

Students' and Mentors' experiences of mentoring and learning in practice during the first year of an accelerated programme leading to nursing registration.

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Submitted in accordance with the requirements for the degree of
Doctor of Education

The University of Leeds

School of Education

August 2010

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Conference Presentations

Lascelles, M. A. (2010) *Learning in Practice: Are postgraduate students' needs any different?* Education in Clinical Practice (Theme paper). International Networking Education in Healthcare Conference 7 th-9th September. Fitzwilliam College, University of Cambridge.

Lascelles, M. A. (2010) *Students' experiences of Mentoring*. Poster presentation. Education Partners in Practice Conference. RCN 26th-27th February. Blackpool.

Lascelles, M. A. (2008) *Mentorship and Learning: preliminary findings*. CERIC (LUBS) Postgraduate PHD Student seminar 14th May. University of Leeds.

Lascelles, M. A. (2007) *Mentorship in Nursing: Gaining approval and issues to consider in interviewing*. School of Education Research Students' Annual Conference 14th December. University of Leeds.

Acknowledgements

I would like to thank my two supervisors Dr Jean Gardiner and Professor Phil Hodgkinson for their guidance and ongoing support whilst undertaking this research. I am deeply grateful to the six students and their mentors who participated in this research. I wish the students every success in their future careers.

I would like to thank Ruth Allcroft for secretarial support and Dr Joe Cortis and Professor Andrew Long for support in the final stages of the preparation of this thesis.

I would also like to acknowledge the support and encouragement from my family and friends during this journey.

The aim of the research is to explore the nature of the student-mentor relationship within practice settings in an accelerated nursing programme and to understand the impact of the student mentor relationship on learning.

Graduates are increasingly entering pre-registration nursing programmes. Research related to accelerated programmes is limited within the UK (Halkett and McLafferty, 2006). Mentorship focuses on the importance of a supportive student-mentor relationship and the need for focused time in facilitating learning.

Using an instrumental case study design and a qualitative approach a convenience sample of six graduate students undertaking a postgraduate pre-registration accelerated nursing programme and eighteen mentors participated in the study over a calendar year during 2007-2008. Ethical approval was obtained. Data collection strategies involved semi-structured interviews with both students' and their mentors' over four clinical settings. Data analysis adopted an eclectic approach drawing upon Ritchie et al.'s (2003) framework analysis, Wolcott's (2001) analytical process and Stake's (1995) case study approach. Data were first scrutinised to generate key categories. The data were further explored to draw out a set of themes and issues. These themes were then re-examined in the context of the literature review to identify differences or similarities that this study highlighted.

Graduate students were motivated, assertive and utilised their initiative. They were self directed in their approaches to learning and were able to quickly analyse and synthesise knowledge and consider how this linked to clinical practice. Graduates valued mentors who were able to challenge and stretch their thinking. Positive student-mentor relationships facilitated learning. The relationship between confidence, challenge and support was central to learning. A workplace which is welcoming and that supports students to engage and participate in care from an early stage of the programme encourages students to learn. The contribution that experienced knowledgeable mentors provided practice enhanced student learning.

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Glossary of Terms/Abbreviations

A P (E) L	Process of awarding credit for formal or experiential learning mapped against learning outcomes of programmes. (NMC, 2008 p45).
Associate Mentors	Qualified nurses who have met stage one of the standards to support learning and assessment in practice (NMC, 2008 p46). They act in a supportive role to the named mentor in assisting students to learn.
Competency.	The skills and abilities to practice safely and effectively without the need for direct supervision. Competencies are achieved incrementally throughout periods of practice experience during a programme (NMC, 2008 p45).
CPN	Community Psychiatric Nurse.
ENB	English National Board.
ESC	Essential Skills Clusters.
European Directives	Specific theoretical and clinical instruction required by Adult nurses undertaking pre-registration nursing programmes (Directive2005/36/EC).
Graduate student	Student who has completed a previous degree programme.
HEI	Higher Education Institution.
Mentor	A registrant who has met the outcomes of stage two and who “facilitates learning, and supervises and assesses students in a practice setting” (NMC, 2008 p45). They vary in both their experience as a mentor and as a nurse
NMC	Nursing and Midwifery Council.

Parts of the register	The NMC register, which opened in 2004 has three parts: nurse, midwife and specialist community public health nurse. A mark on the register identifies the field of practice, i.e. adult, children, mental health and learning disability nurse (NMC, 2008 p46).
Preceptorship	The process through which existing registrants provide support to newly qualified registrants (NMC, 2008 p46).
Pre-registration	The educational programme that students take in order to become a registered nurse.
Proficiencies	These are within the standards of proficiency for each of the three parts of the register. Fitness for practice is demonstrated by meeting all NMC proficiencies and other requirements by the end of the programme (NMC, 2008 p46).
Registrants	Nurses, midwives and specialist community public health nurses currently entered in the NMC register (NMC, 2008 p46).
Sign off mentor	makes judgements about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register (NMC, 2008 p47).
Standards	The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. These are set out in the standards of proficiency for each part of the register (NMC, 2004).
UKCC	United Kingdom Central Council.

Chapter 1: Introduction

Traditionally in the UK an apprenticeship approach to training nurses was the norm before 1986, with students being essentially members of the workforce and learning occurring “on the job”. As Andrews and Wallis (1999) argued:

“educating nurses by apprenticeship is beset with difficulties and if learning is to occur in practice then just placing them in practice environments on their own is insufficient” (Andrews and Wallis, 1999 p202).

From the late 1980s the majority of nurse education moved into universities from hospitals, which was the signal for a major change to the preparation and education of nurses. Project 2000 programmes were introduced in the 1990s (United Kingdom Central Council, 1986), whereby students were predominately supernumerary to the workforce, followed shortly afterwards by “Making a Difference” (DH, 1999) programmes to address concerns about fitness to practice at the point of registration. Students were no longer members of the workforce.

Alongside this change, the professional body, the Nursing and Midwifery Council (NMC), also introduced new ways to support students in clinical practice. The mentor role was redeveloped, moving away from just an advisor to the role involving support, guidance but also assessment, and this has continued to evolve (NMC, 2006, 2008). Mentorship in nursing is the cornerstone of support in clinical practice and despite the introduction of new roles to complement mentoring this remains the main focus of support for nursing students today.

The mentor role in nursing is largely focused upon the NMC competencies (NMC, 2006); however this role is complex and multifaceted. Qualified nurses who undertake this role vary in both their experience as a mentor and as a qualified nurse and therefore the knowledge and skills they bring to the role will vary. There may be a tension for mentors in fulfilling this role if they are fairly new to mentoring and they are adjusting to the complexity of their own responsibilities as a qualified nurse.

Students are viewed as novices in relation to learning to nurse. The majority of students entering nursing programmes are studying at undergraduate level and this is their first experience of degree level study. However, graduate students undertaking

an accelerated pre-registration nursing programme bring prior knowledge of learning and skills from their original degree and therefore their expectations of mentorship and learning may be different to many undergraduate students. There is little published research in the United Kingdom (UK) of the experiences of existing graduates undertaking nursing programmes, let alone accelerated programmes (Halkett and McLafferty, 2006).

As a nursing lecturer within a university I have been involved with pre-registration nursing education for over twenty years in the preparation and support of students to become registered nurses. The importance of workplace learning and the role the mentor has in supporting students in the practice environments has been a growing area of interest of mine over the years. Part of the role as a lecturer involves discussions with students about both their positive and negative experiences of learning in practice and the support they receive. Likewise I have worked with mentors in clinical practice and discussed curricula changes and some of the challenges they experience. Sometimes as a lecturer my role would be to support mentors who may be working with a student who is struggling, and to support them in their decision-making process about the student's fitness to practice.

With the above changes in programmes' and mentors' roles, I was interested in firstly, exploring mentorship more broadly, and how this supports learning in practice settings. Secondly, to explore mentorship for a group of graduate students (and their mentors) undertaking an accelerated pre-registration postgraduate nursing programme whereby students with a health related degree can complete the programme in two years as opposed to three years. I chose this group as there is limited research on graduate students needs and expectations within clinical practice. Thirdly, to consider the impact of the interactions and relationships students develop with their mentors upon their learning. Finally, I was interested in understanding the underpinning educational theory to support workplace learning and mentorship.

The aim of the research was to explore the nature of the student-mentor relationship within practice settings in an accelerated nursing programme and to understand the impact of the student mentor relationship on learning.

The research addresses the following questions:

1. What do students and mentors understand by the term "mentorship"?

2. How and to what extent does the context in which students gain their experience influence their perceptions of learning in practice?
3. How and to what extent do the interactions between students and mentors influence a student's learning experience?
4. How and to what extent do students' experiences of the mentoring process change as they progress through the programme?

The argument and organisation of the thesis will be developed in four parts:

Part I: Chapter 1 Introduction.

Chapter 2 Background and Literature review.

Part II: Chapter 3 Methodology and the Methods.

Part III: Chapter 4 Background and experience: The student-mentor dyads.

Chapters 5, 6, 7 Findings.

Part IV: Chapter 8 Conclusions and Implications.

This thesis starts with Part I, Chapter Two providing some background to mentorship in nursing and the role. A detailed literature search was undertaken and aspects of the mentor role explored from both students and mentors perspectives including the professional body requirements (NMC, 2006, 2008). This is then followed by a review of the literature in relation to learning to nurse, followed by a critique of elements of workplace pedagogy which provides some underpinning theory to support learning in different contexts. This provides a justification for the focus of this study upon mentorship and learning with a group of students over a calendar year in a variety of different contexts. The literature review identified a dearth of research in the UK with graduates with a health related degree undertaking a pre-registration accelerated nursing programme.

Within this study it is important to clarify how I am using terms related to the mentorship role. There is an absence from much of the literature on mentorship about the experience and expertise of mentors. Within this study mentors refer to all qualified nurses who have successfully completed an approved NMC mentorship programme. However, this does not adequately address the complexity of mentoring as some

mentors may only have been qualified as nurses and as mentors for a few years and mentored a few students on nursing programmes. At the other end of the continuum there are nurses who may have worked in a speciality for a number of years and have vast range of knowledge and understanding of the speciality and be viewed as “experts” by their colleagues. In addition they may have been mentoring a variety of students from different programmes over many years, for example; community practitioners. The first group includes individuals who are novices in both their experiences of nursing and mentoring and the second group are experienced nurses and mentors. Some mentors will be at different stages in this continuum and therefore each student’s mentor will bring different knowledge and experience to the mentorship interaction. As mentors are “allocated” to a student by a senior member of clinical staff then this allocation may depend on availability of mentors as opposed to their level of knowledge and experience as a mentor. Not all mentors are graduates. The mentors allocated to these students reflected a range on this continuum in relation to experience as nurses and mentors.

Associate mentors are qualified nurses who act in a supporting role to students. They have not undergone any recognised training and do not carry out the formal assessment of students learning.

Graduate students in this study refer to students who have an existing health related degree and are undertaking an accelerated pre-registration nursing programme in this case at postgraduate level. They are novices in learning the craft of nursing.

Part II, Chapter Three developed my justification for the research methodology and methods I employed. As I was interested in the students’ perspectives of mentorship and learning then the argument I developed was for a qualitative approach to answer the research questions. The choice of a case study approach within one institution is justified along with the rationale for the longitudinal design of the research. An ontological approach drawing on the perspective of the social reality being subjective and influenced by individuals views and meaning of this world led to an interpretivist approach to this study. From an epistemological perspective the interpretive paradigm focuses upon the subjective experience and personal, unique nature of this knowledge for individuals. The focus is about understanding individuals’ meaning of phenomena in situations to be able to understand their action. This is therefore unique to these students. This study had drawn upon social constructivism a philosophical approach which views truth as relative and dependent on one’s perspective. Social constructivism enables the participants to present their constructed meaning and that

this is also influenced by interaction with me as the researcher and subsequently by my interpretation. This would provide a perspective to illustrate how graduate students relate and engage with their mentors in a variety of different clinical environments and the impact this has on their learning. I was also keen to understand this relationship and interaction with mentors. The justification of utilising student-mentor dyads as the sample selected for the research is provided. The rationale for the use of data collection and analysis strategies are given along with details of context, sample, theoretical stance and ethical issues. This is followed by an iterative analytical process drawing on elements of Ritchie et al.'s (2003) framework analysis and Wolcott's (2001) analytical approach of description, analysis and interpretation. This also incorporates Stake's (1995) case study approach to data analysis including; description, categorical aggregation, emerging patterns and naturalistic generalisations.

Part III will focus upon the findings. Chapter Four will provide the background to the participants in this case study together with the sequence of clinical placements over their first year of the postgraduate nursing programme. A brief summary is provided of the following three chapters of research findings.

Chapter Five presents the students' and their mentors' interpretation of mentorship which begins to answer research question one i.e. what do students and mentors understand by the term "mentorship"?

Chapter Six then explores the different contexts where students gained their clinical experience over the year in both hospital and community settings. This highlights the nature of mentoring within the different contexts and how these graduate students learn within the "messiness" of daily clinical practice. This addresses question two which is; how and to what extent does the context in which students gain their experience influence their perceptions of learning in practice?

Chapter Seven discusses the interactions and relationships that students develop with their mentors and others and the impact this has on their learning. Students were keen to learn and factors which enhanced their learning included; using their initiative, drawing upon learning from their prior degree, opportunities to critically analyse care decisions and be challenged and stretched by mentors. This addressed questions three and four; how and to what extent do the interactions between students and mentors influence students' learning experience and how and to what extent do students' experiences of the mentoring process change as they progress through the programme?

The longitudinal nature of the study over a year enabled the data to capture students' views about their mentoring experiences over a number of placements.

Part IV, Chapter Eight draws together the findings and the impact mentorship had on the students' practice learning. The argument developed is that mentorship and learning in clinical practice is complex but is influenced by the nature of the environment and the quality of the relationships students develop with their mentors. Graduate students' approaches to learning require mentors to facilitate a critical approach to learning, building upon their prior experience, and enabling engagement and participation in care from an early stage in the programme. These graduates were keen to learn, self directed and they learn in different ways. They adopted a deep approach to learning due to their cognitive abilities and they valued mentors who could facilitate a high level of critical analysis. The social learning theory, particularly around workplace learning (Billett, 2002a), provides a framework to underpin mentorship and learning in nursing which recognises the significance of engagement and participation in practice to support practice learning. Strengths and limitations of the research are considered as well as reflections on this study. The conclusion will include the contribution this case study has to knowledge on mentorship and learning and the unique experiences of graduate students and how they learn in clinical practice. Recommendations and implications for education, practice and policy and possible areas for future research are provided.

Chapter 2: Background and Literature Review

2.1 Chapter overview

The literature review will provide a critical overview and analysis of the academic literature related to mentorship and learning within clinical practice focusing predominately on nursing literature to underpin the rationale for this case study on mentorship. The review highlighted that the relationship between students and their mentor is crucial to their learning experience. There is a dearth of literature on the needs of graduate students on an accelerated pre-registration nursing programme in relation to mentorship and support in practice. In addition the increasing complexity of the different learning environments identified the need for ongoing research on the impact this has on student learning experiences. Learning within the workplace is difficult due to the increasing demands of patient care, however exploring the workplace as participatory practices can aid understanding and support for learning.

2.2 Background

In 2004, "Making a Difference" programmes were introduced with a specific focus on "fitness to practice" (DH, 1999; UKCC, 1999). This saw the introduction of equal time devoted to theory and practice and an extension of the supernumerary status to cover the whole programme. Despite this change, supernumerary status was beset with confusion following its implementation. The intention had been that as students were not part of the workforce they would be able to learn and engage in a variety of learning opportunities without the focus on the student being a member of the workforce. In reality this changed their role and students were observing rather than participating in care and as a consequence not obtaining the necessary knowledge and skills. The NMC subsequently clarified what they meant as supernumerary status:

"Supernumerary status means that the student shall not as part of their programme of preparation be employed by any person or any body under a contract of service to provide nursing care" (NMC, 2004 p19).

In addition, the NMC explained that students should be supervised giving direct care:

“whilst giving direct care at least 40% of a student’s time must be spent being supervised directly or indirectly by a mentor/practice teacher” (NMC, 2008 p33).

Nursing students undertake a series of practice placements over the course of their programme and this is designed to provide the necessary clinical skills and proficiencies to become a registered nurse. The mentor role in nursing remains the main focus for support and supervision of pre-registration nursing students in clinical practice (NMC, 2008). Despite the importance of this role, there has been growing concern over the years as to how well existing mentorship programmes prepare mentors for their role (Phillip, Davies and Neary, 1996; ENB, 2001b; Duffy, 2004b). The professional body, the NMC, provided new guidelines and standards in 2006, updated in 2008 for the support, learning and assessment of practice (NMC, 2006, 2008). As well as changes to the nature and content of the programmes the NMC also requires ongoing updating of mentors and more recently the development of “sign off” mentors, for those nursing students on their final placement, who will make judgements about fitness to practice (NMC, 2008). Arguably the professional body are providing increasing regulation to mentorship, with the rationale to ensure “fitness to practice” at the point of registration.

The literature on mentorship in nursing has been wide ranging over the last twenty years addressing aspects such as mentor preparation programmes, experiences of mentors and students, support, but few addressing the effectiveness of the role. A search of the literature was undertaken to explore the existing evidence in more detail but also to identify areas for potential future research.

2.3 Search strategy

A number of searches of the literature bases were undertaken covering 1990 to 2006 and subsequently updated to 2010. These included CINAHL, PubMed, EBSCO host, Medline, Science Direct, PsycINFO and ERIC and British Education Index, as well as the Nursing and Midwifery Council and Department of Health websites. The search strategy included predominately studies since 1990, reflecting the major changes in both educational programmes and mentorship in the UK, but also has considered the wider international perspectives on mentorship/preceptorship. A hand search was also undertaken of nursing journals to supplement the electronic search. Search words/terms employed when searching electronic databases included, student-mentor relationships; mentorship and nursing; mentorship and learning; mentorship and nursing students; mentorship and mentors; learning environment and mentorship;

workplace learning and nursing students; shortened/accelerated nursing programmes; and graduates, nursing and mentorship. In addition due to the different terminology utilised internationally for mentorship a search also included preceptorship and nursing students in order to include relevant articles. The search identified 2548 articles of which 74 were identified as relevant which included empirical studies and reviews of mentorship and learning (see Appendix I). The inclusion criteria were Project 2000 programmes onwards, studies between 1990-2010, predominately focused upon nursing. In addition articles and studies related to learning and the workplace were included. Relevant articles from Australia, America, Canada and Europe were considered. Exclusion criteria were if studies were prior to Project 2000, not related predominately to healthcare and not focused on pre registration programmes. It is clear that the literature on mentorship and learning is vast and to aid the process of critically reviewing the literature two critical appraisal tools were utilised. The first was drawn from Polit and Hungler (1993) which includes a critique of theoretical, methodological, ethical, interpretative and presentational dimensions, particularly appropriate for quantitative studies. The second incorporated a critical appraisal skills programme (CASP), (2006) to review the qualitative studies which focuses upon rigour, methods, credibility and relevance.

The search strategy identified concepts and synonyms linked to each search word/term identified in appendix 1. Concepts were further refined by both key word and subject searching using Boolean logic which resulted in the development of themes but I recognised there was some overlap between themes. Finally, seven core themes emerged from the detailed search which were: accelerated nursing programmes; student-mentor relationships; learning strategies and workplace learning; learning environment; mentors' perceptions of mentorship; students' perceptions of mentorship; professional body requirements of mentorship. The search identified predominately primary sources and these were then identified as high priority or low priority. For example, if mentorship relationships were briefly mentioned then low priority given to this as opposed to if it was the main focus of the paper then a high priority given. The search strategy provided a large source of data concerning mentorship and learning but by more in depth searching this demonstrated a more robust picture of the quality of research studies on mentorship in nursing.

This review will begin by examining the nature and changes of nursing education programmes and the subsequent development of mentorship programmes in the UK,

followed by a critical review of the mentorship and learning literature in nursing and identify gaps which have supported the rationale for this case study.

2.4 Nursing Education Programmes

Since the late 1990s Higher Education Institutions (HEIs) have been providing pre-registration nursing programmes at a variety of academic levels ranging from diploma to degree and predominately these are three year programmes. Collaboration between HEIs and healthcare providers ensure that students have access to practice learning environments for 50 percent of the programme to develop the necessary competencies to become a registered nurse (NMC, 2004). The NMC set specific requirements and guidelines in relation to the nursing programmes and these are contained within two documents related to Standards of Proficiency (NMC, 2004), and more recently the Essential Skills Clusters (NMC, 2007). These include aspects such as; the length of the programme, balance of theory and practice, content, teaching and learning strategies and clinical skills and are prescriptive in nature.

Increasingly, a number of graduates are entering nursing programmes with the majority opting to take either diploma or degree programmes to gain nursing registration (Daiki, 2004). A few HEIs in the UK introduced separate accelerated programmes for graduates with a health related degree in the mid to late 1990s (UKCC, 1999).

2.4.1 Accelerated programmes

Accelerated programmes enable students to accredit prior (experiential) learning (AP(E)L), from their previous health related degree and thus undertaking the programme in a shorter period of time; up to a maximum of two years as opposed to three years but still meeting the practice hours required by the NMC of 2,300 hours. These programmes may be incorporated into existing three year programmes or delivered as a separate programme for these graduates.

A review of the literature identified a number of studies which have explored issues for students undertaking accelerated nursing programmes since 1990 (Carpenter, 1990; Wu and Connelly, 1992; Jasper, 1994; O'Mara, Byrne and Down, 1996; Youssef and Goodrich, 1996; Bentley, 2006; Halkett and Mc Lafferty, 2006; Cangelosi, 2007; Ouellet et al. 2008; Penprase and Koczara, 2009). Much of the literature is American and Canadian and highlights the rationale for these programmes being predominately to address the recruitment crisis (O'Mara, Byrne and Down, 1996; Youssef and Goodrich, 1996; Cangelosi, 2007; Penprase and Koczara, 2009). The findings are predominately

focused on issues related to academic achievements compared to the alternative traditional programmes. The American and Canadian educational and healthcare systems are different to the UK as students spend less time in practice and support arrangements are different. Cangelosi (2007) conducted a phenomenological study with nineteen students through in depth interviews. Findings identified that faculty play a role and teaching strategies that recognise their prior learning should be utilised. Penprase and Koczara (2009) in a review of the literature of second degree programmes in America identified that these students are adult learners and programmes need to cater for their need to be autonomous and independent. The review identified a need for more research to understand the effectiveness of these programmes and to ensure they meet the graduate students' needs.

Within the UK few studies have examined accelerated programmes and the experience of students with Jasper (1994) being one of the earlier studies followed more recently by Halkett and Mc Lafferty (2006). The focus of accelerated programmes in the UK has been to widen the range of people coming into nursing and this group of graduates with a health related degree were considered an untapped resource.

In exploring the UK studies in more detail they all identified that these students bring with them a wealth of experience including both academic and life skills (Jasper, 1994; Halkett and McLafferty, 2006). Many are students who have families and may be undertaking nursing as a second career. Most accelerated programmes are part of existing three year graduate provision and the design of these programmes recognised that students were independent learners and therefore adopted more of a self-directed approach to learning.

The majority of the research on accelerated programmes in America and Canada has adopted a quantitative methodology, but Jasper (1994), and more recently Halkett and McLafferty (2006), utilised qualitative approaches to explore the experiences of these students. Although Jasper's study was conducted in the early 1990s it was an evaluation of a nine month common foundation programme (as opposed to eighteen months) and focused upon "student-centredness" for both theoretical and practice based learning.

Halkett and McLafferty (2006) in a qualitative study with purposive sampling recruited twenty one students out of thirty nine existing students. They utilised interviews and focus groups to explore their experiences of the accelerated degree programme, however it is not clear if the sample of students was from the same year of the

programme. Despite this, it does recognise some of the specific issues for this group of students and highlights the importance of their learning in practice. A number of recommendations were identified including:

“if the award should be at degree or postgraduate level, the potential benefits of visits by personal teachers into practice, the nature of the theoretical content and the need for more clinical skills and shorter placements” (Halkett and McLafferty, 2006 p167).

Although not an accelerated programme a recent longitudinal study by Stacey, Felton and Joynson (2010) explored the experiences of students on a unique undergraduate Masters course in the UK undertaking the mental health branch of nursing. As with Halkett and McLafferty (2006) they utilised a purposive sample and eight out of fourteen students who met their criteria participated in the study. The students had been qualified for between two and five years. They utilised a narrative approach and unstructured interviews to explore the students' experiences. The findings identified themes about the professional socialisation process the students went through during the programme. Of particular concern in this study was the conflict and disillusionment some of these students experienced upon qualification as they entered the workforce and this is similar to the dissonance experienced by students who undertook the first degrees in nursing in the 1970s (Luker, 1984). On a more positive note students identified that the programme “fostered a critical approach to practice” (Stacey, Felton and Joynson, 2010 p336).

Writers have identified that an essential characteristic of graduates undertaking postgraduate study is the promotion of deeper learning and the ability to demonstrate critical thought (Whyte, Lugton and Fawcett, 2000; Gerrish, McManus and Ashworth, 2002; Longley, Shaw and Dolan, 2007; Stacey, Felton and Joynson 2010). Whyte, Lugton and Fawcett (2000) and later Gerrish, McManus and Ashworth, (2002) highlighted that masters level education improves the integration of theory and practice and increases confidence and commitment to nursing, although it needs to be recognised that these studies referred to qualified staff studying for a masters qualification. Longley, Shaw and Dolan, (2007) considered the importance of the development of the future healthcare workforce and that this needed practitioners who took an analytical and critical approach to practice.

These studies offer some insight into the experiences of existing graduate students undertaking mainly accelerated nursing programmes. There appears to be a dearth of research which has explored accelerated programmes per se offered at postgraduate level across all branches of nursing in the United Kingdom and the impact this has on

their support in practice. This thesis will set out to explore this gap in more detail in this case study on mentorship by drawing on a sample of nursing students undertaking a specific accelerated postgraduate pre-registration nursing programme.

This review will now consider two interrelated aspects of mentorship and learning within clinical practice which the researcher believes are the basis for this case study on mentorship. Firstly the role of mentorship and support in practice and secondly the learning environment will be explored and then how students learn within the complexity of these environments.

2.5 Mentorship

It is well documented that the origin of the concept of mentorship goes back to Greek mythology when Mentor, a friend of Odysseus, was asked by the king to guide and advise his son, Telemachus, while Odysseus was away fighting in the war (Carroll, 2004). The concept suggests a wiser older person guiding and advising a novice. Nursing and Midwifery have adopted this term, although it is beset by a lack of consensus of the role over the years (ENB, 1989; Wilson-Barnett et al.1995; Wilkes, 2006). An added complication within the nursing literature is that different terms are utilised in the UK as opposed to internationally in relation to the role. These range from supervisor, preceptor, mentor, facilitator and assessor. Within the UK the term "mentor" is used to denote the qualified nurse/midwife who supports pre-registration nursing/midwifery students, however in Ireland and internationally this person is termed a "preceptor". Preceptor within the UK is a qualified practitioner who supports qualified nurses (Wilson-Barnett et al.1995). It is unsurprising therefore that the lack of clarification of the term and the role has resulted in an inconsistent approach to the implementation of the role within clinical practice in nursing. Although, this review will largely draw on the UK literature, reference will be given to an international perspective where relevant.

2.5.1 Mentor Preparation programmes

To become a mentor for nursing has undergone many changes over the years, but recently this has become even more structured with the NMC identifying criteria and requirements of the mentor to ensure protection of the public (ENB, 1987; NMC, 2006; NMC, 2008). Qualified nurses within the UK need to pass a recognised mentor programme which involves both academic and practice learning (NMC, 2008). In the 1990s this was the 997/998 English National Board (ENB) Teaching and Assessing programme, which included taught content related to teaching strategies and

assessment. Since Project 2000 and “Making a Difference” programmes were introduced the mentorship programmes were redesigned to reflect the changing nature of the pre-registration nursing programmes to be able to support and supervise students (DH, 1999).

Nevertheless, the quality and adequacy of the training for mentors has continued to be a growing area of concern over the last twenty years (Wilson Barnett et al. 1995; Phillip, Davies and Neary, 1996; Andrews and Wallis, 1999; Pulsford, Bolt and Owen, 2002; Watson, 2003; Duffy, 2004b). New guidelines and standards were introduced in 2006, updated in 2008 for the support, learning and assessment in practice (NMC, 2008). As well as changes to the nature and content of programmes the NMC also now require annual updates of mentors and triennial reviews. More recently the development of “sign off” mentors has been introduced for those nursing students on their final placement, and these mentors will make judgements about the student’s fitness to practice (NMC 2008). Mentors who are assessing competence must have met the NMC outcomes defined in stage 2 of the standard, or be supervised by a mentor who has already met these outcomes (NMC, 2008). Qualified nurses must also have been qualified for a minimum of one year before they can undertake the programme. The NMC identified eight domains/competencies expected of mentoring which are:

“establishing effective working relationships; facilitation of learning; assessment and accountability; evaluation of learning; creating an environment for learning; context of care; evidence based practice and leadership” (NMC, 2008 p20).

The role involves facilitating, supervising, monitoring and assessing students with the assessment function taking a much greater significance within the role over the last few years. This in itself presents challenges for mentors and students with the relationship involving both learning and assessing (Edmond, 2001; Nettleton and Bray, 2008). It is evident that the role is complex and multifaceted and before exploring aspects of the role in more detail it is useful to consider existing reviews of mentorship.

2.5.2 Mentorship reviews

Four reviews have been undertaken in nurse education in the UK on mentorship in the last few years by Andrew and Wallis (1999), Pellatt (2006), Wilkes (2006) and Jinks (2007), and these predominately focused on the mentor role except for Wilkes (2006) who reviewed the student-mentor relationship. The most recent and detailed work was undertaken by Jinks (2007) which I will draw upon within this review. Jinks (2007) in a review of nineteen reports on mentor research primarily focused on mentors, identified

that most of these studies utilised postal survey approaches to collecting data (Phillip, Davies and Neary, 1996; Andrews and Chilton, 2000; Lloyd Jones, Walters, and Akehurst, 2001; Pulsford, Bolt and Owen, 2002; Watson, 2003), and then some form of statistical approach was utilised to analyse these findings. A number of the larger scale studies employed mixed methods such as questionnaires, interviews and/or diaries (Wilson-Barnett et al. 1995; Phillip, Davies and Neary, 1996; Thomson et al. 1999), and also involved mentors and students but not necessarily dyads. In the three studies utilising qualitative methodologies the interview technique was the main approach with this being analysed using a content analysis approach (Atkins and Williams, 1995; Twinn and Davies, 1996; Watson, 1999). Jinks (2007) concluded that there was a need to have more in-depth research related to mentors and particularly the area around perceptions and experiences utilising qualitative methodologies.

Andrews and Wallis (1999), Pellatt (2006) and Wilkes (2006) likewise have all reviewed the literature on mentorship. They largely found similar results, recognising that the mentor role has changed since "Making a Difference" programmes were introduced with the increasing expectation focusing not only upon supporting but also upon assessment and accountability. Andrew and Wallis (1999) and more recently Pellatt (2006) in their reviews mainly from the mentors' perspective, identified that there was still a lack of consistency in understanding the role. Andrews and Wallis (1999) highlight the importance of the mentorship relationship in supporting learning and the personal characteristics of the mentor as being crucial. Pellatt (2006) mirrors the findings of Andrews and Wallis (1999) in relation to the importance of the mentor role in supporting students in practice but identified that "better training, support and evaluation of their performance" is needed (Pellatt, 2006 p339).

At the same time Wilkes (2006) conducted a literature review but this focused on the student-mentor relationship, and identified that the relationship is complex and students wanted a mentor who was supportive and was caring for patients and students (Cahill, 1996; Papp, Markkanen and Von Bonsdorff, 2003; Pearcey and Elliott, 2004).

Mentors felt they had multiple roles and it was difficult to mentor students due to these competing expectations. There was a need for a greater acknowledgement of the demands of the role particularly with the increasing focus upon both teaching and assessing competence (Duffy, 2004b). A review of research of mentorship in education by Ehrich, Tennet and Hansford (2004) found similar results in that a lack of time for mentoring was persistently raised by mentees. There is evidence that issues still remain despite all these studies recognising the importance of the role. The

introduction by the NMC (2008) of further regulation presents challenges for mentorship and it remains to be seen how effective this will be.

The reviews highlight the need for research which focuses on the perceptions and experiences of both students and their mentors in light of the changing nature of healthcare practice and competing demands on mentors' time. However, it is important to critique the research base in relation to mentorship skills and the role of mentorship further to identify why these relationships seem to be central to effective mentorship.

2.5.3 Mentorship relationships and qualities

A number of writers have highlighted that the onus seems to be on the student to develop a relationship with his/her mentor and students argue that this can be quite emotionally draining on them (Cahill, 1996; Gray and Smith, 1999). The psychological aspects of this relationship are crucial as students go through a variety of stages in building up this relationship. Earnshaw (1995) and subsequently Morton-Cooper and Palmer (2000) describe these as starting with an initial settling in period during which they get to know each other, followed by a more relaxing stage which is more open when friendship and trust develops. Cahill (1996) argued that the essential aspects of the student-mentor relationship should be one of partnership and respect from both parties.

Some studies have focused specifically on the students' perspectives of mentorship since Project 2000 and "Making a Difference" programmes were introduced and these provide some useful insight into the experiences of students and the importance of supportive relationships (Earnshaw, 1995; Cahill, 1996; Andrews and Wallis, 1999; Gray and Smith, 2000; Spouse, 2001; Webb and Shakespeare, 2008; Newton, Billett and Ockerby, 2009). All these studies are consistent in identifying positive qualities summarised by Gray and Smith (2000), as friendly and approachable and having a positive and supportive approach to students. They wanted "quality time" with their mentor on a one- to-one basis as well as "consistent, genuine feedback" (p1547). Spouse (2001) in a naturalistic qualitative study of six students during their four year degree programme claimed that the mentoring role was crucial and identified the importance of the mentor "befriending" students to enable access to learning opportunities. If students developed a good relationship and they showed enthusiasm, confidence and assertiveness then this seemed to be viewed positively by mentors.

Despite the importance of establishing positive relationships there is still much evidence of negative experiences even since Darling (1984) first introduced the notion

of “toxic mentors” to refer to mentors who ignored, criticised and did not form effective relationships (Darling, 1984, 1985; Mamchur and Myrick, 2003; Hunter, 2004; Pearcey and Elliott, 2004). Mamchur and Myrick (2003), in a multidisciplinary study explored the nature of conflict in preceptorship experiences. They utilised a modified, quantitative/qualitative method and data revealed the degree to which conflict affected relationships and factors contributing to conflict. The main reasons for conflict identified by students seemed to focus on expectations being different, personality, but crucially they identified the effects this can have on the student as an individual. These ranged from impeding learning to destructive of their self-image. Although Pearcey and Elliott (2004) argue that students can turn these negative experiences into learning opportunities for the future and how not to practice, this would not be the type of relationship and learning to be encouraged. From the students’ perspectives a positive relationship with their mentor is central to their learning but they also highlight the emotional and psychological demands on them in developing effective relationships.

For mentors mentoring can be both stressful and emotionally draining particularly if managing a difficult relationship or a struggling student alongside competing demands within the placement (Duffy, 2004b; Bray and Nettleton, 2007; Webb and Shakespeare, 2008). Mentors particularly found it difficult to fail a student as this suggested they were poor mentors (Duffy, 2004b). This seems to be a similar situation in midwifery with Hunter (2004) also raising issues concerning the “emotional work” but critically suggesting that the institutional demands and client care requirements create difficulties. The mentor needs to facilitate learning opportunities and focus on the individual student needs and if this occurs then often it will be a productive mentorship relationship (Morton-Cooper and Palmer, 2000). Finally for mentors having time and recognition for this role is required (Pulsford, Bolt and Owen, 2002).

