

Should all nurses be mentors?

Becoming a mentor has long been regarded as an important step in a nurse's career development and in many healthcare organisations is an essential criterion for promotion. The support and guidance mentors provide for student nurses and the assessments they make of students' progress and competence are at the heart of nursing education. But is it time to rethink the role of mentor in nurses' careers and in nursing education and to consider alternatives to the present situation in which most nurses become mentors? In this Policy Plus we present views of Higher Education Institute (HEI) and service personnel on these questions, obtained as part of a recent project on mentorship (1).

The 'hinterland' to mentorship delivery

Debates as to whether all nurses should become mentors (the generic position) or whether it should be a separate career pathway for a few (the specialist position) have arisen mainly over the issue of mentors' ability to assess student competence. In the past, mentors focussed on guiding student learning whilst clinical assessors assessed competence. Gradually assessment became part of the mentor's role (2). In response to research indicating that mentors' assessments were not always robust (3, 4), the NMC introduced sign-off mentorship in which experienced mentors with additional training assess whether final placement students are fit for practice (5).

Our study on capacity to sustain delivery of mentorship explored whether all nurses should be mentors, and whether all mentors should be sign-off mentors. Capacity was defined as the roles, activities, resources and policies entailed in ensuring sufficient numbers of mentors, appropriate placements and providing education and support for mentors; described collectively as the 'hinterland' to mentorship. Undertaken by the NNRU, in collaboration with Chelsea and Westminster Hospital NHS Foundation Trust, the project was part of NHS London's 'Readiness for Work' programme.

Semi-structured interviews (n=37) were held with senior personnel in two London-based HEIs and in seven of the trusts with which they were partnered for nurse education (the sample included hospital, community and primary care trusts and encompassed adult, child and mental health services). Analysis, using 'Framework', revealed a diversity of experiences, perceptions and views on these questions (1).

Why should all nurses become mentors?

Advantages of the generic position:

- Sufficient capacity for student numbers depends on most nurses being mentors.
- Mentoring students is integral to the role and professional responsibilities of all nurses.
- Skills and attitudes required for teaching students are similar to those for educating patients about care.
- Working with students encourages nurses to keep updated and maintain competency.

Disadvantages of the specialist position:

- Students will lose benefits of learning from teams with diverse teaching styles and perspectives on practice.
- A nurse's ability to qualify as a mentor is used as an indicator of readiness to take further courses and suitability for promotion.

Why should only some nurses become mentors?

Advantages of the specialist position:

- Assessing student competence is a complex and sometimes challenging task and requires substantial clinical experience and confidence.
- A pathway of increasing seniority as a mentor will provide a career option for specialising in nurse education and retain experienced practitioners as mentors.

Disadvantages of the generic position:

- The quality of mentorship suffers if undertaken by people without a genuine interest in student nurse education.
- Being a mentor is not an integral part of the nurse's role and staff can be excellent nurses without the aptitude or desire to be mentors.
- Including the mentorship qualification as an essential criterion for promotion means that nurses may become mentors for reasons other than interest in nurse education.

Developing new models of mentorship

Some supported the current model of mentors progressing to sign-off mentors having consolidated sufficient experience to make judgements about 'fitness for practice'. Others thought that all mentors should be sign-off mentors, otherwise mentors might leave decisions about competence to sign-off mentors and so problems would not be identified and managed early in the programme.

A different approach envisaged all nurses attending study days on student learning but only some taking the course that led to a formally recognised position of mentor. Alternatively, teams of mentors could be linked to a senior mentor who had ultimate responsibility to make judgements about competence. The focus of new models was ensuring robustness of assessment of competence and in a few instances had already been introduced. There was little support for re-introducing the role of clinical assessor.

Conclusions and implications

- **Diverse views:** Considerable diversity of view existed as to whether all nurses should potentially become mentors. Key issues are: whether mentorship should be regarded as an inherent part of nursing; providing sufficient mentorship capacity for student numbers; and ensuring quality of mentorship and robustness of assessment.
- **Resource implications:** The specialist position would require resources of some staff having dedicated time for the role and specialist educational preparation and perhaps additional pay. These costs might be off-set by resources not being required for the majority of nurses to attend a mentorship course as at present.
- **Career implications:** the specialist position would provide a new career pathway but would entail breaking the link between the mentorship qualification and promotion.
- **Alternative models:** Questions were raised as to how the alternative models proposed might mesh with diverse practice settings and services and with the independent sector.

Key points for policy

Mentorship continues to be recognised as the cornerstone of student nurse education (6) but the profession and statutory bodies need to debate its future direction:

- Is the education of student nurses best served by a system in which all nurses are potential mentors or should the role be taken up as a discrete pathway by fewer nurses with dedicated time to spend with students and develop confidence in assessment?
- Can mentorship be decoupled from a system in which it is the gateway to career progress and new career pathways developed?
- Is there a means of assessing relative costs of different mentorship models?

References and information

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