While considering mentorship as a way of progression in the profession, it is important for
the nurse to think critically and objectively about what this role entails.

Nurses who are considering becoming involved in student supervision and mentorship in any clinical setting should have knowledge of the importance of mentorship, its process and basic principles. Although mentorship programmes aim to help staff understand the concept of mentorship, thinking clearly and critically about the role before joining such programmes is important. Reading about the concept, talking to experienced nurses and those undertaking mentorship courses can help. This knowledge can encourage nurses to reflect on and understand their attitude to and aptitude for mentorship which, in turn, could improve their academic performance and enhance self-satisfaction.

Some of the essential questions that nurses should ask themselves before joining a mentorship programme are presented in this article. The concept of mentorship, the role and responsibilities of mentors, and the issue of mentor-student relationship are discussed.

Understanding these issues can help nurses to clarify their understanding of the role and make informed decisions.

**Importance of mentorship**

Clinical experience plays an important role in developing nursing students' learning. The interaction with patients and their families during this experience helps nursing students to develop technical, psychomotor, interpersonal and communication skills (Billings and Halstead 1998, Dunn et al 2000, Adams 2002, Chan 2002, Banning et al 2006). It provides students with...
opportunity to practise the theory they have learned outside the practice setting and help them develop a professional identity (Fishel and Johnson 1981). To enhance the clinical experience, it is important to provide students with appropriate support, guidance and supervision in the clinical area (English National Board and Department of Health (ENB and DH) 2001a, Andrews and Roberts 2003). An effective mentor who can help students to clarify any misconceptions, raise questions and work in a safe clinical environment can provide such facilitation. Evidence suggests that various factors, such as the mentor-student relationship and the mentor’s knowledge, competencies, attitude and communication skills play an important role in students’ learning (Wright 1990, Baillie 1993, Andrews and Chilton 2000, Andrews and Roberts 2003, Pellatt 2006).

Background

The concept of mentorship emerged in nursing literature from 1980 onwards, when it was first applied to learning in the clinical environment. However, it has been suggested that Florence Nightingale might have been the first nurse mentor (Pellatt 2006). The ENB and DH (2001b) defined mentorship as ‘…the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in the practice setting’. Since mentors spend most time with students in the clinical area, they are in the best position to judge students’ capabilities and to guide and assist them in developing and achieving their learning objectives.

The NMC (2006) state that nurses who take on the role of mentor must be registered with the NMC and be on the same part of the register as the student they assess. Mentors are expected to have been on the register for at least 12 months and have completed an NMC-approved mentor preparation course, or a comparable programme. They are required to support students’ learning in an interprofessional environment and to assess and judge their proficiency. Mentors should be able to support students in meeting continuing professional development needs in accordance with The Code (NMC 2008). This description highlights the importance the NMC places on the support of students in the clinical placement area. It also reflects the fact that the mentor’s own experience in a particular field is vital to help the student develop the essential skills for clinical practice.

Roles of a mentor

Morton-Cooper and Palmer (2000) identified numerous roles that mentors undertake while guiding and supporting students in the clinical setting. Some of the most important roles include the following:

- **Adviser**
  - As an adviser the mentor offers support and advice to students about their career, developing social contacts and building networks. During this process mentors assess and take into account the student’s capabilities and limitations.

- **Role model**
  - By being a role model, the mentor ‘…provides an observable image for imitation, demonstrating skills and qualities for the mentee to emulate’ (Morton-Cooper and Palmer 2000).
  - The importance of this role as a positive model cannot be overestimated.

- **Coach**
  - While acting as a coach, the mentor not only provides students with constructive feedback to improve their clinical practice, but also promotes a flexible approach to accepting feedback.

- **Problem solver**
  - The role requires a mentor to help the student critically analyse and solve problems, thereby promoting the development of critical thinking, problem solving and decision-making skills.

- **Teacher**
  - As a teacher, the mentor shares his or her knowledge and experience with the student, identifies the student’s individual learning needs and learning style, and provides a conducive learning environment to maximise learning.

