The student-mentor relationship: a review of the literature


Summary
The student-mentor relationship is a complex one, which can be rewarding as well as problematic at times. Mentors want to provide a valuable practice experience for students but are constrained by multiple demands and limited resources. The mentor’s role is paramount in student assessment and the mentor should receive the support necessary to enhance student learning.

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Keywords
Assessment: nursing; Education: teaching staff; Mentoring; Nursing students

These keywords are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review. For related articles and author guidelines visit our online archive at www.nursing-standard.co.uk and search using the keywords.

The role of the mentor in practice placements is important in supporting student learning and the assessment process. The relationship which develops between the student and mentor is complicated. It is essential to establish an effective relationship where the mentor offers support but can also be objective and analytical. In the author’s experience, friendship can develop between the mentor and the student, and while this enhances the placement experience it raises concerns that the student’s achievement may not be a true reflection of his or her competency because the mentor’s assessment may be subjective.

Conversely, a negative experience could have detrimental effects on the mentor so that he or she declines to accept future students. Student learning can also suffer and the term ‘toxic mentoring’ has been used to identify a dysfunctional relationship in which the mentor suppresses student learning, creating dependency on the mentor and resulting in an attenuated version of themselves (Morton-Cooper and Palmer 2000). The student-mentor relationship is crucial to the student’s learning experience, particularly because the mentor role includes assessment of practice. The nursing curriculum places total responsibility on the mentor to assess a student’s fitness for practice in the clinical setting and therefore the conflicts which can arise in the practice placement should be explored (United Kingdom Central Council (UKCC) 1999, Nursing and Midwifery Council (NMC) 2005).

The aim of this literature review was to examine the student-mentor relationship to develop an understanding of its responsibilities and tensions. This is not a comprehensive review of all available literature but a synthesis of the evidence.

Literature review

The literature search began in February 2005. The Electronic Library for Health was accessed via the University of Hull and a search of electronic journals was conducted through several bibliographic databases, including the Cumulative Index to Nursing and Allied Health (CINAHL), the Cochrane Library, Academic Search Elite, MEDLINE and SwetsWise. A hand search of professional journals in the library catalogue was also undertaken and, although some articles lacked depth, useful anecdotal evidence and opinions were found.

The key words or search terms used were: ‘student and mentor relationship’, ‘mentor’, ‘mentorship’, ‘mentor experience’, ‘student experience’, ‘clinical practice’,
placement’ and ‘preceptor’. The literature presents a number of difficulties. The terms ‘mentor’, ‘assessor’ and ‘preceptor’ are often used interchangeably but refer to subtly different roles and responsibilities which, because these are used in different locations, courses and contexts, alter the nature of the student-mentor relationship. However, it became apparent that the fundamental nature of these relationships remained constant, for example, seeking and giving help, and that this constancy would also be seen if the literature extended to mentorship in other practice-based professions.

The search was therefore widened to examine literature from other practical professions such as teaching, dietetics and medicine and to countries where the literature addressed student-mentor relationships in a teaching and assessing environment. It was accepted from the outset that the individual nature of support relationships means that personal accounts might not be generalisable to wider populations of students and mentors. Therefore, observations would be illustrative or suggestive rather than proof positive. The initial ‘last five years’ inclusion criteria were extended to the last ten years to gain sufficient information because the literature proved fragmented and complicated by the syllabus of study that the students were following at the time. For example, literature published before 2000 addressed nurse education delivered using the Project 2000 programme (UKCC 1986) and there was a distinction between Project 2000 and the present programme referred to as the Making A Difference programme (Department of Health (DH) 1999). The role of the mentor developed significantly with each new curriculum, particularly with regard to assessment which affects the student-mentor relationship (Table 1).

Articles were selected for review if they referred to the student-mentor relationship. The articles were then categorised. If the student-mentor relationship was the focus of the article, it was given a high priority, and a low priority was assigned if it was briefly mentioned. These were then subdivided into two additional categories: student perspectives and mentor perspectives, and themes were identified from each.