This thesis will argue that an essential aspect for students to learn is not only the student’s motivation to learn but the relationships they develop with their mentor. However, if mentorship is viewed as a dyadic relationship then fundamentally this requires a commitment from both parties for it to work. Much of nursing literature refers to the importance of the student-mentor relationship as key to supporting learning in practice settings, however this literature largely focuses on this relationship from either the student’s perspective or the mentor’s, with few studies addressing both the student and mentor perspectives over a period of time.

2.5.4 Student mentor dyads

The literature review identified that where studies have considered student mentor dyads these studies have predominately focused on short periods of time (Wright, 1990; Watson, 1999; Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Higgins and McCarthy, 2005), except for Ockerby et al. (2009) being a recent study in Australia. However, even the studies which focused upon one module or short time period highlight the value students placed upon the role of their mentor.

Wright (1990) introduced an elective module for final year students on a diploma nursing programme in Australia whereby they were mentored by experienced practitioners who had specific training for the role. This was a multi-method evaluation study and students had a seven week placement and through the use of individual learning contracts they worked alongside their mentor identifying their learning needs. All students identified that this committed time with their mentor enabled them to increase their competence in practice. They valued the independent learning approach with the use of the learning contracts. Through an analysis of the evaluation questionnaire four themes emerged as important for students and these were; "the quality of the relationship, professional role acquisition, and socialisation in the work role and the need to promote mentorship" (Wright, 1990 p355). Mentors felt the learning relationship was successful and that the learning contract worked well. Although this is an Australian study in the early 1990s it does provide insight into both the importance of the student-mentor relationship but also the focus on independent learning. However, there is a lack of detail on the methodology, sample size and what they meant by experienced practitioners and therefore caution is needed with these findings.

Watson (1999) carried out a case study on one theory practice module in the common foundation programme within Project 2000 diploma and degree programmes in the UK utilising a qualitative ethnographic design with thirty five students and fifteen mentors through semi-structured interviews. Clinical placements were in two acute settings in hospitals. Students' understanding of the role was similar to previous studies including "assessor, facilitator, role model, planning and support in the clinical setting" (Watson, 1999 p259); however mentors included all these except for planning. Mentors felt they needed management support for the role as all students had interrupted periods of mentorship due to shift patterns, sickness or holidays. Although adding to the body of knowledge about student-mentor dyads this study focused only upon hospital placements within in the UK.

Andrews and Chilton (2000), in a small study in two wards in one hospital utilised questionnaires to ascertain the views of mentors and students of the effectiveness of mentoring. They developed the questionnaire from Darling's (1985), Measuring Mentoring Potential (MMP) scale. Twenty two mentors and eleven students participated in the study. Mentors who had a teaching qualification (998 Teaching and Assessing) were more confident in relation to the role than those who did not. However, it needs to be recognised that since this study more formalised preparation for all mentors is now evident.

Lloyd-Jones, Walters and Akehurst, (2001) in an exploratory study examined the extent to which named mentors were available to Project 2000 students. This was part of a larger scale mixed methods study on the cost benefits of clinical placements. A sample of 125 students from their second and third year participated and 117 mentors. There were 81 dyads who recorded activity over a week when they worked the same shift as their mentor in a diary. Results identified that students frequently worked shifts with their mentors. However, if their named mentor was absent then students had less interaction and less time in direct care. The level of direct and indirect supervision varied. The response rate was low and this only covered one week in time.

Higgins and McCarthy (2005) explored mental health nursing students' experiences on a three year diploma programme in Ireland of having a preceptor (*mentor*) during their first placement experience. Semi-structured interview of six students suggested that the mentor was important in contributing to their learning. The initial encounter with patients was quite anxiety provoking for these students, due to the nature of the patients' illness. The students valued having an identified member of staff who was their "just for them". The success of the student-mentor relationship was supported by a friendly, supportive but professional relationship.

These five studies although providing a useful insight into the student and mentor perspectives are limited due to short duration of the studies focusing predominately on one module and only considering one placement. None of these studies identified what they meant by experienced mentors, a factor missing from much of the literature on mentoring.

Ockerby et al. (2009) provides some insight in a more detailed research study exploring students' experiences of mentorship over their nursing programme drawing on preceptors' views to support this study. Ockerby et al. (2009), explored preceptorship (*mentorship in UK*) through observations, interviews and student surveys

with registered and novice nurses in a longitudinal study in Australia within a degree nursing programme. Thematic analysis identified six key themes; “workplace socialisation, empathy, individuality, willingness to engage, changing support and a realisation” (p369). The strength of this research is its longitudinal nature and its focus upon workplace learning drawn from the work of Billett (2001) and the students’ journey to independence. In particular this study highlighted the importance of the student engagement and active participation and the role of the workplace preceptor in affording this learning experience. Nevertheless the preparation of students and mentors is different in the UK from Australia so exploring these issues from a UK perspective will enhance the research evidence in this area.

The nature and quality of mentorship research in nursing involving student-mentor dyads is therefore limited within the UK with none of the studies focusing on accelerated postgraduate programmes over a sustained period of time. This thesis can address this gap by providing a useful insight into issues of relationships and learning in a variety of contexts of care for students and their mentors. It can also add to the body of knowledge about how students learn in practice as a more diverse range of students are entering nursing with higher academic qualifications. The second dimension of this review is the nature of the learning environment and how students learn within the variety of placements.

2.6 The Learning environment

Much literature has been provided since the 1990s on the importance of a positive clinical learning environment and as identified earlier much of this focuses on hospital based environments (Earnshaw, 1995; Andrews and Chilton, 2000; Gray and Smith, 2000; ENB, 2001a; Papp, Markkanen and Von Bonsdorff 2003; Henderson et al. 2006; Midgley, 2006; Pellatt, 2006; Wilkes, 2006). Increasingly students are also gaining experience within the community and there is a growing evidence base of the role of these placements upon student learning (Luker et al. 2000; Carr, 2001; Gopee et al. 2004; Kenyton and Peckover, 2008; Baglin and Rugg, 2010). However, regardless of the environment there are a number of characteristics which have been identified as creating a positive learning environment. Dunn and Hansford (1997) developed a clinical learning environment inventory (CLE) which identified the importance of staff student relationships and attitudes and these included rapport, teaching and access to learning opportunities. Midgley (2006) subsequently developed this further and highlighted the importance of interactions with staff on the ward. Students seek respect, support and acknowledgement from their mentors and other members of the

team. If the focus is on task orientation to gain clinical skills then Midgley (2006) argues that many learning opportunities may be missed. The CLE has increasingly been utilised in an international context to review the quality of placements, and viewed as a robust instrument for quality assuring placement learning (Saarikoski, Leino-Kilpi, and Warne, 2002; Papastavrou et al.2010).

2.6.1 Nature of placements

As highlighted above in section 2.6 much of the early literature concerning the clinical environment is focused upon hospital settings. Philpin (1999) identified that the nature of socialisation within hospitals differed in relation to experiences across acute and chronic areas of healthcare. The culture within chronic care had a greater focus upon caring with patients taking on a more active role in their care. In contrast, within acute care areas with its emphasis on curing and technological interventions students found this more difficult to manage. Higgins and McCarthy (2005) as identified in section 2.5.4 identified the anxiety students face on their first placement and this has also been reported in other studies (Smith and Gray, 2001; Bray and Nettleton, 2007). Hartigan-Rogers et al. (2007) did highlight within specialised units such as critical care mentors were supportive of student learning and in contrast to general wards they were well staffed and were more able to facilitate student learning.

The nature of work in the community means that often practitioners are caring for people in their own homes and this can range from short episodes of care to long term care needs. Care practices are shifting towards the community, for example, Walk in Centres, "hospital at home", rapid response services' (Hallett, 1997; Carr, 2001; DH, 2002a, 2002b; Kenyon and Peckover, 2008). Baglin and Rugg (2010) identified that community placements provide students with varied experience but that the quality of this may depend on where and who they are placed with and the support they received. Predominately pre-registration nursing students in the primary care settings have had one-to-one mentorship which Kenyton and Peckover (2008) believe results in a positive student-mentor relationship but impacts on mentors' workload. The client-nurse relationship is different with the client being in control and deciding who has access to them. Studies in the community have focused predominately on students' or mentors' experiences with limited evidence of both perspectives. There is a need to explore both hospital and primary care environments and the nature of mentorship from both the students' and their mentors' perspectives and their impact upon student learning.

2.6.2 Resources

One of the real dilemmas for mentors in the literature was the competing expectations in trying to deliver service needs as well as providing support and assessing students and this does not appear to have changed over the years (Atkins and Williams, 1995; Twinn and Davis 1996; Gray and Smith, 2000; Watson, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Carnwell et al. 2007). Where mentors saw mentoring as part of their job they were less concerned about the time factors, however, if it was regarded as an additional responsibility then this did impact on their view (Atkins and Williams, 1995; Phillip, Davies and Neary, 1996). The danger is if staffing levels are reduced, or workloads are high, then students will have little supervision (Gray and Smith, 2000; Brodie et al. 2004; Andrews et al. 2006; Nettleton and Bray, 2008).

The demands on mentor's time are great and the staffing ratios, shift patterns and length of the placement can have an impact on the effectiveness of the mentoring experience. The impact that resources play on student learning will be examined in this study with a focus upon mentorship across a variety rather than one specific environment. This will add to the richness of the data missing from single clinical environment studies.

2.7 Learning to Nurse

How students learn in the practice setting has been an area of much debate over the years but with the changing nature of programmes and students no longer apprentices how and who supports them has become even more critical (Spouse, 2001). In addition, with graduates increasingly accessing nursing programmes then it is important to understand how they learn and if this is different to undergraduates studying their first degree. Practical clinical skills are the foundation for becoming a registered nurse and this has remained largely unchanged over the years (Nicol and Freeth, 1998). Part of learning to nurse involves interactions with patients/clients at a vulnerable period of their lives. As Burnard and Chapman (1990) identified:

“the basis of clinical learning should be the process of carrying out care with patients...” (Burnard and Chapman, 1990 p48).

However, what is clear from the above discussion in section 2.6.1 is that the nature of care has changed. Students need to be provided with opportunities to acquire these skills and to develop the proficiencies required to become a qualified nurse (Chan, 2002). Spouse (1998a) and other authors have argued that students need opportunities to develop and acquire psychomotor skills such as hygiene care but also

the communication and affective skills. As they progress through the programme then this included organisational and management skills (May and Veitch, 1998; Spouse, 2003; Hartigan-Rogers et al. 2007; Ockerby et al. 2009). The role mentors play in supporting students to learn will briefly be considered and these include; learning and teaching strategies, reflection and assessment/feedback as well as identifying gaps which this thesis will seek to address.

2.7.1 Learning and teaching strategies.

Mentors utilise a variety of learning and teaching strategies to support learning in practice. Cope, Cuthbertson and Stoddart (2000) argue that qualified staff, in particular the mentor, use intentional strategies such as modelling, coaching, scaffolding and reflection within a degree programme in Australia. Coaching involves working with a student and guiding and directing them under close direct supervision. Direct supervision is a critical element in supporting students to learn, however it is important to have some opportunity to discuss this care.

Scaffolding extends this further but the student is working with their mentor or other qualified staff in care activities. At this stage the student does not have the knowledge and skills to undertake this activity on their own (Spouse.1998a). This involves assessing students' "zone of proximal development". Vygotsky (1978) referred to this as developing their existing knowledge and what they need to learn, and then talking through the aspect of care and assessing their understanding. It is the opportunity to discuss with an expert that is important. Once the mentor feels they are competent then they will "fade" and offer more indirect supervision.

Indirect supervision may involve students carrying out care and reporting back to their mentor, or the mentor checking out with the student how care is progressing. The crucial aspect is that the mentor is available to support the student if required. Spouse (1998) demonstrated how these approaches were utilised in her study of nursing students' development to become registered nurses by drawing upon situated cognition, that is learning occurs within the context in which a person is situated.

Teaching techniques whereby mentors utilise questioning to ascertain basic knowledge and understanding is the most commonly utilised strategy (Myrick, 2002; Profetto-McGrath et al. 2004), however Carlson, Wann-Hansson and Philhammar (2009) argue that reflective questioning stimulates higher level reasoning skills. In addition the use of cues allows students to develop skills similar to "talk aloud" and subsequently to

support reflection. Thinking out aloud encouraged mentors to move beyond the superficial to a deeper level of knowledge and understanding (Diekelmann, 1995).

Forneris and Peden-McAlpine (2009) in a recent case study about critical thinking in practice focused on the important role of the mentor in supporting students to learn. A sample of six students and mentors explored the use of critical thinking during the first six months of a nursing programme in America. They identified the importance of context and critical thinking and that expert nurses operate from a “deep tacit, situational understanding” (p.1722), not dissimilar to the work of Benner (1984). Through coaching about the context and dialogue Forneris and Peden-McAlpine (2009) found that imparting “practical wisdom” enables novice nurses to link thinking and doing. Critically this study identified that the opportunity to discuss care decisions with their mentor enhanced their thinking. Decision making is a key component of the requisite skills required to become a nurse and students need the support from qualified practitioners to recognise and develop these within the complexity of patient care situations. This thesis will provide additional support to how mentors support graduate students to develop these questioning and critical thinking skills.

2.7.2 Reflection

A number of authors (Schön, 1983; Gibbs, 1988; Johns and Freshwater, 1998; Jasper, 2006; West, Clark and Jasper 2007) have identified models of reflection to help and guide learning from experiences. However, to be able to reflect students need the critical analytical skills as discussed above in section 2.7.1, otherwise reflection will be superficial and descriptive.

Jasper (2006) argues that this involves three interconnecting aspects “the experience itself, some reflection on this experience and then crucially some action from this to demonstrate learning” (p44). Hence, nursing students need to capture their learning from the variety of experiences and through guidance from their mentor or others consider how they are developing their skills. Benner’s (1984) well acknowledged work on expertise in nursing offers an approach to consider learning within practice and the role that intuition plays for the expert practitioner.

The work of Schön (1983) refers to this as “reflection in action” whereby the student would try to understand what is occurring in this concrete experience whilst it is taking place. This is difficult to explain as it involves drawing on previous knowledge and skills to understand and consider alternatives prior to making decisions and recognise this process. It involves practitioners drawing on skills such as noticing, seeing and

feeling as they consider their actions. Another stage of reflective observation is known as “reflection on action” perhaps more relevant for the beginning nursing student. This is where the student would reflect on what has happened after the experience but ideally the student would need support to make sense of this.

Beckett and Hager (2002) argue that this “hot action”, the judgement making under pressure is difficult for novice students but that “cold action” similar to reflection on action would enable learning to take place within the workplace. It is essential therefore that novice nurses have some structured time to reflect and to discuss these experiences with their mentor. Alongside developing critical thinking skills students need to build up their own concept of nursing and reflecting on their practice is one way to assist this. Part of the role of the mentor is to guide and assist students to make sense of their experiences in practice and develop critical thinking skills and reflection can assist in this process, however they do need feedback to support this learning.

2.7.3 Feedback and Assessment

Feedback enables students to build up confidence and gives them information about how they are progressing, so that they are able to act upon this feedback (Andrews et al. 2006). Students value feedback both informally and through the assessment process and a number of studies have highlighted how it builds confidence. However, the nursing literature suggests that there can be difficulty in relation to feedback (Phillips et al. 1994; Gray and Smith, 2000; Duffy, 2004a; Nettleton and Bray, 2008).

Duffy (2004a) identified that mentors were reluctant to fail students particularly early in the programme and in the third year. If this situation arose mentors wanted support from the university and this was not always evident. Brown (2000) reviewed 150 mentors' comments in assessment documents and raised concern that a number of judgements seemed to be made based upon personal qualities of students rather than learning outcomes. This does raise issues about the reliability of assessment decisions when mentors are supporting, supervising and assessing students.

Webb and Shakespeare (2008) carried out a qualitative study of mentors and students using a critical incident technique through interviews with nine third year students and ten experienced mentors from two UK areas. The aim of the study was to explore how mentors make judgements about clinical competence. Experienced mentors had supervised three or more students and inexperienced mentors were either in training or had only had one or two previous students to mentor. Of concern is the finding that

they felt many judgements about student competence are made on a fairly subjective basis.

From this review of the nursing literature it is evident that the mentor does indeed play a crucial role in supporting students to learn in a variety of contexts. Through a variety of learning and teaching strategies, reflection and feedback students can be supported in their learning to become a nurse. Nevertheless, this learning cannot be seen in isolation from the workplace and therefore the final component within this review is to consider the literature in relation to workplace learning and mentorship.

2.8 Learning at work

Much of the literature related to learning at work focuses on the cognitive approaches to learning and the importance of the individual within this process. Beckett and Hager (2002) argue that workplaces are social contexts and therefore experiences at work are accordingly situational. The workplace is a complex arena but the significant issue is how students are supported and facilitated to participate. Initially it is important to briefly outline the nature of knowledge which students need to develop as they learn the craft of nursing.

2.8.1 Knowledge

Propositional knowledge (codified knowledge) refers to knowledge underpinning nursing which is gained from textbooks, often referred to as “knowing that” (Eraut, 2000). This knowledge underpins theories of nursing together with scientific knowledge from subjects such as biology, psychology and sociology. Becker and Hager (2002) used the term “standard paradigm of learning” to refer to this learning which normally takes place in formal settings. Similarly Sfard (1998) describes learning in this way as involving “acquisition metaphor”. This suggests that we acquire new knowledge, usually through help from a teacher or expert:

“concepts are to be understood as basic units of knowledge that can be accumulated, gradually refined, and combined to form even richer cognitive structures” (Sfard, 1998 p5).

The above view of learning is firmly focused in the cognitive approach to learning arguing that learning is purely a process of the teacher providing the student with knowledge to be retained (Becker and Hager, 2002). Although this might be suitable for learning subjects such as biology and psychology it does not sit comfortably with health related programmes whereby students spend a considerable part of their time learning in the workplace.

Practical knowledge on the other hand relates to that involved in action, referred to as "knowing how". Process knowledge cannot exist in isolation of propositional knowledge. Tacit knowledge is procedural and usually not directly taught but gained on the job in everyday situations. The apprenticeship approach of observing an expert and talking to them provide opportunities for acquiring tacit knowledge.

Sfard (1998) also suggests learning as being participation where there is a shift from the process of learning cumulating in new knowledge and the possibility of an award, to it being an ongoing process. This "knowing" is considered as some form of action of "doing" and that it is part of the context. Sfard (1998) argues that it is through participation that learning occurs, a useful approach to consider learning in practice settings:

"situatedness, contextuality, cultural embeddedness, and social mediation" (Sfard, 1998 p6).

Eraut (2004) further argues that uncodified cultural knowledge is acquired informally through participation in social activities but that it is often difficult to identify. So nursing involves acquiring both propositional as well as practical knowledge and this occurs in both the educational institutions and the practice placements. The argument which will be developed in this research is that learning is seen as participation in practice and it is through this that students are enabled and supported to learn predominately by their mentor.

2.8.2 Learning as participation

The literature on workplace learning is well recognised within the educational field, and since the movement of nursing into higher education in the 1990s there has been a growing interest in exploring how students learn in practice as they are now supernumerary and not part of the workforce. Socio-cultural approaches to learning have become more evident in exploring how students learn in practice settings particularly within the international literature (Spouse, 1998b; Cope, Cuthbertson and Stoddart, 2000; Levett-Jones et al. 2009a; Newton, Billett and Ockerby, 2009). However, as novices, nursing students are not able to play a central role and Lave and Wenger (1991) identified the term "legitimate peripheral participation" to denote their role as participatory but peripheral. Lave and Wenger (1991) argue that learning in practice (workplace) is about "acculturation", joining the community of practice. This is referred to as socialisation into practice and the opportunity to contribute to this practice, thus belonging to a community of practice. Students need to be assisted to make sense of this situated practice and make links to their developing knowledge

base. Structured planned support from their mentor and others in the team can assist this process. Despite the benefits of considering learning as legitimate peripheral participation and a community of practice it is hard for nursing students who are constantly moving from one placement to the next to become members of the team and achieve full participation, consequently they may remain peripheral which may impact on the amount of learning they achieve. Eraut (2004) identified four types of work activity that give rise to learning:

“participation in group activities, working alongside others, tackling challenging tasks and working with clients” (Eraut, 2004 p267)

These four aspects are important for learning to take place and each of these has relevance to learning to nurse. The success of learning is dependent on relationships in the workplace which emphasise the norms and practices of each practice placement. Participation and engagement in care practices are central concepts for learning.

Levett- Jones et al (2009a) in a longitudinal study in two Australian and one UK University explored staff-student relationships and their impact on students' “belongingness” and learning, a concept identified by the socio-cultural approaches to learning. Students identified placements as “ranging from a collective feeling of belongingness to one of alienation” (p322). Data analysis involved constant comparison with themes emerging, and one important area identified was relationships, which included themes such as; “receptiveness, inclusion/exclusion, legitimization of the student's role, recognition and appreciation, challenge and support” (p316).

Newton, Billett and Ockerby (2009) drawing on the work of Billett (2002a), in exploring the experiences of six students in a qualitative longitudinal study in Australia, found that students need to engage with the team otherwise they are peripheral and do not feel they “belong”. The shift from direct supervision to more indirect supervision was important for students in developing independence and autonomy and also demonstrating a shift to greater participation. If the mentor shared their knowledge and involved them in direct care then this aided their learning, in contrast to the feeling of exclusion if left by the practitioners who they were supposed to be working with. The above study adds an important dimension to the review as it draws on workplace learning literature to support the rationale for learning through clinical placements and indeed provides a stronger argument for this thesis to draw on workplace learning literature. Levett-Jones (2009a) and Newton, Billett and Ockerby (2009) are both studies which considered learning in practice, although mainly Australian but they add

support to developing a stronger theoretical evidence base of the impact of mentorship on student learning in practice.

Billett (2004) likewise raises the importance of the context of learning and that the norms and practices within these different contexts structure how students participate in work. However, Billett (2004) argues that an essential aspect to workplace pedagogy is the guidance, participation and engagement afforded to individuals. As identified in section 2.6.1 the variety of practice placements is where learning takes place for nursing students. It is essential that students gain experience and understand the world of work as this is the foundation for developing their identity as a nurse. This review will consider guidance in more detail as this is the role the mentor undertakes within the nursing context. I will draw predominately upon the work of Billett (2001, 2002, 2004) to demonstrate the underpinning pedagogy concerning learning in the workplace.

2.8.3 Support and guidance

Billett (2001) argues that opportunities to engage and participate in work and to have guidance are key aspects in supporting how and what students learn in their work/practice. He goes on to suggest that learning is “cultural transformation” that is the context is significant to learning opportunities afforded as well as the individual's willingness to learn. This “invitation” to engage is a central concept in Billett's (2002b) view of participation. The way in which students are welcomed, supported and given access to learning situations reflects the degree to which opportunities are afforded them. Therefore Billett (2002b) argues that it is:

“the opportunities to engage in work, the kinds of tasks individual are permitted to participate in, and the guidance provided, which become the key bases to understand and evaluate how and what individuals learn through their work” (Billett, 2002b p57).

The nature and amount of guidance is vital. Direct supervision or guidance may involve intentional strategies such as modelling, coaching and questioning activities when students are new to a placement area or in their early placements as discussed in section 2.7.1. Engagement in activities is crucial and some of this may be sequenced to move from simple to more complex activities by direct or indirect supervision from a mentor (Billett and Somerville, 2002). Eraut (2004) likewise refers to this as tackling challenging tasks with patients with increasing difficulty with the support from a mentor. This can increase the confidence in the learner and subsequently their motivation to learn. Beckett and Hager (2002) refer to this as

developing “know how”, as students are developing knowledge and understanding and not just the rules or rituals of a given activity. Students develop confidence to try new actions in different situations and this is the beginning of judgement making and their identity as a nurse. The context in which this takes place is crucial to their learning.

If this guidance is absent then learning may be restricted and students may spend more time on routine and simple tasks and feel peripheral to the team and nursing activities. This inhibition can have a negative impact on students' view of their learning and indeed Mamchur and Myrick (2003) identified that this can occur for nursing students if there is conflict with their mentor or if students feel they are left to work unsupervised. The placements are increasingly complex environments and students need the affordances of the experienced practitioners to support them to learn (Billett, 2002b). Nevertheless, the way this occurs will vary in each placement because it depends on the norms and practices of each, and thus the student's experiences and learning will be different.

Students can learn by observing and listening to others at work and participate, however they need to be aware of this new knowledge and make sense of this. The role that others play in the team seems to be less researched than mentor's role until recently when Roberts (2009) and Christiansen and Bell (2010) have explored the role of peers as becoming an increasingly important dimension for support in practice placements. Billett (2001) and Eraut (2004) argue that the role of others in the workplace can be direct or indirect and can be positive or negative and that this is often not acknowledged (Brammer, 2006). The norms of the workplace are essential to providing invitations to participate in work activities, as well as the workplace readiness to encourage participation. If these are not present then students can be left on the edge or periphery of practice (Billett, 2001).

The individual's agency influences their level of engagement and participation. Students may reject guidance from a mentor and seek out others in the team or others in the team may provide additional support where a mentor is less visible. Whatever the reason, this will likely be influenced by the students' personal history and their prior knowledge from either previous placements or life experiences. As identified in section 2.4.1 students within an accelerated programme come into nursing with experience from a health related degree and often life experiences and therefore this needs to be acknowledged by mentors (Halkett and Mc Lafferty, 2006). Billett (2004) stressed the importance of the “relatedness” between the individual and the social practice so that there is engagement and participation to support learning. However, Beckett and

Hager (2002) view the individual and social as embodied and therefore the whole person interrelates and that thinking and judgement making are effectively as one. Hodkinson and Hodkinson (2004) view the individual and social structures as integrated but that individuals do have an existence outside of work and therefore have prior biographies which have an impact on their learning.

In summary, workplace pedagogy provides an approach to understanding how nursing students learn in the different workplaces. Billett (2001) identifies that where workplaces are invitational then this can assist students to learn the “hard to learn” knowledge and that guidance is needed to help students make sense of the work activities. The significance of these opportunities to participate in practice cannot be underestimated and this thesis will develop an argument that it is the structured and supportive guidance from mentors, as proposed by Billett (2001), which is crucial to enable students to participate in care and thus learn. The workplace is indeed a complex arena for learning and this study will explore a variety of contexts through the eyes of graduate students and their mentors, a perspective missing from much of the literature on mentorship.

2.9 Critical synthesis of the evidence

It is apparent that the majority of research related to pre-registration nursing programmes has focused upon diploma and degree programmes and that there is a dearth of studies in the UK which had explored accelerated nursing programmes or graduate students per se. The two UK based studies were small scale (Jasper, 1994; Halkett and McLafferty, 2006). Although the American and Canadian studies provide some insight into graduate students they predominately focus upon the demographics and achievement of graduates studying accelerated programmes. Penprase and Koczara (2009) provide a succinct review the literature in America on accelerated nursing programmes and concluded that these students excel and that they bring a wealth of knowledge and experience to nursing. They are highly independent and self motivated learners and thus programmes need to cater for this type of student. There is a gap in the current UK research on how graduates on accelerated pre-registration nursing programmes experience and learn in clinical practice.

There are a number of studies which have considered mentorship relationships but many are small scale qualitative studies, from either the students' or the mentors' perspectives with limited information on methodology and data analysis (Cahill, 1996; Pearcey and Elliott, 2004). This makes it difficult to consider the merits of this

research. Literature reviews are more evident in relation to mentorship (Andrews and Wallis, 1999; Pellatt, 2006; Wilkes, 2006; Jinks, 2007). These are useful in providing an overview of aspects of mentorship such as qualities, role, expectations etc.

However, Jinks (2007) is the only critical methodological review of mentorship from the mentor's perspective. This author pointed to a number of methodological weaknesses such as design of questionnaires, low sample sizes and poor response rates (Watson, 1999; Thomson et al. 2001).

Although there are six studies which have considered student-mentor dyads in relation to mentorship and learning, five have focused upon one placement experience or a short time frame (Wright, 1990; Watson, 1999; Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst 2001; Higgins and McCarthy, 2005). The sixth (Ockerby et al. 2009) took the form of a longitudinal study over four years. However, details are not given in all these studies on methodology and terminology and sample sizes are mainly small, so this makes it difficult to evaluate the quality of the research and limits generalisation (Wright, 1990; Lloyd-Jones, Walters and Akehurst 2001; Higgins and McCarthy, 2005). Ockerby et al. (2009) provide a detailed breakdown of methodology and data analysis, resulting in this being a useful study of mentorship. However, its location within Australia means that the findings may not be generalisable to the UK, as pre-registration nursing programmes are different in relation to the time and support received in clinical practice.

Spouse (1998a) and Gray and Smith (2000) focused upon workplace socialisation within nursing and within this considered the importance of mentorship. Both studies provide an important contribution to understanding mentorship. Indeed Spouse (1998a) supports her findings with underpinning educational theory about how students learn, drawing upon the work of Lave and Wenger (1991, 1998). Two later and recent studies (Levett-Jones et al. 2009a; Newton, Billett and Ockerby, 2009), have drawn upon situated learning theory and socio-cultural approaches to learning to offer an alternative to the previous apprenticeship models. These studies offer greater scope for understanding learning of novices within the complex setting of clinical practice. They include the underpinning educational theory with detailed explanation of the research methodologies utilised, missing from earlier studies.

The literature review of the thesis has thus critically analysed the current state of research on mentorship and learning for nursing programmes. It identified a dearth of literature related to accelerated pre-registration nursing programmes and the way graduate students undertaking pre-registration nursing programmes learn within clinical

practice. Despite mentorship being in existence for a number of years there is currently limited evidence of recent qualitative studies which have studied both students' and their mentors' experiences of mentoring and learning over a period of time. Recent evidence has highlighted the importance of understanding how students learn in clinical practice drawing upon the socio-cultural approaches to learning and this has much to offer in understanding learning in practice.

2.10 Chapter summary

The literature on mentoring in nursing is wide ranging and the professional body, the Nursing and Midwifery Council, identifies expectations of the role of the mentor in spending at least forty percent of their time directly or indirectly supporting and assessing students (NMC, 2008). The literature review provides a strong rationale for this thesis to explore gaps in the mentorship literature. Firstly, much of the literature addresses mentorship from either the student's or the mentor's perspective with few exploring student-mentor dyads over a sustained period of time. Secondly, there appears to be an assumption that mentorship may be the same in every environment and this study will explore a number of environments to consider if this is the case. Thirdly, there is a need to draw upon workplace learning literature. This will add to the underpinning evidence base to understand the significant role of the mentor and their relationships and interactions with students in enhancing student learning within practice settings. Finally, there is limited empirical evidence in the UK which has considered graduate students undertaking an accelerated postgraduate pre-registration nursing programme and how they learn in practice.

This thesis therefore aims to add to the existing body of knowledge on mentorship by exploring the nature of the student-mentor relationship within practice settings for graduate students undertaking an accelerated nursing programme and to understand the impact of the student mentor relationship on learning.

Chapter 3: Methodology and the Methods

3.1 Chapter overview

This chapter will focus upon the underpinning theoretical stance taken in this thesis and the justification for the decision to utilise a qualitative longitudinal interpretative case study approach. The rationale and nature of the research design including context, sample, data collection and analysis will be provided to demonstrate the robustness of the methodology adopted. Strengths and weaknesses of this approach will be identified.

3.2 Introduction

From reviewing the existing literature and research this thesis will build upon this knowledge and understanding of mentorship and learning. The methodological review by Jinks (2007) identified the need for more qualitative studies that explored mentorship from mentors' perspectives over a period of time. Although acknowledging that this occurred after this study began it adds weight to the rationale for the stance I have taken. Qualitative research is defined by Denzin and Lincoln (2000) as:

"a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible... This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (Denzin and Lincoln, 2000 p3).

The literature review identified that Halkett and McLaffery (2006) is the only recent study in the UK to explore students' experiences of an accelerated pre-registration nursing programme. A number of writers have explored mentorship within degree and diploma programmes mainly from either the students' or the mentors' perspectives (Wright, 1990; Gray and Smith, 1999; Watson, 1999; Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Higgins and McCarthy, 2005). As the focus of this case study on mentorship is about the students' and their mentors' understanding and interpretation of mentorship then I will argue that a qualitative approach lends itself to this study.

3.3 Theoretical stance

3.3.1 Ontology

From an ontological position I was interested in the nature of the social world and the reality for the students and their mentors of this world. Bryman (1988) argues it is “the way in which people being studied, understand and interpret their social reality” (p8) which is important. There are two different philosophical views identified in considering the social reality and how this is interpreted. The first, the positivist paradigm considers the social world as external to individuals and objective and “that objects have an independent existence and are not dependent for it on the knower” (Cohen, Manion and Morrison, 2003 p6). The second interpretivist paradigm views objects of thought as words which do not have an external independent meaning.

Human nature is perceived as either a subjective or an objective approach. As a subjective view, Burnell and Morgan (1979) identify human nature as entailing “free will” and influenced by the relationship the individual has with the environment. In contrast, the objective approach views individuals as products of the environment and “conditioned” by external circumstances. As my study is concerned with the social reality from the participants’ perspectives, an interpretivist ontological approach to reality underpins the nature of this study as it set out to understand the students and their mentors world. In so doing, it recognises that the participant’s view of human nature is subjective and a personal experience.

An interpretive approach allows the exploration and understanding of mentorship from participants’ perspectives in which reality is subjective as it is their meaning of events which is important. Sparkes (2002) argues that the thoughts and words of the culture being studied predominate in the text. Although I have put the “voices” of the students and their mentors at the forefront of my research to demonstrate their interpretation of mentorship I acknowledge that my voice will be present through interpretation of the student’s voice. The data collection process of interviews is a constructed social interaction. A positivist approach in contrast focuses on seeking causal relationships and focuses on prediction and control and sees the social world as objective. However, my study is seeking to understand human experiences and therefore it would be inappropriate to introduce some form of control to this process.

3.3.2 Epistemology

This is concerned with the nature of knowledge and how it is acquired. It is the theory of how we know what we know. A number of assumptions underlie social research.

The first can be characterised as a positivist view. Here knowledge is something which is acquired. Furthermore as Holloway and Wheeler (2002) argue in the positivist approach knowledge is based on the belief of universal laws and stresses the importance of objectivity and neutrality.

“they view the social world as objective, absolute and neglect everyday subjective interpretations” (Holloway and Wheeler, 2002 p5).

Thus testing of theories and hypotheses are characteristics of this approach and the researcher will be external and distant from the population studied. A focus upon measurement prevails as it attempts to find causal links and prediction and control are central to its philosophy.

In contrast, at the other end of the continuum, the interpretive paradigm focuses upon the subjective experience and personal, unique nature of this knowledge for individuals (Denzin and Lincoln, 2000). Here knowledge is something that has to be personally experienced (Bryman 2001). As Schwandt (1996) argues, interpretivist epistemologies can be characterised as hermeneutic because they emphasise the focus upon the situation in which human actions make meaning. In interpretivism this knowledge is through meanings attached to the phenomena being studied and the researcher is interested in trying to make sense of these. Cohen, Manion and Morrison (2003) clarify interpretivism as:

“multifaceted images of human behaviour as varied as the situations and contexts supporting them” (Cohen, Manion and Morrison, 2003, p23).

