) considered the number to be ‘too many’. In further qualitative comments, those mentors who felt they were supporting too many students reported sometimes being under pressure to accept more, even when there were staff shortages and the clinical area was already under-resourced:

Sometimes there are too many students and not enough mentors or trained nurses ...

[It’s] frustrating when staff have left and have not been replaced, therefore you could be mentoring at all times.

A number of mentors reported that having a student shadowing constantly often made it difficult for them to carry out their own role effectively and considered this to have implications for students as well as themselves:

Sometimes when you are busy having a student can be difficult, you can’t just get on with it, but have to explain everything, especially with first year students.

The organisational and contextual constraints imposed upon the role of mentor were also felt to contribute to attendance at mentor updates. At the time of the study, less than half (n = 62/127, 49%) of the mentors indicated they had attended an update in the last year, and 28% (n = 36/127) reported not having received an update for more than one year. Some respondents who had not attended a recent update considered this to be an unmet professional development need with updates regarded as an essential means of informing mentors of changes to assessment documentation and the responsibilities of the role.

The importance of providing mentors with support to carry out their role was identified by respondents. In terms of support given by the university, 38% (n = 48/127) reported the level of support provided by the link tutor to be adequate for their needs, although the same number (n = 48/127, 38%) considered the level to be inadequate. Nevertheless, recent changes to the link tutor role appeared to have brought improvements to the relationship between education and practice, which had previously been considered to be ‘patchy’ by both academics and mentors. For example, almost half of the mentors (n = 62/127, 49%) agreed that the relationship between the link tutor and mentors was one of partnership...
and 31% \( (n = 39/127) \) stated that the link tutor maintained contact with themselves and students.

**Discussion**

Findings from this study suggest the value of mentorship for prequalifying nursing students and recognition of the importance of the role by practice mentors. Despite the complexity and competing demands inherent in contemporary nursing practice, there is evidence of a commitment to providing students with consistent and quality mentoring that meets their needs. Most students reported having several positive and productive mentoring experiences with an allocated mentor, with whom they worked on a regular basis and who provided opportunities to discuss their learning outcomes. In addition, many students indicated the extent to which the quality and consistency of the student–mentor relationship contributed to their ‘connectedness’ with the clinical area, identifying the importance of orientation and induction to making them feel welcomed and part of the team.

These findings are supported by research undertaken by Levett-Jones (University of Newcastle, NSW, Australia, unpublished PhD thesis), which also examined nursing students’ clinical placement experiences in the same UK setting and two Australian sites. That mixed method study used both an online survey and in-depth semi-structured interviews. The interview data from Levett-Jones’ study indicated that most UK students had experienced regular and ongoing contact with their designated mentors and together they had been able to develop practice-driven learning objectives to guide the placements. Similarly, Levett-Jones found that students identified that supportive relationships with mentors enhanced their sense of belonging in the clinical environment and enabled them to feel accepted and valued as a staff member. This was in contrast to the experiences of the Australian students in Levett-Jones’ study, who reported that the less formal mentoring system and ad hoc practice of pairing up students with different mentors each day did not strengthen their feelings of belonging. The students in that study commented that without the sense of collegiality and connectedness they gained from working with an allocated mentor, they often felt as if they were on the periphery of the clinical team.

As previous research (Watson 1999, Neary 2000, Lloyd-Jones et al. 2001) has also highlighted the importance for students of working for an extended period of time with a mentor, and that insufficient time can often have an adverse impact on achieving their learning objectives, the findings reported in this paper are encouraging. Nevertheless, as they did not reflect the experiences of all students in both the current study and that of Levett-Jones (2007), this suggests that the provision of an allocated mentor needs to be made a priority for all nursing students undertaking practice placements. However, to more easily allow for the provision of an allocated mentor, students’ clinical placement rosters would need to take into account the ‘twenty-four-seven’ nature of contemporary nursing.