Much of the literature addressing nurse education acknowledges radical changes that have occurred since the 1980s (Watkins 2000,

**TABLE 1**

Changes in curriculum and the role of the mentor

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Practice learning and teaching strategy</th>
<th>Role of the mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apprenticeship model</td>
<td>Students were essential members of the ward team. Not identified as having individual learning needs.</td>
<td>Mentor was described as a trusted adviser.</td>
</tr>
<tr>
<td></td>
<td>Little time spent with qualified members of the team.</td>
<td>Assessment through four summative clinical assessments: a medicine round, aseptic</td>
</tr>
<tr>
<td></td>
<td>Learning acquired by a process which came to be known as ‘sitting next to Nellie’ which relied on</td>
<td>technique, total patient care for a day and taking charge of the ward for a shift.</td>
</tr>
<tr>
<td></td>
<td>opportunistic observation.</td>
<td>The assessor was usually the charge nurse of the ward or a clinical teacher.</td>
</tr>
<tr>
<td>Project 2000</td>
<td>Focus on theory as nurse training moved to higher education institutions (HEIs).</td>
<td>The concept of the mentor was introduced and although the roles of mentor and assessor</td>
</tr>
<tr>
<td></td>
<td>Practice placements tended to be short particularly in the first 18 months.</td>
<td>were intended to be separate many mentors assessed student performance.</td>
</tr>
<tr>
<td></td>
<td>Students were supernumerary.</td>
<td>Continuous assessment introduced but mentors were uncertain how much supervision was</td>
</tr>
<tr>
<td>Making a Difference programme</td>
<td>Programmes continued in HEI but the emphasis was on the need to ensure that the student was fit for practice and competent to practice.</td>
<td>needed.</td>
</tr>
<tr>
<td></td>
<td>Time equally divided between practice and theory. Learning objectives set for each clinical placement.</td>
<td>Competencies were introduced alongside principles which were mapped to learning objectives and mentors were responsible for teaching and determining whether a student was competent or not.</td>
</tr>
</tbody>
</table>

(Adapted from Andrews and Walls 1999, Watkins 2000)

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Student perspectives

Much of the literature addresses the student-mentor relationship from the student perspective and the students were able to identify what they expect from a ‘good’ mentor.

Mentor qualities The skills, qualities and attitude of individual mentors are more important to a positive practice placement than the learning environment. Gray and Smith (2000) identified the qualities of an effective mentor from a student’s perspective using a longitudinal grounded theory approach. Their findings mirrored previous results (Bailie 1993, Earnshaw 1995, Andrews and Wallis 1999).

The student-mentor relationship was identified by the students as influential in optimising learning and emphasis was placed on the individual mentor, not the learning environment.

Nursing students regard attitudes and behaviours as important factors in promoting learning (Cahill 1996, Pender et al 2003). A ‘good’ mentor from the students’ perspective is friendly and patient with a good sense of humour. Good mentors have a positive attitude and are able to provide individual support; they are also accessible and friendly. It appears that the qualities required by the students are based in emotion and that they have a need for the student-mentor relationship to be nurturing.

The mentor needs to be approachable and accessible in practical and emotional terms. A similar student preference was noted in other practical professions. Aagaard and Hauer (2003) studied medical students in the third year of a medical degree. In this situation the role of the mentor was that of a preceptor and not mandatory and students were allowed to choose their mentor. The results demonstrated that the mentor of choice was an older woman, which supports the need for nurturing.

The mentor as role model Students looked for inspiration from role models who demonstrated caring for patients and students (Cahill 1996, Aagaard and Hauer 2003, Pender et al 2003, Gafney 2005). The ability to demonstrate care for patients and students is highlighted as early as 1986 by West and Rushton (1986) and subsequently by Pearcy and Elliott (2004), who suggest that to teach people to care we have to practise what we preach and care for them.

Cahill (1996) concludes that a good student-mentor relationship should be based on partnership, consistency and mutual respect.