- **Supporter**
  - As a supporter, the mentor provides the student with professional and moral support whenever required. Such support enables the student to develop personally and professionally.

- **Organiser and planner**
  - By organising learning experiences for students to help them achieve the required competencies, the mentor undertakes the role of an organiser and planner.

- **Counsellor**
  - The role of counsellor requires the mentor to encourage self-development in students by helping them to think about and reflect on their practice (Gallinagh et al 2000, Price 2005).

- **Guide**
  - As a guide, the mentor introduces the student to helpful contacts and power groups in the organisation.

  Throughout the period of mentorship mentors assume many or all of these roles to enhance a student’s learning. The importance and emphasis of each role varies and depends on the learning stage and level of personal and professional development that the student has already achieved. The mentor therefore requires the skill of identifying which of these roles is to be used in which particular circumstances to optimise the student’s development.
Formal responsibilities of mentors

There are eight mandatory competencies delineating the responsibilities of mentors (NMC 2006) (Box 1). Mentors are expected to aid students’ progress, assist them to achieve outcomes relevant to the clinical placement and co-ordinate students’ teaching and assessment requirements. They are responsible for understanding the expected learning outcomes of the student and participating with the student in reflective activities. They need to provide a supportive learning environment for the student and are expected to help in maintaining a mutual mentor-student relationship. In addition, they are responsible for helping the student to identify and accomplish their learning needs and objectives. Mentors have to make certain that the student has completed a satisfactory number of mentored hours and is practising in line with The Code (NMC 2008). Finally, they are required to participate in formative and summative assessment and evaluation of the student’s learning in clinical practice to ensure accomplishment of clinical competencies (NMC 2006).

Essential attributes of a mentor

To perform the mentorship role effectively and to fulfil their responsibilities, mentors should have certain personal attributes as identified in the literature. These characteristics include friendliness, a good sense of humour, patience, effective interpersonal skills, approachability and professional development abilities (Andrews and Wallis 1999, Papp et al 2003, Wilkes 2006). Although these attributes are part of an individual’s personality, staff teaching on professional preparation programmes and future mentors can play an active role in developing these attributes. However, as more mentorship programmes move towards distance learning, it may be difficult for staff in educational establishments to assess whether or not a mentor possesses these qualities, and if he or she does not, how they can help the mentor to develop them. Because of the subjective nature of these characteristics, it is difficult to ensure that a mentor has these qualities and this is evidenced by their absence in the requirements identified by the NMC (2006) to support learning and assessment in practice.

Phases of the mentor-student relationship

Evidence suggests that the quality and nature of the mentoring relationship is fundamental to the mentoring process and the quality of the learning experience (Cahill 1996, Andrews and Wallis 1999). If the relationship is based on mutual respect and a sense of partnership, students’ learning is enhanced. The mentor-student relationship develops over time and passes through various phases, namely the initiation phase, the working phase and the termination phase (Cahill 1996, Morton-Cooper and Palmer 2000) (Figure 1).

In the initiation phase, the mentor and the student get to know each other. They work and observe each other closely, having access to and providing support to each other, and influencing the development of the relationship. Pressure of time and other commitments could prevent the development of this supportive relationship.

The second phase of the relationship is called the working phase in which the student gets benefits from the relationship and learns the skills of the clinical placement. As the mentor and the student spend much of their time together, a sense of closeness and trust ensues. Morton-Cooper and Palmer (2000) maintain that: ‘This is a very active phase and the intensity of the relationship moves to that of common understanding and solid partnership.’ During this phase, the student gradually becomes independent and starts taking responsibility, and needs help less frequently. As the student becomes increasingly

BOX 1

Mentors’ responsibilities based on competencies and outcomes for mentors in nursing

- Establishing effective working relationships
- Facilitation of learning
- Assessment and accountability
- Evaluation of learning
- Creating an environment for learning
- Context of practice
- Evidence-based practice
- Leadership

(Adapted from Nursing and Midwifery Council 2006)
art & science clinical education

self-reliant and confident, the relationship moves towards the termination phase.