While findings suggest that most mentors were aware of the significance of their role in facilitating the development of students’ clinical skills and experience and acting as a source of support, it was evident that many felt they operated with a system of organisational and contextual constraints. In particular, staff shortages and increasing demand on placement capacity were identified as contributing to an increased workload which often led to a lack of time to carry out the role, with many completing assessment documentation in their own time. Such constraints were also identified as preventing mentors from attending regular updates, resulting in some feeling they had unmet continuing professional development needs.

In terms of the support mentors received from the University link tutor, different experiences were reported, with some indicating that the levels of support were adequate for their needs and others that they were less so. The importance of the link tutor supporting their practice colleagues has been demonstrated in other studies. In the UK and Republic of Ireland, Mallik and McGowan (2006) found that mentors welcomed the input of the link tutors in the placement areas and sharing of the responsibility of students with academic staff. Similarly, Hutchings et al.’s (2005) study highlighted the need for dedicated university support in practice for mentors. However, caution may need to be exercised when interpreting the findings from this current study and should be placed in the context of the differing expectations mentors had of the link tutor role. While some considered the main facets of the role to include, for example, provision of support with student issues and conducting placement audits, others believed it to encompass working with students in the clinical area.

Nevertheless, as the role of mentor has been shown to be pivotal to students’ clinical learning experiences, it is imperative that they are given adequate and ongoing support and preparation in carrying out their role so that they can in turn support students to become confident and competent practitioners. For this to be achieved, there needs to be a shift away from the reliance on inherent goodwill of mentors that has characterised the model of mentorship both in the UK and other countries using similar systems to support students (Mallik & Aylott 2005). Instead, it requires the recognition of the importance of the role
reflected in organisational support, which allow mentors protected time to attend training programmes and updates, in addition to effective partnership and good communication between higher education and practice, manifested in the establishment of collegial relationships between academics and clinicians responsible for the education of nursing students.

Limitations

The response rate for students is a potential limitation, but is comparable with other studies conducted with this type of population (Braithwaite et al. 1994, Richardson 1996, White et al. 1999). Furthermore, the decision to use an online survey, which relied on students to access the websites is likely to have impacted on the overall response rate.

Conclusion

The findings from this study confirm that mentorship in contemporary nursing practice remains integral to students’ clinical experiences and that it has a significant influence on the quality of their placements, the sense of ‘connectedness’ they experience and their learning. In addition, the nature and quality of the relationship between mentors and students continues to be fundamental to the mentoring process, with the personal characteristics and professional orientation of mentor determinants in the effectiveness of the mentoring students receive. While some students and mentors reported negative experiences, suggesting there remain unresolved issues around supporting prequalifying nurses in practice and in supporting and preparing mentors, there is evidence of a commitment to providing an effective system of mentorship, which points to a narrowing of the gap between the rhetoric and reality of mentoring. Such findings are encouraging and bode well for the future of nursing education in the UK. They also suggest the need for the continued implementation of national standards by regulatory nursing bodies to clarify the roles and responsibilities of the mentor. Furthermore, the findings from this study, well substantiated by Levett-Jones’ (2007) research, demonstrate that national standards for mentorship should be developed as a priority initiative in countries where none currently exist.

Acknowledgement

The source of funding for this work was NHS Strategic Health Authority Workforce Development Directorate.

Contributions

Study design: MM, JL; data collection and analysis: MM and manuscript preparation: MM, JL, TLJ.

References


© 2008 The Authors. Journal compilation © 2008 Blackwell Publishing Ltd


Nursing and Midwifery Council (2002a) *Requirements for Pre-Registration Nursing Programmes*. NMC, London.


Nursing and Midwifery Council (2004a) *Consultation on a Standard to Support Learning and Assessment in Practice*. NMC, London.

Nursing and Midwifery Council (2004b) *Standards of Proficiency of Pre-Registration Nursing Education*. NMC, London.

Nursing and Midwifery Council (2005) *Standards of Proficiency for Pre-Registration Nursing Education*. NMC, London.


This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.