Developing actions to enhance the value of mentorship and supervision

Key points

1. There is a need to enhance the value and esteem associated with the role of mentor or supervisor.
2. Mentors need support to help them face challenges, such as competing service demands and lack of time.
3. The lack of recognition and rewards for mentors and supervisors remains a concern for nurses.
4. Senior nurses must establish a culture that demonstrates the value attached to practice learning.

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Abstract
To address concerns about the supervision of pre-registration student nurses and other healthcare students in practice settings across London, Health Education England recently funded a project that included a review of the literature and extensive engagement with a wide range of stakeholders, particularly those with responsibility for practice learning. The project’s findings confirm the ongoing concerns about how future nurses and allied health professionals can be adequately supported during clinical placements. One of its outcomes is a set of actions that could help the various stakeholders enhance the value of mentoring and supervision roles. This article presents these specific findings and explains the wider project.

Citation

The importance of the role of student mentor as gatekeeper to the nursing profession, ultimately protecting the public, is widely recognised. The Nursing and Midwifery Council (2008) has outlined standards for mentorship in the UK. However, despite these mandatory requirements, there remain concerns about the effectiveness of mentoring in practice settings. Concerns about mentoring have been raised by the Willis Commission (Willis, 2012), the National Nursing Research Unit (Robinson et al, 2012) and the Shape of Caring review (Willis, 2015), which recommended that the NMC reviews its current mentorship model and standards.

In London, attempts to increase the number of student nurse places have become more acute since 2012, being limited by a shortage of clinical placements. For the past four years, the South London local office of Health Education England has spoken to directors of nursing as part of its annual education commissioning cycle: most said that increasing pressures on services have made it more difficult for mentors to find the time to supervise students, so mentors have therefore been reluctant to take on additional numbers.

HEE recently funded a project aimed at addressing concerns about the supervision of pre-registration student nurses (and other healthcare students) in practice settings across London. One area of focus was the modernisation of mentorship and supervision, and a key objective was to deliver a set of actions that would enhance the value and esteem associated with the roles of mentor and supervisor. This article reports on this specific objective; details about the other objectives and outcomes of the project can be found in the full report (HEE, 2016).
Nursing Practice

Discussion

What the project entailed
The project’s focus was on mentorship, as used in pre-registration nursing and midwifery, and on supervision, as used in the allied health professions. It also referred to a number of senior staff roles; for example, those with responsibility for coordinating student placements, allocating mentors and/or supervisors, and liaising with universities. ‘Mentor’ was used as its NMC (2008) definition: “A registrant who has met the outcomes of stage 2 and who facilitates learning and supervises and assesses students in a practice setting. They are responsible for supporting and assessing pre-registration nursing students and making a judgement regarding their fitness to progress on to the next stage of the programme.”

The information gathered was collated and analysed, and the themes that emerged were followed up with stakeholders in workshops and group discussions. This iterative process ensured, for example, that local initiatives were captured, pilot sites were reported on as they progressed, and the findings were built on as necessary to achieve the project’s objectives.

Findings from the literature
A systematic review of nursing and midwifery students’ perceptions and experiences of mentorship (Muleya et al, 2015) highlighted the centrality of the mentor-mentee relationship. Students’ perceptions change as they progress: junior students prefer continuity with their mentor, while senior students recognise the value of working with a range of staff, including their mentor, to gain experience.

A good relationship between mentor and student was seen as having multiple benefits for the care system as a whole, including:

劣势方面

Box 1. Suggested actions for trusts and service areas

- Instil and promote a ‘gatekeeper of the profession’ ethos
- Promote the importance of practice learning and show how mentors/supervisors contribute to the trust as a learning organisation
- Ensure senior staff demystify mentoring/supervision and inspire others to undertake the role
- Include the role of mentor/supervisor in awards for staff achievements (individual trust award or joint award with higher education institution)
- Protect mentor/supervision time
- Award an incremental pay increase for sign-off mentors or those in key practice learning roles
- Use a placement tariff to support the role, for example, placement development facilitator, practice educator or key mentor
- Offer incentives/rewards such as conference attendance or additional professional development activities
- Consider, pilot and promote different models of supervision
- Encourage strong team support for students in practice settings, bearing in mind that a lead role to coordinate and support governance structure is needed
- Dedicate an area on the intranet to practice learning support and student mentoring/supervision
- Support and promote mentor/supervisor updates as mandated by the Nursing and Midwifery Council
- Provide clear guidance on the mentoring/supervision role, available support and career development links
- Consider developing the role of a mentor/supervisor champion