Ritchie and Lewis (2003) argue that an interpretivist approach stresses the importance of interpretation as well as observation and understanding of the social world, and that it originates from the work of Kant who focused upon the importance of “understanding”. Interpretivism is more concerned with “the understanding and interpretations of what is happening” (Ritchie and Lewis, 2003 p7).

Interpretivism is often linked back to the writings of the nineteenth/twentieth century sociologist Max Weber who focused upon the notion of understanding within the social sciences. His notion of “Verstehen” centres on understanding and exploring the meaning of the human experience in the participant’s own world and within the context of this world. The key focus within the interpretive approach is the focus on the individual experience and the nature of knowledge based upon their unique experience. It is therefore largely descriptive and through full description generating

understanding and knowledge. It focuses upon “action” as opposed to the past (Cohen, Manion and Morrison, 2000). Positivists focus upon developing theory of human behaviour whereas interpretivism is concerned with understanding the social world around them and theory may arise from this particular situation.

Interpretivism has become a term which adopts a range of perspectives which are mainly drawn from sociology, philosophy and anthropology. These include; phenomenology, ethnomethodology, symbolic interactionism and social constructivism (Dowling, 2006). Social constructivism views truth as relative and dependent on one’s perspective. Constructivism is built upon the belief that human beings construct their social reality (Searle, 1995). It enables the participants to construct meaning and this is also influenced by the interaction with the researcher within the data collection process and the researcher’s interpretation of such data. Through their stories the participants can tell their own views of reality. My research will draw upon a constructivist paradigm as I am trying to gain their perspectives of reality. As Crabtree and Miller (1999) argue:

“this paradigm recognises the importance of subjective human creation of meaning, but does not reject outright some notion of objectivity. Pluralism, not relativism, is stressed with a focus on the circular dynamic tension of subject and object” (p10).

As my research is concerned with how the social world is interpreted by students and their mentors and the meaning they attach to this it has been guided by the theoretical interpretative stance.

3.4 Methodological approach: Case Study

Increasingly nurse researchers are using case studies to explore phenomenon in healthcare and nursing education. A major strength of this approach is the ability to focus upon complex situations whilst taking account of the context of the situation (Keen and Packwood, 1995; Zucker, 2001; Baxter and Rideout, 2006; McCarthy, 2006; Casey and Houghton, 2010). Two main reasons explain my use of this approach. The first relates to its applicability to study complex issues in relation to mentorship in a real life context. The focus of my research on graduate nursing students’ experiences of mentorship and learning in four clinical placements over a year within the accelerated nursing programme illustrates this potential complexity. A second reason was the ability of this method to study “how” and “why” questions and when the researcher has little control over events (Yin, 2009). These questions match the aims of my research with its focus on to “explore” and to “understand” mentorship for a unique

group of graduate students. As such, I was seeking to answer “how” questions and the perceptions of students and their mentors within the real life context of which I had little control.

Although case study methodology is perceived as predominately within the qualitative paradigm it may also be used in as mixed methods research as evident in a number of nursing studies (McDonnell, Lloyd Jones and Read, 2000; Levett Jones and Lathlean, 2009b). There is still confusion about the term case study within research. Bryar (1999) argues this is due to its use in nursing education as a teaching strategy. In spite of this, the case study has an important place within the nursing research arena. It is the work of Stake (1995) and Yin (2009) who brought together thinking about case study research and much of the literature I will draw upon to illustrate my use of case study is from these writers. It is thus imperative to define how I am using case study within my research.

Yin (2009) defines a case study as an empirical enquiry that:

“Investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2009 p18).

Selecting the nature of the case is crucial and it needs to be specific and may comprise individuals, groups, organisations events or roles (Stake, 1995; Baxter and Jack, 2008; Yin, 2009). The unit of analysis in my study is the student-mentor dyads and their experiences of mentoring and learning within clinical practice. Luck, Jackson and Usher (2006), and Baxter and Jack (2008) stress the importance of identifying the boundaries of the case so as to avoid large amounts of data which become unmanageable. A number of authors have identified different ways of placing boundaries around a case which include by time and place (Cresswell, 1998); time and activity (Stake, 1995) and definition and context (Miles and Huberman, 1994). I have adopted mainly Stake’s approach to the boundary of this case, that is, time and activity. Within my research a group of graduate students undertaking the accelerated nursing programme over a year and their mentors formed the case. This case also had to consider the context where mentorship and learning was taking place, that is, the clinical settings. As Baxter and Jack (2008) argue by establishing boundaries the researcher is clarifying sample selection; in contrast to quantitative studies, this is also identifying the depth and breadth of the study.

It is important to establish the type of case study I am adopting. This was guided by the purpose of my study. Stake (1995) and Yin (2009) have written extensively on

case study methodology and classify case studies in slightly different ways. Stake (1995) differentiates three forms of case studies: the intrinsic, instrumental and collective. The first intrinsic case study is where one case is studied to understand what is particular about this case. The second instrumental case study is designed to study a case to provide insight into an issue. The third a collective case study involves a number of cases which are studied to investigate some general phenomenon across settings. My case study drew on elements of the instrumental approach as I explored this specific group of students to understand their particular perspectives as well as understanding and explaining how mentorship is perceived and experienced by a group of students and their mentors linked to one HEI.

Yin (2009) describes case studies as explanatory, exploratory or descriptive and in addition as single, holistic and multiple. This study incorporated elements of both views. I have adopted a single exploratory case study as I am seeking to explore a small group of graduate students' and their mentors' experiences of mentorship and learning. By utilising a single case study design across different contexts this will enable some analysis within and across settings of mentorship and learning for these students. Yin (2009) refers to this as a "unique" or "critical" case and would enable illumination of this case. The graduate students could be perceived as a "unique, critical" case as there is little current research of this group of nursing students in the UK (Jasper, 1995; Hallett and McLafferty, 2006). Such a study will add to the body of knowledge and explanations about mentorship in clinical practice and in particular highlighting how these students learn, and the nature of mentorship to support them in clinical practice. By adopting a longitudinal approach to the case and studying these students over a year this will identify this group of students experience at different points in time.

Stake (1995) further argues that qualitative case studies treat the uniqueness of individual cases and contexts as important to understanding and that:

"Particularisation is the important aim, coming to know the particularity of the case" (Stake, 1995 p39).

Having established the nature and type of case, Stake (1995) uses the term "issues" which help to guide the conceptual framework of a case. These issues can be drawn from the literature and professional experience and may subsequently guide data collection and discussion. Within my study the mentorship literature identified similarities and differences in how students and mentors viewed mentorship (Andrews and Wallis, 1999; Wilkes, 2006). The literature suggested that experiences of

mentorship and learning seemed to be dependent upon the extent of support and participation in care (Watson, 1999; Higgins and McCarthy, 2005). Student-mentor relationships and interactions seemed to influence access to learning opportunities in clinical practice. However, an issue lacking in located literature was the experience of graduate students. These “issues” form the basis of the conceptual framework (Miles and Huberman, 1994; Stake, 1995) in my research and its research questions.

The conceptual framework/methodology is not clearly defined by either Stake (1995) or Yin (2009) but Miles and Huberman (1994) argue that it includes precisely who will be included in the study (sample); links with literature and what Miles and Huberman (1994) refer to as “the opportunity to gather general constructs into intellectual “bins” (p18). The initial framework in my study was based on the literature and professional experience of mentorship. This includes the unique nature of the graduate students; understanding of mentorship from students’ and mentors’ perspectives; the influence of the context upon mentorship and engagement and participation in clinical practice; and the impact relationships and interactions have on student learning. This framework will be developed through analysis of the findings and linkage to the existing literature. This includes themes emerging from the data analysis (section 3.9).

Multiple sources of data are the hallmark of case study research (Yin, 2009). This could include archival records, documents, interviews and observations. Different sources of data contribute to the understanding of the case. However, although this has advantages in the rigour of the study the amount of data can be a complication in this approach. I chose one main source of data collection but from two sources, that is, students and their mentors to provide insight into the relationship and interactions taking place. I organised this data into a manual database and also within NVIVO (a computer based software package), which will be discussed further in section 3.9.3.

A case study enables an examination of contemporary events from the students’ and their mentors’ perspectives. Cohen, Manion and Morrison, (2003) aptly suggest the real benefit of case studies is “significance rather than frequency” (p185), in relation to insights into situations and are particularly useful in exploring context. Hodkinson and Hodkinson (2001) argue that case studies can engage in “complexity” and help to understand inter-relationships and experiences of individuals within their contexts. In addition case studies can be useful “to explore the unusual case as well as to facilitate theoretical development” (p8).

However, there are limitations to consider and these include the amount of data, the complexity and difficulty in demonstrating generalisation. The issue is less about generalisations in qualitative case studies and more concerned with whether the findings “ring true” to others reading these findings in similar situations. Rigour will be discussed further in section 3.10.

In summary, my rationale for adopting an instrumental case study approach is; firstly, I am seeking to understand the mentoring and learning experiences of a “unique” group of graduate students and their mentors; and secondly, by adopting a longitudinal approach I am exploring the experiences over a time period (within a boundary), which will illustrate the “complexity” of mentoring and learning in a variety of contexts. The case study method with its focus upon in depth “real life practice” for these graduate students is therefore appropriate. A case study builds on the value of an interpretive approach to research outlined in section 3.3.2. Case studies can provide that real insight through the eyes of the participants within this research. An essential requirement in any research but particularly in case studies is to ensure anonymity and confidentiality of the participants and these along with other ethical issues will be addressed in section 3.6.

3.4.1 Longitudinal study

In contrast to a number of previous research studies which have explored mentorship with students and mentors over a short period of time, for example, a module (as discussed in chapter 2, section 2.5.4), this research is conducted using a longitudinal approach. Spouse (1998b) and Gray and Smith (1999) considered professional socialisation of nurses using a longitudinal approach but their focus was predominately on students. Ritchie and Lewis (2003) and Yin (2009) view the benefits of a longitudinal study to be that the researcher is able to explore issues over a period of time from different perspectives. A longitudinal approach would provide an added dimension to the understanding of graduate students' experiences by capturing any changes in perspectives over a number of placements with different mentors. This would provide insight into the “lived reality”, and I will be able to engage in depth in the complexity of mentoring in everyday nursing practice. In addition my research will be able to explore the unexpected or unusual experiences of these graduate students, and the process of the relationships students develop with their mentors in different workplace contexts.

Utilising a case study and a longitudinal approach require careful thought about methodological design. The thesis will now focus on the design employed.

3.5 Study Design

I need to consider a variety of issues in designing the research and these include; context and length of study, sample, ethical issues, data collection tools and analysis. The rationale I adopted will now be explained and justified drawing upon case study criteria (Stake, 1995; Yin, 2009).

3.5.1 Context and length of study

The postgraduate diploma in nursing programme commences once a year for graduates with a health related degree who, following successful accreditation of prior learning, are able to undertake the programme in two years as opposed to the normal three year period. The HEI also offers Diploma and Degree pre-registration nursing programmes but I made the decision to focus upon the accelerated programme due to limited research in this area and I was interested to understand their experiences of mentoring and learning. In addition I am not involved in teaching within this programme and therefore do not know the students. As this is the only postgraduate accelerated programme in this SHA then the opportunity to focus upon other groups across the region was not possible. This programme had been approved and implemented since 2000 for Adult nursing and for Mental Health and Child nursing in the subsequent two years.

The programme at the time incorporated a six month common foundation programme and an eighteen month branch programme (Appendix II programme plan). Students gained practice experience in a variety of settings, including community and hospitals. Placements ranged in length from six weeks in the common foundation programme to normally twelve weeks in the branch programme. The postgraduate nursing programme had an approved placement pattern which students would undertake within each year of the programme. Students gained this experience in placements within three NHS Trusts within one Strategic Health Authority linked to the Higher Education Institution.

As the programme is two years in length, I decided to utilise four placements experiences over their first year to provide enough "rich, in depth" material about the graduate students' relationships with their mentors and learning across a range of different environments. By only exploring this over the first year I am not gaining a full perspective of their mentoring experience over the whole programme. However Hammersley and Atkinson (1995) argue that it is better to be selective and include "crucial times" to gain a representative account. Within the first year these graduate

students were exposed to both hospital and community experience. This would provide richness to data missing from studies which have only included one placement experience. In addition I was seeking to explore “in depth” the students' and their mentors' experiences and focus upon four placements; each provided a range of perspectives to address my research questions. The short exposure to other branches in the common foundation programme was not included, due to the short duration of these placements. Each theory practice module had a specific client/care focus and within the Practice Placement Unit graduate students were allocated to specific placements which met the learning outcomes requirements for modules. Students were allocated a placement about a month prior to starting the placement and therefore I was not aware of the specific placements until the students had been notified. This meant that I had no involvement in the selection of placements for student learning.

3.5.2 Sample

Cohen, Manion and Morrison, (2003) suggest that the following considerations need to be taken into account when choosing the sample: the size, representativeness, access and strategy. Even in case studies decisions need to be made about numbers and settings of cases (Yin, 2009). In qualitative research non-probability samples are selected which reflect features of groups within the population to be studied (Ritchie and Lewis, 2003). From the review of the literature it was evident that few universities provided specific postgraduate accelerated nursing programmes for graduates with a health related degree (Halkett and Mc Lafferty, 2006). This supported my rationale to utilise this sample for my case study within one HEI. As this case study utilised graduate students from one HEI then this would be a unique/unusual case. Consequently broad generalisations could not be made but the study would provide new insights into graduate students' experiences missing from samples which have considered other students groups. Hamel, Dufour and Fortin (1993) argue that one of the difficulties of case study research is ensuring the representativeness of the sample. By choosing a “unique” group of students and their mentors I have made the decision to focus on their experiences and their social reality and as Yin (2009) highlights case studies can provide this in depth perspective. I was keen to understand their construction and meaning of mentorship and how this aided their learning. I included students and their mentors to understand the relationships and interactions they develop, and the impact this has upon their learning which would answer my research questions. This approach is unusual as the review of the literature demonstrates that the majority of research on mentorship is focused upon either the students or their mentors, with few considering both perspectives (Wright, 1990; Watson, 1999;

Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Higgins and McCarthy, 2005). This in itself presented challenges in both data collection and analysis which will be discussed further in section 3.7 and 3.8.

A convenience sample of twenty five students who commenced the Postgraduate Diploma in nursing programme in March 2007 at one Higher Education Institution (HEI) were invited to participate in the study. Following a general introduction to students about the research in the second week of the programme, interested students were provided with a letter and further information about the study, prior to commencing their placements in week 5. It is recognised that there could be some bias with students self selecting to participate, however it was important that participation in this study was voluntary. However, as Treece and Treece (1986) identify, factors such as accessibility and time needed to be considered.

The intention was to aim for a sample size of ten. A small sample size allows the researcher to understand the particular issues in depth, not to find out what is generally true of many (Mason, 2002). Eight students from adult, mental health and child nursing were interested in contributing and were provided with information leaflets about the study (Appendix III). One student declined to be involved at this stage so seven students agreed to participate. However, another student subsequently withdrew from the study following her first placement. The final sample of six students participated in the study for a whole year, five female students and one male student.

Mentors were approached once the students who were participating in the study were allocated to a practice placement. Mentors were from both community and hospital settings within the placement circuit approved for student learning linked to the HEI. Identified mentors were contacted by telephone and a letter and information sheet about the study sent to them in advance of any interviews. Dates and times and location of interviews were agreed in advance, with all taking place in a private area within the workplace to ensure privacy and confidentiality of the discussion. Due to clinical demands on mentors' time arranging a suitable time for face-to-face interviews took longer than anticipated. In addition this proved complicated as often the student had both a mentor and an associate mentor and worked with both for periods of time or with other members of the team. Eighteen qualified mentors agreed to participate, who will be the main focus of the study and six associate mentors who will provide some supporting information.

Table I: Sample of Mentors

	Placement 1	Placement 2	Placement 3	Placement 4
Mentors	4	5	6	3

The sample included six students and eighteen mentors. The rationale to include a smaller number of students than mentors was that the students were followed through four placements (longitudinal nature of the study, twenty three interviews) and were a consistent “voice” of their experiences and understanding of mentorship and its impact on their learning. In contrast, each mentor only spent a short period of time (six to twelve weeks) with one student. By utilising student-mentor dyads this study will provide insight into the interactions and relationships and how they impact upon mentoring and learning for these graduate students.

3.6 Ethical issues

In qualitative research issues may occur that are not anticipated. As Ritchie and Lewis (2003) suggest the researcher needs to give careful consideration to ethical issues. I am very aware of the challenges this can present and therefore considerable time was taken to address issues such as informed consent, confidentiality, anonymity, gaining ethical approval and my role as a researcher and as one of the lecturers within the HEI where the research took place.

3.6.1 Informed consent, confidentiality and anonymity

The principle of informed consent incorporates the elements of right to freedom and self determination. Yin (2009) stresses the importance of ensuring that all participants are aware of the nature of the research and that their involvement is voluntary. Approval was sought from Ethics Committees and from individual students and mentors. Approval was given by the HEI’s Schools Ethics Committee to undertake the study with students, and approval was also obtained from the Central Office for Research Ethics Committee (COREC) for access to NHS Trusts to interview mentors. Although I recognised that they were undertaking the role as a mentor on behalf of the HEI it was likely that interviews would take place in the workplace and therefore NHS approval needed to be sought. In addition Research and Development management approval was obtained from the relevant Trusts and this resulted in minor amendments made to the information leaflets. This whole process of gaining ethical approval and research and management approval took about six months and data collection could

not commence until approval was obtained. In addition I obtained an honorary contract within the relevant Trusts to be able to undertake research activities. I ensured that relevant codes of practice within the HEI and Trust were followed.

Students and their mentors were made aware that their contribution was voluntary and they were able to withdraw at any time. Cohen, Manion and Morrison, (2003) identify that it is important to consider the possible disruption to individual participants by undertaking the research and that this needs to be carefully considered in the choice of sample. Despite this I was aware that this study would entail a time commitment particularly from the students over the year. An information sheet was provided to both students and mentors prior to the interviews and participants were asked to sign a consent form (Appendix IV and V).

As a member of staff I was aware there was the potential, as Holloway and Wheeler (2002) suggest, for participants to feel an obligation to participate due to the professional relationship to a lecturer in their HEI. To reduce this risk students' consent was renegotiated prior to each interview over the year of the research. As part of the consent process participants were asked if they would be willing for the interviews to be tape recorded and all students and mentors consented to this. The student and their mentor were interviewed separately, and at different times to avoid any influence on their views from the other party. As one student withdrew from the study after the first interview her transcript and that of her mentors were destroyed and, was not utilised as part of the study.

Students and mentors were provided with drafts of the transcripts following the interviews to check for accuracy. Each was given a pseudonym by me to preserve confidentiality and anonymity of information. Confidentiality of audio and transcribed material was maintained by storing data in a secure location with restricted access and the transcripts were labelled with a pseudonym only. Following completion of the study they were destroyed. All consent forms and information related to the study were stored in a locked filing cabinet and the data stored on the computer was password protected. The consent form included a statement that they were content for quotations to be utilised in the final report.

Anonymity is more difficult to obtain in a small sample but I believe that this is critical. I used the following ways to avoid the risk of participants being identified. Firstly pseudonyms were provided for students and mentors to avoid traceability. Secondly any student or mentor quotations included within the text were anonymous and in the

final findings were identified by a pseudonym or number to avoid the risk of identification.

3.6.2 Role of the Researcher

As I am a nursing lecturer within the HEI where the study was taking place it was important to try to reduce the impact of the power of the researcher relationship on participants (Holloway and Wheeler, 2002). I attempted to do this in a number of ways. I was not involved with the accelerated programme in relation to teaching or acting as a personal tutor for students on this programme. If there were any issues of a professional nature which needed investigating then another senior member of staff would be approached and not myself to avoid any conflict of interests. This did not occur during the study.

As the research adopted a case study approach with a small sample of students and their mentors it was important to consider issues of role conflict which might arise in face-to-face interviews. This conflict could be related to professional issues raised in interviews with students or their mentors. However, the only issue which occurred related to access to mentors as some students had identified associate mentors who were the main source of support to them on placements, despite their having a named mentor. Associate mentors were qualified nurses who were either undertaking a mentorship programme supported by a mentor supervisor or supporting a mentor. I only became aware of this during the interviews and decided to proceed with the interview process as originally planned. The intention was to also interview the student's mentor but this proved problematic in relation to time and availability, and consequently only the allocated eighteen mentors were interviewed. Gaining access to placements needed to be handled sensitively to avoid disruption to care practices and I knew none of the mentors interviewed.

As an interpretive approach was utilised it was important to reflect upon my role within the research (Dowling, 2006). I kept a reflective log during the data collection and analysis phases of my study. This aided epistemological reflexivity, whereby I reflected on assumptions about mentoring interactions and the nature of the different environments on learning. There are challenges as an "insider" in maintaining objectivity in data collection and analysis of the data. I acknowledged the potential for bias from my own beliefs, values and assumptions of mentoring which may influence the data collection and analysis of the findings. Biases can occur through what is happening with the students and their mentors but it is important that I recognised that my interpretations will be evident in the findings. By utilising quotations of interviews

with students and their mentors then I was constructing their reality, the student's voice, but I recognise that this included my interpretation of their "voices". As I was interested in the social reality of mentoring and learning then it was important that I reflected upon the impact I had as the only researcher collecting data.

The unpredictability of the views and experiences obtained can have an emotional impact on the researcher and indeed this was evident and I reflected upon this within my log. Acknowledging the complexity of the professional role I had as a researcher, lecturer and nurse was crucial. As a novice researcher it was essential that I kept an audit trail and had a robust data collection and analysis strategy as well as opportunity to share my thoughts and experiences with other researchers. This was facilitated by my two research supervisors who assisted my understanding of my role in the research and dilemmas I encountered. In addition as a lecturer I was conscious of my role and how this could be perceived by both students and mentors and influence the views they expressed. By following the students over a period of time I hoped to build up trust to enable them to safely voice their views. However, I was aware that this was not a reciprocal relationship, as I was not disclosing personal information about myself and if they raised issues about their programme I advised them to speak to their programme manager.

My role as a lecturer with mentors was more difficult as there is the potential that mentors could view my role as "monitoring" their performance. To reduce this, I provided an information sheet explaining about the study. However I was still aware that my role could have an impact on their views. As a qualified professional nurse I am aware of the accountability issues associated with mentoring and support and therefore I needed to be careful that I was not influencing students' and mentors' responses by mistakenly using leading questions or in my non verbal communication. To reduce the potential of this I utilised interview schedules but recognise that the variety of roles I undertook could have an influence on students and/or mentors. My role was therefore multifaceted and complex and I reflected upon the impact this could have on the research. Although the students' and their mentors' voices were evident in the quotations and the stories they presented, I interpreted these stories in the way I presented the findings and thus my role is evident throughout.

3.7 Data Collection Methods

There are a number of different approaches to collecting data about the social context and participants' experiences. Stake (1995) argues that there is no single specific

method of data gathering in case study. Data collection choices need to link to the research questions and the complexity of the case and its context. It is essential that appropriate steps are taken to maintain “the methodological integrity of the case study” (Rosenberg and Yates, 2007 p448). Options include naturally occurring data such as observations, documentary analysis and generated data through, for example, life histories, individual interviews and focus groups (Morse, Swanson and Kuzel, 2001). Observations offer useful insights into the interactions between participants, and the ability to record and analyse behaviour through the eyes of the researcher. Although observations of students and their mentors could provide data to address question three, it would be difficult due to the number of interactions taking place in a variety of contexts to get a representative sample of these encounters. My presence as the researcher may also influence the interactions and it was not known at the time whether any of the mentors and practitioners would be known to me.

Documentary analysis enables the review of existing documents to assist in illuminating deeper meanings and is particularly useful if exploring the history of events (Hammersley and Atkinson, 1995). Stake (1995) argues that documents can provide additional cues and can be substitutes for records of activity if the researcher is not able to observe or interview in the field in this study. Assessment documents could provide data related to achievement of proficiencies and include comments from mentors. It was felt that this may be useful if it proved difficult to obtain mentors' views and all these were accessed from the students following their placements.

An alternative approach was to consider more generated approaches. Ritchie and Lewis (2003) describe this as involving “reconstruction and retelling of phenomena” (p36). Darke, Shanks and Broadbent (1998) argue that interviews are essential sources of information for interpretive case study research as interviews provide access to participants' views and their interpretations of events. Individual interviews enable a focus on the individual and their personal perspectives of events and situations and are frequently utilised in qualitative research. They can also be in the form of two dyads or more at the same time, allowing some element of joint reflection. An alternative perspective may be focus groups whereby a group of people come together to discuss a topic and explore their views and understanding of this topic. As with dyads this enables some reflection within the group. Although focus groups would provide some useful insights from students' perspectives there would be less opportunity for detailed individual perspectives to be obtained. In addition it would be difficult to undertake this with mentors who are supporting students at different times.

Individual interviews were felt to be the most appropriate method to collect data as they provide a focus on individual students and their mentors and their perspectives on mentoring, interactions and relationships and the impact this has on the graduate students' learning in practice placements. As I was interested in the graduate students' understanding of mentorship and relationships, in depth semi-structured interviews would be appropriate as it would identify some core elements but also enable further exploration of students' and mentors' perspectives in more depth. Interviews would provide the "multiple realities" of the student's world within clinical practice. The use of interviews as opposed to questionnaires allows the researcher the flexibility to respond to participants' issues, clarify issues, as well as ensuring core areas are addressed.

Data collection tools were developed resulting in the production of consent forms, information sheets and preliminary interview schedules. I was flexible in this approach, as I needed to reflect upon the collection of data during fieldwork and be able to respond with changes if required. The planned period of collection of data took into account the length and nature of placements within this specific postgraduate pre-registration nursing programme. A data base was established. As well as maintaining a log recording the schedule of interviews and reflections, I established a system to maintain the data so "this can be the subject of separate, independent analysis by other than the original investigator" (Yin, 2009 p119). The data was kept in computer files, including NVIVO in addition to a manual database. This database included the interview schedule, semi-structured interview questions, individual students and mentor interview records over the four placements including time and place, student assessment documents and my log records.

3.7.1 Interviews

Two main data collection strategies were used; the first included semi-structured interviews with the graduate students, the second semi-structured interviews with the students' mentors. Paired interviews between students and their mentors were considered but to interview together may not provide true perspectives from the students as the "power dynamics" may influence how much they share in the presence of their mentor. However, separate interviewing of both the individual student and his/her mentor (at separate times) would provide data for all the research questions. This separate interview but paired approach would enable an understanding of the relationships between the student and their mentor. As these interviews were planned to follow students over a period of time then themes would emerge from the data which were significant to their learning, and this would provide valuable data missing from

studies which have only considered a small component of a programme or one perspective only (Wright, 1990; Watson, 1999; Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Higgins and McCarthy, 2005). Seidman (1998) views interviews as:

“access to the contexts of peoples’ behaviour and therefore provides a way for the researcher to understand the meaning of that behaviour” (Seidman, 1998 p4).

As I was adopting an interpretivist approach then in depth, semi structured interviews would provide data which demonstrated students’ understanding of mentorship and relationships with their mentor and its impact on learning. To take forward the longitudinal element of the study up to four interviews with the same students over a year would provide data for all questions in exploring their individual views of mentorship and any differences in different contexts. Students were interviewed following completion of each of their placements and all chose to be interviewed within the HEI at a time and location suitable to them. This resulted in twenty three interviews (one student, Sarah, had three interviews) with students (see Chapter Four for sequence of placements). I believed it was important to interview students as soon as possible on completion of their placements and this normally took place between two and four weeks from the end of the placement, but depended on availability of students due to academic work and timetable constraints.

An interview guide was developed (see example in Appendices V1 and V11) which explored students’ and mentors’ perspectives. These questions were developed from existing expectations of the role identified by the NMC, areas identified in previous research, and a group discussion I had undertaken with existing students to elicit key elements of mentorship from their perspectives. This group of students were degree students undertaking placements in their third year and was part of an existing tutorial about mentorship in practice.

In addition discussion with research supervisors identified core areas to explore through in-depth interviews. Prompts were used to clarify or explore in further detail issues identified by students and/or mentors (Ritchie and Lewis, 2003).

The first student interview focused mainly on personal information as well as their expectations of mentorship. Interviews two to four provided more depth to their understanding of their relationships with their mentors and its impact on their learning, thus addressing questions one to three. Although predominately similar for each student I was also probing each student’s construction and understanding of

mentorship within the different contexts and with different mentors. Depending upon their responses to the interview schedule questions they were asked to elaborate and expand their responses to provide greater understanding. As Stake (1995) highlights “each interviewee is expected to have had unique experiences and special stories to tell” (p65). The fourth interview also looked back over the year and students were asked to consider more general aspects of mentoring, relationships and learning as well as perspectives from the specific placement supporting evidence for question four. The additional questions were a reflection of data emerging from previous interviews as well as thoughts/ issues from the log I kept during the data collection and analysis period. This added richness to the data and the developmental process students had engaged in as well as reflection on the student learning. Data collection took place over fifteen months from May 2007 to August 2008, and interviews normally lasted between thirty and forty five minutes and resulted in twenty three student interviews in total.

Table II: Interview schedule

	Placement 1	Placement 2	Placement 3	Placement 4
Student Placement	April-May 2007	May-August 2007	September-December 2007	January- April 2008
Student and mentor Interviews	May-June 2007	July-August 2007	January – February 2008	July- August 2008

Likewise the graduate students' mentors were interviewed following completion of the student's placement and all chose for these to take place within work premises but away from the patients/clients settings. Organising suitable times for interviewing mentors proved very complex and time consuming and many took place outside their normal work time and at weekends. Eighteen qualified mentors contributed to the study. As with students the majority were conducted within two to four weeks of students completing placements. Data collection took place over fifteen months from May 2007 to August 2008, but interviews were shorter lasting approximately twenty to thirty minutes. Mentor interviews revolved around issues within the interview schedule drawing upon some core issues/questions to prompt discussion. Probing with mentors meant that responses were expanded to develop a more “in depth” understanding of their “multiple realities” and experiences of mentoring graduate students.

Table III: Research questions and themes

Research questions	Interview Themes
1. What do students and mentors understand by the term "mentorship"?	Role and expectations
2. How and to what extent does the context in which students gain their experience influence their perceptions of learning in practice?	Context of care/environment Nature/ organisation of care Perceptions/ of learning
3. How and to what extent do the interactions between students' and mentors' influence a student's learning experience?	Mentorship relationships Facilitation of learning/support Assessment
4. How and to what extent do students' experiences of the mentoring process change as they progress through the programme?	Experiences/Expectations

A key skill in this data collection method was the importance of listening and picking up cues from students and mentors to explore issues further (Kvale, 1996). I was able to recognise and draw out further information from participants once they felt at ease, but the skills in interviewing are complex. For students this seemed to be easier as a rapport developed between the researcher and students through the subsequent interviews.

Interviews were audio taped and subsequently transcribed verbatim. One student interview tape broke and the content of the interview was manually documented within an hour of the interview to try and retain as much of the detail of the interview as possible but I was aware that some of this data may have been lost. Transcribing of interviews took place within a short period after the actual interviews, normally 24-48 hours to reduce the possible loss of data. However as Cohen, Manion and Morrison, (2003) highlight the interview is "a social encounter not merely a data collection tool" (p281), therefore it is recognised that I will interpret this data to some extent. My construction of meaning will be evident in the text through my interpretation of the interviews, influenced by my own professional expertise as well as the students' and mentors' understanding of the mentorship relationship. However, this research is about providing the voices "through the lens" of students and mentors and interpreting these experiences.

Following each interview I wrote notes in my log reflecting on the interviews and also began to consider analysis which will be explained in section 3.8.

3.7.2 Documents

As interviews were conducted with all students documents were not utilised as a source of evidence during the research. It was recognised that case studies may utilise more than one form of evidence such as interviews and observations, but by interviewing both students and their mentors, this provided in depth rich data from different sources to answer the research questions.

In summary, the approaches to data collection adopted within this research were tailored to answering the research questions. By utilising a longitudinal approach I was able to capture the essence of the mentorship experience and interactions during a year for these six graduate students. Interviewing the students' mentors provided a unique insight into the relationships and interactions between the dyads missing from data which has only considered one perspective. Utilising a case study design enabled the "complexity" of the interactions and "reality" of mentorship to be explored across a variety of contexts and with a number of mentors supporting the six students. Careful consideration was given to the issues of maintaining confidentiality of information and ethical considerations during the year of the study. The richness of the data obtained by interviews from both students and their mentors provide a unique perspective on their understanding of mentorship and their relationships and interactions taking place in these placements.

3.8 Data analysis.

As this research was utilising an interpretative approach to try to understand the views of students and their mentors it was important that the analysis adopted a relevant analytical approach. As identified in section 3.7 a database was established to keep interview records both manually and electronically. Computer assisted packages such as NVIVO provide a useful support for storing the data, however they do not analyse the data. I needed to scrutinise the data to see if patterns were emerging. Data collection and analysis occurred concurrently. The analytical strategy focused upon the ontological and epistemological approaches identified in the research, that is, to explore and understand graduate students' and their mentors' experiences and reality of mentorship and its impact upon learning within clinical practice. It was important to gain insight from these graduate students' stories about how they understood and experienced mentorship and how this enhanced or hindered their learning.

A large volume of data was obtained from these interviews and it was important to consider how this could be reduced without losing the richness of the data. Stake

(1995) adopts four phases to analysis; description, categorical aggregation, establishing patterns and naturalistic generalisations. Ritchie and Lewis (2003) offer a framework to consider analysing complex qualitative data, which includes a process of sifting, charting and sorting material into key themes. There are five stages to this process which are: familiarisation, identifying a thematic framework, indexing, charting and mapping and interpretation. It is a matrix/strategy which is utilised by qualitative researchers to demonstrate rigour in the analysis process. Wolcott (1994) offers an alternative way to analyse qualitative studies through three phases of description, analysis and interpretation. I adopted an eclectic approach drawing upon elements of Wolcott and Ritchie and Lewis's approaches to analysing the data, but also linked this to Stake's (1995) four phases utilised predominately in case study research. Appendices IX to XIV outline components of this journey of analysis. The first stage therefore involved managing the data and becoming familiar with it.

3.9 Data Management.

3.9.1 Familiarisation and identifying a thematic framework/description.

The interviews provided a rich source of data from the six students and their mentors over the year. Each student interview provided between 8 and 20 pages of data per interview and although mentor interviews were shorter these also ranged from 3 to 10 pages, and therefore the task was complex and at times felt overwhelming (Appendix VIII sample student interview transcript). As I conducted all the interviews and then transcribed them I was becoming familiar with the data from the outset. I read all the transcripts several times and made notes in the columns and comments in a log linked to the research questions.

To aid this process each student's story was initially defined as a "case". I was able to see the development over time of the mentoring issues in a variety of contexts for the student but also to explore their mentors' perspectives. Stake (1995) and Wolcott (2001) refers to this early stage as description and Ritchie and Lewis refer to this as becoming familiar with the data. Data were reviewed and a general description of students' and mentors' understanding of mentorship began to be described for each student and their mentor. Reading and rereading the data for each student and their mentors took place and their individual stories began to develop. Similarities and differences between students and their mentors understanding and experiences of mentorship began to emerge. I was trying to understand what was happening and construct their reality. For each student a chronological picture was developed over the four interviews and this aided organising the year's interview data. In addition by

progressive focusing I could consider the broader context as well as the specifics of each student across each environment/placement.