Valued teaching skills Students appreciated spending quality time with their mentors and valued individual face-to-face contact, although they recognised that mentors had multiple roles and competing priorities. Students wanted
consistent, genuine feedback because they did not want to ‘carry on doing it wrong’ (Cahill 1996, Gray and Smith 2000). Students wanted their placements to be stimulating and considered that a teaching qualification did not necessarily enhance the mentors’ skills (Andrews and Chilton 2000).

However the ‘knowledgeable friend’ advocated by Bennett (2002) can be elusive and students have identified negative experiences in the practice environment. Cahill (1996) takes a qualitative approach to explore the subjective experiences of students’ relationships with their mentors and highlights potentially damaging experiences that students have endured because of their mentors.

Students report being ignored by mentors even when addressing them directly and describe ‘lazy’ mentors who expect the students to do the work for them. More recent research suggests that students can learn by turning their negative experiences into leaning opportunities and by deciding how not to practise (Eby et al 2004, Pearcey and Elliott 2004).

Mentor perspectives

Gray and Smith (2000) suggest that mentors feel a genuine concern for students and want to offer good support. Difficulties arose when mentoring conflicted with other professional or operational demands and expectations. The literature suggests that it is not simply time allocation but role allocation. Mentors looked to managers for guidance and support on how to prioritise mentoring in relation to other activities and duties (Pulsford et al 2002).

Competing expectations. A qualitative study examined the role of the mentor within a teacher education programme in the Israeli school system (Orland-Barak 2002). A phenomenological and multiple-methodological research approach was adopted to enhance rigour and validity. Mentors recognised that they are accountable to their employer and had contractual obligations. They also acknowledged that they had a responsibility to ensure that learning outcomes were met in partnership with the local HEI and that students had their own individual needs which should be addressed. They identified ‘three selves,’ the mentor as a person, the mentor as a professional and the mentor as a teacher. They expressed feelings of vulnerability, being in the middle, being pulled in different directions, feeling uncomfortable in multiple roles, and trying to please everyone. This was expressed as: ‘we [mentors] are some kind of mutation, something in between a teacher, an inspector and a counsellor’ (Orland-Barak 2002).

The cultural and professional situation of this study is different to that in the UK, but the mentors’ experiences reflect those of nurse mentors who also experiences difficulties in relation to accountability. Mentors are referred to as having multiple roles: ‘So many roles within one role, such a complex web, but perhaps that is what makes it all worthwhile’ (Cavanagh 2002).

Though most of the literature supports the mentoring process there is little empirical evidence in support of its efficacy. Andrews and Wallis (1999) state that one individual cannot achieve all the attributes demanded to achieve the accolade of a ‘good’ mentor. They propose that a team instituted by a HEI should fulfil the mentoring role and insist that if a student feels supported and comfortable in practice he or she will learn through direct transfer of knowledge. Nevertheless, mentors appear concerned for students and their progress.

This feeling of responsibility is strong when a student is not achieving his or her learning outcomes and fails the placement. Lankshear (1990) first highlighted the notion of ‘failure to fail’ and further studies have examined this phenomenon (Duffy and Scott 1998, Fraser et al 1998, Duffy 2004). Although mentors recognised their professional responsibility to prevent unsafe students progressing, they found it difficult to fail such students because the student could be discontinued from the programme of study. They also felt that student failure identified them as poor mentors. Duffy (2004) recommends that there should be further exploration of the tensions that exist between personal and professional values and working within a HEI framework.

Orland-Barak (2002) made no recommendations for future mentor practice but the participants in this study appeared to gain benefit from group discussion and peer support. This enabled them to reflect deeply on critical incidents and discuss issues with peers, which suggests that group mentor supervision may be beneficial in supporting mentors in their role.

