Supporting Clinical Mentors in Undergraduate Nursing Education

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Aim and Objectives

Aim:

To investigate the support received by local clinical nurse mentors (CMs) in undergraduate nursing education.

Objectives:

- Explore the CMs' understanding of the concept of support

- Explore the CMs' perception of the current level of support they receive

- Identify any challenges and barriers CMs experience whilst mentoring undergraduate nursing students

- Explore the type and level of support CMs require to effectively mentor undergraduate nursing students

Context

- Directive 2005/36/EC of the European Council stipulates that EU-based nursing courses must cover:
  - At least three years OR 4600 hours
  - Of which at least 1/3 are theoretical and 1/2 are clinical hours
  - The MCAST & Northumbria Joint Nursing Programme is a 3 year BSc (Hons) course.
- It emphasises both the theoretical and practice components equally.
- The approach to theory and practice in block aims to allay the theory-practice gap.
- **Current number of students: 159**

Research Gap

- Research focusing on support to CMs in undergraduate nursing education is relatively sparse.

- CMs have reported feeling inadequate and uncertain about their role.

- Lack of clinical mentoring competencies and pedagogical knowledge.

- Lack of mentorship support – call for more engagement and support!

- Insufficient communication and collaboration with academics (Bos *et al.*, 2015).

- The support process is multifactorial, and many elements that make it difficult and challenging for CMs to fulfil their role have to be taken into account (DeBrew and Lewallen, 2014).

- Clinical mentorship does not have sufficient status within the health care/education system and too little time and attention are paid to the role.

Methodology

- Exploratory qualitative approach

- Purposive sample of eight clinical mentors employed with MCAST (12 months of mentoring experience)

- Online interviews carried out by two researchers

- Tool evidence based – peer reviewed

- Thematic data analysis – individual thematic coding followed by peer briefing until agreement is reached

Findings – emerging themes

- Multifaceted support

- Challenges and barriers

- Experience as a problem-solver
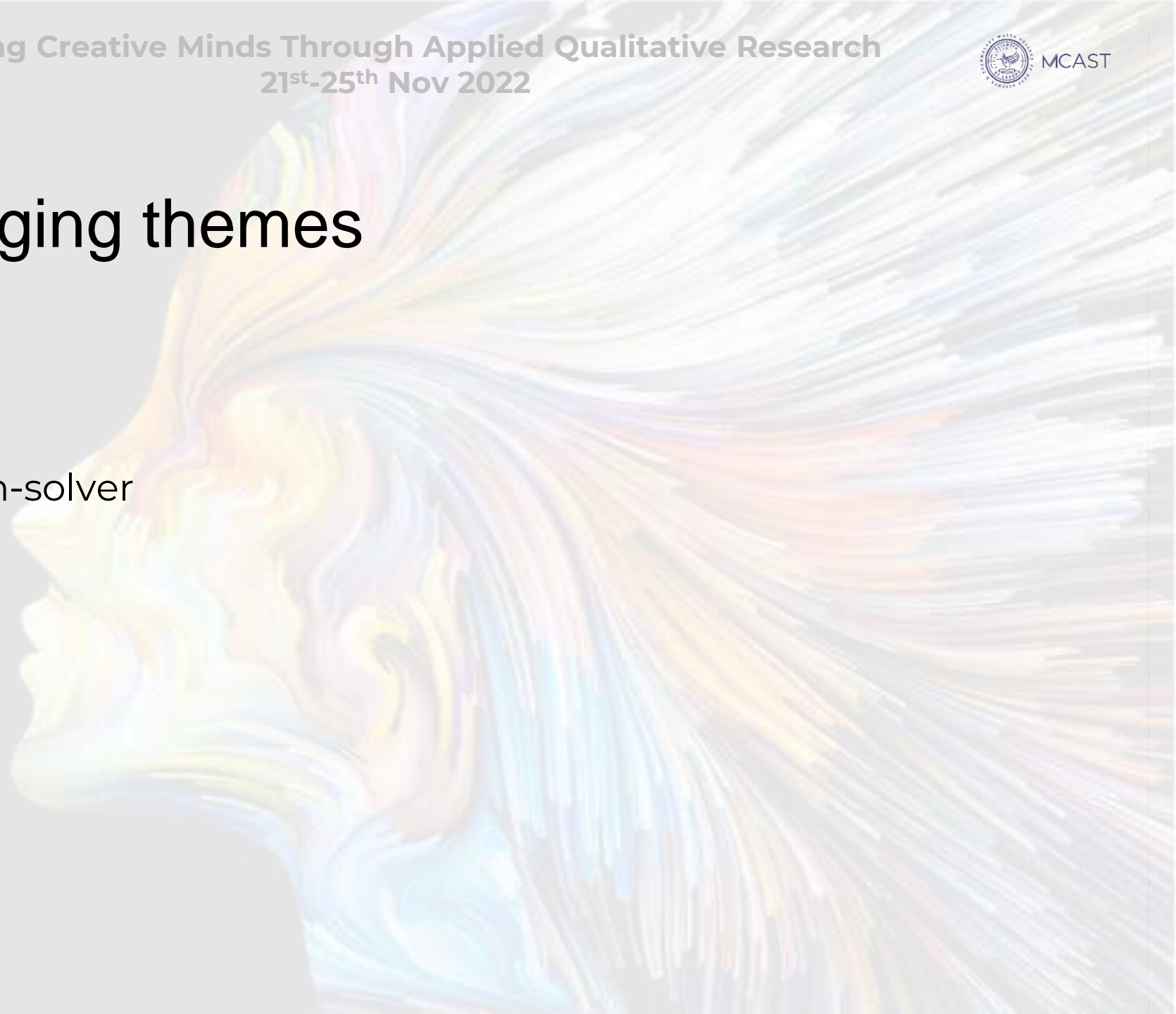
Multifaceted support

- Support was seen as an umbrella term.

- CMs need to be supported in practice.

- Protected time that dedicated to mentoring.

- Tensions between the responsibilities of mentoring students and caring for patients.

- Availability of the module leads has been identified as a source of support.

- Effective relationships between the higher education institution, CMs, and students are an absolute requirement.

- Financial remuneration.

Challenges and barriers

- Overcrowding of students on the wards.

- Mentoring not being valued by the management of the ward/hospital.

- Lack of training/preparation for nurse mentors.

- Lack of updates for nurse mentors.

- Mentoring seen as an extra role in a time of widespread shortage of nursing staff.

Experience as a problem solver

- Previous experience being used by CMs to solve problems that arise during the clinical placement. Congruent with the role of the nurse in any setting.

Provided suggestions

- Student to mentor ratio 1:1.

- Named link lecturer per student.

- Peer support – lead mentor role.

- Change in curriculum – mentor upon qualification as a first level nurse.

- Provision of feedback to mentors after the placement.

- A more active role of nurse mentors during student assessment.

Conclusion & Recommendations

- The findings of this study will serve as further catalyst supporting changes and implementations in practice.

- It is expected that this research will boost a project that will lead to the establishment of a program of ongoing support for clinical nurse mentors.

- As an eye opener for academic staff to improve communication with CMs and work on strengthening the role of the nurse mentor during the assessment process.

- Further research about clinical mentoring.