Each student was not only considered on his/her own but also as part of a collective group, as Ritchie and Lewis (2003) highlight this “permits within and between case searches” (p217). As part of the process of analysing the data I was able to move back and forth to the data and identify issues and preliminary themes (Stake, 1995; Wolcott, 2001). This initial stage involved reading through each transcript sentence by sentence and labelling this data. Although authors often refer to this as coding, Ritchie and Lewis (2003) argue that this is too precise at the early stage of analysis and therefore prefer to refer to this as indexing. Stake (1995) refers to this as categorical aggregation.

3.9.2 Indexing/description/categorical aggregation

An “index” or category was developed drawing on the themes and the core areas from within the interview guide. The index included initial numbers to identify the categories, for example, personal aspects and then type of degree studied. The initial “indexing” included subsets of the main themes. Each of the student’ and their mentors’ interview transcripts were indexed using the initial themes and subsets.

Table IV: Sample initial indexing student –mentor relationships

Student	Mentor
Work with mentor	Contact with student
Some shifts with mentor	Positive aspects
Work with other healthcare staff	Negative aspects
Time/length of placement	Professional relationships
Not working with mentor	
Knowledge of mentor	
Personality of mentor	
Student attitude/personality	
Working relationship positive	
Trust	
1:1 relationship	
Mentor one student	

Further detail of indexes can be seen in appendices IX, X. There was some overlap between themes at this initial indexing stage. However it was felt important to include this at this early stage so as not to lose the inter-relationships which may prove useful in later analysis. At this early stage student and mentor indexes were kept in separate files. The first activity was to sort and manage this data by providing a number of themes, but to keep it close to the students' accounts. To aid this process, the computer assisted qualitative analysis software NVIVO 7 was utilised to store and manage the data as well as manual records produced from the interviews. NVIVO 7 was useful in supporting the sorting and managing of data as well as developing the tree nodes and sub-themes within and across the six students and their mentors. Thus it was important to have a structure and order to the descriptive data.

This indexing/categorical aggregation involved scrutinising the text and for each sentence and paragraph making judgements as to its meaning and indexing this within the transcript. Although this can be viewed as subjective, the process of indexing makes it available for others to review (Appendix XI and XII sample student and mentor indexing). This initial labelling and indexing of categories (case nodes in NVIVO) enabled the data to be searched and scrutinised across all students and mentors. This provided data which could be further analysed within and across students and viewed as:

“aiding locating conceptual, analytical categories in the data; and to help getting a handle of data for making comparisons or connections”.
(Ritchie and Lewis, 2003 p 203).

However, it was important to keep coming back to the original data to review emerging categories. The next stage involved providing charts to build up a picture of issues emerging from the data.

3.9.3 Sorting and summarising data.

The data analysis strategy was complex as it needed to take into account a number of factors.

- The individual graduate student stories but in addition consider issues emerging from all six students.
- To integrate the mentor interviews with each student, but also consider mentors as a whole.

- To integrate the student-mentor interviews together as the focus of the case study was the student-mentor dyads and their interaction and relationships and its impact upon mentorship and learning.

Consequently, I initially identified themes from each student across the four placements and then linked the mentor themes to these students. This enabled me to begin to see similarities and differences within and across students and their mentors in relation to how they learnt, but also the role of their mentor in facilitating learning. It would have been difficult to do this if I had not adopted a multidimensional cross case approach to analysis.

Although NVIVO was useful to store and subsequently to code and retrieve the data further analysis was done manually as well as through charting as I found using NVIVO difficult to utilise for the more detailed analysis. Therefore this package was utilised as Coffey and Atkinson (1996) argue as "analytical support".

To aid this process each theme had a separate chart created and each student's comments were stated verbatim at this stage drawing on the indexed material.

Separate charts were also produced for mentors. This was then followed by identifying key words from within the raw data recorded on the charts/ cases within NVIVO. Charts were identified for each context (see example of community care Table V). These were linked to the research questions with specific themes identified around relationships, context and learning. It was recognised that this initial process had rather loosely defined labels, but captured the essence of mentoring identified by students and their mentors.

Table V: Student Chart: Community care

Student	Mentoring/relationships	Context/workplace	Learning
Simon	Induction, welcome, planned opportunities, time with mentor	Variety of care, not like a ward, social circumstances, time management	In the car, discussion, talk, reflect on care from visits questioning, teaching.
Rosemary	1:1 relationship, prior experience, planned opportunities, feedback	1:1 visits with mentor, permission to enter, nurse-patient relationship, building trust	Individual visits, observed interactions, questioning, discussion and teaching before and after visit, feedback
Sarah	Induction, planned programme.	Engaging in care, interested, nurse-patient relationships	Variety of opportunities, visits draw on prior experience, challenge and question, teaching, feedback
Pauline	1:1 relationship, worked every day with mentor, monitoring progress	Peoples own homes, permission to enter, nurse – patient relationship, continuity of care	Observing, planning care, organising
Susan	Induction, planning learning opportunities, time for me, two way process	Diverse experience, 1:1 relationship with patients and mentor, organisation of care, working practices	Visits, observing, time with mentor, teaching, questioning
Anne	Planned opportunities, positive qualities, time with mentor	Organisation of care, feedback from mentor, working 1:1 with mentor.	Learning opportunities, support, discussion and questioning reflection, feedback,

A chart was created for each student over their four placements and there were similarities and differences within and between students. This was an iterative process. It was important to ensure that the charts kept the student's meaning and understanding of mentorship and that this was not lost in the reduction of data.

Mentor charts were developed around themes linked to the research questions and interview guide. Mentor charts were then linked to their respective students to understand the student-mentor relationship and the impact the mentor had upon their student's learning. The variety of charts facilitated comparative analysis within and across placements, students and their mentors.

3.9.4 Mapping and interpretation establishing patterns and naturalistic generalisations.

Descriptive accounts were produced by further analysis of the data which identified refined categories and themes and patterns emerging from the data over the year. This is identified as the third and fourth phases in Stake's approach to analysis. Stake refers to patterns emerging as consistency, which he termed "correspondence". This meant asking such questions: what is happening? What did that mean? Were graduate students' needs different? How were they learning? I was also reviewing emerging issues and considering this in light of the existing literature and if this was similar or different. This involved reviewing the charts across themes for each student to understand the data from both the student and his/her mentor's perspectives. This iterative process took over a year and involved rereading transcripts, checking initial categories and development of the refined categories, themes and sub-themes. This was a complex process and a journey involving stages in analysing and interpreting the data. Discussion with the two research supervisors aided refinement of the initial and subsequent categories, themes and sub-themes. Refined themes/sub-themes emerged from the analysis of the data over time. This was part of the analytical process which Miles and Huberman (1994) describe as "moving up a step in the abstraction ladder" (p224). The analysis therefore moved from data management through to descriptive accounts and the explanation/interpretation in a backwards and forwards way in reviewing the data (Stake, 1995; Wolcott, 2001; Ritchie and Lewis, 2003). I was interpreting the data and making sense of its complexity, but recognise that this is a subjective process.

From this analysis ten final themes emerged from student interviews linked to the research questions which can be seen in more detail in appendix XIII, but a summary is provided in Table VI.

Table VI: Chart of student themes

Central concepts from research questions	Themes
Students experience	Background
Mentoring	Being approachable Time with mentor Using initiative
Workplace context/perceptions on learning	Nature of care Participation in care Workloads
Nature of interactions and learning over one year in clinical practice	Interactions/relationships with mentors, patients, others in the team

A similar process occurred with the mentor data with seven themes emerging which can be seen in appendix XIV themes and subthemes mentor interviews, but a summary is provided in Table VII below.

Table VII: Chart of mentor themes

Central concepts from research questions	Themes
Mentor experience	Background and experience of mentors
Expectations of role	Mentor role
Context of care/resources	Context of care and workload,
Learning approaches/opportunities planned	Learning opportunities
Level of engagement/participation in care/part of team	Engagement and participation in care.
Assessment/feedback	Feedback
Experience of students	Self directed students

Comparative analysis is an important part of this process and student experiences were able to be compared across practice settings/mentors as well as within each setting to identify any connections and patterns emerging from the data (Glaser and Strauss, 1967; Silverman, 2010). In the analysis of data deviant cases or anomalies were sought from both student and mentor perspectives to provide added understanding of mentorship in nursing.

Case studies do not set out to generalise. However this case study could provide insights into graduate students' experiences of mentoring and learning which may have relevance to other graduate students. Case studies need to provide accounts which capture the unique experiences of these students in a variety of contexts so that the reader can decide if this rings true for them.

3.10 Rigour and Trustworthiness

I need to acknowledge that the data will be interpreted to some extent by my own perspective. Guba and Lincoln (1989) argue that three aspects are essential in demonstrating rigor and trustworthiness in qualitative research: credibility, transferability and dependability. Credibility must be demonstrated in a number of areas. As an experienced nurse lecturer involved in supporting students and mentors within nursing for over twenty years, I have established credibility in the field of nursing education. Credibility involves making clear as Graneheim and Lundman (2004) suggest, "the focus of the study, and selection of context, participants and approach to gathering data" (p 109). Credibility is also linked to addressing the issue of "fit" between respondents' views and my representation of them (Guba and Lincoln, 1989).

To assure credibility four approaches were identified. Firstly students and mentors were asked to check transcripts to ensure they reflect their views as presented at the interview. Secondly by engaging with the students for a year it was anticipated that this would also assist with understanding the experiences and perceptions of students as I had built up trust with the students. Thirdly interviewing mentors was also felt to be important to establish their perspectives of the interactions and relationships. Finally the rationale for the use of interviews and the use of elements of the Ritchie et al.'s (2003) framework analysis, Wolcott's (1994) approach of description, analysis and interpretation and Stake's (1995) description, categorical aggregation, emerging patterns and naturalistic generalisations has provided transparency of the research process to demonstrate credibility. The data are presented in three findings chapters,

which include quotations from both students and their mentors to provide the reality of mentoring through their eyes; however I recognise that my interpretation is evident.

Transferability is always difficult in qualitative small studies. I am not setting out to make statistical relationships but by using a small in-depth study to “understand” the particular issue in depth not to find out what is generally true of the many (Merriam, 1988). I have provided “thick description” to provide the reader with enough detail to make meanings from this and to make decisions on its transferability (Guba and Lincoln, 1989). Hodkinson and Hodkinson, (2001) argue that case studies can tell us about situations beyond the actual case, for example, in other settings, “whether the findings make sense and are they supported by evidence and argument” (p12). As this case study was exploring graduate students experiences of mentoring and learning it is a “unique and unusual” case and so generalisations to all groups of students cannot be made. However, it may throw light on experiences of these graduate students which may help to understand how they learn and interact with their mentors in different settings.

In order to encourage clarity of the data I shared sections of the data with a lecturer not connected with the programme to comment on the themes as they were beginning to emerge at the end of common foundation programme. In addition, the two research supervisors questioned and commented on the data emerging as the research progressed. This is an important aspect of triangulation of the data, to ask experts to discuss alternative interpretations to the conclusions I was making. This process was ongoing throughout the data collection and analysis stages. Utilising multiple sources of data is one of the strengths of case studies (Yin, 2009) and although interviews were utilised with both students and their mentors, interviewing both participants in the mentorship interaction added to data triangulation. This approach also aided construct validity as I gained different dimensions or “lenses” of mentorship and learning.

Le Compete and Priestley (1993) suggest that it is important to provide clear, detailed and in-depth descriptions so others can decide the extent to which findings can be generalised. The findings chapters provide detail of the students’ accounts of their perceptions and experiences of mentorship, drawing on quotations so that their voices can be heard.

Dependability corresponds to the notion of reliability in quantitative research (Guba and Lincoln, 1989). Checking the accuracy of the transcripts with participants plays a key role in strengthening the trustworthiness of the data. Member checking is viewed as an

important aspect of triangulation. Students and mentors were therefore sent a copy of their transcript with a pseudonym to check for accuracy. Audit trails, where others can examine the documentation of data, methods and decisions made, are also important in ensuring the robustness of the methodology and analysis. It was important to maintain a chain of evidence of data collection and this was stored in files in chronological order. Likewise the analytical decisions made need to be open to scrutiny from external sources and indexes, charts and themes were kept as part of the process of analysis to show an audit trail of the data and my interpretations of this data. Throughout the data collection stage regular meetings with research supervisors ensured that the data was scrutinised and further questions asked. This was particularly useful in coming to the fourth and final interview when I teased out issues not raised previously. I kept a reflective log throughout the period of data collection which recorded notes on my approach to interviewing and questioning, issues raised, areas for further exploration, emotional aspects and my own learning about interviewing (Kvale, 1996).

3.11 Chapter summary

This chapter has explored issues of methodology and research design. It argued for the value of an instrumental case study approach to my research on mentorship. It presented methods used and rationale for their choices. It also presented insight into process of analysis and ways to ensure the trustworthiness of the data.

The data analysis stage was complex and time consuming but it was important to give time to ensure that I was able to demonstrate rigour in the process of analysis. The analysis of the data utilising individual graduate students and charting each interview both on their own and across time, as well as the descriptions within the findings section intend to demonstrate dependability of the research.

The next chapter will discuss the case study in more detail identifying the students, their mentors and the context of the study.

Chapter 4: Background and experience: The Student-Mentor Dyads

4.1 Chapter overview

This chapter will provide an outline of the background of students and their mentors who participated in this case study. The context and sequence of placements in which the students gained their clinical nursing experience will be identified over the first year of their postgraduate nursing programme.

4.2 The student- mentor Dyads

4.2.1 Students

All six students were graduates having undertaken a health related degree prior to commencing the postgraduate diploma programme with registration in one of the following branches; Adult, Child or Mental Health Nursing. All students had some relatives/friends who were nurses and this seemed to have influenced their choice of nursing as a career. The choice of this programme seemed to be ad-hoc with all students finding out about it when they came for interview for other nursing programmes. They felt it best suited their needs in being at postgraduate level and also because it was an accelerated route. It recognised some of their prior learning and was completed in two years as opposed to the usual three year programme. As Table VIII illustrates (using pseudonyms to protect their identity), these six students had a range of academic and life experience.

Table VIII: Background and prior experience of students

Student	Branch	Nature of degree	Experience of health/social care.
Susan	Adult	Counselling	None, Aid work abroad.
Sarah	Adult	Physiology	Two years residential care.
Pauline	Adult	Biology	Health care assistant for eighteen months in hospital.
Rosemary	Mental Health	Psychology	Health care assistant six months.
Simon	Mental Health	Psychology/ Sociology	None. Career change.
Anne	Child	Masters in Business Administration (MBA)	None, except children had been in and out of hospital. Business career. Career change.

As identified in Table VIII Sarah and Pauline had science based subjects and were studying adult nursing and Susan had a counselling degree. Rosemary and Simon had psycho/social degrees and were undertaking mental health nursing. Anne had an MBA in which she had examined health issues and had worked in business and information management prior to commencing the child programme.

Two of the students Pauline and Rosemary had worked as healthcare assistants and Sarah had worked in residential care and so had some experience of health and social care. Simon and Anne had other careers prior to coming into nursing (engineering and business), but felt it was the right time to undertake nursing for personal reasons as a second career.

It is evident that these students brought a wealth of knowledge and experience from their initial degree and work/life experience prior to commencing this postgraduate nursing programme.

4.2.2 Mentors

Mentors were identified to support students on each of their placements within both hospital and community settings during the first year of the programme. Eighteen qualified mentors were interviewed who were the main focus of the study. Six associate mentors provided some supporting information (two who are undertaking mentorship training).

There is evidence that this group of mentors had a considerable amount of experience as mentors, with half (n9) having over ten years experience and the others between two and ten years experience. There is limited evidence from other studies as to the experience mentors had in their role apart from Webb and Shakespeare (2008) and Neary (2000) who focused on assessment decisions. The six associate mentors supporting these students had between two and ten years experience as qualified nurses but had not completed a mentorship preparation programme. An outline of mentors in each of the different contexts of care will be provided to illustrate the different range of experience and gender of mentors supporting these six students across their placements.

All the mentors in the community were female and had between eight and twenty years experience as mentors and were also working as autonomous practitioners. As Table IX demonstrated they had all undertaken further specialist training at degree level to become health visitors, community psychiatric nurses or school nurses and arguably they had considerable experience both as nurses and as mentors to draw upon in their role, a similar finding to Carr (2001). They all attended annual updates to keep them abreast of changes in programmes and their responsibilities as mentors.

Table IX: Background of mentors in the community

Student/Mentor Gender	Level	Time as a nurse	Time as a mentor	Nature of programme	Branch/Role	Length of placement
Susan/M8 Female	Degree	Twenty years plus	Eight years	998Teaching and Assessing	Adult/Health Visitor	Six week placement
Sarah/M9 Female	Degree	Twenty five years	Twenty years	998Teaching and Assessing	Adult/Health Visitor	Six week placement
Pauline/M7 Female	Degree	Twenty years	Fifteen years	998Teaching and Assessing	Adult/Health Visitor	Six week placement.
Rosemary/M5 Female	Degree	Twenty years	Fifteen years	998Teaching and Assessing	Mental Health CPN	Six week placement.
Simon/M6 Female	Degree	Twenty years	Eighteen years	998Teaching and Assessing	Mental Health CPN	Six week placement.
Anne/M12 Female	Degree	Ten years	Eight years	998Teaching and Assessing	Adult/Child School Nurse	Twelve week.

Within hospital settings all students except Anne had two continuing care placements with all having a first placement focused in this area of care (Table X and XI). Within both continuing care placements mentors experience ranged from two years to twenty years as a mentor. Three of the mentors were Sister / Charge Nurses with the remaining staff nurses and three of the mentors had degrees with the remainder diploma qualifications as part of their initial nursing qualification. Six of the mentors were female and three male. As with mentors in the community these mentors had an annual update. Simon and Pauline were mainly supported by associate mentors on their first placements with their qualified mentors less visible.

Table X: Background of mentors in continuing care first placement

Student Mentor Gender	Level	Time as a nurse	Time as a mentor	Nature of programme	Branch/ Role	Length of placement
Susan/M3 Female	Degree	Five years	Three years	Mentorship in Practice	Adult/Staff Nurse	Six week placement
Sarah/M4 Male	Diploma	Nine years	Two years	Mentorship in Practice	Adult/Staff Nurse	Six week placement
Rosemary/M1 Male	Degree	Fifteen years	Ten years plus	998 Teaching and Assessing	Mental Health Charge Nurse	Six week placement
Anne/M2 Female	Degree	Fifteen years	Ten years	998 Teaching and Assessing	Child/Ward Sister	Six Weeks
Simon/AM1 Male	Diploma	Four years	Associate mentor	None	Mental Health/ Staff Nurse	Six Weeks
Pauline/AM2 Female	Diploma	Three years	Associate mentor	None	Adult/Staff Nurse	Six Weeks

Table XI: Background of mentors in continuing care third placement

Student/ Mentor Gender	Level	Time as a nurse	Time as a mentor	Nature of mentorship	Branch /Role	Length of placement
Susan M14 Female	Not known	Twenty five years	Twenty years	998 Teaching and Assessing	Adult/Staff Nurse	Twelve week placement
Sarah M15 Female	Diploma	Five Years	Four years	Mentorship in Practice	Adult/Sister	Twelve week placement
Pauline M13 Female	Diploma	Five years	Two years	Mentorship in Practice	Adult/Staff Nurse	Twelve week placement
Rosemary M10 Female	Diploma	Five years	Two years	Mentorship in Practice	Mental Health/ Staff Nurse	Twelve week placement
Simon M11 Male	Diploma	Fourteen years	Twelve years	998 Teaching and Assessing	Mental Health/ Staff Nurse	Twelve week placement

All students had at least one acute hospital based placement with Anne on the child branch having two, one general surgery and the other her fourth placement which included specialist acute areas. Although Anne had a number of short placements on her fourth specialist acute placements it was only possible to interview one mentor from the three short placements. However it was felt that this would give a perspective of one specialist area of acute care which was not able to be obtained from other students as this type of placement came later in the programme.

Within the acute setting three of the mentors had experience between seven and twenty years as mentors, however, Rosemary, Simon and Sarah were mainly supported by associate mentors. This finding was of concern as half of the students perceived that they spent more time with their associate mentors as opposed to their qualified mentor in their acute care placements. The impact of this on their mentoring experience will be highlighted in chapter five to seven. The three qualified mentors were also Sisters/Charge nurses and therefore had a management role as well as supporting students. Academic qualifications amongst this group were varied, one having a masters qualification and two having degrees. As within continuing care the associate mentors in the acute setting had a varied length of time as qualified nurses between two and ten years.

Table XII: Background of mentors in acute care placements

Student/Mentor Gender	Level	Time as nurse	Time as mentor	Nature of mentorship	Branch/Role	Length of placement
Susan M18 Female	Degree	Twelve years	Eight years	998 Teaching and Assessing	Adult/Ward Sister	Twelve weeks (Three weeks Theatres)
Pauline M17 Female	Masters	Ten Years	Seven years	988 Teaching and Assessing	Adult/Ward Sister	Twelve weeks (three weeks Theatres)
Anne M16 Female	Degree	Thirty years	Twenty four years	998 Teaching and Assessing	Child/Ward Sister	Specialist care Twelve week placement split into three short placements
Sarah AM6 Male	Not known	Ten years	None	Undertaking Mentorship in Practice Associate mentor	Adult/Staff Nurse	Twelve week (three weeks Theatres)
Rosemary AM4 Male	Diploma	Seven years	None	None, Associate mentor	Mental Health/ Staff Nurse	In patient care Twelve week
Simon AM5 Male	Diploma	Two years	None	None, Associate Mentor	Mental Health/ Staff Nurse	In patient care Twelve week
Anne AM3 Female	Degree	Ten years	None	Undertaking Mentorship in Practice Associate mentor	Child/Staff Nurse	Six week second placement (Theatres)

This study found that these students had a number of mentors who had a considerable amount of experience both as qualified nurses and as mentors who were supporting them during their first year. The nature of the preparation programme varied due to changes over the years with those who have been mentors for over seven years undertaking the 998 teaching and assessing programme, whereas the more recent programme is a mentorship in practice programme. Twelve mentors had academic qualifications similar to these students, degrees with one with a Masters level qualification. There was a higher ratio of female to male mentors for this group of students (15 female, 3 male). The length of the placement meant that some mentors were only supporting and supervising students for short periods of time.

In summary, this study found that the majority of the mentors supporting these six students had considerable experience as mentors with a number having academic qualifications similar to the students that is graduate level. These mentors could be considered to be at the “expert” end on the continuum of experience as discussed in chapter one and section 2.7.3. Within the acute care setting three of the students were mainly supervised by associate mentors with their mentors having more of a distant role. This distant role of mentors illustrated the real difficulties mentors have in juggling workplace pressures and providing mentorship for some of these students. Associate mentors were qualified nurses but had not undertaken additional training to become a mentor and therefore were not viewed as mentors in relation to the NMC definition of the term; however it was evident that they were providing an increasing amount of support to some of these students.

4.2.3 Sequence and nature of placements

All students had two short six week placements in the first six months of their programme (Common Foundation Programme) related to their branch of nursing, a hospital and a community placement which were designed to give them an introduction to the different environments of nursing (Appendix II programme plan). They spent two/three days a week within these placements and the remaining two or three days in university studying the underpinning theory and practice of nursing through the use of learning contracts related to their individual learning needs. This also included a variety of learning and teaching approaches including case scenarios drawn from their practice experience in their module “Introducing Nursing to graduate learners”. Students then moved into their specific branch programme and normally had two twelve week placements (continuing care and acute care); in total they had four main placements over the year. During these placements they spent three/four days in

practice with the remaining days in university undertaking modules such as Case Management Nursing one and two, alongside other modules with some sharing across the different branches of nursing.

Community placements occurred for all six students and these focused on health centres and community services with students working with practitioners visiting people in their own homes and providing advice and monitoring how they and their families were managing their health needs. For students in the adult branch this was mainly with health visitors, mental health branch with community psychiatric nurses and for child branch with school nurses. Within this environment students were mainly observing care with some participation under direct supervision of a practitioner due to the specialised nature of care and the early stage of the programme.

Continuing care/rehabilitation environments tended to be where the care was planned on a longer term basis, often related to patients/clients chronic health care needs. The wards had 20-30 in-patient beds and within mental health the focus was on rehabilitation back into the community and patients' independence. Within adult services the focus of care was related to chronic disease management with older people.

Acute care environments usually incorporated 20-30 beds in a hospital ward and included patients who were often at an acute stage of their illness requiring immediate care. The ward environment therefore was often busy and care was unpredictable with both emergency and planned admissions, and patients were only in the ward for short periods of time. All students had a placement linked to acute care and for all except Anne this was their fourth twelve week placement in their relevant branch programme. Anne had an acute placement as her second six week placement within the common foundation programme and also a twelve week fourth placement which included short periods of time in specialist areas.

4.3 Chapter overview

This chapter has provided an outline of the student-mentor dyads in this case study and the nature of the clinical placements over the first year of their postgraduate nursing programme. The next three chapters will now present the findings and the story which emerged in relation to these six graduate students experiences of mentorship relationships and its impact on their learning. The findings could have been presented as individual student cases which would provide detailed findings for each

student over the four placements, but this would be rather descriptive and difficult to tease out issues of significance for all. Alternatively, they could be presented as separate student and mentor perspectives across the four placements. However, neither of these approaches would capture the “essence” and “complexity” of the mentorship relationships between students and their mentors and crucially its impact upon their learning. These are presented thematically as I was exploring the lived reality of mentorship and wanted to know how mentorship worked for these students and any differences and similarities within the group and across four placements. This would highlight issues of “significance” and “particularity” for this group of graduate students which is a gap in the current research literature and an important aspect of case study research.

Chapter five initially discusses the students and their mentors understanding of mentorship which addresses question one. The graduate students brought their own unique personal experiences to nursing from their prior learning but their stories capture their enthusiasm to learn and their approaches to learning. These findings were grouped into three main themes which emerged as important over the first year for these students. Mentors supporting these students provided important dimensions to understanding the role and these are included within the three core themes. The themes were: being approachable; time with mentor and using their initiative.

Chapter six focuses upon the different clinical placements/contexts where these six students spent time learning the craft of nursing. In presenting the findings in this chapter I made the decision to present each clinical environment separately as I was keen to highlight the different experiences of mentoring students were exposed to within the everyday working practices of nursing. In addition I wanted to explore how mentors worked within the different contexts and its impact on student learning which addresses question two and to some extent question four as students progressed throughout the first year. Consequently utilising a thematic approach within each context enabled me to keep the central focus upon the student-mentor dyads but to consider how and if the context and working practices influenced the nature of mentorship and learning for these graduate students. Three core themes emerged across the student interviews and these were: the nature of care; participation in care and workloads. Mentor themes supported the importance of nature of care and how it was organised together with workloads, and these themes are integrated within the different environments presented in this chapter.

Chapter seven presents the findings related to the interactions and relationships students develop with their mentors and others and the impact this has on their learning addressing question three. This chapter therefore highlights the reality of mentorship and learning for these graduate students in clinical practice and the specific issues that were important for these students. The findings in this chapter were pivotal to understanding mentorship and learning for these six graduate students. Although predominately focused upon relationships and interactions with mentors learning for these students could not be seen in isolation to interactions with others. Consequently these findings are grouped around three core areas: interactions with mentors, with patients and with others in the team to reflect the issues emerging from the student and mentor interviews. However, as the relationships with mentors is the primary focus of my study this will be the predominant data presented. Utilising a thematic approach enabled factors which facilitate learning for these graduate students to be highlighted, as well as understanding how they learn, and how mentors support their specific approaches to learning. Chapter five will now address the findings related to understanding mentorship.

Chapter 5: Understanding mentorship

5.1 Chapter overview

The findings from this study with its focus on the student–mentor dyads highlighted some similarities and differences in their understanding of mentorship. The relationship was enhanced when students were proactive and used their initiative and had opportunity to spend focused time working alongside their mentor. Of concern is that some students spent limited time with their qualified mentor and were mainly supervised by “associate mentors”, who are qualified nurses but they have not had any training for the mentorship role.

This chapter will now consider the student-mentor dyads’ perceptions of mentorship which addresses question one within the research, what do students and their mentors understand by mentorship, and some of question four how and to what extent do students’ experiences of the mentoring process change as they progress through the programme.

5.2 Understanding of mentorship

The NMC identifies eight domains/competencies of the role of a mentor which have been identified in Chapter Two section 2.5.1 in the literature review. Links will be made to some of these competencies in relation to the views of the students and their mentors about their understanding of the role within this chapter. Some of these areas will be discussed in more detail in chapters six and seven. The three main themes identified by students in relation to their understanding and expectations of mentorship were; being approachable, time with their mentor and using their initiative. Mentors’ themes will also be integrated into the findings as appropriate.

5.2.1 Being approachable

One of the first aspects identified by both students and mentors was in relation to the qualities which help to support developing a mentorship relationship and this was grouped under the theme of “being approachable”. Among some of the characteristics that students identified were that they wanted mentors to be “interested” and “friendly”. Simon felt that mentors needed to be “genuine” and Anne felt they needed to be:

“very interested and genuinely interested in trying to help and enhance my development and being enthusiastic about it and fitting it in too” (Anne P4, p3).

As with students, all mentors identified a number of personal qualities which they felt mentors should display. These included some similar qualities such as being; “supportive”, “friendly”, “interested”, “approachable” and “enthusiastic”. Mentors also included “good communication skills”, to be “open minded”, “patient” as well as “knowledgeable” summarised by one of Sarah’s mentors as:

“Listening skills, approachable, knowledgeable about their own field, friendly, able to spend time, be able to set time aside, enjoy mentoring students” (M15, p1).

The qualities expected were similar and reflect the characteristics which would assist with developing productive relationships and mirror previous findings from studies (Gray and Smith, 2000; Spouse, 2003).

In contrast to these positive qualities all students identified some characteristics which they had not expected and did not feel were conducive to developing a positive relationship with their mentor. These include “lacked interest and motivation”, “not approachable”, “distant relationship”, “did not want to get to know the student”, but more concerning was Anne’s comment that some mentors did not like students:

“some people become mentors when they don’t even like students’ manner, how they speak to you, label the student, that student” (Anne P3, p4).

If these negative aspects were evident then it would be difficult for these students to establish an effective working relationship. Where this occurred, it was emotionally draining and stressful for students and this will be discussed further in chapter seven, section 7.2.3. This seems to be similar to negative characteristics identified by Cahill (1996) and more recently Mamchur and Myrick, (2003), who identified conflict and the impact this can have on mentoring and learning.

5.2.2 Time with their mentor

The time with their mentor was perceived by students as important and all students were keen to meet with their mentor in the first few days to begin the process of building a relationship particularly in their first placements. The evidence found that their initial contact with a mentor was variable. Lloyd-Jones, Walters and Akehurst, (2001) argues that this initial contact is essential to setting up a productive relationship.

Pauline and Susan who were undertaking the adult branch identified that their expectations were different to the reality on their first placements. As Pauline did not see her mentor initially she felt it affected what she was doing. She only worked consistently with her mentor in the last three weeks, spending most of her time with an associate mentor:

"I expected to have my mentor with me the whole time which obviously in an ideal world would probably would have happened, but I do realise that's probably wouldn't be happening but I think I just wanted it at first, I wanted my mentor with me especially in my first week, I felt lost for a couple of days and I didn't like that at all" (Pauline P1, p17).

In contrast, Susan, who did have a mentor from the beginning perceived she did not work enough with her mentor and wanted more guidance:

"I really thought I would be taught things or guided a bit more, cause it was like the first time I'd ever been on a ward...I was a bit unsure what to do, but there was no real guidance...I thought like you are meant to spend about half an hour a week in supervision with your mentor" (Susan P1, p7).

Susan and Pauline were expecting to have direct supervision in these early days on their placement and this was their understanding of the purpose of mentorship. Students believed mentorship was about the mentor "being there" for them and was a voice to support them in their learning within practice. Anne felt she should have had more supervision and teaching on her first placement. Anne did learn by watching but she felt "like a sheep following my mentor around" (p9), and felt it was more about "me attaching myself to them" (p11). Students' initial expectations and experiences of spending time working directly alongside their mentor were variable within their first placements. These students found it emotionally draining when they perceived that they were not spending time with their mentors. This highlights the importance of having a mentor identified at an early stage on their first placement, so they had someone they felt they could go to for support and guidance.

In contrast to their first placements, all students commented on the fact that in the community they worked closely with their mentors and went on visits to patients/clients within their mentor's caseload, but a key factor was the direct contact with their mentor:

"she was there when I was there and when I wasn't there I knew who to go to for help and ask...it was so much more reassuring" (Susan P2, p4).

Mentors in the community worked in a one to one relationship with students due to the nature of care. Mentors expected to take students along with them on visits to the home or clinic and for them to be either working with them directly or with another member of staff and seeing the whole perspective of care in the community. This concentrated time allowed mentors to build up a relationship with their student. In addition some mentors seemed to structure and plan when they would meet with their students. Simon's mentor in the community identified how she met with Simon at the beginning and planned further meetings throughout the placement:

"We met once a week...and sat down and went through what he had done and what he had experienced..." (M6, p4).

It was evident that some mentors were meeting with students early in their placement and using this as an opportunity to plan and identify learning opportunities for students. This supports the guidance from the NMC in relation to the importance of establishing working relationships with their students.

As the majority of students had a second continuing care placement at the beginning of their branch programme the importance of spending time working directly alongside their mentor was still raised by students as significant for them:

"I worked mostly with my mentor; she was there most days ...so I had maximum contact with her..." (Sarah P3, p1).

"its how much time you can get to spend with them and you need to spend as much time as you can...shifts together and things like that" (Pauline P3, p4).

Mentors identified that it was essential to meet with students early in the placement to establish a relationship. Anne's mentor in her third placement summarised the importance of this in establishing a relationship with her student:

"that relationship, that ability to engage in a meaningful relationship with the student is paramount right from the beginning if that happens and you can actually sit down with your student and they say what their needs are, you say what your expectations are and it can be a very successful relationship" (M12, p2).

Despite these positive comments from students about spending time with their mentor directly or more indirectly within the community and continuing care placements this was less positive in their acute care placements. Susan on her fourth placement identified that she felt mentorship was less than supportive. She needed time to settle

and adjust to the area and get to know the team and this was also acknowledged by her mentor:

"I think I expected to be supported more, at the beginning in uni you are told your mentor will support you, you will work with them for this much time and they will support you, but the reality is you have to ask and seek out, its funny because its all on the student to do this..." (Susan P4, p8).

"I had a student who said to me recently that she is not getting her output as she is not spending time with me. I think as a sister and when there is a lot going on and because of staffing on the wards and that is when it falls down" (M18, p2).

The nature of the environment will be discussed further in chapter six, but suffice to say that students did find variations in both the time and nature of how they were supervised both within and across different environments.

Students seemed to expect to have direct supervision from their mentors particularly in their early placement which matches the earlier study of Gray and Smith (2000). How realistic students were in expecting to work directly with their mentors did alter as they progressed through the programme, however they still wanted focused time with their mentor whether this was through direct or indirect supervision.

Some mentors acknowledged that spending time directly supervising students particularly in acute hospital placements was difficult but students felt time was of the essence in providing opportunities to establish a relationship with their mentor.

5.2.3 Using their initiative

All students except Simon and Sarah seemed to be fairly assertive in their first placements and aware of their responsibilities in the mentoring role. Susan felt the onus was on the student to seek out support and describes occasions of "fighting" to get support which she had not expected. Pauline identified early on in her placements that she needed to "push" herself and use her initiative to learn and could not just sit back and wait. Anne asked for a change in her mentor on her first placement when she realised she would not be working with her identified mentor for a period of time and spoke to the ward sister:

"It's not for them to change for me, but for me to adapt to them" (Anne P1, p9).