Box 2. Suggested actions for Health Education England

- Create a central hub with multiprofessional practice educator/mentor/supervisor days
- Support a mentorship/supervisor conference and other events to raise the profile of practice education roles
- Promote a career pathway into clinical education that begins with a mentorship programme or a postgraduate certificate
- Provide recognition for mentors and supervisors via incentives and awards

Across London was undertaken, including with individuals who have a key role in practice education and practice development, directors of nursing and allied health clinical educators. The discussions focused on practice learning in acute trusts, community trusts and general practice, and on the role of HEIs and HEE. Information gathered from community education provider networks, practice nursing networks and allied health professional (AHP) networks proved useful in exploring different ways of supervising students in a variety of practice settings. For the wider project, local initiatives to improve perceptions of the mentor/supervisor role were discussed with key staff. Among the areas explored were incentives to promote and demonstrate the value of mentors/supervisors. Discussions took place with individuals responsible for running or contributing to mentorship programmes, those with a practice education and professional development remit, and those commissioning workforce development activities.

Engagement with a wide range of stakeholders proved useful in addressing the wider project’s objectives. It confirmed the ongoing concerns about how to support the future generation of practitioners in clinical settings, and showed the many areas of enhancement and models of mentorship implemented across London.
Nursing Practice Discussion

- Supporting recruitment and retention in the workforce;
- Creating a more dynamic working environment.

McIntosh et al (2014) explored the perceptions and experiences of mentors about the support of pre-registration student nurses in practice. Three themes that emerged were:
- Mentor responsibilities and qualities;
- Support for mentors;
- Challenges encountered by mentors, such as competing demands or lack of time.

They discussed using practice education facilitators to provide support, and suggested that a team approach to mentorship could help address challenges.

Suffin and O’Mahoney (2014) recognised the importance of the practice education facilitator role and role modelling in developing existing mentors at a health board in Wales. They reported on the new role of lead mentor as a means of improving standards. Their article outlined the lead mentor’s role, including supporting other mentors and creating opportunities for mentor development. A study day for lead mentors was positively evaluated and feedback from pre-registration students was also positive. Suffin and O’Mahoney (2014) further reported that good leadership and constructive teamwork have a positive effect on patient outcomes, and proposed to develop existing mentors as a way of achieving this.

Block et al (2005) stressed the value of mentorship and its importance to newly qualified and other nurses, and consequently to both the organisation and patient care. They argued that, with hospitals facing staff retention challenges, mentorship and recognition of its value can improve staff satisfaction with their roles. Although mentorship in this context referred to a support initiative for newly qualified nurses, the principles, characteristics and required skills are relevant to the mentor-student relationship; for example, the facilitation of learning and development is also beneficial to students.

For Block et al (2005), adopting a mentorship model is cost-effective and enhances job satisfaction. They noted that mentorship is valued by nurses, who believe they have a responsibility to the profession. They argued that organisations need to embrace these initiatives for staff development and must be willing to commit both financial and human resources – a view shared by Jokelainen et al (2011). Focusing on building organisational capacity for effective mentorship, Jokelainen et al (2011) encouraged healthcare organisations to allocate funding to mentor/leadership education programmes and promote the recognition of nurses who act as positive role models.

Casey and Clark (2011) acknowledged that supervising and supporting students is an important role for registered nurses while recognising the challenges involved. They state that mentoring students has benefits for both organisations and individuals. Although it does increase workload and pressure for registered practitioners, there are a range of potential benefits for them, including career enhancement and personal satisfaction.

McVeigh et al (2009) looked at the provision of mentor support in a community setting, arguing that mentoring is potentially more difficult when mentors are dispersed across a number of sites. They set up a working group to explore existing support, and a SWOT (strengths, weaknesses, opportunities, threats) analysis lead to a restructuring of the mentor framework.

Copley and Nelson (2012) argued that, in a context of overloaded health systems and limited opportunities for practice education, there is a need to provide high-quality placements that prepare students adequately for practice. They piloted a multiple mentoring (group supervision) model across three settings in Australia. The outcomes were: a need to tailor the scheme to the settings; the need for a coordinator; and the fact that services benefited from increased staff productivity. The practice educators (mentors) perceived that the benefits to themselves, the students, the service and the clients outweigh the challenges.

In a discussion paper, Henderson and Eaton (2013) stated that nurses, whether they assume the role of preceptor, buddy or mentor, are ‘learning guides’ who need support from more senior nurses. They acknowledged demands in practice, time required to facilitate learning and the need for supportive leadership. Their recommendations included effective planning of workload and organisation of work in the clinical area, and rewards and acknowledgment of the role to promote commitment, interest and motivation. Furthermore, senior managers need to establish a culture where the value of teaching and learning in practice is recognised and fostered by the entire team.

