

Lack of time and support can lead to nurse mentors failing to meet their responsibilities and even passing students they deem incompetent

# What are the barriers to good mentoring?

## In this article...

- › What mentors feel are the biggest barriers to good mentoring
- › The effects of inadequately prepared mentors
- › What support mentors need to fulfil their responsibilities

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**Abstract** Veeramah V (2012) What are the barriers to good mentoring? *Nursing Times*; 108: 39, 12-15.

This article reports on a study exploring the barriers to successful mentoring of pre-registration nursing and midwifery students in practice, and the support required by mentors.

When asked what barriers could affect the quality of mentoring provided, 70% of the 199 mentors taking part in the study cited lack of time and 67% cited conflict between the competing demands of being a mentor and providing patient care. Some 41% of the mentors received very little protected time from clinical duties to support and assess students. Mentors said they needed more protected time, help with practice assessment documentation and regular mentor updates.

In response to Duffy's finding (2003) that mentors were passing students who they believed should have failed, the Nursing and Midwifery Council introduced new standards for the preparation of mentors supporting and assessing pre-registration nursing and midwifery students in practice (NMC, 2006). These were replaced by the NMC's *Standards to Support Learning and Assessment in Practice*, first published in 2006 and updated in 2008 (NMC, 2008). Since September 2007, students registered on an approved pre-registration nursing or midwifery programme must be allocated an appropriately qualified, named mentor (NMC, 2006).

The NMC has clearly delineated the

specific responsibility and accountability of a mentor, including organising and coordinating learning activities in practice, supervising and assessing total performance of the student (NMC, 2008; 2006). However, research evidence has shown that in addition to mentoring students, mentors have other pressing clinical responsibilities, which create barriers to them undertaking their role and discharging their responsibilities effectively.

## Aim

This study was part of a larger project evaluating the effectiveness of a mentor development programme run by one approved education institution (AEI) in south-east England and based on the new standards introduced by the NMC. The objectives for this phase of the study were to explore the barriers faced by a sample of 346 mentors who had completed the programme, and to identify the possible support they would need to adequately fulfil their role.

## Literature review

Myall et al (2008) found that more than half of the mentors who took part in their study reported constraints on their role, which included an increased workload and lack of time. Similar findings have been identified in other studies (Nettleton and Bray, 2008; Watson, 2000). Other barriers that impact on the quality of the mentorship pre-registration students receive include mentors being overwhelmed by their responsibilities and feeling inadequately prepared for the role (Andrews et al, 2010; Neary, 2000; Watson, 2000), as well as not having protected time away from other clinical duties to mentor students

## 5 key points

**1** Lack of time and the demands of patient care are two key barriers to successful mentoring

**2** Inadequate preparation and support can result in mentors passing students they should fail

**3** Mentors need more help and educational guidance in completing education institutions' assessment documentation

**4** Mentors should have regular updates and relevant in-service training

**5** Practice development managers and clinical practice facilitators should work with link lecturers to support mentors



Mentors face many responsibilities

**TABLE 1. PARTICIPANTS' CLINICAL SPECIALTIES**

Clinical specialty	No	%
Adult nursing (inpatient settings)	75	37.7
Mental health nursing	48	24.1
Midwifery	28	14.1
Paediatric nursing	16	8.0
District nursing	8	4.0
Learning disabilities	3	1.5
Health visiting	3	1.5
Other specialties	18	9.0
<b>Total</b>	<b>199</b>	

**TABLE 2. BARRIERS THAT COULD HAVE IMPEDED EFFECTIVE MENTORING**

Barriers (respondents could cite more than one barrier)	No	%
Lack of time	140	70.2
Ineffective planning	13	6.5
Inadequately prepared for the role and responsibilities of being a mentor	11	5.65
Conflict between the competing demands of providing patient care and being a mentor	135	67.8
Mentoring too many students at the same time	13	6.5
Lack of support from my manager	25	12.6
Lack of opportunities to learn the necessary assessment documentation	43	21.6
Lack of support from the link lecturer	21	10.6
Inadequate learning resources in my area	18	9.0

(Watson, 1999). Additional barriers highlighted in the literature were difficulties in completing practice assessment documentation (McCarthy and Murphy, 2008; Watson, 2000), and inadequate support from university lecturers (McArthur and Burns, 2007; Pollard et al, 2007) and from the workplace (Nettleton and Bray, 2008).

Despite the introduction of the new mentor standards, an online survey of nearly 2,000 nurse mentors carried out on behalf of *Nursing Times* found that 37% of mentors acknowledged that they had passed students whose competencies or attitude concerned them or who they felt should fail (Gainsbury, 2010).