The students had expected mentors to take more of a lead. These three students (Pauline, Anne and Susan), seemed to be proactive and seek out guidance and

changes if they did not perceive mentorship was working for them even at this early stage in the programme. As they were postgraduate students Sarah felt that mentors expected more from them doing a two year course as opposed to a three year programme, even through they had to learn the same clinical skills. However, she felt that because they were more mature that they were better able to interact with patients/other staff even if unsupervised. Sarah identified that you are expected to use your initiative more and get on with things. Sarah seemed to change her attitude after her first placement and believed that she needed to play an active role in her learning. Anne felt that she needed to be assertive and ask questions and her mentor on her first placement valued this approach:

“put yourself forward and things like that, I am more assertive and I think that helps, I am continually asking...I don't give up easily” (Anne P3, p2).

“Anne was focused and did more than I would expect of a first year- she was doing the shortened programme therefore felt she had to learn quickly. Good at communicating with others, will do things without necessarily waiting to be asked. Anne would only need to be shown once and then would do it, but would ask if felt needed.” (M2, p2).

Susan reflected on the need to ask and she wanted more support and time with her mentor. She felt that you needed to “look after yourself really” (p4). These students had expected mentorship to be more of a two way process between themselves and mentors and although this seemed to occur with some mentors this was not a consistent message emerging from the students interviews.

Some mentors were keen to develop an effective relationship with students and this required a productive two way relationship with their student. Some mentors identified the importance of checking out with students their expectations as well as their own expectations in more of a joint partnership approach to mentorship. The majority of mentors viewed these students as very self-directed in their learning and their role was to facilitate this approach. Pauline's mentor on her fourth placement identified that if students were able to use their initiative and were enthusiastic then mentors felt this was positive and made their role easier:

“Initiative I think...it does help...if they haven't got initiative that is the most infuriating for me, because then you have to deal with that” (M17, p4).

Indeed this issue of “initiative” was a consistent comment by some mentors and if students demonstrated this it made mentorship much easier and also more satisfying

for them. Webb and Shakespeare (2008) highlighted that mentors liked students to show confidence and assertiveness. Halkett and McLafferty (2006) previous study on an accelerated programmes identified that students were keen to learn and were independent learners but did not specifically mention the use of initiative.

Despite this, Simon's mentor on his second placement discussed that she had expected more from him as a mature student doing a postgraduate programme as he seemed less proactive in identifying his own learning needs:

"I think I expected more than he could offer, I think sometimes you get a mature student and you think oh great, you know they will be a bit more forthright, more confident, but to give him his due Simon did say he needed to look at his communication skills with people..."(M6, p2).

In summary, most of these students were proactive in relation to their learning and expected mentorship to be a two way relationship. Mentors appreciated students using their initiative and this seemed to be a significant factor in their developing relationship.

5.3 Chapter summary

Mentorship is perceived by both students and their mentors as a complex activity, but crucially as a vital role in supporting students to learn the craft of nursing within practice settings. Despite the mentoring role having existed in nursing for many years, it was evident that expectations differed between some students and their mentors in relation to aspects of the role.

Firstly the reality of mentorship was sometimes in conflict with the NMC's demands in relation to time spent in direct or indirect supervision with their mentor (NMC, 2008). Worryingly this seems to be similar to some of the earlier studies of Cahill (1996), Spouse (2001) and subsequently Lloyd Jones, Walters and Akehurst (2001) when Project 2000 was introduced. Some students spent only short periods of time with their qualified mentors. It is important that students' expectations of mentorship are realistic so as not to cause dissonance. Students need to be provided with a level of supervision appropriate to assisting them to learn in the increasingly complex environments of care. As these students were mainly proactive they were able to seek out and gain supervision either from their mentor or others in the team. Mentors appeared to appreciate students who used their initiative and acknowledged that they were quick to learn.

The next chapter will now explore the impact of the different environments upon mentoring and learning.

Chapter 6: The impact of the clinical environment on mentorship and learning.

6.1 Chapter overview

This chapter will move the focus towards research question two, how and to what extent does the context in which students gain their experience influence their perceptions of learning in practice. Adult learning theory related to cognitive approaches have dominated the nursing literature over a number of years, but social learning theory has an increasingly important role to play in understanding the workplace (Lave and Wenger, 1991; Eraut, 2000; Billett, 2001). This chapter will draw on both the students' and their mentors' interpretations of learning and mentorship in the different environments. Graduate students were keen to participate in care in different ways from an early stage of the programme. They wanted a greater depth and breadth to answers to questions which illustrated their unique personal histories. Where mentors were able to facilitate this independent approach to learning then students were positive about their mentorship and learning. Three themes were consistently drawn from the research from the student interviews and these include; the nature of care, the level of participation within the team, and workloads. Mentor themes related to workload and context will be integrated within these findings. The findings for each will be examined in the community, continuing care and acute care environments.

6.2 Community care

The nature of care and how it was structured and organised within the community setting was found to be a key factor in supporting student learning. Students were normally allocated to a health centre and then to a qualified practitioner (mentor), within this practice and so worked closely with their mentor and their caseload for the duration of the short six week placement. This involved mainly visits to peoples' own homes, attending clinics or visits to other centres/schools within the allocated placement area. Sarah's and Rosemary's mentors in adult and mental health settings highlighted the importance of providing an overview of the context of care so that students could see the bigger picture and begin to understand the role of nurses and others within the community setting:

“what I try to do at the beginning is obviously what I call “helicoptering”, so starting off what is basically health visiting and then really home down to the grass roots and what we do and how we actually physically arrange ourselves” (M9, p7).

“making sure they get a good experience of working with the client group in the community, that they are aware of the role of the CPN, get to work with different client groups...the living conditions, how people actually live...” (M5, p19).

Mentors were providing students with the context of care and their role within this, but also about the social dimension of caring for people in their own home. Students were beginning to experience the different culture and norms within the community setting and their impact on health. Billett (2001) refers to this as the affordances and culture of the placement which are an important aspect of understanding the practice. A significant difference in the nurse patient relationship in the community as opposed to hospital is in relation to the power relationships. In the community the control is with the clients as care is normally taking place in their own home. This seemed initially to surprise students. Simon and Rosemary in the mental health branch highlighting the nature of the learning environment being different and the fact that as a professional you are a “visitor”. Both Rosemary and her mentor illustrate this different relationship with clients and the fact that some clients may not want students to visit:

“she would always ask the patient whether it was alright if I came in” (Rosemary P2, p2).

“some students find it difficult to accept that they can’t come along with me, but because we are going into people’s homes we have to respect them and clients are okay with it...”(M5, p9).

Dixon (1996) identified that health visitors selected specific families to visit with students. This did not appear to occur with these students as they did mention that sometimes they had to “sit in the car” or “read notes” if clients did not want them to visit. Despite this experience all these students recognised the personal choice of clients. This in itself was an important part of learning about the nurse’s role and the power shift in the nurse patient relationship in the community. There were some occasions when mentors identified that due to the sensitivity/ confidentiality or a difficult relationship it was not appropriate for students to visit the client with them. Anne’s mentor was aware that introducing a “third” party into the scenario may not be appropriate in establishing a relationship with a client and their family. Despite this situation, Anne’s mentor used this situation to talk to Anne about trust and confidentiality and support her in handling difficult and complex encounters with clients as the following statement indicated:

“Sometimes it can be inappropriate to have a student with you. I am up front about that. I think sometimes students are quite genuinely shocked about like child protection...so those sorts of things have to be talked through. They have to be addressed otherwise you don't get a true picture of the other specialist public health nurses role” (M12, p7).

Students were exposed to the different social aspects of people's homes and living conditions and the potential impact this can have on their health. This interpretation of the reality of the social world seemed to be quite a shock for Simon. Simon's mentor discussed with him the importance of not judging people by their living conditions:

“I've seen some very nice environments, nice houses and some very sad places you know actually uncarpeted, infested houses and then just a hundred yards away some beautiful houses, and it is both people suffering mental illness and you don't, there is no gauge of it you can't tell...its quite an eye opener, socially its an eye opener” (Simon P2, p2).

“I did discuss that with him...that is their home and how they live” (M6, p6).

The way in which care is organised in the community involved mentors identifying at the beginning of the day where and who they were planning to visit from their specific caseload. Alongside this, mentors were actively engaged in enabling students to gain experience with a variety of clients on their caseload in a planned and structured way. The mentors were encouraging students to engage and participate in care, although this was largely through observation. Mentors tried to organise that students were able to go back and see clients so they had some continuity of care illustrated by Sarah's mentor:

“if we did a birth visit today I know in my health visiting role that I will be going back in two weeks time, so two weeks from now will say I am going to do a postnatal visit, so where possible I try and include continuity so they can see the whole story as developing” (M9, p8).

As identified in chapter four, section 4.2.2 these mentors were experienced, autonomous practitioners and had been working in the community environment for a number of years. They knew the social and health issues of their caseload well. Students were exposed to the norms and workplace practices of community nursing. It could be argued that they were peripheral to participating in practice as they were mainly observing care. The reality was that they were gaining membership of these community teams through the close one-to-one interaction with their mentor and their clients. This reinforces the argument by Billett (2001) that students need invitations to engage in practice from an experienced practitioner.

The second theme emerging within the learning environment related to the nature of the student's involvement and their participation in the care of clients and the team. This engagement in care in the community involved observing their mentor communicating with their clients. This was their first experience of community care and was at a relatively early stage in the programme. For Rosemary and Simon, they gained opportunities to be involved in assessments and referrals to other teams. Students were working alongside their mentor in a one to one relationship as illustrated by Rosemary:

“generally observing the way my mentor talked to people and I got to go to a mother and baby unit...a lot of communication and different diagnosis in mental health” (Rosemary P2, p5).

For Pauline, Susan and Sarah in the adult branch they were working mainly with health visitors and were observing interactions with children and their parents as well as assessments in relation to the child's development. All three students commented on the fact that they were observing and not able to “do” much hands-on care in this environment, illustrated by Pauline comments in relation to her involvement in care:

“not able to do the same things as in hospital, did do weights, observing a lot, watching children play, how they interact with their mum, how they are talking, just observing and watching them” (Pauline P2, p1).

Anne, who was undertaking the child branch, spent time with mainly school nurses during her placement and was observing interactions with children mainly within schools. Through working directly alongside their mentors students were learning about how to communicate and engage with patients/clients, and building up a picture of the total client experience. Students were beginning to appreciate the professional behaviour and responsibilities expected of a nurse. This is a similar finding to Baglin and Rugg (2010), which identified the importance of students learning about appropriate professional behaviour within the community.

Although this was a short placement, what was significant was where and how learning took place, and how interactions with their mentors facilitated opportunities to engage students in care. In the community learning took place in a number of different places including in the home, clinics but also significantly in the car. On the way to visits some mentors used this as an opportunity to provide students with background information about clients. Following the actual visit itself, to then ask questions, check understanding, and link theory to practice through critical discussion and reflection on their learning whilst in the car (see Chapter Seven section 7.2.2). This is similar to

Hallett (1997) and Carr (2001) who also found that the time in the car between visits was crucial for learning in the community, and enabled students to “think rationally about their experience”(p108).

The actual visits themselves highlighted a variety of levels of engagement in practice taking place depending on the nature of clients care needs and how mentors facilitated students learning. Central to this learning was the opportunity to participate in practical clinical skills, which was also identified by Baglin and Rugg (2010). Rosemary identified how her mentor facilitated her participation in care (scaffolding) by administering an intramuscular injection during an actual visit. This helped her to develop specific clinical skills, but crucially how she had to adapt within a clients' own home.

“I was in a one to one situation with a patient, but my mentor was there so no matter what you're got somebody observing you...learning to do my first intramuscular injection in a really run down house on a window ledge was the best place to learn it. I think as well because that gave me confidence...I was constantly trying to talk to this young lad at the time so it was adapting...” (Rosemary P2, p10).

Billett (2001) argues the individual student needs to be motivated to engage in the practice and with support from their mentor effective learning can take place. Although they were observed by mentors discussing this care either before or after care encounters they were somewhat peripheral and not full members of the community of practice. They have not developed the full knowledge and skills of a qualified member of staff at this stage in the programme.

Finally students also had opportunities to discuss their learning with their mentors when they returned to the health centre/clinic at the end of the day. Rosemary and her mentor talked about the importance of meeting and reviewing progress each day:

“daily, like at the end of each visit she would give me feedback on how she thought I had acted and how she thought I was doing...” (Rosemary P2, p11).

“ongoing supervision and I don't see that as once a week, its may even be five minutes debriefing at the end of the day because it's a whole different world in the community” (M5, p8).

The nature of the working practices within the community meant that mentors were discussing aspects of care with students on an ongoing basis. Students were keen to learn and as highlighted in these examples they sought out opportunities and questioned mentors to gain a greater understanding of the whole patient experience.

This reflection on their learning even at this early stage was an important part of their learning and making sense of their experiences in practice. Mentors facilitated active engagement with students and exposed them to authentic activities that incorporated the wide dimensions of the role of the nurse within the community settings.

The workplace practices within the community provided a rich source of learning in the car, patient's own homes, clinics and schools and these were multifaceted and constantly changing spaces for learning. The crucial aspect to the student learning experience in this context was the guidance and support from the experienced practitioners/mentors. This enabled students to learn by working closely in a one-to-one relationship with their mentor. They could observe and interact with clients within the mentor's caseload and make sense of these different encounters.

Although resources are identified as issues within the community by the mentors this was not highlighted by these students. Mentors identified how they tried to juggle having a student(s) and managing their case loads. This had an impact on their workloads, particularly in relation to administration which had to be completed at the end of the day when the student left. Susan's and Rosemary's mentors spoke about how challenging it was having students particularly if more than one at a time:

"It means that a lot of the admin work, which can't be done when you have a student, tends to get put back to the end of the day and we do have quite full days" (M8, p4).

"it can be stressful at times because you are fitting in...you step up a notch as well because you are thinking ahead of yourself all the time...sometimes the admin can take a backstage" (M5, p11).

Carr (2001) raised the issue of workloads as an area of concern as more students are having placements within community settings and this does not seem to have altered. As autonomous practitioners they managed their own caseload and this could fluctuate with new and existing patients to visit. This meant that having a student could be difficult in managing these competing demands as well as providing a variety of learning experiences for students. Despite this these mentors were able to plan and structure rich and varied opportunities for learning for these students.

Mentors endeavoured to make efforts to ensure students had exposure to learning resources but were sometimes constrained by the design of buildings as demonstrated by Simon's mentor:

"I think maximum is two (students) really in the office, sometimes we had four and that's too much, its not a big office, not that much space

and we have had four and if they are all in the office at the same time you can't get work done" (M6, p5).

In summary, firstly the community environment provided students with a rich variety of learning experiences. Although it appears initially to be unplanned activities in relation to the unique experiences, mentors are deliberately using specific spaces/locations such as in the car and before and after visits to facilitate student learning. The opportunity to discuss, challenge and reflect on their learning during and at the end of the day enabled students to develop their critical thinking and reflective skills.

Secondly, the period of direct one-to-one contact time with their mentor was valued by students and this was also an opportunity to develop a positive relationship with their mentor.

Thirdly, mentorship in the community was guided by the nature of the workplace practices and the way in which practitioners predominately worked on their own. Students were exposed to the importance of developing trust in the nurse/patient relationships as well the complexity of the nurse's role.

Fourthly, equally significant was how mentors structure planned time for students to work with them and with others in the team so that they understood the role of all within the multidisciplinary team. There were challenges for mentors in supporting students as they work very much in a one-to-one relationship with clients and therefore introducing a student into this situation could potentially change the dynamics of the nurse patient/client relationships.

Finally, mentors had to "juggle" resources when they had a student with them and plan their caseload visits accordingly. Nevertheless the community environment provided a rich and diverse source of learning for students in focusing on the health and social needs of individual clients.

6.3 Continuing care.

All students had a short six week placement at the beginning of the programme within a continuing care/rehabilitation placement and this together with their community placement completed the common foundation programme. This was followed by a twelve week placement in continuing care in the branch for all students except Anne in the child branch. The findings from the continuing care environment will be considered together. The focus of the first placement was on understanding the ward routine and norms and their first contact with patients as identified by Sarah:

“just get used to generally being on the ward, in that environment... I think it takes three or four weeks to settle in properly and get to know the patients” (Sarah P1, p11).

All students felt that six weeks was not long enough and that they were just getting settled when they had to move on. When students were on placements for twelve weeks at the beginning of the branch programme there was evidence that they were able to develop stronger nurse-patient relationships than in the six week first placement as identified by Sarah and her mentor:

“it was nice to have long term patients, stroke care and had chance to get to know patients with them being there for a longer period... I think you get to know them, your relationships build up, and the same nurses were allocated to the same patients” (Sarah P3, p5).

“the patients on here develop at such a slow rate on this ward and in twelve weeks they can see and watch the patient improve and get satisfaction” (M15, p2).

All five students on their twelve week placement identified that the nature of the continuity of care was a key factor which supported their learning. They were able to build up a nurse-patient relationship and engage in practice in a meaningful way. However the way in which the nursing work was organised was very much in teams within continuing care environments. Students were usually allocated to a team for the duration of their placement, for example, “red” or “blue” team and cared for patients/clients within this team. Pauline identified how care was organised and planned so that she had continuity of care and built up knowledge and experience of patients:

“They have a board up and the unit is divided into three teams, red, blue and green teams. I always worked in red team, pretty much all the time and got to know the patients every day, I knew where I would be every day and once I got to know them a little bit then I would know what to expect from them as well” (Pauline P3, p5).

Students valued this opportunity to have a clear structure to the placement and to have some continuity of patient care. They had the opportunity to get to know and engage with patients over a period of time, and understand the norms and culture of the placement. Despite this, it was not always clear for all students. Susan initially struggled on this continuing care placement because she did not understand the working practices and the structure of the day and found the ward busy. Once this was explained then Susan was able to understand the bigger picture in relation to the nurse's role as her quotation illustrates:

"I think like after two or three weeks I was kind of getting worried that I wasn't doing a lot of things...so I said to my mentor I am still not sure after everything has been done in the afternoon and a lot of the nurses go off and do written things and care plans and I still don't feel confident with that and what I am doing so we worked together then ...so I did sort of identify that I was feeling a bit lost in those last few hours of the day and knowing what to do" (Susan P3, p4).

Nevertheless, this highlighted the importance of the mentor or another member of staff explaining to students how care is planned in this specific environment and the structure/routine and affordances of the placement. It is not enough just to be allocated to a group of patients and expect students to understand and learn about patient care on their own. Billett (2002a) identifies this as the mentor acting as a guide inducting the novice into the norms and culture of the workplace. It is only once Susan understood and became "familiar" with the structure of the day and how nursing work is organised that she was able to move on and begin to learn by engaging and participating in care. Not only was Susan learning about the practices but she was also developing her identity within the social practice. Her mentor therefore played a key role in helping Susan to understand the complexity of the day and providing the building blocks for Susan to make sense of the working day:

"she wanted to know a pattern...she didn't understand the system, how it functions, how it fitted together. She felt she was lost at the beginning, didn't know what to hold onto, so we sat down and I went through step by step what happens on a shift and she needed that to pinpoint what, how and when...she needed building blocks and once she got the basic blocks she got more confident... I think needs to be four weeks minimum to feel confident enough to see the routine and see how things fit together otherwise you are just learning a task and that doesn't help you" (M14, p9).

The nature of student's involvement and engagement in care varied. On their first placements students were very dependent on their mentors and Pauline described how she "followed" her mentor, and worked closely with her in observing and participating in care under direct supervision. This is similar to Lave and Wenger's (1991) view of novices entering a community of practice and relying on the old timer to explain the working practices. Eraut (2004) argued it is through participation and working with others that learning will take place and students will learn the uncodified cultural knowledge which is difficult to identify in isolation from the situation. For the majority of students this was their first exposure to ill people in hospital. On their initial first placement mentors facilitated student's development of nursing skills and working with patients. The nature of their engagement with practice focused upon developing skills such as medications, nutrition, hygiene and communication. Anne and her mentor

describe how she was beginning to be engaged through observation and then direct supervision in a variety of activities with babies. The key to this situation was the way Anne's mentor was guiding and coaching through engagement in practice as illustrated below by both Anne and her mentor:

"I had to watch her do that and understand how the feed is made up to match that patient specifically and that was interesting and to see how a baby so small...and the feed is made up and then watching it given. I learnt a lot from that even though I couldn't actually participate in doing that..." (Anne P1, p8).

"developing skills about nursing children, in the first year it is about developing skills...providing opportunities for learning...guiding them" (M2, p1).

Pauline, Susan and Sarah seemed to have less direct supervision from their mentors on this first placement and this influenced their initial feelings about how much they had learnt. Whilst on the longer twelve week placement in the branch programme all students were able to be more actively engaged in participating in care which was supported by their mentors. Pauline makes an important link with her learning occurring in the university and the module she is studying and how this helps her development of skills.

"I worked on my communication skills and team working, really a hell of a lot to learn, the managing and supervisory situations and I mean that obviously works alongside case management one module we are doing and obviously what I was learning in university applied to what I was doing and with the outcomes and skills workbook" (Pauline P3, p3).

All mentors on the twelve week placement identified that working with others in the multidisciplinary team was an important part of learning about the management and organisation of care, an important aspect of nursing which will be discussed further in chapter seven, section 7.4. Within this third placement students were working closely alongside their mentor who was guiding and involving them in participating in care. A significant aspect in this environment was the opportunity for students to have continuity of patient care, as well as continuity of staff/mentors. This facilitated their learning about the complex health needs of patients and the complexity of professional relationships as a nurse. Working alongside mentors who were predominately experienced practitioners enabled these students to learn by engaging in care under direct and increasingly indirect supervision as they were moving towards greater participation within the practice. Spouse (1998b) identified the importance of this direct guidance from their mentor and as they gained more confidence then the mentor would

move towards more indirect supervision. Rosemary, Pauline and Susan seemed to value this opportunity to develop an effective relationship with both their mentors' and their patients' and it enabled them to feel accepted with teams. They described feeling "accepted", "comfortable" and "fitting in" and "part of the team", demonstrating their increasing sense of belonging.

Levett- Jones et al. (2009a) also identified the importance of belongingness and how this draws upon the socio-cultural perspectives of learning. Although students worked within a team they were participating in a variety of aspects of care under direct or indirect supervision of their mentor, but this was often less structured and more fluid than in the community setting due to the changing needs of patients.

The findings suggest that there were two key enabling factors for student learning within the continuing care setting. Firstly, the working practices as there was continuity of patient care, and students were able to build up a relationship with patients and increase their knowledge base. Secondly, the continuity of staff, particularly on their third placement, when they frequently worked alongside their mentors in direct and then indirect supervision. The inter-relationship between these two factors seemed to be crucial to supporting learning for these students within the continuing care setting.

Examining the resources within continuing care environments highlighted that the staff resource and the workload were factors within this environment. The workload of Susan's mentor on her third placement did have an impact on her access to learning opportunities and support provided. Susan felt she had to "push" to ensure she was involved in activities but sometimes she felt this restricted her learning.

An issue emerging from some of the mentors was if they were "in charge" of the ward as well as mentoring a student then this created challenges for them in how they supported their students. This is not new to this study and if mentors are also carrying a leadership role then it adds to the difficulty in providing effective mentorship as illustrated by Anne's mentor:

"shift patterns make it difficult to work with students...difficult due to long days and being in charge" (M2, p2).

The changing nature of shift patterns with mentors increasing working less but longer days, did mean that they may spend less time with their student if the students' days in practice did not match their mentors. If the ward was busy and there were less staff then patient care took priority. This could mean that students were less of a focus of attention at that time which could impact on their opportunities for learning. Despite

this, some mentors identified strategies to support students which included; identifying others for them to work with, having an associate mentor and organising visits to other areas:

"It is difficult sometimes with shift patterns...It has been busy on the ward, with staff shortages and therefore less time to give to students...if I am in charge then I may delegate to other people on the ward and liaise with the student about how they are getting on" (M4, p2).

Mentors recognised the important role they played in structuring and supporting student learning. Nevertheless, the number of students they were supporting at any one time was brought up by a number of mentors and the challenges this gave to fulfilling their mentorship role. This suggests that the leadership in the ward is central to promoting a positive culture and environment for learning which mirrors similar finding from the earlier studies in the 1980s by Ogier (1982) and Fretwell (1982), although this was when students were part of the workforce. In contrast, Papastavrou et al. (2010) suggested that ward managers have less of an impact on student learning now due to a variety of other roles within practice. However, Susan identified how the ward sisters/senior staff promoted a positive culture for students and that when these occurred students felt valued.

"The sisters on the ward they do sort of emphasise that you have to look after your students. If a student is just stood around not doing something they will say who is your mentor and what are they meant to be doing with you and then they will probably go and say something to the nurse as well" (Susan P3, p6).

In summary, within the continuing care placements a number of factors emerged as critical to support students' learning within this context. Firstly, this environment with the longer period of stay of patients was significant for students in developing effective relationships and interactions with both patients and with staff over twelve weeks. The organisation and management of patient care into teams facilitated students' engagement and participation in workplace learning. The philosophy of the ward and how inviting staff were to students as highlighted by Billett (2002a), seemed to be reflected in the manner and approaches demonstrated by the leaders within the ward teams.

Secondly, mentorship within the continuing care environment reflected the nature of the working practices with mentors working with students predominately in the same teams either directly or indirectly. Where this was less evident then students felt this restricted their opportunities for learning. Finally, the relationships students developed

with their mentor in facilitating their learning, and their acceptance and participation into these teams were evident. Where students worked with their qualified mentors for the majority of their time they were positive about the impact this had on their learning.

6.4 Acute care

For all of the students except Anne in the child branch this placement was their fourth twelve week placement which completed the first year of the programme. Anne had a mixture of short placements focused on acute care; a six week second placement on a surgical ward and in her fourth placement she had a short experiences in a variety of specialist areas. Only three of the students were predominately supported by qualified mentors with the others spending more time with their associate mentors as identified in chapter four, section 4.2.2.

A significant aspect of the nature of care is that all students commented on how “ill” patients were and the “unpredictable” nature of their illnesses. In addition students felt they had some difficulty in establishing a nurse-patient relationship due to the shorter period of stay on the ward. This seemed to be a significant factor for all students regardless of the different branches of nursing.

The management and organisation of care was similar to continuing care with teams identified and students would be allocated to a team. There was less continuity of care as patients were on the ward for short periods of time. Rosemary and Simon seemed to find this particularly difficult to adapt to, having been on a continuing care placement previously where the pace was slower and patient care was generally more predictable. Simon struggled on this placement as he liked to have a structure and to know what was happening during the day, but this was more difficult within this acute environment due to the nature of patients’ illnesses.

Pauline, Susan and Sarah equally found the acute nature of patient care more difficult partly due to the shorter time frame that patients were in hospital, as illustrated by Pauline:

“It’s a very specialised area and that is sometimes difficult to get your head round...lot iller patients and patients are only in for about four hours” (Pauline P4, p1).

Anne had two acute placements one short placement in the common foundation programme which she found difficult. Anne also had some short specialised placements which she seemed to adapt to quite well on her fourth placements. In her

first six week acute placement Anne found it hard to engage due to the nature of the high turnover of children and their complex care activities. Her specialised critical care area was very different and she seemed to thrive on the pressure and urgency of this environment in contrast to her second placement. There were two important differences; one the opportunity to establish a relationship with the families and their babies and secondly an effective relationship with her mentor. In this latter placement Anne worked alongside her experienced mentor who inducted her to the norms and culture of the environment; a factor missing from her second placement where she did not feel a member of the team and did not spend much time with her mentor/associate mentor.

Pauline had support from an experienced mentor but she was in a slightly different position in having worked in this area as a health care assistant prior to commencing the nursing programme. Pauline had some insight into the norms and practices of the placement and knew her mentor and some of the staff and thus was already familiar with the team. This is in contrast to the experience of Simon, Rosemary and Susan who found it difficult to understand the context and workplace practices and had less direct guidance from their mentors/associate mentors.

All the mentors interviewed in these acute placements acknowledged how busy and unpredictable these placements were and that sometimes it was difficult for students due to the demands and complexity of patients' care needs and the short stay of patients. Having a clear structure and understanding of the norms and practices of the placement seemed to be central to students understanding of the workplace. As Susan had identified in her continuing care placement it provided the "building blocks" and the "familiarity" needed to understand the working practices of the placement. In the acute sector all students not only commented on the nature of the placement being unpredictable and the shorter patient stay in hospital but they also highlighted the length of the placement. For some students this was interrupted by short placements away from their main placement area. Susan, Pauline and Sarah had short periods in theatres as part of their surgical placements and Anne had three short placements. Students believed that this created a disjointed placement experience and less time to become familiar with the ward as well as less opportunity to work with their mentor. Susan and her mentor illustrate the impact this had on contact with her mentor and patients:

"it was a bit difficult because I had a three week break from the placement, when I went up to theatres, so I didn't see her(mentor)... for a while...longer placements much better and you get to know the

place and people, on shorter placements you don't have enough time" (Susan P4, p 9).

"I think it is better if they have a longer placement, sometimes we get them for two weeks and then go off, well that is rubbish, because they get nothing, you need to be there at least a month to get to know because it is so busy on there" (M18, p6).

All mentors, regardless of their branch of nursing felt that the structure of the allocation whereby they were only in practice certain days of the week also disrupted their opportunities for learning. They missed some activities for example, case conferences but crucially any continuity of patient care. Despite the days in practice being the same as on their continuing care placement students found this caused more difficulty in the acute placements. This may be due to the nature of care, and the unpredictability of this care and thus less opportunity to build up relationships with patients and staff.

The second theme emerging from the study in relation to the context of care is the level of student involvement and participation in care within the team. Pauline, Susan and Sarah in the adult branch of nursing identified that due to the acuity of patients' illnesses they would work with either their mentor/associate mentor or other nurses and that they were beginning to engage and participate in practice. Normally this was under direct supervision of either their mentor or another nurse due to the complex nature of care needs illustrated by Sarah:

"in that ward they always put you with someone because of the nature of the ward are always going to be with someone... you would go off and do other things you wouldn't stick with them for the whole shift but it was just nice that you has someone to work with at the beginning" (Sarah P4, p4).

Sarah did feel she was left unsupervised at times on this placement and she had to seek out others to work with and in fact spent little time with her qualified mentor. Due to the nature of care in the acute setting all students talked about the need to observe and participate in care under direct supervision of either their mentor or other nurses particularly early in the placement.

Pauline learnt from a critical incident where she described her experience of observing a patient who "crashed" and how her mentor supported her. Her mentor gave her time to reflect on what had happened afterwards; both emotionally and physically to come to terms with a patient dying suddenly. Beckett and Hager (2002) refer to this as "cold action" reflecting after the event, similar to reflecting on action. Pauline was able to reflect on what she had learnt from this difficult patient experience but also to consider the nurse's role in record keeping and communicating with the family:

“my first crash when I was on the ward...horrible, really horrible...I went and got the crash trolley and grabbed it because that is what I have being trained to do anyway. My mentor was on. I didn't get involved as such but they made sure I was watching and seeing what was going on and seeing what they were doing...the patient didn't come round and my mentor had to phone the family... I talked to my mentor about what you would say in that situation...time to reflect” (Pauline P4, p6).

Significantly for Pauline, she was provided with the opportunity to talk to her mentor about what had happened and learn about a variety of aspects of care this critical incident provided. Reflection was increasingly being used by both students and their mentors in their third and fourth placements to assist students to learn from their experiences of participating in care and to build up their nursing knowledge base and this will be explored further in chapter seven, section 7.2.

In contrast, Susan seemed to spend little time with her allocated mentor even when she was on the same shift as her, however her mentor was the ward sister who was also managing the ward and acknowledged that she did not spend as much time as she would have liked with Susan:

“this was the thing even when I was working shifts with her (mentor) you would have two teams and you would be put with your mentor, so if your mentor is on the red team you would go there...but I would come in and she would say go and work with so and so, another nurse and she wasn't my mentor...so I just didn't feel supported...” (Susan P4, p2).

“I think as a junior sister and there is a lot going on and because of staffing on the wards that is when it falls down...” (M18, p2).

Despite this Susan did identify on the occasions when she worked closely with her mentor she engaged with practice and participated in developing new skills but she did not feel this guidance and coaching was frequent enough:

“when she did teach me she was excellent, you know, I liked her style, she was good she would show me... clinical skills was fine, but I just didn't feel supported...”(Susan P4, p2).

Rosemary and Simon in their mental health branch were supervised mainly by associate mentors. Both had mixed experiences of mentoring on this placement and as with Susan this seemed to influence their view of how much they learnt. Rosemary unfortunately had a personality clash with her associate mentor and tried to avoid working alongside him. Rosemary developed her own strategies by working with other nurses, visiting other services to try and engage with patients and learn about acute illnesses and their care needs. This highlighted how Rosemary used her initiative to

seek out alternative ways of learning when she perceived her existing mentorship was not working for her. Rosemary found this experience emotionally draining as seen in chapter seven, section 7.2.3 and felt her associate mentor expectations were too high for her stage in the programme. Simon talked about his involvement in care predominately observing or talking to patients due to the acute nature of the environment so was less able to participate in care and restricted his opportunities and he felt isolated:

"I felt like a spare limb there...it was quite difficult talking to patients on there...I felt a bit useless but it's the nature of the patients I mean..." (Simon P4, p6).

This was a particularly challenging placement for Pauline as she had worked there previously as a healthcare assistant and had established relationships with the staff. For Pauline this placement was very positive and she felt her mentor challenged her underpinning knowledge base and stretched her in assisting to make the link between theory and practice. Pauline was able to learn quickly and draw on learning from her degree (biology) and this enhanced both the depth and breadth of her understanding of patient conditions and care. It was not the norm for students to go to placements where they had worked previously or had a previous placement experience on the programme. Pauline's experience highlights an important benefit in that relationships have already been established, so she was not having to begin this process and could focus on her learning needs, an area missing in the current mentorship literature. This is a model used in Australia (Newton, Billett and Ockerby, 2009) whereby students return to placements in year three/four which they have had in year two.

The working relationships within the acute environment presented challenges for these students, particularly if they did not feel supported by their mentors. This created a degree of tension and anxiety in relation to the amount and nature of their engagement in complex aspects of care. Mamchur and Myrick (2003) and subsequently Nettleton and Bray (2008) identified similar conflicts if students did not develop an effective relationship with their mentor or if they had a personality clash.

Working closely with their mentor provided some of the students with opportunities to develop their knowledge and understanding of nursing practices through critical problem solving and reflection. Where this support was perceived as limited by some of the students they felt it impacted upon their opportunities for learning which were consequently restricted.

Within the acute care environments staffing and the busy nature of the environment of care was found to be a major issue for both students and their mentors. There was less evidence of continuity of staff with the involvement of non-regular staff, for example bank staff.

“Often had bank staff on so didn’t have regular staff so didn’t know who you were, you were a student...so in terms of getting on with the staff really well it was difficult” (Rosemary P4, p 2).

The issue of “time” and the busy nature of the ward were frequently presented as factors by some students in relation to the difficulty in developing a mentoring relationship within this placement as identified by Susan:

“on a busy ward when there are 30 patients and god knows how many staff, you know you need that person to guide you really and you need that person to speak up for you” (Susan P4, p4).

Staffing levels on specialist children’s areas were different to the general acute wards due to the high dependency levels of children. Anne worked in a one-to-one basis with her mentor, similar to in the community, which she felt assisted her learning. Her mentor was an experienced practitioner with over twenty years experience and Anne felt that her mentor enabled a whole range of skills to come together for her and it made sense of her critical care experience:

“being very interested and genuinely interested in trying to help and enhance my development and being enthusiastic about it and fitting it in too, we were working in a high pressure environment and she still managed to fit those things in and I think that is great” (Anne P4, p2).