Mentor support Some authors have tried to determine what support mentors need to enable and encourage ‘good’ mentorship (Pulsford et al 2002). Lack of time was identified as a major constraint on effective mentoring and quality time for reflection and one-to-one discussion were important to students. In addition, mentors wanted time to plan for student learning and time to enable them to read and understand changes in practice documentation (Gray and Smith 2000, Pulsford et al 2002). Suggestions for support were having more staff or a longer practice placement for the students (Watson 2000).
Cahill (1996) raised the issue of support and preparation for mentors and Andrews and Wallis (1999) found that mentors can feel inadequate and ill prepared for their mentoring roles. Although standards have been set for teaching programmes for new mentors (English National Board (ENB) 2001), mentors have varying degrees of experience. Some mentors have many years’ experience but no qualifications, while others have recognised qualifications, for example, some have completed teaching and learning modules at level 6 or master’s programmes at level 7. Participants in Duffy’s (2004) study stated that current mentorship programmes do not address issues related to failing students. This is important because mentors have increasing responsibility for assessing students’ practice and therefore all elements of assessment need to be supported.

Communication Cavanagh (2002) shares her experience of mentoring students from a community nursing education programme. She states that communication is the key to a positive placement experience, particularly if ‘things are not going well’ and the student-mentor relationship becomes problematic. However, she suggests that ultimately a change of placement and mentor may be the only option if problems cannot be resolved.

Communication with lecturers at the HEI is also an issue for mentors who wanted more feedback on students’ evaluation of placements and clarity on practice learning documentation (Watson 2000). Mentors also wanted the course content and placement details to be given to the students before they commenced the placement (Andrews and Wallis 1999, Andrews and Chilton 2000, Pulsford et al 2002). Watson (2000) concludes that staff at the HEI are not supporting mentors adequately and suggests that the link tutor should be more readily available to support mentors because this equates to supporting students.

Discussion

This literature review has raised some issues for consideration. The present curriculum emphasises practical competence which has affected the function and nature of mentoring. Current mentorship programmes should be reviewed to ensure that they have been adapted to equip mentors not only to deal with the changes that have taken place but also to cope with the more subtle demands of their expanding role. Although the theory of assessment is addressed in mentor programmes it is a skill that needs to be practised and is not detached from feelings or emotions. Feelings can affect academic judgement and need to be managed. A ‘buddy system’ or peer supervision could be introduced to support the mentor. This could be based on the preceptorship process or adapt clinical supervision procedures.

Requesting more support from higher education appears relatively straightforward but there are deeper questions to be addressed. What form should this support take and where might it be usefully focused? For example, promoting metacognitive, cognitive and affective behaviour is a complex skill and involves emotion at the centre of the support relationship. One option may be a form of tutorial support for mentors, that suggests coping strategies and generally promotes teaching and assessment skills.

In the literature it was apparent that mentors wanted their educational role to be valued more highly. Of particular importance was sufficient time allocation and respect from colleagues. The question then arises whether clinical work might be allocated differently or clinical teaching adjusted so that mentoring work was both highly valued and demonstrably productive. These issues need to be addressed by service managers.

Conclusion

From the students’ perspective a good mentor is a nurturing teacher and a ‘knowledgeable friend’ (Bennett 2002). These are emotive attributes but mentors, while recognising the importance of the personal relationship, also understand that they have a responsibility to maintain the standards of their profession and a contractual duty to their employer.

The dichotomy of multiple roles which exists in mentoring can conflict with the nurturing approach students seek and may explain why the experience can sometimes be negative for the student and the mentor. Mentors should exercise caution when establishing relationships with students and set clear boundaries at the outset to ensure that their role is not compromised.

Roles and responsibilities should be defined at the beginning of the placement so that students and mentors have realistic expectations of the student-mentor relationship and there is less opportunity for misunderstanding and mistrust. Ground rules for the placement should be established at the initial interview between the mentor and student and could be developed into a learning contract. However, a wider debate about the
focus of work and how far advocacy of the student is mandated now seems in order.

The mentor needs to be supported in his or her role by peers, managers and HEIs so that the student-mentor relationship can be effective for students and mentors. The role of the mentor is essential to the development of the profession. Nurses need to use clinical reasoning to make effective judgements that will enable them to function as competent healthcare practitioners. The value of the mentorship role should be recognised and adequately supported in practice by the HEI staff, colleagues and managers. Passing on knowledge and skills to the next generation of nurses is a fundamental aspect of teaching, hence supporting the role of mentors is an investment in students and the future of the nursing profession.

References