The third and final phase is the termination phase during which the mentor-student relationship ends either positively or negatively (Morton-Cooper and Palmer 2000). When the relationship ends positively, a supportive friendly relationship develops. However, when it ends negatively, the mentor and student are left with a sense of emotional tension and general dissatisfaction. The success or demise of the mentor-student relationship depends on a range of factors, which includes the reason for ending the relationship. Reasons such as successful progress to the next stage of education, a change of career for the mentor or student, a period of absence due to illness or any other problem or a mismatch of personal qualities all influence the outcome. In reality, the mentor and student relationship appears to go through all of these phases. However, the transition from one phase to the other is almost unnoticeable.

Building a mentor-student relationship

To establish a good mentor-student relationship, Bennett (2003) suggests the use of certain strategies. These include organising an introductory meeting, orientation of the student to the clinical placement area, provision of a good learning environment and offering appropriate support to the student. An introductory meeting with the student is crucial because it helps the mentor to get to know the student, his or her personality, clinical experience and learning needs. This information helps the mentor to devise appropriate strategies to aid the student’s learning (Wallace 2003). Such a meeting serves as an ‘icebreaker’ and helps the student to feel comfortable with the mentor. In the introductory meeting, the mentor and the student should discuss their roles and responsibilities as well as their expectations of each other. Skilled management of expectations influences interpretation of the mentor-student relationship. If mentors inform the student about their availability, accessibility and their expectations of the relationship, this can help to reduce student anxiety and enhance learning.

Another important factor in developing an effective mentor-student relationship is orienting the student to the clinical placement setting, and introducing the learner to the staff working there. This helps to relieve anxiety and enhances the student’s comfort level, which in turn promotes student learning (Wallace 2003). The provision of a conducive learning environment for the student is also important. A good learning environment is one in which students are treated as respected adult learners, who have had experience – personal if not academic – and who can take responsibility for their learning. Such an environment provides the student with ample opportunities for supervised clinical practice, and supports an exchange of ideas.

A good learning environment also encourages students to ask questions, and clarify queries and misconceptions (Wallace 2003). As part of the support, guidance and supervision given to students, it is important that they are given timely and constructive feedback. This helps the student to develop or modify learning objectives to fulfil his or her learning needs (Gray and Smith 2000, Wallace 2003). Giving feedback that is constructive and promotes learning, as opposed to critical and destructive feedback, requires the mentor to be self-aware and have the trust and respect of the student. To ensure that student feedback is unbiased, supportive and developmental, it should be based on observed behaviour and experience, not on personality and presumptions.

Challenges for mentors

While fulfilling such demanding responsibilities, mentors have to face various challenges. These include limitations on time, dual responsibilities of patient care and student teaching, high workload (Bennett 2003), the mentor’s own personality, the student’s level of learning, the number of students allocated to a mentor (Moseley and Davies 2008), and the high level of commitment required (Mills et al 2005). Other challenges include collaboration between the student’s teacher and mentor, the mentor’s knowledge about the theoretical aspect of learning, learning theories, assessment methods and ways to provide constructive feedback.

Conclusion

Mentorship is an integral part of the experienced nurse’s role – either formally when mentoring nursing students on clinical placement, or informally when helping less experienced colleagues to develop their practice. Nurses have increasing responsibility for assessing students and therefore it is essential that nurses who are considering becoming mentors appreciate the expectations, responsibilities and accountability involved in this role. They need to recognise that once they take on the role of mentor, they will need
managerial and institutional support, and relevant in-service training and higher education opportunities to equip themselves with up-to-date knowledge (Wilkes 2006). Managerial and institutional support might be lacking in a system that is under constant pressure to improve its clinical output and provide a cost-effective service. However, the need to support students who are the nurses of the future cannot be consistently considered a secondary priority in clinical practice if these nurses are to be fully prepared to undertake their clinical roles. Whether nurses actively seek out the role of mentor, or find themselves in the position of supervising, managing and helping less experienced colleagues, knowledge of the roles and responsibilities, and competence in the skills and abilities required, enables professional development on an individual and professional basis NS

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