Anne reflected on this issue of resources and mentoring over her first year and felt that it was influenced by the pressures mentors are under in relation to patient care, but crucially the culture of the environment:

“I think if the ward has a culture that is positive and uplifting and then I think mentoring seems to be more successful, I think if there is more pressure and staff are demoralised then it has an influence on how they view students...you do tend to see that every ward has a different culture some are more positive than others” (Anne P4, p6).

From Anne’s perspective, a supportive culture and environment were central to helping students to learn. This supports Dunn and Hansford (1997) CLE, as identified in chapter 2 section 2.6, that a conducive learning environment was essential to assisting learning. Anne felt that where she was supported by motivated mentors then this had a positive effect upon her relationship and her learning as illustrated by her mentor:

"I can't be supernumerary as I take a clinical load even though you might be in charge of a ward, it is easy for me to have two students one to take one baby and one to have another and me to take in-between...facilitate a discussion...we talk about care, points of care, discharge planning" (M16, p5).

Anne felt that her mentor facilitated a deep level of learning when she had opportunity to question and talk about care practices on this critical care placement, an aspect missing from her first surgical placement.

The combination of different shift patterns to their mentors and short interrupted placements was found to be a constraining factor on developing an effective mentorship relationship and also had an impact on learning for some of these students.

In summary, the findings from these students' experiences were that acute environments were complex settings and that patient care can be more unpredictable than in community and continuing care environments. The norms and working practices due to the acuity and unpredictable nature of patient care meant that patient's needs were constantly changing, and often patients were only in the acute environment for short periods of time.

Secondly, the organisation of care although similar to continuing care, with nurses looking after a group of patients within a team, were significantly different as there was less continuity of both patients and staff managing their care. This had a knock on effect on students' opportunities for learning and the nature of mentorship in this setting.

Thirdly, if students felt they were supported by mentors mainly through direct supervision they seemed to be able to adjust to this setting and view it as a positive learning experience. There was evidence of valuable and extensive opportunities for learning which Pauline and Anne seemed to achieve through participation in practice which was facilitated through direct guidance and support from their mentors. Billett and Somerville (2004) emphasise the importance of this guidance by an experienced practitioner. However, for some students they did not feel as positive about their experience and their learning as they felt peripheral to the workplace practice and were less engaged in complex aspects of care.

Fourthly, some mentors/associate mentors found it more difficult to support and build up a relationship with students in this environment due to a number of factors related to the learning environment. These included the unpredictability of care, workload pressures and shift patterns, and the disjointed nature of the student allocation.

Finally, the findings from these students seemed to suggest that mentorship needs to be a tighter and more directive relationship in this environment due to the complexity and unpredictability of patient care. This had an impact on the quality of the mentorship and learning in this setting and this finding is not particularly evident in the current mentorship literature in nursing.

6.5 Chapter summary

There is evidence to suggest that in relation to research question two the nature of the learning environment does have an impact on both mentorship and learning for these students. This research found that the significance of the continuity of patient care cannot be underestimated as this gives students opportunity to engage with, and develop a strong nurse-patient relationship and participate in practice. This was evident in the continuing care environment and to a certain extent in the community environment. In the acute care environment the unpredictability of patient care and short stay of patients meant that there were few opportunities to develop strong nurse - patient relationships.

Direct contact with their mentor particularly in their early placements and at the beginning of subsequent placements was perceived as crucial by students and this was consistent throughout the first year. Where students had a focused one to one contact with their mentor, for example in the community this promoted opportunities to engage and participate in a variety of authentic activities. This interaction enabled students to question, develop their knowledge and problem solving skills. Students were keen to learn and wanted to discuss and reflect upon the implications of care decisions in all their placements. Where there was less evidence of mentor support students were still able to engage in practice and to learn. Nevertheless there was evidence that this was more superficial, less focused and their learning may be restricted. Graduate students learn quickly and in different ways and the variety of learning environments enhanced their self directed, independent, questioning approach to learning. These approaches to learning seemed to be facilitated more readily by the more experienced mentors in this study.

Finally, the norms and workplace practices which students access to gain "real life" experiences of nursing are complex and in many situations unpredictable. The interactions and relationships students need to develop with their mentors are crucial to their learning. The next chapter will discuss these relationships/interactions in more detail.

Chapter 7: Student-mentor interactions and relationships

7.1 Chapter overview

This chapter will now move the focus to research question three and four, how and to what extent do the interactions between students and their mentors influence a student's learning experience? How and to what extent do students experiences of the mentoring process change as they progress through the programme? In addition further clarification will be provided to students' and mentors' understanding of mentorship in response to question one. This builds on the previous chapter which explored the nature of mentorship within the different environments of care. This chapter draws together the importance of the interactions students have with their mentors in facilitating their learning, but significantly highlights how these graduate students learn in clinical practice. A number of core themes emerged as important for students from this study; interactions with mentors, interactions with patients and interactions with others in the team. The main focus will be on interactions with mentors and sub themes included; providing access to learning opportunities, teaching, gaining confidence/trust and independence, and feedback. Likewise themes emerging from mentors' interviews include learning opportunities, engagement and participation in care and feedback and these are integrated into the discussion. Findings were demonstrating that these graduate students were self aware, proactive and self directed in their learning. Significantly from the beginning of the programme they were adopting learning strategies including questioning, challenging and reflecting on practice. Where mentors were able to support and stretch these students then students were positive about mentorship, however if this did not occur then they viewed mentorship as restricting their learning.

7.2 Interactions and relationships with mentors

Developing effective relationships with their mentor is critical for students as they help to facilitate their access to, and engagement with, patients and their care. The mentors gave students access to learning opportunities to engage in and participate in patient care. Through this experience students began to gain the knowledge and skills required in their journey to become a qualified nurse. Students' motivation to engage

in practice was also a crucial factor in their learning. These six students were keen to learn and were proactive in seeking out opportunities wherever possible as identified in chapter five, section 5.2. Through this engagement and greater participation in practice students began to develop confidence and competence during their placements. This enabled students to become more independent moving from direct to indirect supervision as they progressed throughout the first year of the programme. The student-mentor dyads demonstrated both positive and negative relationships and interactions and this study will highlight the impact of this upon their learning in practice. The first aspect to be discussed is how mentors provided students with access to learning opportunities to meet their learning objectives within their placements.

7.2.1 Learning opportunities

The findings suggested that there were two issues that were important for the students developing relationship and interactions with their mentors, firstly access to learning opportunities, and secondly the planning and structure of these opportunities. As Billett (2002a) and Eraut (2004) argue, learning requires invitations to engage and participate in activities which can be afforded by the workplace. Despite this some students believed they missed opportunities for learning and they developed their own strategies to try to gain learning experiences. All students identified the importance of having planned learning opportunities which were agreed with their mentors, although this did not occur on all of their placements.

Planning learning opportunities was perceived as important by all mentors as it sets the scene for the mentorship relationship and facilitates the student's learning. Watson (1999) found that planning was not a priority for mentors, however subsequent studies have highlighted that mentors do focus on the planning aspect of their role (Gray and Smith, 2000; Spouse, 2001; Ockerby et al. 2009). There is evidence that as they progressed through the programme all students became more self-directed and proactive in identifying their own learning needs and this was mainly assisted and supported by mentors. Sarah sat down with her mentor on her third placement in continuing care and they identified learning opportunities together. This demonstrated a joint partnership approach:

"they just ask you what you want...they write it down and any opportunities available for example, she sent me off with the physios, occupational therapist quite early on and other members of the multidisciplinary team. She made me feel welcome..." (Sarah P3, p1).

“they are welcomed, given a student pack, shown round the ward and introduced to the patients; they work very closely with me the whole of the time, the first week especially. I ask them what they want to achieve on this placement...” (M15, p2).

This initial introduction and contact with her mentor was vital to assist her to understand the norms and practices of the area as shown in chapter five, section 5.2.2. Where mentors were engaging students as part of a two way process then students found this supportive and students were articulate in identifying their learning needs. Spouse (1998a) argued that “planned sequenced activities are contributory to the success of the practitioners work” (p347). Sarah illustrated how she felt it was important that her mentors knew about her approach to learning:

“the main sister asked me early on how I like to learn, if I liked being on my own or with someone all the time... I said better on my own but she was there to support if I needed her she would look out for me” (Sarah P3, p 3).

Most students felt that they used their initiative as identified in chapter five, section 5.2.3 and were interested and learnt quickly. Students were keen to learn, took a lead and were assertive in identifying their own learning needs. They were self aware and knew which approaches enhanced their learning as illustrated by Sarah. This is a key finding from these graduate students. As existing graduates they had already undertaken prior learning and demonstrated “graduateness” within their previous degree programmes. The key challenges were to develop this knowledge and enhance their critical thinking skills within practice recognising that they were novices within nursing. There was evidence that by using their initiative this encouraged mentors to challenge and stretch students, and clearly links the more propositional knowledge to knowledge in use. This was illustrated by Pauline and her mentor on her fourth placement:

“her knowledge is really vast and she really knows what she is talking about, that was great...I couldn't put my finger on what really makes me and my mentor work...” (Pauline P4, p8).

“A lot of the work we do here is very chemically orientated, a lot of chemistry involved. I encouraged her to find out things and improve her knowledge and things and she had a good knowledge...” (M17, p 2).

Pauline's mentor seemed to be able to assist Pauline to develop what Spouse (1998b) referred to as “knowledge in waiting so that it could be transformed into knowledge in use” (p263). The fact that Pauline knew this mentor as she had worked on this placement as a healthcare assistant as discussed in chapter six, section 6.4 seemed

to help Pauline to focus on developing and expanding her learning opportunities. Pauline had a degree in biology and felt that her mentor challenged her underpinning physiological knowledge and this enhanced her understanding of the impact that altered physiology can have on both the patient's illness and nursing care. Sarah was also encouraged to utilise her learning from her physiology degree when she was in the community with a client.

" I think she had swollen lymph glands and we were trying to explain why her lymph glands were swollen and she didn't recognize it as that and she thought she had some tumour ... so those sorts of things, just physiology, which was really good that you can, it was just nice that I haven't just learnt theory for nothing that I can use it and I think it does really help having a degree whatever the degree is" (Sarah P2, p14)

Both these examples were illustrating the benefit of their prior learning in understanding physiological changes, but crucially enabled dialogue with their mentors and patients. The nature of this dialogue and discussion enabled a deep level of critical thought amongst these students which would be difficult to achieve without this underpinning knowledge at this early stage in the programme. There were occasions when some students felt they had missed opportunities for learning in some of their placements. Some students were not invited to observe aspects of care taking place or they found that they were given simple tasks rather than opportunities to be involved in more complex activities. Susan illustrated this on her fourth placement:

"you know you need that person to guide you really and you need that person to speak up for you so that you are not just doing beds...there was one time when working with this nurse there was like a list of brilliant clinical things that me and these other two girls had not had much experience with and we said to him please come and get us...and we thought we haven't seen him for a while and then we went into this room where he was and he was doing all these things to this patient which he will have done a million times...but I guess it was quicker for him to do it" (Susan P4, p 4).

Susan illustrated how disappointed and frustrated she felt if she perceived she was missing opportunities for learning, she felt powerless and peripheral to what was going on and not part of the team. Her mentor on her fourth acute placement accepted that she had not spent as much time as she would have liked with Susan. Nevertheless, Susan endeavoured to find alternative strategies by being assertive and using her initiative to seek out others in the team particularly by the time she came to her fourth placement. Mentorship for Susan was not what she had anticipated and she had mixed feelings about this during her first year.

Simon and Rosemary on their fourth acute placements found it more difficult to access learning opportunities and did not feel that they had support from their mentors.

Rosemary in particular seemed to have conflict with her associate mentor as discussed in chapter six, section 6.4. This restricted her learning opportunities and crucially how comfortable she felt in asking questions and thus developing her knowledge:

"I feel like on this placement they don't want to know your skills, where you have been and what you have done, they don't want to know why you are in nursing...I was so scared to ask anything and I felt like well it would be such a stupid question so I didn't ask questions" (Rosemary P4, p7).

Rosemary had previously had very positive relationships with her mentors and felt this was an important aspect which assisted her to learn. She found this hard to cope with and on reflection felt she should have sought help from her tutors. She did try to develop strategies to support her own learning by going on visits to other areas and working with other members of staff. For Rosemary mentorship on her fourth placement was challenging and not what she had anticipated and she found it difficult and emotionally draining to manage this conflict in her relationship and interactions with her associate mentor. Simon felt "a bit overawed" (p5) and he believed he did not really deal with this effectively. "I kept it to myself" (p6), and so did not seek out support. Rosemary and Simon found this acute placement emotionally draining due to the nature of the acuity of care but also due to their perceived limited support from their mentor/associate mentor. This finding is similar to Mamchur and Myrick (2003) who found that if students had conflict or negative experiences with their mentors then this restricted their opportunities to learn and could affect their self image and confidence. As identified in chapter six, section 6.4 the acute care setting seemed to be more difficult for students to establish relationships and interactions with their mentors.

The findings suggested that the mentor was the catalyst to providing access to the learning opportunities and assisting students to make "sense" of these learning situations. Students were proactive in seeking out opportunities for learning and some students were facilitated by their mentors to engage in a deep level of discussion which enhanced and stretched their learning. Positive student-mentor relationships enabled participation in a variety of patient care situations. Of more concern were the examples of limited or negative interactions with their mentors reported by some students and how this restricting their opportunities for learning.

7.2.2 Teaching

These six students were keen to learn and an important focus of this learning was through teaching from their mentor and others in the team. Teaching seemed to entail questioning and explaining aspects of care. This was in addition to the opportunity to develop their critical thinking and reflective skills through direct and indirect supervision from their mentor. Eraut (2004) stressed the importance of students learning through challenging tasks and the mentor is in a central position to support and nurture their developing knowledge base. This was evident for all students in their community placements particularly “in the car” as seen in chapter six, section 6.2. Susan and Rosemary illustrated how the engagement and discussion about care practices assisted their learning:

“when we go somewhere we get in the car and I would be like so what is going to happen with that and she will just explain things where we are going next and she would tell me the outcomes of things...we would talk about where we would take it next...so lots of conversations” (Susan P2, p8).

“at the end of every visit she would say how did you find that and she would say her comments about it and I would say my comments about it, she would give me feedback on how she thought I acted and how she thought I was doing” (Rosemary P2, p11).

Susan and Rosemary were highlighting how their learning was facilitated by mentors and importantly how they felt comfortable in asking questions. They were getting ongoing feedback and beginning to reflect on their experiences and learning from these encounters. Mentors also identify this time “in the car” as important time for mentoring students and facilitating their learning:

“a lot is conversations in the car when you come out from a visit, letting her talk about what she found, what she thought, are there any concerns that she may have found perhaps things that did not look right. So a lot is in the question and answer and discussion after each visit” (M8, p6).

“because you are going out in the car you’re evaluating the visit as you’re driving along, and when you’re coming back you’re doing the documentation together so your ongoing evaluation and feedback and asking questions as we are going along...” (M5, p17).

This draws on Lave and Wenger’s (1991) view of “talk” as a social and cultural practice, and through this close one-to-one opportunity to discuss care practices learning takes place. Mentors were engaging and challenging students through questioning and linking this to theoretical knowledge and through this enabling student

to critically analyse care decisions. This time in the car was a significant location which all mentors utilised to assist student learning.

Rosemary also identified that asking questions and the response she got to questioning from her mentor was an important aspect of the quality of her mentorship relationship/interaction and learning as illustrated with this statement on her continuing care placement:

“Feel open that I can ask questions and not feel stupid. I had a lot of questions to ask, and she would say, oh don’t worry about that, asking questions I found very important...teaching for me is about being able to explain things as they are doing or explain before and then after or be able to say the reason I did this was because...”(Rosemary P3, p3).

Students were confident to question mentors about the rationale for care decisions and where this was facilitated then the level of dialogue and discussion appeared to develop a greater depth and breadth to their learning. This also enhanced their critical thinking skills. On the other hand, if students did not feel comfortable asking questions of their mentor or associate mentor then this seemed to impact on their capacity to learn. Rosemary and Sarah highlighted the impact this had on them on their fourth placements:

“I was scared to ask anything and I felt like well it would be such a stupid question so I didn’t ask questions” (Rosemary, P4 p13).

“I don’t think I have ever had a mentor that is really like teaching me or inspire me, its just you get on with it and ask a few questions and learn yourself” (Sarah, P4 p3).

The impact a negative interaction or relationship had on some of the students was perceived to be immense in relation to their ability to feel comfortable to question and thus learn. The experiences of some students in this study seemed to match previous studies about the detrimental effect negative interactions can have on students and their learning (Mamchur and Myrick, 2003; Pearcey and Draper, 2008; Levitt-Jones and Lathlean, 2009b). Of concern is that Sarah did not feel that mentorship was very clear even by her fourth placement.

7.2.3 Gaining confidence/trust and independence

As students progress through the programme they need to learn the increasingly complex aspects of nursing care and the mentor guides and supports them in this process. This theme identified the importance of trust and confidence but also the importance of challenge to develop their critical thinking skills. Eraut (2000) identifies

the importance of challenge, confidence and support to learning which was evident in a number of interactions between students and their mentors in this study.

In the first six months in the common foundation programme students were working more directly with their mentor or associate mentor mainly observing and participating under direct supervision. Even at this early stage Rosemary demonstrated how a positive close working relationship with her mentor enabled her to observe a patient interaction, ask questions about care, and how this gave her confidence in her developing skills:

"I think my confidence grew on this one a lot, especially when being asked if I wanted to ask questions with patients after like a meeting with them...because I was in a one to one situation with a patient, but my mentor was there so no matter what, you're got somebody observing you" (Rosemary P2, p9).

"the students come along on the visit and sort of observe, I always ask them to contribute if it's appropriate, ask their opinion and do an assessment, doing the paperwork side of it and when I feel that they are okay then we can jointly do an assessment with me. You have to judge that on the students...her communication skills were brilliant, she asked appropriate questions, with clients she contributed well but did ask if she was unsure" (M5, p5).

This interaction demonstrated that Rosemary's mentor was utilising coaching and scaffolding by guiding her through the assessment process and supporting her legitimate involvement in care and developing her potential, that is her zone of proximal development.

Direct supervision involved the student working alongside his/her mentor who would supervise and advise the student as they were observing or participating in carrying out nursing care. As students moved into the branch programme and commenced longer placements they were moving from involvement in simple activities with individual patients to involvement in more complex encounters and with a group of patients. On a number of occasions students were moving from dependence on their mentor to greater independence and more indirect supervision. There was evidence that if they established a good working relationship with their mentor then this seemed to facilitate "trust" between the student and mentor. This enabled the student to feel "comfortable" in the relationship and gain confidence as illustrated by Pauline on her continuing care placement:

"when you are doing handover and if there are things people want to know and they will ask anyway and someone will bring it up and you are part of a team aren't you and handover is...that's part of the team.

They are really good. I don't know, umm I just fitted in quite well and umm I wasn't isolated as a student like as I say and I would have banter with the staff and they trusted me to do things and made me feel comfortable" (Pauline P3, p 8).

"she did take charge of a team and she did it really well. She started off with four patients and gradually she got up to a team. She was even delegating to healthcare assistants and students" (M13, p7).

This developing trust and sense of belonging is similar to Levett-Jones and Lathlean (2009a) who reported on the growing "belongingness" as students became part of a team. Within hospital settings Sarah's and Susan's mentors on their third placements also identified how they were indirectly supervising them as they were developing complex skills, but also how they make judgments about moving from dependence to independence and direct to indirect supervision:

"once you know they can do the observations and report back to you... I have to rely on them, big no if don't report back, once rely on them you can add on... start with the simple things, have they got the basics...then expand starting linking and thinking for themselves and you can actually see the development in them" (M14, p 7).

"when you see them working under distant supervision and they are carrying out what you have taught them and they are doing it quite skilfully and they have got confidence in themselves, of course they are still under supervision, but they can organise a simple care plan for a patient and they can observe the patient and make sure their patient safety" (M15, p 5).

This is a complex activity for mentors to make decisions that students are ready to take on more responsibility. How and when they make those judgements is complex. What appears to be happening is that mentors are gradually moving from direct to indirect supervision of students and building up activities for students and "testing" their student's problem solving skills, and how well they respond in these encounters with patients. Indirect supervision is thus where the mentor delegates aspects of care for students to perform but the mentor is available at a distance if needed. The sponsorship by their mentor was essential as they were developing their professional knowledge within the culture of practice and beginning to establish their identity as a nurse (Billett, 2004; Eraut, 2004). Formeris and Peden-McAlpine (2009) argued that students are enabled to link their thinking and doing through this dialogue with their mentor.

Anne in her specialised child critical care placement where she worked in a one to one relationship with her mentor found this extremely beneficial. Anne felt that her mentor was an experienced practitioner and this made a difference as she was more "switched

on” to mentorship. Anne and her mentor worked closely together and the benefits are identified by Anne and her mentor:

“it was a combination of being challenged, being taught things and being given a lot of structure, supervision and then opportunity to carry out things, you didn’t feel like the supervision was standing over you, so I feel I achieved a lot” (Anne P4, p2).

“You have got to allow them to make decisions whilst safety is not impaired...part of the role, experience, confidence. We might have somebody, supervise them, again and again...we look at decision making and how they make decisions and should I do this, should I do that and reflection, I am a firm advocate of reflection, well should I have done it that way, or this way” (M16, p10).

Anne’s mentor was using reflection to assist Anne to think through how care decisions are made, alternatives and possible implications of such decisions. Developing decision making skills seemed to be part of students demonstrating to their mentor that they could take on more responsibility and carry out care more confidently and competently. This supports Stacey, Felton and Joynson (2010) who identified that graduate students need to develop “a critical analytical approach to practice” (p336). By questioning and getting their students to reflect on their learning some mentors were assisting students in their development and movement towards full participation in care. Beckett and Hager (2002) refer to this development of skills as judgement making and the difficulty for students in reflecting in “hot action” whilst care is taking place a similar concept to reflection in action by Schön (1983). However Anne’s mentor was assisting her to learn the uncodified and tacit knowledge which is difficult to explain as it is often situational and intuitive for the experienced practitioner. In addition by coaching and scaffolding Anne’s mentor assisted her to understand the complexity of nursing. Mentorship for Anne in this fourth placement was both supportive and challenging but to a level she was able to manage and therefore she did not feel anxious about this.

Pauline was also beginning to develop her confidence in participating in care and she reflected on how she had changed from the beginning of this placement in how she went about carrying out an admission of a patient:

“I was doing this admission and I thought it is a bit too structured but that was earlier on in the placement and when I realised that you can just go in and have a conversation and obtain a lot of information from just having a chat...and watching what other people do” (Pauline P3, p9).

In this example Pauline was learning by drawing on her previous experience and reflecting on this, and beginning to build up a collection of nursing experiences to aid her learning.

This developing trust and confidence did not occur effectively for all students. Simon and Rosemary seemed to have more difficulty on their fourth placements with Rosemary feeling that she did not gain trust from her associate mentor:

"I have never not been trusted and I think that is what I didn't like as well the feeling that he didn't trust me, because I have always had that good relationship in all placements where I can go away, come back and, you are back, discuss what I have learnt and really say the negative aspects of different places and different places we work with so it was really bizarre that we weren't trusted" (Rosemary P4, p 4).

For Rosemary trust was important for her in developing relationships with her mentor/associate mentor but also in seeking out opportunities to learn outside the ward area. Rosemary had experienced a negative incident and criticism from her associate mentor concerning her written documentation which resulted in her losing confidence.

Anne also identified that she felt she did not establish a relationship with her associate mentor on her second placement and felt "like a stranger" (Anne P2, p10). There were also examples where some students felt they were left unsupervised and this often meant they were carrying out more routine aspects of care such as bed making.

The findings identified that gaining confidence/trust and independence seemed to be predominately tied into the quality of the relationship and interactions with their mentor/associate mentor. It was also influenced by the complexity of patient care and the norms and working practices as discussed in chapter six. However, where students were able to engage in critical dialogue with mentors and reflect upon care decisions then they were gaining confidence in their own knowledge and skills.

For Rosemary a poor working relationship with her associate mentor on her fourth placement seemed to have a detrimental effect on her confidence and she believed it restricted her learning on her placement. These negative interactions demonstrates the challenges for students when they were faced with power and conflict within the placement and the potential impact this can have on their confidence and learning.

7.2.4 Feedback

Feedback seemed to occur on a continuous basis for these students when they worked closely with their mentor and participated directly or indirectly in giving care. Students

were aware of the formal documentation and meetings which normally involved a preliminary, intermediate and final interview. On shorter placements they usually had a preliminary and final interview only. All students wanted feedback on their first placements. This seemed to give them a baseline about how they were getting on but also set the scene for future placements. Sarah found that positive feedback gave her encouragement, and her mentor believed it was important to provide ongoing feedback:

"I think you kind of know how you are doing or if you're on the right track and what they think of you, how you are getting on...it was okay because we just got on really well and he gave me comments" (Sarah P1, p6).

"I worked with her a lot and therefore gave feedback each shift. At the end of each shift we would discuss what she has learnt today. It's about discussing with other members of the team, it is about problem solving..." (M4, p3).

Within community placements because all students were working directly with their mentors students seemed to get feedback at the end of each patient interaction and also often at the end of each day. Rosemary found this feedback positive for her learning and also the fact that her mentor questioned and tried to check her understanding from the experiences she had observed:

"She trusted me and she gave me a lot of positive feedback, a lot of positive feedback considering communication and then she was very supportive...it was daily, like at the end of every shift she would say how did you find that and she would give me feedback on how she thought I acted and how she thought it was doing" (Rosemary P2, p11).

Within the branch programme, as students were more actively engaged in patient care and either directly or indirectly supervised by their mentor, feedback came from a variety of sources but predominately from their mentor. Susan described how supportive comments at her intermediate interview from her mentor encouraged her learning. Likewise her mentor identified the importance of letting Susan know how she was progressing referring to this as both formal and informal feedback:

"Just showed her the things I had written and I spoke about how I was getting on and you know she said that she thought I was doing okay and good that I knew my limitations" (Susan P3, p5).

"for me its more ongoing and informal, I think the formal is ploughing through the workbook, the informal is you know...are you alright...what have we got to do today...do you know you did really

well...Its saying if they have done a good job and if they haven't showing them how to do it better" (M14, p7).

All qualified mentors were aware of the assessment process and documentation required and there was evidence that this met the NMC requirements in relation to assessment (NMC, 2008). A number of mentors also talked about involving others in the team when collecting evidence for their final interview and Anne was aware this was happening on her third placement:

"I had an initial, intermediate and final interview. My mentor talked to other members of the team as well...without me realising it" (Anne P3, p5).

"Prior to the final interview I always discuss with the team what their thoughts were about this particular student...strengths and weaknesses, did they engage well with the children or parents or carers...those sorts of issues...so it is about what the team think" (M12, p4).

If students were not working directly with their mentor then they believed they did not get the same amount and frequency of feedback. Susan described how on her fourth placement this only occurred once apart from her interviews and was very different to her second and third placements where she had discussions every week about progress and things she wanted to learn. The amount of written feedback provided by mentors seemed to also be an issue for some students with Rosemary viewing the fact that her associate mentor and mentor on her fourth placement had not written any additional comments in the assessment document as disappointing. Contrary to Duffy (2004b) all the qualified mentors in this study were clear about their responsibilities and the importance of ongoing feedback and the need to give constructive criticism when necessary. Of the eighteen qualified mentors three had failed students previously, and the others identified that although it would be hard they would if necessary as they were accountable for these decisions. This was encouraging in light of Webb and Shakespeare (2008) findings which suggested that mentors are still reluctant to fail students. As identified in chapter five, section 5.2.3 these students were assertive in seeking out and requesting feedback about their progress and this did not change as they progressed throughout their first year.

Effective relationships and the interactions students developed with their mentor were essential to their learning for the following reasons. Firstly, students were self directed and proactive in seeking out learning opportunities facilitated by their mentors. However, even if students felt they were missing opportunities due to less direct

contact with their mentor they were assertive in seeking out others or developed alternative strategies such as arranging outside visits themselves.

Secondly, the quality of their learning was enhanced by effective supportive relationships. Graduate students were self aware and knew how to learn from their original degree studies. Their learning was enhanced by mentors who were able to challenge and stretch these students and felt comfortable with this questioning and critical approach to nursing care.

Thirdly, this study has shown teaching and gaining the trust of their mentor enables students to participate and engage in more complex care situations, often missing if they did not have much time or effective relationships with their mentors.

Finally, these students requested and wanted ongoing feedback. This enabled students to reflect upon their learning to a greater extent than when this feedback was limited or infrequent.

7.3 Interactions and relationships with patients/clients and carers

Experience engaging with patients/clients and carers is an essential requirement for students to learn about nursing care. Although students can have the theory in the university and practice skills under simulation, it is in the practice arena that they meet “real” people and begin to understand the complexity of nursing care. Students need the support of their mentor or others to guide them and support their learning otherwise they may not recognise the significance of these patient encounters. Patients/clients are the key providers of this experience although it was also found that where the students had interactions with relatives this gave them a wider perspective of care. On their first placements as discussed in chapter six students were predominately working with their mentors or other members of staff in observing and learning specific skills. Rosemary describes how this focused contact with her mentor in her first placement enabled her to learn about the importance of communication skills:

“he’d make eye contact with the patient, speak to them loudly, maybe touch them on the arm as well to get their attention to know that they were talking to each other and I thought that was very important...I learnt a lot about communicating with older people...” (Rosemary P1, p7).

Through this direct engagement with a patient Rosemary was appreciating the importance of needing to adapt her communication skills in different situations with patients. All students believed that interacting and participating with patients/clients in

their nursing care was motivating and gave them confidence. This assisted in developing her clinical skills. Within their community placements students did interact with patients/clients and this provided rich opportunities for learning as illustrated in the statement by Rosemary on her second placement:

“she had a lot of panic attacks therefore I had been in three or four different nights to work with her...she didn't necessarily like students which I liked the fact that she appreciated me and respected me and trusted me...my mentor has taken it upon herself to trust her and say we are going to meet in your flat but once risks are identified...I learnt a lot about trust” (Rosemary P2, p7).

The continuity of patient care and interactions with the wider family within their continuing care placements was enabling students to learn about the reality of the social and psychological impact of illness. Simon and his mentor believed that this close working relationship with patients/clients over a longer period of time enabled him to understand the wider context of care. Simon's mentor raises the impact students can have on their patients/clients:

“you get to know the patients as here for a time. At least with twelve weeks you get to know them and their families. Try to understand what is going on, some are not able to cope, need support and their families” (Simon P3, p3).

“in three months...its quite good, you can really get involved with people rather than just turning up in their lives and finding out what you can and going quickly. The students here do make quite an impact on people's lives” (M11, p4).

An important extension to the interaction and relationships with patients/ clients is also the relationships students developed with other members of the family. Susan illustrated the importance of communicating with the wider family and through this experience was able to expand her knowledge and understanding of their needs upon discharge:

“some had visitors, like this lady who had breast cancer, she was very close to her sister and I spent time with her and when we were planning her discharge I would call her sister in and she would ask questions and stuff...” (Susan P3, p9).

Despite this there were occasions when students described that they were “left”, and mentorship was less than ideal. Students would either seek out others or if not available would carry out tasks or talk to patients as illustrated by Simon:

“if they are busy and haven't included me I will go and make a bed, look around for work ...” (Simon P1, p6).

The focus on a task as described by Simon could restrict his learning experiences. However, Sarah found that as she progressed through the programme she was more assertive and used her initiative to seek out and engage in care:

"I think even if you are left you deal with stuff like that better. It is still not nice now but you have more initiative you know and you can get on with things" (Sarah P4, p6).

In relation to the acute care setting some students had difficulty in interacting and engaging in care if patients were acutely ill. Some students believed that patients' needs were beyond their level of competence. If mentors directly supported and guided students through this process as highlighted by Anne and Pauline then they were able to learn. However, Simon found it more difficult to interact with patients who were acutely ill and he observed care rather than participated due to the acute and unpredictable nature of their illnesses:

"it was quite difficult talking to patients there...so I felt a bit useless but it's the nature of the patients...I felt a bit of an outsider you know...I felt I needed more proactive from the mentor" (Simon P4, p6).

Simon felt he had little guidance from his mentor/associate mentor and this impacted on his ability to interact with patients in this setting. This finding illustrates the importance of the need for a mentor to guide and support students where care practices are complex and unpredictable. Students may not have developed the necessary knowledge and skills to carry out care under indirect supervision with patients within acute care settings at this stage in the programme.

In summary, engaging and participating with patients and their relatives was crucial for students to learn about the complexity of nursing care. All students in this study recognised the importance of establishing positive nurse patient relationships with patients. Through this engagement they were gaining knowledge of different patient situations and mentors/ associate mentors were supporting them in making sense of these encounters.

These findings demonstrated that where patients were acutely ill and care was more unpredictable some of the students struggled with the reality of illness, and its impact on patients and their families. Crucially if they were directly supported by their mentor they seemed to be in a better position to make sense of the complexity of care needs.

7.4 Interactions and relationships with other members of the team

The role that other members of the team play was influential to student learning. The NMC provides guidance that students may be supervised by others (other nurses and healthcare professionals) and they should "develop interprofessional working relationships" (p20), but they stipulate that the mentor is accountable for "their decisions to let the student work independently or with others" (NMC, 2008 section 3.2.4 p31). In the present healthcare environment the relationships practitioners develop with and between other professionals is crucial to ensure appropriate communication about patient care (DH, 2001; Wilkins and Ellis, 2004). All students believed that it was essential for them to not only work with their mentor but to seek out other staff, so that they could gain a wider perspective of the multidisciplinary team. Students were spending time working with other professionals, other nurses and healthcare assistants. There was little evidence of much contact with staff from the university, for example link lecturers or lecturers which is contrary to other recent studies (Gray and Smith, 2000; Carnwell et al. 2007; Andrews et al. 2010) where these roles seem to be having a major influence in contributing to practice learning.

Within the community, all students worked closely with their mentors and although observing care they were also learning about the wider team involvement with patient/client care. They worked with other members of the team such as midwives, nursery nurses, general practitioners, other nurses as well as unqualified staff. This was predominately to understand their role and usually involved a day visit away from their core placement.

As students moved into the branch programme there was evidence that they were becoming more involved in care as part of the wider team and understanding how teams worked together in managing and organising care. On their continuing care placement students were encouraged to make appointments to work with other professionals as patients/clients were requiring long term care/ rehabilitation. This was an important aspect of learning and understanding the whole patient pathway. Sarah's mentor felt it was essential that students know the role of each member of the team and how this fits together in managing patient care:

"if possible we ask them to make an appointment with each discipline and do a shift with them" (M15, p5).

On their first placements Pauline, Susan and Sarah spent some time working with other nurses apart from their mentor. Sarah did not feel this was as productive as if she had been with her mentor:

“when he wasn't there, the rest of the staff weren't particularly helpful...I think in the first couple of weeks you know which staff is going to be helpful and sort of help you learn...” (Sarah P1, p9).

Pauline on the other hand, worked with other nurses apart from her mentor but because she seemed to be assigned to the same nurse for periods of time she was content that this helped with her learning:

“So you were literally assigned to somebody. They saw me do lots of things and I built up a relationship still even though they weren't my mentor and I got to learn from them” (Pauline P1, p11).

The continuity of a member of staff seemed to be important for Pauline despite this not being her allocated mentor/associate mentor on her first placement. In contrast to their first placements Sarah and Susan benefited from working with other nurses on their third and fourth placements respectively, and they seemed to be more “accepted” within the wider team at this stage of the programme:

“I was working with some of the other nurses; a lot of them would come and get me when things were happening” (Susan P4, p6).