How to enhance the value of mentors/supervisors

The findings discussed below are based on stakeholders’ responses to:
- One of the project’s workstreams: modernising the image of mentorship and supervision, and enhancing their value and esteem;
- One of the objectives: identify and evaluate local initiatives that demonstrate the value of mentors/supervisors to organisations and local areas with a view to disseminating good practice.

Different roles and responsibilities within practice learning were identified, and the findings were used to develop actions that should enhance the value of mentors/supervisors, highlighting different actions for HEIs, HEE, and acute and community areas. Boxes 1-4 feature these actions – the two most frequently cited being to incentivise and recognise the role.

The actions listed are derived from the contributions of a wide range of stakeholders – including nursing and AHP networks, acute and community trusts’ practice education leads, directors of nursing, managers and HEI programme leads – and are organised to help staff with responsibility for practice learning, mentors and supervisors to see what they can consider using locally.

Actions for different stakeholders

For trusts and practice areas, suggestions are outlined in Box 1. These reflect ideas about the support and mentorship models in place, and the need to raise the profile of mentors. Better support for mentors and supervisors can be achieved when the organisational structure includes a senior practice learning role. The overall project findings showed that promotion of, and support for, a practice education career pathway would prove beneficial for modernising the mentor or

Box 3. Suggested actions for higher education institutions
- Include mentorship/supervision in staff achievement awards (joint awards with trusts)
- Give mentors access to university library facilities
- Promote practice education/learning in the same way that research is promoted
- Promote an education pathway that includes practice education (in collaboration with service areas) – the role could develop alongside the ‘link lecturer’ role
- Hold an annual conference and/or awards
- Develop practice learning resources via your website, social media, apps, newsletters and so on
- Have ‘celebrate mentor/supervisor’ days

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supervisor ‘brand’, and enhance perceptions of the roles. Suggestions of how HEE could help are given in Box 2.

All practitioners are responsible for teaching the next generation, but only those with the motivation and the right knowledge and skillset should be mentors. This collective responsibility may be challenged by changing relationships, considering that there may be different types of learners – pre-registration nurses but also apprentices and nursing associates – in the same placement. The importance of the practice educator, or a similar senior role, cannot be overestimated.

HEIs must take these issues into account in relation to both future student mentorship and preceptorship of newly qualified practitioners. Some HEIs have developed strategies to develop practice learning in conjunction with service colleagues, but many stakeholders agreed that, in general, mentors and supervisors need to be singled out for recognition, as they undertake the role alongside many other tasks and under various pressures. Box 3 details specific actions for HEIs.

The importance of support for mentors is acknowledged and, during the project, it was noted that many HEIs and practice areas, as part of their commitment to practice learning, established a variety of support mechanisms to enhance student supervision and the practice learning environment overall. There may be particular issues for demonstrating the value of mentorship in community practice areas. Box 4 features suggestions of actions for general practices and other primary care settings.

**Actions supported by the literature**

These suggested actions for enhancing the value and esteem of mentors/supervisors concur with findings from the literature. For example, in the context of overloaded health systems, a time allowance for mentors could help address the limited opportunities for practice education described by Copley and Nelson (2012).

Considering the number of constraints for nurses when facilitating practice learning outlined by Henderson and Eaton (2013), the suggested actions could help with recruitment and retention of newly qualified nurses, assimilating learners into a new practice context and developing an organisational culture where both practitioners and learners feel supported.

The need for investment in mentoring supervision is supported by Block et al (2005) and Jokelainen et al (2011), who argued that organisations must embrace mentorship initiatives and be willing to commit both financial and human resources, and to educate staff. The mentor role and career progression, and the view that every nurse has a responsibility for educating and supporting students, are supported by the Royal College of Nursing’s mentorship project; its report states that it is essential that mentorship is led by an individual with expertise and dedicated time, and recognises that incentivising the mentor role is crucial (RCN, 2016).

**Conclusion**

HEE is mandated to ensure that current and future NHS and public health staff receive high-quality education, training and development to enable them to deliver the highest possible quality of prevention and care for patients and the public, now and in the future (Department of Health, 2015). On behalf of HEE, local initiatives argue that organisations must embrace mentorship and be willing to commit both financial and human resources, and to educate staff. The mentor role and career progression, and the view that every nurse has a responsibility for educating and supporting students, are supported by the Royal College of Nursing’s mentorship project; its report states that it is essential that mentorship is led by an individual with expertise and dedicated time, and recognises that incentivising the mentor role is crucial (RCN, 2016).

**References**


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