### Methods

The research used a self-administered postal questionnaire to collect data. The content of the questionnaire was informed by a review of the literature on the topic, along with comments from lecturers and students. Ethical approval was sought and obtained from the University Research Ethics Committee.

A postal questionnaire was sent to all students (n=346) who had completed the new NMC mentor preparation course between September 2007 and January 2010. A total of 199 questionnaires were returned, giving a response rate of 58%.

### Results

Table 1 shows the clinical specialties participants were currently practising in during the data collection period. Mentors from all branches of nursing and midwifery, except for learning disabilities nursing, were well represented.

The number of years participants had been practising in these clinical specialties ranged from one to 39 years with a mean of

8.21, confirming that the majority were experienced nurses and midwives. The number of pre-registration nursing or midwifery students mentored since completing the course varied from 1 to 20 with a mean of 3.82, which indicated that respondents had some experience of acting as a qualified mentor since completing the course.

Respondents were invited to tick on a checklist some of the barriers that could have impeded them from mentoring their students more effectively (Table 2). The most frequently cited barriers were lack of time (70%), conflict between the competing demands of providing patient care and being a mentor (67%), and lack of opportunities to study the necessary assessment documentation (22%).



When asked whether adequate time away from clinical duties was made available to them to support and assess the students mentored, 14 (7%) said to a large extent, 88 (44.2%) stated to some extent, 14 (7%) were not sure, 52 (26.1%) indicated to a small extent and 30 (15.1%) said not at all.

Respondents were questioned about whether they had ever thought of passing or passed a student despite concerns about their competence or attitude. One hundred and seventy-six (88.4%) stated never, and 23 (11.6%) said yes. Respondents were asked to tick reasons from a checklist if they had done so and the most-cited responses are shown in Table 3.

Respondents were also asked to tick what they felt were appropriate options from a checklist of likely sources of support

(gathered from the literature) that could potentially help them to fulfil their role and responsibilities more competently. Their responses are shown in Table 4. Protected time from clinical duties to support and assess students (80%) and regular mentor updates (60%) were most commonly cited.

The respondents were also invited to list any other strategies that could be used to support them further in their role as a mentor. Nine said they would like regular meetings with other qualified mentors to discuss mentoring issues and share ideas, and 20 said they would like to have protected time from clinical duties. Ten said they would like more support from the link lecturer, three said more training with under-performing students and 18 would like more input on the practice assessment document used for pre-registration nursing and midwifery programmes.

### Discussion

It was disappointing to find that lack of time and conflict between the competing demands of mentoring and providing patient care were still the two greatest barriers to effective mentoring among the majority of mentors who took part in this study.

Insufficient time for mentoring students because of other work commitments is the most-reported difficulty experienced by mentors (Gopee, 2011) and has been highlighted on numerous occasions (Elcock and Sookhoo, 2007).

Despite the recognition for more than a decade that mentors should have protected time in order to fulfil their role effectively (Department of Health, 1999) and the recent recommendations made by the NMC that practitioners should have protected time to support pre-registration

**TABLE 3. REASONS FOR POTENTIALLY OR ACTUALLY PASSING STUDENTS DESPITE CONCERNS ABOUT THEIR COMPETENCE OR ATTITUDE**

Reasons	No
There were not sufficient practice opportunities for the students because of the short duration of the placement	9
You lack the confidence and experience to deal with the situation	4
Because of other clinical duties, there was insufficient time to follow the correct procedure for poor performing students	3
You felt sorry for the student because they had a lot of personal problems	3
There was a lack of support from management	3
There was insufficient time to document the evidence required to support the decision of failing the student	3
There was a lack of support and guidance from the link lecturer	2

**TABLE 4. SOURCES OF SUPPORT THAT WOULD HELP PARTICIPANTS TO FULFIL THEIR MENTOR ROLE**

Sources of support	No	%
More managerial support	64	32.2
More support from the university	51	25.6
Relevant in-service training	81	40.7
Higher education opportunities to equip me with up-to-date knowledge	67	33.7
More support from experienced colleagues	49	24.6
Protected time from clinical duties to support and assess students	161	80.9
Regular mentor updates	120	60.3
Support from practice development manager/clinical practice facilitator	81	40.7
<b>Total</b>	<b>199</b>	

nursing and midwifery students in practice (NMC, 2008), their implementation by placement providers remains a problem.

A significant number of respondents received very little protected time or none at all to support and to assess students they mentored. More protected time from clinical duties was identified as the most likely source of support that many respondents felt could help them in their role as mentors.