“another nurse who was on the other side of the ward and he was quite good at coming...he would come and get me and let me watch and do different things, even if it was on that side which was good. It meant I got more experience” (Sarah P3, p4).

A number of the students talked about working with newly qualified staff nurses and how they benefited from this and the staff nurses understood what it was like being a student. Billett (2004) and Eraut (2004) argue that it is important for students to work within the wider team and this seemed to occur for these students predominately in their branch programme. Nevertheless, Pauline raised an important issue in relation to the depth of discussion you could have with more experienced nurses which may not be present with newly qualified nurses:

“there were a couple of newly qualified members of staff as well which I worked well besides my mentor on a few occasions and that was good because they always thought, oh Pauline will want to hear about this, so that was good, but then I was working with an experienced staff nurse who had experience as well, they could answer my questions a little bit more deeply than the newly qualified staff” (Pauline P1, p18).

Healthcare assistants are unqualified staff, but often they have worked in the area of care for a long period of time and know the norms and working practices of the ward. Students needed to understand the culture of the placement before they could begin to learn and would work with healthcare assistants illustrated by Susan on her first placement:

"The healthcare assistants, you know like getting to grips... because I didn't know the sort of cycle, the daily routine of the ward which I learnt from them..." (Susan P1, p13).

Mentors felt that healthcare assistants could provide a useful place in student learning about the "basics" of care:

"in the very first placement I think working with healthcare assistants at that stage for the first couple of weeks is good to just get basic skills" (M18, p2).

Despite this some students did not feel it was appropriate or productive working with healthcare assistants. Susan had a negative experience whereby the healthcare assistant she was working with seemed to demonstrate out of date practice. Fortunately, Susan recognised what was occurring and managed this situation appropriately:

"just like one particular healthcare assistant I was linked to quite a lot and she was on such a power trip, like she was teaching me things but it was in a very condescending way, and often the stuff she was teaching me I knew wasn't right anyway..." (Susan P1, p14).

This example was worrying if students are exposed to outdated practices at an early stage of the programme. This seemed to be an isolated incident but it did highlight the importance of appropriate supervision. Health care assistants are increasingly involved in delivering the fundamental clinical skills. Students may be able to learn the procedures but they would not be able to have the level of critical discussion and debate about care practices that they had with qualified nurses.

The literature in relation to the role other nurses and unqualified staff play in supporting student learning has been less clear until a recent study by Caldwell (2008) emphasised their increasing contribution to learning clinical skills and supervision a similar finding to this study.

Students and mentors only mentioned liaison lecturers/tutors if they were having problems and they would seek out this member of university staff for advice and guidance. Although this is important for support for both students and mentors this

study seemed to suggest their role was about reacting to situations rather than being proactive in supporting practice learning. Anne spoke to her tutor when she realised she would not have a mentor straightaway:

"I did have a mentor but she wasn't expecting me yet so it was a bit uncomfortable for some reason I don't know why but anyway I spoke to the university about to and they had meetings" (Anne P1, p10).

In contrast to this Simon and Rosemary did not contact their link lecturer or tutor when they were having issues on their fourth placements. They tried to work through the problems they were having themselves, but reflected that perhaps they should have done so in hindsight. Likewise mentors identified they would seek out either the link lecturer or tutor if a student was struggling or had problems. None of the mentors or associate mentors had concerns about these students and did not refer to university staff but did seem to know who their link lecturer was if needed. When the mentors discussed how they would manage a struggling or failing student they did identify that they would involve the university tutor or link lecturer in this process.

7.5 Chapter summary

The interactions and relationships students develop with their mentors, patients and other members of the team are crucial to their learning in practice. Mentorship is a complex activity and is influenced by the unpredictability and nature of patient care and the way in which nurses' work is organised. The establishment of a productive working relationship is central to its success for both parties.

The findings highlighted that students and a number of their mentors were prepared to invest a considerable amount of time and effort in developing effective working relationships. The combination of experienced mentors and self motivated students was a recipe for success in many of these dyads with examples of effective participation in care and learning from these experiences. Students' experiences of mentorship varied throughout their first year, but they expected direct supervision early in their placements and gradually as they gained more experience and confidence this moved to more indirect supervision.

Despite this there were still some interactions which were less than supportive. When this occurred they were emotionally draining for students and had a negative impact on their perceptions of both mentorship and their learning not dissimilar to previous studies (Gray and Smith, 2000; Mamchur and Myrick, 2003; Nettleton and Bray, 2008).

These graduate students were proactive and motivated to learn. They wanted to have a depth and breadth to answers to their questions, where this occurred it enhanced their learning. The findings identify that these students were developing a critical analytical and reflective approach to care from an early stage in the programme which was less evident in current literature on mentorship and learning (Myrick, 2002; Forneris and Peden-McAlpine, 2010). This is of significance in two respects, firstly for graduate students in ensuring that they are appropriately challenged within clinical practice, but equally of importance is that mentors are prepared to facilitate graduate students need for a deep level of critical discussion from an early stage in the programme.

The interrelationship between the student, his/her mentor and the context were found to be pivotal to their learning. The next chapter will discuss the overall findings and implications for graduate students undertaking an accelerated pre-registration nursing programme.

Chapter 8: Conclusion: Mentorship and Learning

8.1 Chapter overview

This chapter draws together findings in relation to the research on mentorship and learning making appropriate links to relevant literature. Firstly the findings contribute to understanding how mentorship and learning occurs in different contexts. Secondly the research highlights the importance of the student-mentor relationships in assisting students to learn within clinical practice. Thirdly the nature of the graduate student group and their self directed approach to learning is significant in the way this impacts on their learning. I reflected on the strengths and weaknesses of this research. Finally implications for education, practice and policy are suggested and areas for possible future research are highlighted. This chapter will discuss the research questions and the contribution this research study has upon mentorship in nursing and understanding the needs of graduate students undertaking an accelerated nursing programme.

8.2 Context of care/Learning environment

Findings relating to question two “how and to what extent does the context in which students gain their experience influence their perceptions of learning in practice” (Chapter Six) largely support previous studies which have drawn attention to the importance of context (Philpin, 1999; Carr, 2001; Chan, 2002; Papp, Markkanen and Von Bonsdorff, 2003; Henderson et al. 2006; Baglin and Rugg, 2010). They also add a significant element to previous studies. The nature and complexity of patient care can have an impact on student learning and mentorship. Patient care is changing with a faster pace of work which is also more unpredictable. In this case study lack of continuity of care was perceived as significant for these students in trying to understand the norms and practices of the environments, for example, in acute care settings (Chapter Six section 6.4). Although a number of studies have commented on resource issues (Gray and Smith, 2000; Carr, 2001; Lloyd-Jones, Walters and Akehurst, 2001; Nettleton and Bray, 2008), these studies have not highlighted that the nature of the continuity of patient care being as significant as in this study. Recognising the small scale nature of this study, its findings could help to provide greater understanding of the impact of the context on student learning.

Workplaces are changing and part of the process of learning to nurse involves recognising and adapting to different patients' care needs in different environments. Although other studies have considered different environments such as community (Carr, 2001; Gopee et al. 2004) and hospital (Philpin, 1999; Gray and Smith, 2000; Higgins and McCarthy, 2005; Hartigan-Rogers et al. 2007), they have not indicated how significant working practices are on learning. In contrast, this study found that where the pace of care was unpredictable and constantly changing (such as in critical care and acute care settings) then it was harder for students to make sense of nursing care as they had to adapt to both its complexity and the patient's short period of stay.

Within their continuing care placements, students perceived that the pace of care was generally slower. Moreover, patients were in hospital for longer periods of time so they had opportunity to build up effective relationships with patients. This continuity of patient care was perceived by these students as an important factor in helping them to understand the norms and practices surrounding care. Familiarity with the pattern and organisation of care enabled them to learn. The students frequently worked similar shifts to their mentor and working continuously with the same staff enabled them to build up an effective relationship with most mentors.

In the community students worked in a one to one relationship with their mentor due to the placement being at an early stage in the programme. During this placement students were largely observing care within their mentor's caseload. The mentor was the driving force in facilitating student learning, and critically the contact and time they had working alongside their mentor was significant in both the continuing care and community settings.

In contrast, mentorship within acute care settings appeared to be more difficult and stressful as there was less continuity of staff and students had greater difficulty in spending focused time working directly with their mentor. Resource issues including skill mix and shift patterns are a challenge for mentors in meeting the competing demands of work and supporting students. There did not appear to be any easy answers in such situations. There was some evidence that the mentor needed to be more directive in these environments and work more frequently in a one-to-one relationship with students in supporting their learning. In addition, the disjointed nature of the placement allocation within acute care seemed to compound the issue of access to mentors.

Rather than arguing that one environment is better than another for student learning, one emerging conclusion and implication of the study is that, as students need to acquire a wide range of experience, mentorship needs to adapt to the nature of care and a more direct level of supervision may be more appropriate in some environments. This has implications for the allocation of students to placements and potential capacity issues of numbers of students in any one environment at a time.

Equally significant was that where the supervision was less direct or distant students seemed to struggle and their learning was restricted. This finding is not new as previous studies have highlighted the need for students to spend face-to-face time supervised by their mentor otherwise it can impact on the type of activities they are involved with and consequently their learning (Gray and Smith, 1999; Pearcey and Elliott, 2004; Levett-Jones and Lathlean, 2009b).

These findings also provide direction for decisions about the sequencing of placements throughout the programme. Although the NMC identifies broad areas for practice learning for meeting European Directives for adult nurses and normally a minimum of a four week placement for assessment purposes, they leave it to the individual academic institution with their partners to identify this sequence (NMC, 2004). This case study points to the importance of both the length of placements and the complexity of some environments; and the need for a directive approach to mentorship. This has implications for considering when and where students have clinical placements and the resource implications for mentorship. A model of placement allocation utilised in Australia (Newton, Billett and Ockerby, 2009) is one whereby students return to a previous placement. This assists students to learn as they are already familiar with the norms and practices. This was the case for one of the students, Pauline, in this thesis. Pauline returned to a placement where she had worked previously as a healthcare assistant. She was enabled to focus on her learning needs straightaway as she already knew the norms and practices of the area. Further research would be needed to test this model as the experience of one student would not be sufficient to make radical changes to the current practices of allocation of students to placements.

The findings in relation to question two concerning the context of care suggest that the environment is significant to learning in the following ways:

- The sequence and length of placement allocation needs careful consideration to ensure effective learning opportunities and that all students have sufficient time to

understand and become familiar with the norms and workplace practices of the different placements.

- Graduate students identified that mentorship support was influenced by the different working practices and demands on mentor's time.
- Graduate students were keen to learn and wanted to discuss, question and reflect upon the implications of care decisions in their placements. Where this was facilitated there was evidence that students were quickly developing critical thinking skills and a deeper level of learning.
- The focused time "in the car", before, and after visits in the community settings were perceived by students as a critical time for learning. This provided opportunity to understand the holistic needs of patients and their families and to "talk" and analyse care decisions even at this early stage in the programme.
- Mentorship which is a close and tight relationship appeared to support student learning more effectively than a more distant relationship which was perceived by these students to restrict learning.

8.3 Student mentor relationships/ interactions

The argument developed within the thesis is that mentorship is a complex multifaceted activity and that the relationships students establish with their mentors were crucial to their learning. The evidence provided in Chapters four to seven illustrated the importance of the interactions students develop with their mentors but also this research identifies that this relationship is not just influenced by the student and their mentor but significantly by the norms and practices within the different learning environments. Three of the research questions within this study focused upon the interactions and relationships between students and their mentors. Question one related to students and mentors understanding of mentorship. Question three set out to answer how and to what extent do the interactions between students and mentors influence a student's learning experience? Question four asked how and to what extent do students' experiences of the mentoring process change as they progress through the programme?

Both students and their mentors were clear about the qualities they expected from their mentor which incorporated someone who was friendly, approachable and interested in students (Chapter Five, section 5.2). Students wanted mentors to spend time working alongside them and this is similar to previous studies on mentorship (Gray and Smith, 2000; Lloyd-Jones, Walters and Akehurst, 2001). The evidence from this study largely supports previous research concerning students' understanding of mentorship.

Nevertheless students in this study did identify that the onus was on them to make mentorship work and this view did not change over the four placements.

How mentors facilitated learning within practice settings has been widely researched in the literature in relation to intentional approaches to learning such as coaching, scaffolding, modelling, reflection and feedback (Spouse, 1998a; Cope, Cuthbertson and Stoddart, 2000; Newton, Billett and Ockerby, 2009) and this study is largely supportive of these findings. Recognising that mentorship is about facilitating learning an important issue emerging from this study is how students are afforded opportunities for learning. Where mentors structured and planned learning opportunities together with their students there was evidence of a partnership, mutual respect and the student experiencing positive mentorship relationships. The findings suggest that the mentor was largely the “gatekeeper” of these opportunities. But once students had developed effective relationships and trust with their mentors and demonstrated an appropriate level of competence, they had in effect gained permission to be engaged in more complex activities and to move within a continuum from direct to indirect supervision.

The NMC identifies that students should be directly or indirectly supervised by a mentor or practice teacher for forty percent of the time (NMC, 2008). This research can help in clarifying how this policy is currently being interpreted within the practice settings (chapter seven, section 7.2.3). There was evidence that direct supervision was perceived by students as “*working alongside their mentor*” in observing and participating in delivering care. Then they could question and discuss this care with their mentor, either following this episode of care or later in the day. Direct supervision is important as it gives students access to opportunities but also to coaching, support and feedback from their mentor largely missing if they had a more distant relationship with their mentors. The closer and tighter the relationship mentors had with students seemed to be important in facilitating opportunities for learning.

Indirect supervision was perceived by these students and some of their mentors as “*having the opportunity to carry out care on their own but with their mentor nearby*” so they could seek advice and guidance if needed, or “*delegated care for a group of patients with frequent reporting back to their mentor*”. The crucial issue for mentors was that they could “trust” students to report back and if this did not occur then it would influence the degree to which they would allow indirect supervision and greater independence.

This study has illustrated the importance of challenge, confidence and support, an approach proposed by Eraut (2004) and Billett (2004) as crucial for learning. The student mentor dyads demonstrated the value of focused time with their mentor in engaging and participating in care. Regardless of the different environments, mentors who stretched and challenged students' thinking and enabled some reflection upon this were enhancing students' learning and confidence. This finding, albeit from a small sample, suggest that this process seemed to occur for some of these students from an early stage of the programme. This could be due to the fact that they were already graduates and were self directed in their approaches to learning. They had developed critical analytical skills from their previous degree and were able to quickly utilise these in a nursing context. This is in contrast to previous studies which found that this largely occurs in their third year (Myrick, 2002; Forneris and Peden-McAlpine, 2010). Critical thinking skills are an essential aspect of nursing and the mentor has an important role to play in enabling and supporting students to move beyond the superficial to a greater depth of learning. Reflection and questioning enhanced their thinking and encouraged students to understand and evaluate the rationale for care decisions. There was much evidence in this study that mentors were using different spaces such as in the car, visits and direct patient care activities to have a dialogue about the "hard to learn" aspects of nursing.

A number of mentors supporting these students were experienced practitioners and their depth of nursing knowledge and ability to promote critical thinking was evident (Chapter Seven, section 7.2.3). There is limited research which has explored the nature of the experience of mentors except for those focusing upon assessment decisions (Neary, 2000; Webb and Shakespeare, 2008). This study identified the value that experienced mentors provided to student learning. The NMC does not stipulate the experience except that practitioners undertaking mentorship programmes need to have been qualified as nurses for one year before they can undertake training. This study identified the importance of the experience and knowledge of mentors in supporting student learning and this together with the enthusiastic, keen and assertive students was a catalyst for effective mentorship. This finding is significant in considering who supports these students. Arguably these students need to be supported by mentors who are "experts" in their field and/or are "experienced" mentors who are able to facilitate this deeper approach to learning. Mentorship programmes may need to consider how they prepare mentors to facilitate learning for existing graduate students and their different approaches to learning. The introduction of "sign off" mentors in 2007 for students in their final placement may provide additional insight

about the experience of mentors but at present this is an area missing from much of the mentorship literature.

There is little argument that learning to nurse involves engaging and participating in care. Learning in this study was perceived by these students as participation, based on much of the social learning approaches (Lave and Wenger, 1991; Sfard, 1998; Billett, 2002a, 2002b; Eraut, 2004;) and often described as situated learning with real life encounters with patients. Where mentors facilitated opportunities to engage in care, students were able to participate in simple and increasingly complex activities and move backwards and forwards between direct and indirect supervision (Chapter Seven, section 7.2.3). As students progressed through their placements they moved gradually from direct to indirect supervision from their mentor, but this was influenced by the nature and complexity of care and the students developing knowledge of nursing. It is the interaction with patients with support from their mentor that enables students to make meaning of nursing work. Participation in care is central to learning. Thus as Billett (2004) argues it is the guidance from mentors which is crucial. Mentorship was pivotal for these students to learn and although students were more aware of the demands on mentors' time by their fourth placements they still wanted focused time with their mentors. Lave and Wenger (1991) perceive this as the role the old timers play in enabling newcomers to participate in care through what is known as legitimate peripheral participation. A difficulty with this approach in nursing is that Lave and Wenger (1991) argue that this process occurs over time. Within nursing, students only have placements for short periods of time making it difficult for them to become full participants.

This study found that some students felt mentorship was less supportive when they had a distant relationship with their mentor or worked with some associate mentors. Levett-Jones et al. (2009a) identified that students felt passive about their learning if they deemed their mentors not supportive and that this could restrict opportunities for learning. Although associate mentors did support students in this study, where students perceived that they spent large periods of time with them as opposed to their mentor this was viewed more negatively by some students and perceived as impacting on the quality of their learning. This could be due to their level of knowledge and experience as nurses and their ability to have a deep level of dialogue with these graduate students. The literature is limited on the role others play within the team except for a recent study by Caldwell (2008), which identified that other nurses can

support the mentor in carrying out supervision and this may be an area for further study.

In summary this study has argued that effective student-mentor relationships/ interactions are central to student learning during this first year in the following ways:

- Structured supportive relationships between students and their mentors enable students to grow and learn within practice settings.
- Mentors give access to learning opportunities for students to engage and participate in care.
- Where students were able to draw upon their prior learning from their degree and apply this to patient care then this enhanced their learning.
- If students were facilitated to engage in critical discussion and reflection upon their learning with their mentors then students perceived their level of learning was deeper and more meaningful.
- Where students were facilitated and supported in developing confidence, and were challenged from an early stage in the programme this enhanced their learning.
- Student learning was enhanced when they were able to engage and participate in care supported by knowledgeable mentors and nurses.
- A more distant relationship with their mentor can impact on the student's perception of the quality of their learning and can be emotionally draining for students.

8.4 Students on the accelerated nursing programme.

Hodkinson and Hodkinson (2004) identify all individuals have prior experiences and their individual agency and history is an important factor to consider in their learning. A significant issue emerging from this study is the motivation and assertiveness of most of the students. They utilised their initiative to seek out opportunities, wanted to question and be challenged and valued mentors who recognised and facilitated this approach to their learning. This did not change as they progressed through their first year of the nursing programme. Early studies by Earnshaw (1995) and Cahill (1996) within traditional nursing programmes seem to suggest that students were more passive. In contrast, since Project 2000 was introduced Jasper (1994) and more recent studies Halkett and McLafferty (2006) and Levett-Jones et al. (2009a) argued that more mature students are entering nursing with diverse academic and life experience and are more assertive and recognise their own learning approaches. This seemed to be reflected in the findings in this study. These students were all existing graduates with a health related degree and some students had previous work

experience. The students brought a range of individual learning experiences prior to undertaking this postgraduate accelerated nursing programme.

Skills learnt from their previous degree studies did seem to have an impact on these students' capacity to learn. They already knew how to study independently and had developed communication and information management skills which may be appropriate and transferable in the clinical settings. Where mentors facilitated and linked to knowledge from students' previous degree there was evidence this both motivated and enhanced their learning (Chapter Seven, section 7.2.1). This is an area missing from much of the literature on mentorship and links to the importance of finding out about a student's previous experience early in the mentorship relationship. Mentorship needs to be flexible to adapt to different student needs.

Most mentors in this study valued students who could use their initiative, ask questions and were proactive in their learning (Chapter Five, section 5.2.3). This finding concurs with some recent studies on the mentor's role (Andrews et al. 2006; Webb and Shakespeare, 2008). In summary the students undertaking the postgraduate accelerated nursing programme brought a range of experience and skills which supported their learning. They were:

- Assertive and motivated to learn and used their initiative.
- Self directed learners and inquisitive.
- Positive if mentors facilitated learning from their previous degree/life experiences, as it enabled students to link this to their developing knowledge base.
- Welcoming of challenge and wanted to be stretched by mentors and others in the team.
- Quick to learn and wanted a degree of depth and breadth to discussions to enhance their deeper approaches to learning.
- Able to critically analyse practice and reflect on care decisions from an early stage of the programme.

8.5 A framework for mentorship.

Whilst recognising the small scale nature of this case study, it is possible to identify a number of characteristics which facilitated effective mentorship and impacted on graduate students' learning. The NMC (2008) identifies standards to support learning and assessment in practice and a developmental framework for qualified staff to facilitate personal and professional development. This study can add to the knowledge

of the importance of the student-mentor relationship as central to enhancing mentorship and learning, but it also raises important factors which need to be considered by mentors in supporting graduate students. The following dimensions are identified as important for effective mentorship drawing particularly on the work of Billett (2002a, 2002b) and Eraut (2004) within the educational field:

- Invitations to engage and participate in care.

Billett (2002a, 2002b) argues the readiness of the workplace to newcomers influences how “activities and support are afforded as part of everyday work activities” (p39). If mentors provide open and effective invitations to students to engage and participate in care, and provide a level of support relevant to their knowledge base and the complexity of the context it encourages students to learn. Relationships between students and their mentors need to be supportive and welcoming.

- The nature and complexity of care.

Students need to be supported to make sense of the norms and practices within the different workplaces. They need to see the value of the learning opportunities available to them and be able to make meaning of this practice. As Hodkinson, Biesta and James (2007) argue “learning of individuals can be understood as a process of continual becoming, through participation in several different learning cultures over time” (p425). The pivotal role the mentor plays in these contexts is to provide support to students to learn the “hard to learn” knowledge required in nursing practice through direct and indirect support. Where this environment is unpredictable and patient care is constantly changing mentorship needs to be able to adapt to providing a more directive approach.

- Intentional supportive strategies.

Through intentional supportive strategies such as coaching, scaffolding, questioning, teaching, reflection and feedback from mentors, which challenge students’ thinking, students can develop knowledge and confidence which will shape and nurture their understanding of nursing practice. To facilitate this process, students need to move backwards and forwards between direct and indirect supervision from their mentor depending on the complexity of the care and their individual knowledge base and experience. The relationship between confidence, challenge and support as highlighted by Billett (2004) and Eraut (2004) was a crucial factor in supporting learning within clinical practice for these students. Mentors need to use supportive strategies,

particularly a critical reflective approach to practice and be open to being challenged and questioned about care practices by students.

- Individual student.

Students bring with them prior experience of life as well as different academic qualifications and mentors need to assess and facilitate learning which builds upon this underpinning knowledge base. Students have different approaches to learning. Increasingly students are self-directed and if mentors are able to support and facilitate these approaches they are able to assist students to adapt and learn the complexity of nursing care. Graduate students were quick to learn and mentors need to be able to recognise and facilitate their deeper approaches to learning. Graduates are predominately independent learners.

This proposed framework for mentorship illustrates the inter-relationship between the student, his/her mentor and the context as identified by Billett (2002, 2004). Any approach to mentorship needs to be flexible and responsive to the changing nature of current and future healthcare practices. With the diverse range of students entering nursing then mentors needs to be cognisant of the increasing academic and life experiences of students and be able to be flexible and adaptable to facilitate their learning needs. Mentorship programmes may need to adapt to take account of the challenges graduate students present to mentors.

8.6 Researcher reflections

This case study has considered the views of six graduate students and their mentors over the first year of one programme in one higher education institution. The strengths and limitations of this research are considered through my reflections.

8.6.1 Strengths

A key strength of this instrumental case study is its qualitative, longitudinal nature over a year which enabled me to understand mentorship and learning over a period of time. The longitudinal nature of the study across three branches of nursing has provided a greater insight into mentorship relationships missing from studies which have only considered one placement or one branch of nursing (Wright, 1990; Watson, 1999; Andrews and Chilton, 2000; Lloyd-Jones, Walters and Akehurst, 2001; Higgins and McCarthy, 2005).

Secondly this study sought the views of both students and their mentors through dyads and this approach although complex provided a different approach to exploring mentorship which is less evident in current studies on mentorship.

Thirdly the use of semi-structured interviews has provided a depth and richness to the voices of students and their mentors, which would be difficult to achieve through, for example, questionnaires. I placed emphasis on confidentiality and anonymity of data collected and all participants were provided with pseudonyms/numbers. Yin (2009) argues that one of the difficulties in case studies research is demonstrating rigour in both data collection and analysis. I provided evidence of student and mentor voices through text and quotations to provide evidence of their interpretation but also recognise that my interpretation is included as part of the process of making sense of the data. The data analysis iterative process within and across cases and the sharing and discussing of this with supervisors provides an audit trail of how themes emerged.

Finally this group of students were unusual in two ways to students normally undertaking nursing programmes. Firstly they are already existing graduates with a health related degree. Secondly the majority have work experience and therefore these findings need to be considered within this context. It is acknowledged that while this group is not at present the norm, there are increasing numbers of graduates and people entering nursing as a second career. Graduates learn quickly and in different ways and this case study has highlighted that mentors need to be able to support and facilitate graduates independent and self directed approaches to learning. This case study may provide some lessons for future students undertaking accelerated pre-registration nursing programmes. In addition it may also offer insights to mentorship and learning for wider student groups as well as similar programmes across a variety of professions.

8.6.2 Limitations

It is acknowledged that this case study has only explored part of the students' full programme and therefore does not consider the transition to becoming a qualified nurse. One institution's perspective may have impacted on the findings. This is diminished somewhat perhaps by the use of a variety of placements across three Trusts. Indeed, as Cavaye (1996) argues, case studies provide an in-depth understanding through specific exploration of complex issues within a specific context.

The intention was not to set out to generalise but to understand the world from the participants' point of view and as Hodkinson and Hodkinson (2004) argue case studies

tell us about situations. I was interested in making sense of what was happening as graduate students interact with their mentors on their placements and how this contributed to their learning. However, I recognise that transferability is more difficult in this study. The reader needs to see if it “rings true” in relation to situations and their own experiences.

Equally important was how the students and their mentors viewed myself as a lecturer in the university and what impact this had on participants' responses within the interviews. Although I took steps to diminish the impact of the role as a lecturer, it is recognised that this could have impacted on both the students' and their mentors' responses within the interviews.

I was aware of the difficulty of interviewing and the importance of questioning and trying to avoid leading questions. As the interviews progressed I developed a rapport with students and more open questions were utilised as I developed my listening skills further. The emotional/psychological demands of the interviews were a surprise to me and were unexpected. This was a major learning experience as interviews are social interactions and I needed to maintain a professional focused perspective. Yin (2009) argues that interviews are often the only source of data in interpretative case study research. This could also be viewed as a weakness as there is no opportunity to triangulate different sources of data. On reflection the use of some observations could have assisted in triangulating the evidence from interviews. Observations themselves also have limitations due to the influence of the observer and the snapshot in time (Holloway and Wheeler, 2002).

Some data was missing as all qualified mentors were not interviewed, although associate mentors provided data from these placements. It may have been useful to have drawn upon the assessment documents in these situations to review data from mentors for these students. Associate mentor data provided some useful findings but it needs to be acknowledged that this was only in some placements for some students and therefore does not reflect the experience of all associate mentors in this study who supported mentors. This is a potential area for future study.

The amount and complexity of data meant that this was a journey in understanding and developing meaning from the text. As a novice researcher there were times when this was overwhelming and I spent considerable time working through the analysis of the data and using elements of Ritchie and Lewis's (2003) framework analysis, Wolcott's

(2001) process of analysis and Stake's (1995) four phases of analysis to begin to make sense of and interpret the findings.

8.7 Implications and future research

This longitudinal study has explored the mentorship relationships of six graduate students with their mentors and identified a number of implications for the support for learning in practice. The implications for education, practice and policy will now be considered in turn.

8.7.1 Education

Firstly, the sequence and length of student placements needs to be considered carefully by higher education institutions and placement providers to ensure that they allow sufficient time for students to develop effective relationships with both staff and patients/clients. There is some tentative evidence in this study, although it is acknowledged this only relates to one student, that returning to a previous placement may assist students to engage and participate in care more effectively as they already know the norms and practices of the placement and this may be worth further exploration. However, it must be acknowledged that this previous experience was as a healthcare assistant and not as a nursing student.

Curriculum development needs to be cognisant of the complexity and pace of care and review when and where in the programme it is appropriate for students to gain experience and that relevant support mechanisms are in place. Placement allocation needs to consider providing students with continuity of time in placements.

Secondly and arguably one of the most important findings from this study is the proactive nature of these six graduate students to learn. They used their initiative to seek out and engage in learning opportunities and participate in care from an early stage in the programme. Where mentors built on a student's prior learning and supported their self directed approach to learning students were positive about their mentoring relationship and learning. However, where students felt that they did not work sufficiently closely with their mentor and/or they had not developed an effective relationship some students felt this restricted their opportunities for learning. Potentially this reduced opportunities for developing their critical thinking skills. Relationships were central to their learning.

It is imperative that both mentor training programmes and practitioners undertaking mentor roles are facilitated to support the wider diversity of students entering nursing

so that mentors can facilitate their individual approaches to learning. With a number of healthcare professions introducing fast track routes or APEL arrangements this study could provide insights into the way in which graduate students learn in clinical practice and the need for mentorship approaches which recognise their specific learning approaches.

8.7.2 Practice

Firstly the opportunity to consider both students' and their mentor's perspectives has provided a rich insight into the importance of the relationships and interactions students develop with their mentors. There were examples in this study of effective mentoring relationships which supported student learning.

However, some students perceived they were largely supported in some placements by associate mentors rather than their identified mentor and although the NMC acknowledges that others are involved in supporting students the accountability for assessment and supervision rests with the mentor.

Secondly, a number of these students were supervised by experienced mentors who were able to stretch and challenge these students and clearly develop their critical thinking skills even in short placements. There is potential to explore this area further with the introduction of "sign-off" mentors, but also to consider the role these experienced mentors can play in supporting more junior mentors.

Thirdly, this study found that the significance of the norms and practices of the learning environments cannot be underestimated. Mentorship seemed to be more difficult in settings in this study where care was more unpredictable and there was less continuity of staff. It would be worth exploring this in more detail to see if this is evident more widely than this case study has suggested. This study identified that a more directive approach from mentors in this type of placement may facilitate student learning regardless of the stage of the programme. Resource issues can impact on the time mentors can devote to supporting students. It is acknowledged that this study only considered the first year so it may be useful to explore this across the whole three year programme.

Finally, a workplace pedagogy that was welcoming, whereby students were afforded engagement and participation with their mentor, and the wider team were crucial to the quality and nature of their learning. Further research is needed on the impact of the changing nature of healthcare placements to ensure that they offer effective

mentorship and support to enable engagement and participation in practice which is the cornerstone of learning to nurse.

8.7.3 Policy

Mentorship in nursing is complex as students gain experience in a variety of environments. This small case study has added to the knowledge base about mentorship and has raised a number of issues in relation to the reality of busy practitioners mentoring nursing students.

The benefits that experienced mentors provided with their extensive knowledge base of nursing to challenging, stretching and supporting these students was evident in this study. This is an area missing from much of the mentorship literature and may add weight to the need for experienced mentors to coordinate or be team leaders for mentorship within placements.

There was evidence from this study that associate mentors or other qualified nursing staff were increasingly involved in supporting student learning alongside their mentors. Although this is acceptable within the NMC requirements there may be a need to recognise this role more formally and to consider some training to support them.

8.8 Contribution to Knowledge

The findings from this case study provide new insights into the complexity of mentorship for graduates in the following ways.

1. Graduate students are keen, self directed, independent learners and need mentors to facilitate their deeper approaches to learning
2. Graduate students adopt a critical reflective approach to learning from an early stage in the programme.
3. The sequence and length of placements needs careful consideration to ensure students are enabled to become familiar with the norms and practices of the environment of care to facilitate their learning.
4. Mentorship needs to be flexible to individual student learning needs and build upon their prior experience, for example degree. These graduate students were able to quickly analyse and synthesise knowledge and make connections to clinical practice.

5. Experienced knowledgeable mentors were able to provide a level of knowledge and support which enhanced these students ability to learn through critical thinking, challenge and supporting their independent approaches to learning.
6. The role of the associate mentor/other qualified nursing staff supporting mentors needs greater clarification and possible training to undertake this supportive role.
7. Mentorship is more complex in environments where care is unpredictable and the pace of care constantly changing and these students perceived they needed more direct mentorship in these situations.

8.9 Conclusion

In conclusion by adopting an instrumental case study approach this study has enabled me to consider the complexity of mentorship in depth with a unique group of existing graduate students and their mentors. Through an interpretive approach it has provided new insights into the unique inter-relationships between students, their mentors and the learning environment which emphasised the dynamic and changing nature of practice but crucially the pivotal role the mentor still plays in student learning. Significantly, this small case study has highlighted the unique needs of graduate students and how they learn and need to be supported in clinical practice. More extensive research with a wider range of graduate students undertaking accelerated nursing programmes across a number of institutions in the UK would highlight if the findings from this case study were unique to this group, or if further lessons can be learnt about how existing graduates learn in clinical practice.