Given the funding difficulties most NHS trusts are currently experiencing, it is hard to see how this situation can be improved. It has been argued that the NMC has failed to include clearer guidance in the policy document on how to implement its recommendations in practice, and what action could be taken if practice providers fail to do so (see for example Andrews et al, 2010). However, as pointed out by Gopee (2011), it might not be realistic at the moment for the NMC to instruct NHS trusts to introduce some of these measures, especially if this has funding implications. Perhaps more productive

negotiation is needed between the NMC, directors of nursing and the Department of Health.

It was evident that the completion of practice assessment documentation was an area of concern for a number of respondents, as a lack of opportunity to study it was identified as a significant barrier by nearly 22% of respondents. These findings seem to be in line with previous research (Nettleton and Bray, 2008; McCarthy and Murphy, 2008). This documentation is considered by the NMC as documentary evidence of actions taken by mentors (Gopee, 2011) and hence, it is imperative that AEs offer more help and educational guidance to mentors in their completion (Pellatt, 2006). It would also be helpful if practice assessment documents were more user-friendly (Myall et al, 2008).

Although only a few respondents listed lack of support from their manager as a barrier to effective mentoring, quite a large number identified more managerial support to be helpful. In addition, a number of mentors stated that they would

welcome more support from the AEI. Research has shown that having regular support from AEs helps mentors to perform their role more effectively and with improved confidence (Duffy et al, 2000).

It is encouraging, though, to find that the vast majority of respondents in the study (88.4%) stated that they had not thought of passing or had never passed a student when they had concerns about their competence or attitude, given previous research findings (Gainsbury, 2010; Wilkes, 2006; Duffy, 2003; Watson, 2000).

The reasons given by those few respondents who stated that they had thought of passing or had passed a student despite concerns about their competence or attitude concur with the findings from the literature (Gainsbury, 2010). The most common one was that there were insufficient practice opportunities available for the students concerned to meet the necessary competencies, because the placement was too short. This problem has been highlighted in a number of previous studies (Neary, 2000; Watson, 1999). However, it is still not acceptable that a minority (11.6%) indicated that they had thought of passing or actually passed a student who should have failed. With appropriate support from practice-based educators, link lecturers and management, this situation could be improved significantly.

#### Regular mentor updates

Another important finding was that a large number of respondents would welcome more regular mentor updates, which they felt could help them further in their role as mentors. This mirrors the finding from Myall et al's (2008) study, in which a significant number of practitioners expressed a need for more mentor updates.

Given that the NMC has made it explicit that mentors who fail to attend an annual mentor update should not be mentoring pre-registration students, a concerted effort is required from both NHS trusts and AEs to ensure that resources are made available for all mentors to attend regular mentor updates.

A number of respondents considered relevant in-service training and particularly, higher education opportunities to be very beneficial in helping them to fulfil their role and responsibilities as mentors more effectively. This is in line with one of the recommendations made by the NMC, which requires all qualified mentors to maintain and develop their knowledge, skills and competence as a mentor through regular updating (NMC, 2008).

After the publication of its standards for



**“I’ve used my nursing career for fantastic things”**

Kath McCourt ▶ p29

pre-registration nursing education (NMC, 2010) the NMC has made it clear that it is essential for mentors to have the right skills and confidence to be able to support the new breed of nurses. However, in the current financial climate, whether funding will be made available to support staff to further their professional and academic development can be a real issue.

It is also interesting to see that nearly 41% of respondents identified the practice development manager or the clinical practice facilitator as an important source of support to help them fulfil their role as a mentor more effectively. According to Gopee (2011), these practitioners have taken over some of the functions of the university link lecturer and gradually mentors will rely on them for support. Although, there are some minor differences in their role and title, one of their main remits is to provide support and guidance to mentors (Gopee, 2011) and to improve the practice learning environment (Elcock and Sookhoo, 2007).

Generally support from link lecturers is welcomed by most mentors (Mallick and McGowan, 2006), although recent literature has highlighted that this support has been variable (Myall et al, 2008; Barrett, 2007; Pollard et al, 2007). Additional help and support from clinical practice facilitators or practice development managers is therefore an asset to the education of pre-registration nursing and midwifery students and should be encouraged.

### Conclusions

The findings of this study add to the existing evidence that mentors of

pre-registration nursing and midwifery students face barriers to carrying out their role.

In order to implement NMC standards and to ensure that the public is protected by preventing the registration of unsafe and incompetent nurses or midwives, mentors need protected time away from clinical duties to support and assess students and to attend regular mentor updates. Given that there are now more students in practice placement than ever before (Andrews et al, 2010), it is crucial that AEIs and clinical placement providers collaborate to ensure that mentors are adequately supported. **NT**

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