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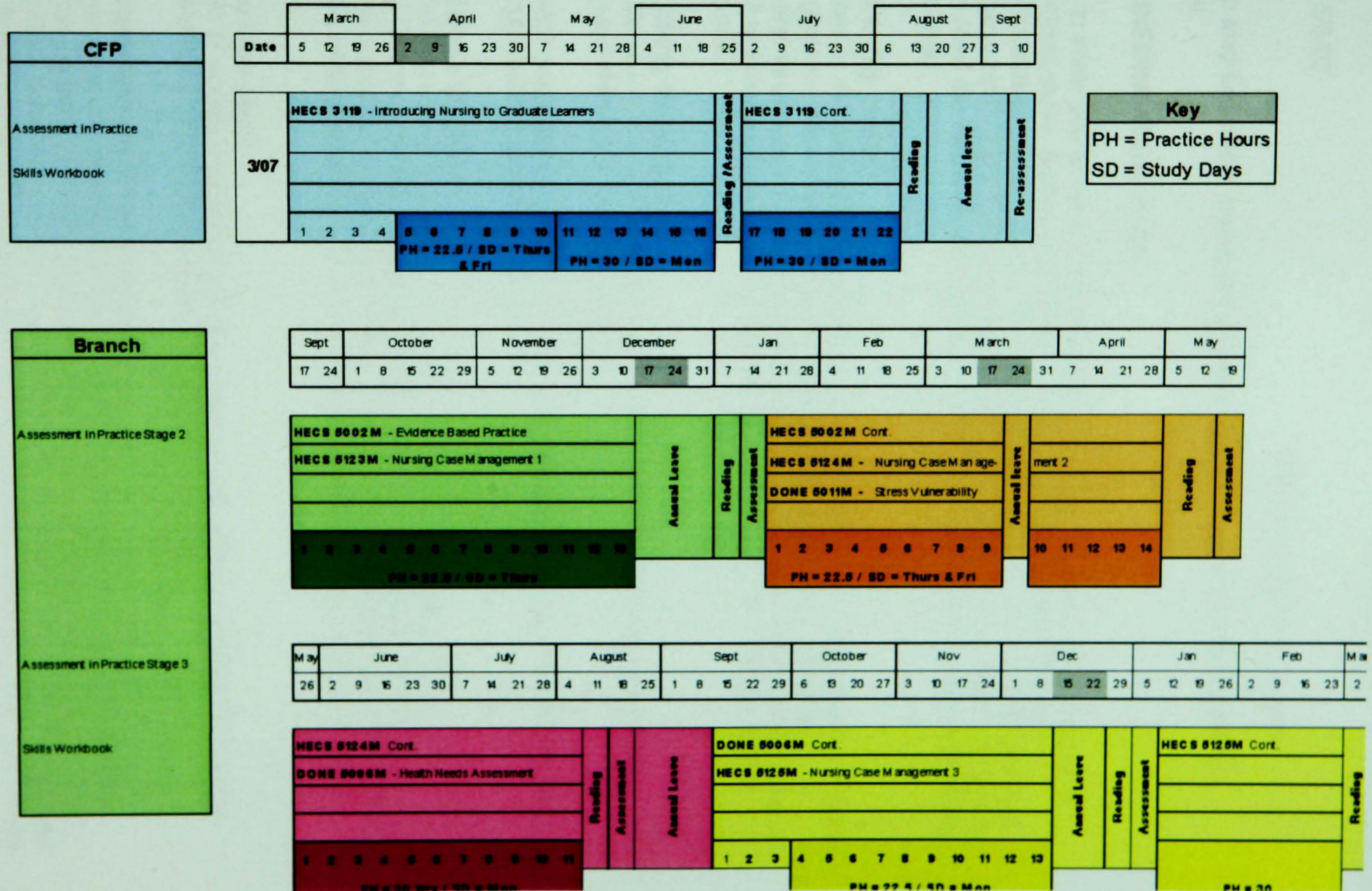
Appendices

Appendix I: Search strategy: Mentorship search terms 1990-2010

Search terms	Search engines	Number	Relevant
Mentorship and nursing	EBSCO/CINAHL	2548	27
	PSYC INFO	54	7
	PUBMED	93	21
	OVID/MEDLINE/EMBASE	465	82
	ERIC/BEI	12	1
Student-mentor relationship	EBSCO/CINAHL	410	74
	PSYC INFO	53	1
	PUBMED	15	2
	OVID/MEDLINE/EMBASE	6	2
	ERIC/BEI	5	1
Mentorship and learning	EBSCO/CINAHL	236	31
	PSYC INFO	112	8
	PUBMED	119	17
	OVID/MEDLINE/EMBASE	236	34
	ERIC/BEI	195	6
Learning environment /mentorship	EBSCO/CINAHL	4	1
	PSYC INFO	11	1
	PUBMED	26	5
	OVID/MEDLINE/EMBASE	15	3
	ERIC/BEI	13	7
Mentorship/ nursing students	EBSCO/CINAHL	24	14
	PSYC INFO	9	6
	PUBMED	93	15
	OVID/MEDLINE/EMBASE	51	27
	ERIC/BEI	3	3
Mentorship/ mentors	EBSCO/CINAHL	19	12
	PSYC INFO	54	2
	OVID/MEDLINE/EMBASE	18	12
	ERIC/BEI	422	4
	PUBMED	153	14

Workplace learning/ nursing students	EBSCO/CINAHL	95	3
	PSYC INFO	1	1
	OVID/MEDLINE/ EMBASE	14	4
	ERIC/BEI	108	13
	PUBMED	12	2
Accelerated/ shortened pre registration nursing programmes	EBSCO/CINAHL	65	6
	PSYC INFO	1	1
	OVID/MEDLINE/ EMBASE	6	3
	ERIC/BEI	0	0
	PUBMED	0	0
Graduates/ nursing and mentorship	EBSCO/CINAHL	47	3
	PSYC INFO	79	1
	OVID/MEDLINE/ EMBASE	6	3
	ERIC/BEI	0	0
	PUBMED	13	0

Appendix II: Programme plan sample Mental Health Branch



Key
 PH = Practice Hours
 SD = Study Days



Version 5 15/5/07

Protocol reference number

Mentorship and Learning: students' experiences of an accelerated nursing programme

STUDENT INFORMATION SHEET

I would like to invite you to participate in this postgraduate research project which is part of a doctoral study. Before you decide to take part it is important that you understand the nature and purpose of this research project and your involvement in it. You should only participate if you wish to and not participating will not affect you in any way. Please read the following information carefully and please ask if there is anything which is not clear.

What is the study about?

I am interested in exploring your experiences of mentorship during the first year of your nursing programme. Mentorship is the role of a qualified nurse who facilitates, supervises and assesses you within practice settings (NMC 2006 Standards to support learning and assessment in practice). I will also be interviewing mentors about their views of the role.

Why is the study being done?

The aim of the study is to understand the student-mentor relationship and how it impacts on your learning in practice settings.

The information you provide may help in the design of programmes in the future and the support provided in practice settings.

Why have I been chosen?

I would like to follow you through a year of your two year accelerated nursing programme. The mentor who supports you within these placements will also be interviewed to ascertain their views of their role in your learning and mentorship. This is to develop an understanding of the relationship between your mentor and you as a student.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving any reason.

What will happen to me if I take part?

If you think you may be interested in participating then do come along to the session where I will be explaining about the study or contact me using the details below. If you do decide to take part then you will be asked to sign a consent form. You will be invited to take part in an individual interview following your first placement and then up to three further occasions during your first year of the programme (four interviews in total). Your mentor will also be interviewed separately. If your mentor declines to participate in the study I would still like to interview you. Interviews will take place at a location and time negotiated with you and with your mentor separately and will last approximately 45 minutes each. At each stage prior to interviews you will be asked about your

participation and if you still wish to consent to the interview. Your mentor's participation is also voluntary within the study and in no way affects your position on the programme. If either you or your mentor decides to withdraw from the study then you and/or their comments will be reviewed to ensure their identity and integrity are preserved

In addition to semi structured interviews your clinical practice assessment documents will be reviewed to consider your mentor and your accounts of learning and support. Interviews will be tape recorded so that they can be accurately transcribed as soon as possible after the event. You will be provided with drafts of transcripts to check for accuracy.

Will the information I provide be kept confidential?

All information collected about you during the course of the research will be kept strictly confidential. No names will be mentioned in any spoken or written reports of the study. You will have a pseudonym identified by your researcher to preserve confidentiality. Confidentiality of audio and transcribed material will be maintained in a secure location (locked filing cabinet) with restricted access. All transcripts and audiotapes will be retained until completion of your programme and this study in 2009-2010 and then they will be destroyed and shredded. Care will also be taken to ensure that individuals cannot be identified from details in reports.

What will happen to the results of the study?

The results of the research will be submitted as part of an EdD to the Institute of Lifelong Learning, School of Education at the University of Leeds. The results will be published in national publications after you have completed your studies. As this is a longitudinal study over a year of a two year accelerated nursing programme it may be of benefit to curriculum planners in the design of programmes and the structure of placements and the preparation of mentors in the future. Any information provided is treated in complete confidence. No names or identification will be published in reports.

Ethics

The study has approval from the Educational Research Ethics Group (EREG) at the School of Healthcare, University of Leeds and approval from the York Research Ethics Committee.

Who can I talk to for more information or advice about the study?

The researcher is Margaret Lascelles and please do not hesitate to contact me at
 Room 1.10
 School of Healthcare
 University of Leeds
 LS2 9UT
 Tel: 0113 343 1177
 Email: m.a.lascelles@leeds.ac.uk.

What do I do now?

If you would like to hear more about the study or think you might like to take part, please contact me.

Thank you for your time

Appendix IV: Student Consent Form**UNIVERSITY OF LEEDS**

Version 4 date 15/5/07

Study Number:

Student Identification Number for project:

Placement Interview Number

STUDENT CONSENT FORM**Title of Project:****Mentorship and Learning: students' experiences of an accelerated nursing programme.**

Name of Researcher: Margaret Lascelles

Please initial box

1. I confirm that I have read and understand the student information sheet dated 15/5/07, version five for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
3. I am content for direct quotes to be used from the interviews (will not identify person but utilise pseudonyms)
4. I agree to take part in the above study

Name of student

Date

Signature

Researcher

Date

Signature

Appendix V: Mentor Consent Form



UNIVERSITY OF LEEDS

Version 4 date 15/5/07

Study Number:

Mentor Identification Number for project:
Placement Interview Number**MENTOR CONSENT FORM**

Title of Project:

Mentorship and Learning: students' experiences of an accelerated nursing programme

Name of Researcher: Margaret Lascelles

Please initial box

1. I confirm that I have read and understand the mentor information sheet dated 15/5/07, version five for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
3. I am content for direct quotes to be used from the interviews (will not identify person but utilise pseudonyms)
4. I agree to take part in the above study

Name of mentor

Date

Signature

Researcher

Date

Signature

Appendix VI: Sample interview guide -students

Interview Schedule- Students- 3RD placement FIRST BRANCH PLACEMENT

Introduction- Explore experiences of THIRD placement and opportunity to hear your perceptions of this experience in their own words.

I have some core areas to ask about but it is important that I hear how it has worked for you

1. Can you tell me a little bit about how you found this placement?
2. Was it what you were expecting or different from your previous two placements If so, how and in what ways. Can you say a bit more about this?
3. Did you have an induction to this placement and when did you know who your mentor was?
4. Can you tell me a bit about what you learnt on this placement?
5. What role did your mentor have in helping you with this? Was this what you expected or not, can you tell me a bit more about this?
6. Can you give me an example of where your mentor assisted your learning and this worked well and why you think this was?
7. Can you think of an example where this did not work as well and why you think this was?
8. Can you tell me a bit about your relationship with your mentor in this placement
9. Can you tell me if any other staff were significant for you in your learning on this placement, if so who and why do you think they were?
10. Can you tell me what it was like to work on xxx placement?
11. Do you feel that the organisation of care/structure of the day has an influence on your interaction with your mentor?
12. How did you feel you managed as this was your third practice placement on your nursing programme? Did you get feedback about how you were doing?
13. What do you feel this placement is like for student learning?
14. Did you feel accepted/part of the team within this placement?
15. What do you understand by mentoring and what do you feel is important in mentoring?
16. Can you explain how your experience of mentoring has developed/changed in this placement from your CFP placements?
17. Are there any other aspects you would like to mention about your learning and support on this placement?

Thank you

Appendix VII: Interview guide mentors

Mentor interview schedule - Interview

Introduction –purpose to explore mentoring and learning in nursing

1. BACKGROUND AND TRAINING	<p>How long have you worked in this area and nursing? How long have you been a mentor? What type of programme did you do? How well do you feel it prepared you for your role?</p>
2. ROLE	<p>Can you tell me what you feel the role entails? Can you tell me what it is like to mentor students here? What makes it work? not work? Has it changed at all? Is it different on different wards/areas?</p>
3. EXPECTATIONS	<p>What are your expectations for a student on their xxx placement? How do you identify their learning needs? How did you find mentoring x? Were your expectations different/the same for students regardless of the programme they are on? Do you feel you were able to facilitate the learning needs of xxxx if so how if not why?</p>
4. MENTORING PROCESS	<p>Can you give me an example of where you feel mentoring worked well and why you think this was? Not so well and why? Can you tell me about how you supported student xx? Do you mentor more than one student, if so how do you manage that? Has your perception of mentoring changed over time?</p>
5. RELATIONSHIP	<p>Can you tell me about what you feel is important in the mentoring relationship? What do you feel is important in this relationship from mentor's perspective? and from student's perspective? Do you feel the length of placement has any effect on the relationship if so how? How do you feel about having male or female students, does it make any difference to the relationship and learning? Mentors have not mentioned about race or ethnicity being an issue in the relationship and learning. What is your view on this?</p>
6. CONTEXT	<p>Where do you see mentoring in the context of your job? What is it like to mentor students on this placement? How many students do you mentor and how does it work?</p>
7. LEARNING AND ASSESSMENT	<p>How did you know if xxx was learning? How often did you monitor his/ her progress? Mentors have commented on mature students being different in supervising and mentoring than younger students. Do you feel this and if so why? How did you provide feedback to xxx about their progress? Do you feel there are any tensions between supervising a student and assessing them? How do you manage this process?</p>

Are there any other aspects of mentoring and learning which you would like to mention
 Thank you

Appendix VIII: Sample student interview

Student interview adult branch 1st placement 1/2/08

Sarah

Researcher	This is about your first placement in the Adult branch programme. Can you tell a bit about how you found it; it was older people, and elderly ward I think?
SarahAB1	It was good, it was nice to have long term patients, stroke care and had chance to get to know patients with them being there for a longer period.
R	How long were you there for, was it twelve/thirteen weeks?
SarahAB1	Yes it was about that. September to December, it was good, specialised in stroke, rehabilitation so I was quite glad about that and learnt a lot. Yes, it was good and I really liked it.
R	You had a mentor on this placement, so how do you feel that worked?
SarahAB1	Good, I worked mostly with my mentor, she was there most days and she worked on the bank as well so she was there a lot of the days so I had maximum contact with her. I worked a lot of the time with her.
R	So was that planned?
SarahAB1	No, she was working mainly Monday to Friday and a few weekends, but she seemed to be there all the time. It was nice to have someone who you knew was there all the time.
R	Were you the only student she had?
SarahAB1	No, I think she had three others, but I was the only one in the first six weeks and she was really nice.
R	Did you have an induction early on and identify your learning needs?
SarahAB1	Yes in the second week. They just ask you what you want, they know for each year and identify things, and they write it down and any opportunities available for example, she sent me off with the physios, OT's quite early on and other members of the multidisciplinary team. She was really nice in showing me around and things and made me feel welcome. I think because she is a sister... at first I was a bit like... I think she is used to students and showing people around.
R	So did you meet with her regularly during the twelve weeks?
SarahAB1	I didn't really meet regularly with her, just at the beginning, middle and then the end. But it was ongoing because she was there when I was there every day she knew my development and towards the end she would give me things to do and let me get on with it.
R	So did she give you feedback as you went along?
SarahAB1	Yes and guidance and she did sometimes try and talk me through things and explain why she was doing things a lot but it was up to me to pick it up.
R	So were there other people you could go to?
SarahAB1	Yes, the nursing team there were other nurses with 20 years experience or newly qualified and there was nothing in between, so it was quite hard but they were all really nice there, I think that is the main thing... they were approachable, so I didn't have a problem... and the healthcare assistants were there, helpful, probably more than nurses.
R	Why do you say that?
SarahAB1	They were really good the healthcare assistants and there training was good and they were more approachable. I felt I could always ask my mentor questions and they would always explain and I could go off and doing things.

R	So if your mentor was not explaining did someone else?
SarahAB1	I just asked questions of others. She would explain some things but ... I think she had been there so long it was like second nature and she just got on with her job... but she taught me things I could do, which I could pick up and do after a while.
R	So you have had three or four mentor now. What do you understand mentoring is?
SarahAB1	I think some people think it is just someone being there if you need them and not necessarily a teacher, not really doing anything just a support, someone you can go to if you need to ask questions, yet I think some take on the teacher role automatically. I think she was more; I don't know... there if I needed her and to sign off documentation, ask questions to. I think that is why she knew I would be happy asking questions, that is why she backed off she knew. I don't know if it was because I was postgraduate, I don't know how she is with other students. Like I know the younger ones she seemed to take round with her ... it was very... don't work on your own, but she would just leave me after a few weeks.
R	How did you feel about that?
SarahAB1	I think I was alright with that, I didn't mind. The main sister asked me early on how I liked to work, if I liked being on my own or be put with someone all the time, which I was better at... which I think I would have found more nerve racking for me. I said I was better on my own so I did that, but she was definitely there to support if I needed her. She would look out for me as well.
R	So what qualities do you think a mentor needs?
SarahAB1	To be approachable, have good knowledge and just to be able to explain things clearly and don't forget you are there or just saying I can't explain now but I will later. Not assuming that we know something even like simple things that are not difficult to do but whether you are shown once and know how to do. Yes just to be there... not even to monitor your progress, but just to answer and make you feel comfortable on the ward.
R	Can you think of an example where mentoring worked well?
SarahAB1	I think like on the drugs round she took me round and spent a lot of time. A lot are NG drugs... administration of drugs is quite varied and she taught be all that, which is really helpful, the transferable skills which is helpful on other wards... and then she would let me do, things like that. The more clinical procedures she is quite good at explaining at the time, or if I asked. She did a lot of things and the physios are really helpful like moving and handling, correctly positioning stroke patients and swallowing issues. She was quite good at matching me up with people who would explain things.
R	So did you ask for that or did she organise it?
SarahAB1	No, she organised it, she organised a day with the physio, positioning and mobility stuff... she was quite good at knowing who knew what and attaching you to the right people.
R	Did you work with any other professionals?
SarahAB1	I did a few sessions with the dietician just explaining about nutrition and the PEG feeds. Then there was another nurse who was on the other side of the ward and he was quite good at coming. I made it quite clear that I wanted to learn certain things and he would come and get me and let me watch and do different things, even if it was on that side which was good. It meant I got more experience.
R	So were you allocated a side all the time you were there?

SarahAB1	Yes it is split into women's and men's and I had the women's
R	So how did that work?
SarahAB1	It was good, ... approached wherever you were on the ward or on your own. They had another student who was about to qualify and she had her mentor. I am quite inquisitive so I got quite a lot. The attitude to her was very different to the attitude to someone who has just started. There is more input if they know you are about to qualify and there was this one nurse who was about to qualify and they work out what she needs to know before she qualifies, explaining about discharge planning and things like that, the first year student that came on was told just relax, you have got three years of training so you don't need to learn everything now. It was hard as she was older as well.
R	So did you get involved in any other activities?
SarahAB1	Yes, She took me to case conferences and she was really good at involving me.
R	So how did you find the case conference?
SarahAB1	Really good...it was really healthcare professional dominated. I explained some things to the patient's relatives because they weren't there. The patient wasn't even in the case conference. It was pretty much determined what was going to happen. She was really good at taking me there and would explain things.
R	Did you feel part of the team?
SarahAB1	Yes, more so towards the end...yes. she made me feel really welcome, that I really did ...and I think a lot of the new younger qualified nurses were, you could talk to them, they were just a really nice team gelled together with patients very welcoming. I think because it is stroke it is very like,... you can ask if you don't understand something and you need to be aware of this so it was good very welcoming...
R	Was there anything about the environment itself that was a factor in that?
SarahAB1	Yes, I think it was not very acute and therefore more relaxed environment and you knew your patients very well. I think as you get to know them your relationships build up, and the same nurses were allocated the same patients.
R	How did you find that?
SarahAB1	Yes I liked that and was able to go round and learn different things and the patients and they got to know you as well.
R	So you were saying earlier about mentoring and mixed experience, can you say a bit more about that?
SarahAB1	Yes, I think because people don't understand the role, they are not being paid any extra for it.
R	Do you think that would make a difference?
SarahAB1	Yes, I think because there was a newly qualified nurse who was really good at teaching and had taught that skill really well and she was really anxious, I am not a mentor and I don't want to teach wrong and maybe don't know new things and how to teach, so it's defining the role. There are a lot of mentors who don't want to teach. When you first qualify it is about finding your role, I think my mentor says it is a supporting role, she was monitoring me.
R	So did you get feedback and a final interview?
SarahAB1	Yes, that was really good she went through everything not in detail, but signed everything off...everything she signed she had seen me do before ...she was okay. She said it is hard signing documentation if you have a weak student. I think she was more aware than I thought how you are getting on...how you are doing.

R	She worked quite a bit with you as well?
SarahAB1	Yes.
R	Were there any aspects that you found difficult?
SarahAB1	I think just having a student with you and trying to teach them is hard for the mentor. It is quite different in an acute setting ... and she is responsible for me...it's a juggling act. She had a lot of paperwork to do and the senior sister as well more involved in discharge management. It would have been nice if she had said you can work with such and such if the she is busy ...because you felt a bit in the way sometimes.
R	Were there any times when it didn't work too well?
SarahAB1	I think it is quite hard for them. I think it is hard for the first years if they are left, I think that is harder being left if you don't know anything...the further on in the course you get the more you can do and you pick up.
R	Is that about more responsibility?
SarahAB1	Yes I think so; they put you at ease at first. I think if they find out a bit about you that would help ...sort of when you first start the placement, sit down with you and find out where you have been, degree in our case and what you want to learn and what you need. I think that would be helpful, but not just the mentor but the team would need to know as well.
R	Did you feel welcomed as a student?
SarahAB1	Yes, I think they don't always explain things to you and find out exactly what you are capable of, whom you are and try and match you to people rather than be left, you get that quite a lot.
R	So did you find you were left?
SarahAB1	Yes, but I didn't mind. I just get on and go and ask. I think it is when it is busy its fine because if you are a bit into the programme you can help ...it is like you can do things but if it is quiet, there is nothing to do and its, ... then I don't have anything to get on with, but she did keep asking me.
R	So do you feel you have developed your skills?
SarahAB1	Yes, I think I made quite a lot of effort to learn things ...deeper, and I think I realise I have learnt a lot now going onto this next placement. She said at the end you will have learnt more than you think. I think I have learnt loads of things that I know how to deal with now. I think it is a really good ward to be on.
R	Is there anything else you would like to mention?
SarahAB1	No that is everything.
R	Thank you.

Appendix IX: Sample Initial Student Index

1. Background

- 1.1 degree
- 1.2 healthcare experience
- 1.3 role as healthcare assistant
- 1.4 role as nurse
- 1.5 influence on undertaking programme
- 1.6 choice of postgraduate programme

- 5.7 personality of mentor
- 5.8 student attitude/personality
- 5.9 working relationship positive
- 5.10 trust
- 5.11 1:1 relationship
- 5.12 mentor one student

2. Mentoring expectations

- 2.1 No experience of mentoring
- 2.2 previous experience of mentoring healthcare
- 2.3 previous experience of mentoring outside healthcare
- 2.4 expectations different
- 2.5 expectations positive
- 2.6 expectations negative
- 2.7 managing expectations

6. Learning to nurse

- 6.1 skills development
- 6.2 intimacy of care
- 6.3 communication
- 6.4 Observing
- 6.5 doing under supervision
- 6.6 record keeping
- 6.7 team
- 6.8 doing indirect supervision
- 6.9 can't do admin
- 6.10 role model
- 6.11 contribution to society
- 6.12 bargaining
- 6.13 paper work
- 6.14 learning opportunities
- 6.15 difficult situations
- 6.16 negative experience
- 6.17 confidence
- 6.18 mentor watching
- 6.19 adapting to environment
- 6.20 increasing knowledge

3. Mentoring role

- 3.1. Characteristics
- 3.2 First impressions
- 3.3 teaching role
- 3.4 support
- 3.5 identify learning opportunities
- 3.6 facilitate learning
- 3.7 explaining nursing

4. Student role

- 4.1 characteristics
- 4.2 First impressions
- 4.3 involvement in care
- 4.4 student directed
- 4.5 student-break ice
- 4.6 anxiety about doing it right
- 4.7 question
- 4.8 don't feel stupid

5. Student-mentor relationship

- 5.1 work with mentor
- 5.2 Some shifts same as mentor
- 5.3 work with other healthcare staff
- 5.4 time/length of placement
- 5.5 not working with mentor
- 5.6 knowledge of mentor

7. Context of care

- 7.1 nature of placement- hospital
- 7.2 nature of placement-community
- 7.3 older people
- 7.4 gender issues re patient care
- 7.5 team working
- 7.6 permission from patient
- 7.7 non involvement of student
- 7.8 coping strategies
- 7.9 involvement of students positive
- 7.10 labelling
- 7.11 power
- 7.12 team dynamics
- 7.13 getting involved
- 7.14 comfortable

8. Nurse-patient interactions

- 8.1 interactions with patient-positive
- 8.2 record keeping
- 8.3 handover/communication
- 8.4 patient build up respect, trust
- 8.5 continuity of care
- 8.6 social aspects of care
- 8.7 difficult interaction
- 8.8 ending nurse patient relationship

9. Feedback/assessment

- 9.1 ongoing feedback
- 9.2 interviews preliminary
- 9.3 interview intermediate
- 9.4 interview final
- 9.5 encouragement
- 9.6 stage of training
- 9.7 two way process

10. Placements

- 10.1 structure of course
- 10.2 placements structure
- 10.3 length of placement
- 10.4 gap theory/practice
- 10.5 clinical supervision
- 10.6 link theory /practice learning
- 10.7 more on nursing
- 10.8 feedback to tutors
- 10.9 short course
- 10.10 level of training
- 10.11 involvement of tutor
- 10.12 knowledge of programme
- 10.13 need to learn skills
- 10.14 negative experience of programme
- 10.15 building relationships each time

11. Perceptions of mentoring/ importance

- 11.1 build up relationship takes time
- 11.2 get to know you as a person
- 11.3 get to know your previous experience
- 11.4 feel accepted
- 11.5 spend time with your mentor
- 11.6 Good at nursing
- 11.7 Approachable
- 11.8 have associate mentor
- 11.9 introductions to staff
- 11.10 experienced mentor
- 11.11 acceptance into team
- 11.12 difference between good and bad mentors
- 11.13 motivated
- 11.14 Not interested in students
- 11.15 ending role

12. Staff

- 12.1 continuity of staff
- 12.2 changes of staff
- 12.3 knowing their names
- 12.4 stress on staff
- 12.5 bank staff
- 12.6 newly qualified staff
- 12.7 healthcare assistants
- 12.8 age of staff
- 12.9 Short staffed
- 12.10 staff feeling
- 12.11 workload

Appendix X: Sample Initial Indexing Mentors

1. Background

- 1.1 Length of Experience as a nurse
- 1.2 Length of experience as a mentor
- 1.3 Type of mentor programme
- 1.4 Type of placement
- 1.5 Length of placement

2. Role

- 2.1 Expectations of role
- 2.2 Qualities of mentor
- 2.3 Preparation for role
- 2.4 Impact on workload
- 2.5 Other students mentoring
- 2.6 Impact on professional development

3. Expectations of students

- 3.1 Preparation
- 3.2 Behaviour
- 3.3 Identifying learning needs
- 3.4 Stage of programme
- 3.5 Type of programme

4. Learning opportunities

- 4.1 Type of opportunities
- 4.2 How identified for student
- 4.3 Student involvement

5. Mentor-student relationship

- 5.1 contact with student
- 5.2 Positive aspects
- 5.3 Negative aspects
- 5.4 professional relationship

6. Other staff significant to learning

- 6.1 Associate mentor
- 6.2 Other nurses
- 6.3 Health care assistants
- 6.4 Other professionals
- 6.5 University staff

7. Context of care

- 7.1 nature of placement
- 7.2 organisation of care
- 7.3 student involvement in care activities
- 7.4 professional acceptance
- 7.5 Social acceptance

8. Learning

- 8.1 Positive nature of learning
- 8.2 negative nature of learning
- 8.3 impact on learning for students
- 8.4 decision making
- 8.5 team membership
- 8.6 missed opportunities
- 8.7 other student's involvement
- 8.8 power/control issues
- 8.9 conflict issues
- 8.10 culture/diversity
- 8.11 applying student's experience /knowledge

9. Assessment

- 9.1 documentation
- 9.2 knowledge and understanding
- 9.3 Interviews
- 9.4 organisation
- 9.5 time
- 9.6 feedback on progress
- 9.7 Final assessment

Appendix XI: Sample index-Rosemary CFP second placement

Student Interview 2 nd CFP placement - Mental health 16/7/07	Indexing	Comments
<p>Rosemary</p> <p>R: This is really about your second placement so it's mainly about your mental health second placement OK, so erm how did you find it?</p> <p>ROSEMARY: Really really good a lot better than I expected a lot better, it was very, community nursing so it was very different than inpatient and I've never ever done anything in the community before and I really, really enjoyed it.</p> <p>R: Why do you say it was better than you were expecting, what were you expecting?</p>	<p>7 context of care 7.2 nature of placement</p>	<p>Different than expected</p>
<p>ROSEMARY: Because I expected to be going onto visits which I wouldn't get to know people very well and I found that wasn't the case and I found the nurse patient relationship wouldn't be there, which I found also wasn't the case I found I was a lot stronger in community because the last things you say to somebody could be the only things they hear for the next week, it depends on the person obviously and whether they see anybody else, but I felt I had a really really important part and I felt , felt valued a lot of what I said and what I did when I was out there, and also I went to see my mentor before I started and erm she gave me a list of things that I could get out of the placement and I went to visit a whole load of different services that offered help to people with mental health problems, so I got a lot more than I expected out of it, instead of just going to people's houses day in, day out, I got the experience of finding out what people did in mental health community and day services and erm other treatment units that prevented them from going into hospital which I found very interesting, very good.</p>	<p>7.9 involvement 8.5 continuity of care</p> <p>7context of care 7.1 nature of placement 7.9 student involvement in care 8.1 interactions with patient positive</p> <p>8.4 build up respect/trust 8.1 interactions with patient positive</p> <p>6.7team membership</p> <p>6.14 learning opportunities 7.9 student involvement 8.1 interactions with patient positive</p> <p>7context of care 7.9 student involvement in care 6.14 learning opportunities</p>	<p>Patient contact-continuity Nurse patient relationship Felt valued, Part of team, belonging identity Participation in care</p> <p>Pre visit important first impressions, Learning opportunities</p> <p>Broader experience than expected</p>

Appendix XII: Sample Mentor Indexing

Mentor Interview	Indexing	Comments
<p>Mentor Interview Rosemary CFP2MH PLACEMENT8/8/07</p> <p>M5</p> <p>R: OK, so this is just about mentoring and you mentored Rosemary a postgraduate nursing student during her six week placement, so this is really about mentoring. So how long have you mentored students for?</p> <p>M5: I've been CPN (Community Psychiatric Nurse) since 1988 and I've had students off and on from that point onwards really so I've had lots of students at different courses and different levels and different experiences.</p> <p>R: Yes, did you do the old 998?</p> <p>M5: 997, 998 yes.</p> <p>R: Do you think mentoring changed in that time?</p> <p>M5: Mentoring itself hasn't changed but the documentation's has changed and I wouldn't say for the better.</p> <p>R: You wouldn't</p> <p>M5: No</p> <p>R: Why do you say that?</p> <p>M5: I found them very long, very cumbersome and sometimes quite confusing and I think they tend to overlap themselves quite a lot.</p> <p>R: Yes, so the student Rosemary you having being mentoring has this documentation?</p> <p>M5: Erm yes... and you know I think we'd thought we'd finished all the documentation and we thought we'd signed everything off and then you realise there's just a bit more as well. There's a lot more, say it was a 6 week placement, there's a heck of a lot of documentation that went with it.</p>	<p>1. Background 1.1 experience as nurse 1.2 experience as mentor</p> <p>1.3 Type of mentorship programme</p> <p>2.1 Role expectations of role 9 assessment 9.1 documentation</p> <p>9.1 documentation 9.7 final assessment</p>	<p>Experienced practitioner and mentor</p> <p>Assessment documentation</p>

<p>R: What do you feel the role of mentoring students involves?</p> <p>M5: Being totally... erm responsible for that students placement, making sure that they get a good experience of working with the client group in the community, that they are aware of the role of the CPN, and that they get to shadow erm and get to work with different client groups, but also get used to working within the Trust, getting used to working with other disciplines. So I see it partly the student is with me and I'm overall responsible for that student that they do get to spend a bit of time with a social worker, with the consultant, with the manager, and get to meet different statutory and voluntary services in the areas that we work or that we refer to.</p>	<p>2 role 2.1 expectations of role</p> <p>4 learning opportunities 4.1 types of opportunities 6 other staff 6.4 other professionals</p>	<p>Expectations Student role Planning Learning opportunities Others professionals</p>
<p>R: So do you see your role as organising that or student doing it?</p> <p>M5: No I would see that we point them in the right direction but then it is up to the student to follow that through and I think Rosemary, my last student was very very good at that, I've had other students that you've had to prompt a bit more but erm I think it is up to them especially they are supposed to be more academically in tune but making their own sort of time, its giving them the direction really.</p>	<p>2 role 2.1 expectations of role 3 expectations of student 3.3 identifying learning needs</p>	<p>Joint process Learning opportunities Self directed</p>

Appendix XIII: Conceptual map of categories, sub themes and themes from student interviews

Categories	Sub themes	Themes
Degree	Degree/ Life experience	Background/experience
Life experiences		
Choice of programme		
Experience healthcare		
Qualities	Qualities/ Interpersonal aspects	Being approachable
Interpersonal aspects		
Positive and negative aspects		
Interest approachability		
Time with mentor	Being there Initial contact	Time with mentor
Initial contact		
Working alongside		
guidance		
Left		
Push yourself	Assertive/ Self directed	Using initiative
Assertive/proactive		
initiative		
Motivated to learn		
Expectations onus on student		
Patient dependency	Patient dependency Organisation of care	Nature of care
Patient allocation		
caseload		
Team approach		
Busy		
Observing care	Involvement in care Observation Direct participation Part of team	Participation in care
Participating under supervision		
Direct –indirect supervision by mentor		
In the car/visits		
Part of team/ accepted		
Left		
Staffing /continuity of staff	Staffing Shifts patterns Length of placement	workloads
Shifts-long days		
Length of placement and interruptions		
Number of students		

Planned/structured opportunities	Learning opportunities Teaching Trust/confidence/challenge Reflection Feedback	Relationships/interactions with mentor
Access		
Missed opportunities		
Questioning, comfortable to ask		
Distant relationship		
Trust, confidence		
Lack of trust		
Challenge, complexity responsibility reflection		
Part of team comfortable		
Feedback ongoing		
Assessment documents		
Skills development	Clinical and Communication skills	Relationships/interactions with patients
Communication skills		
Planning and organising care		
Patient safety		
Associate mentors	Associate mentors Other nurses, professionals, health care assistants	Relationships with others in team
Other nurses		
Multidisciplinary team		
Healthcare assistants		
Positive and negative experiences		

Appendix XIV: Conceptual map of categories, sub-themes and themes from mentor interviews.

Categories	Sub themes	Themes
Length of experience as a nurse	Time as a nurse/mentor Clinical experience	Background and experience
Length of experience as a mentor		
Nature of mentorship programme		
Academic qualifications		
Type of placement/area of care		
Expectations of role	Perceptions of role Expectations of students Qualities	Mentorship role
Time with student		
Positive aspects of relationship		
Professional relationship		
Expectations of students		
Qualities of mentor		
Nature of working relationship e.g. 1:1		
Self directed students		
Student involvement in planning learning opportunities	Planned/structured learning opportunities	Learning opportunities
Types of opportunities		
Visits outside area		
Working with other professionals/nurses		
Involvement and participation in care	Nurse patient relationships	Engagement and participation in care Feedback
Teaching/Questioning		
Feedback	Direct-indirect supervision	
Trust and confidence	Trust and confidence/independence	
Learning through direct-indirect supervision		
Clinical skills observation	Part of team	
Nature of care-predictable/unpredictable	Nature of care	
Continuity of care		
Nurse-patient relationship	Feedback/assessment	

Qualities of students	Prior experience	Self directed students
Prior experience		
Learning approaches self directed		
Assertive		
workloads	Nature and organisation of care/norms and practices	Workload and context of care
Nature of care/organisation		
Shift patterns		
Staffing		
Length of placement		
Time with student		
Continuity of care/unpredictability/predictability of care		
	Initiative	
	Student directed	
	Resources	
	Continuity/ Predictability of care	