An exploration of the value of the role of the mentor and mentoring in midwifery

Margaret Moran, David Banks

**Abstract**

This research project aimed to examine the perceived value sign-off mentors (SOMs) in midwifery have for their role. Using a phenomenological approach, the results were drawn from in-depth interviews. The project included a literature review, methodology, results and discussion. The results indicate that mentors enjoy their role and they see themselves as essentials to the delivery of pre-registration midwifery programmes and for the supervision and assessment of student midwives. Mentors are not sure if student midwives value their sign-off mentor, or whether senior management is aware of the sign-off role and its value. This project also confirms previous findings from other studies, particularly the problem of finding time to complete student assessment paper work, support students in clinical practice and whether there are enough SOMs within clinical practice. The study does not conclude that the issues raised are distinctive to midwifery, potentially all of the points raised translate to the various forms of nursing practice.

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1. Introduction

Sign-off mentors in clinical areas are formerly required to assess the progress of students throughout their midwifery programme and are responsible for 50% of the degree awarded (NMC, 2008a). Sign-off mentors also contribute to the decision to place applicants on the professional register with the Nursing and Midwifery Council (NMC). Studies confirm that a student–mentor relationship determines the outcome of a practice experience (Casey and Clark, 2011; Wilkes, 2006), with the NMC producing standards which determine what education sign-off mentors should receive (NMC, 2008a) and demonstrating that they value this role. The NMC Code states that “You must facilitate students and others to develop their competence” (NMC, 2008b, p. 5), which ensures that facilitation of learners is a professional requirement. When describing the role of a Band 6 midwife, two members of the NHS Boards examined agreed that, “facilitating the learning of student nurses and midwives is an integral role of the registered practitioner” (NHS Forth Valley, 2011; NHS Lothian, 2011). With this in mind, this study explored the experiences of sign off mentors and the level to which they value this role.

2. Literature Search Strategy

The key terms used within the searches were mentor*, midwi*, attitude*, and value, with these key terms identified from the research question as suggested by Fink (2005). The key terms were searched in EBSCOHost (BNI, CINAHL, and MEDLINE). The databases that yielded articles that most matched the proposal subject were CINAHL, Medline, and the AMED database. Critical reading and exercising appropriate judgement further narrowed the selection of articles. The use of inclusion and exclusion criteria were applied and comprised: articles less than 10 years old, English language, nursing and/or midwifery education focus, education in practice, mentoring, mentors, and standards for mentors. The exclusion criteria included: leadership, articles more than 10 years old, and articles that concentrated on student views and opinions/experiences. Some articles were identified as being useful by reading other articles and reviewing references used, which led to the use of older pieces of work being incorporated. Grey literatures, such as policies, documents and guidelines were also reviewed and included: job descriptions for midwives on different pay bands, personal development portfolios for Band 6 midwives, the National Approach to Mentor Preparation for Nurses and Midwives, and the NHS Knowledge and Skills Framework. Other documents included further NMC documents, university’s mentorship programme documents, and reports such as the performance management of pre-registration nursing and midwifery education completed in partnership with Edinburgh University and NHS Education for Scotland.

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To explore mentors' views, this study aimed to investigate what value midwives place on their role as a mentor, and to explore the value of mentorship in midwifery practice. The study hoped to establish positive and negative values and discover emerging themes that may reinforce positive views, and if they become apparent, suggest strategies or recommendations for change where negative views are expressed.

3. Method

A qualitative study taking a phenomenological approach was conducted. This approach was taken because the most appropriate way to seek detailed insight into the thoughts, experiences and perceptions of mentors is to ask the mentors for their viewpoints. As such, qualitative research generates knowledge of events and processes by gaining understanding from groups, or individuals, which have appropriate experience and determine what that experience means to individual mentors. A qualitative approach that ‘emphasises words’ through interpreting the world of individuals (interpretivist) was found to be an acceptable approach in this study (Bryman, 2012). Our intention was not to describe how midwives feel about their role when mentoring, but instead to understand how midwives value and make sense of the value of their mentoring experience.

4. Participants

Practising midwives (n = 5) who were functioning qualified sign-off mentors took part in this study. The sampling method was purposive and influenced by issues of convenience. The inclusion criteria involved the participants being experienced in their role, and having access to the research setting in Scotland (UK). The number of participants was limited because this was a small exploratory study employing a phenomenological approach.

5. Ethics

The university ethics committee granted permission for this study to be conducted. An NHS Integrated Research Application was not required because we were working with university affiliated midwifery staff, but an NHS Research and Development approval was gained. Informed and written consent was obtained for each participant prior to taking part in this study. The participants were informed that they could withdraw from the study at any time and without an explanation or consequence. All written documents and transcripts were stored in accordance with the Data Protection Act (1998) and local guidelines.

6. Data Collection

Individual interviews were carried out in a quiet side room at the participants’ place of work. The following research questions on the semi-structured interview schedule were asked only if the participant appeared to be at a loss of what to say.

- Can you explain what value you place on mentoring?
- What are your perceived rewards of being a mentor?
- Are there challenging aspects to mentoring?
- Can you identify how you would recognise that you are valued?

These questions were designed to ensure that the participant narrated their experience in their own words, without undue interference from the researcher. This method of interviewing is also known as a ‘guided conversation’ (Atkinson, 1998). The researcher was sensitive and reflective to responses.

The interviews were recorded and the audio data was transcribed within 24 h of the interview. Each recording was listened to and the transcript was read more than once to determine emergent themes. The analysis of the data was carried out by the researcher and was inductive. From the detailed information gathered, the analysis of the local data was carried out in an attempt to arrive at a more generalised statement around the topic. Coding was carried out by reading the transcripts, highlighting themes and opinions, and then writing notes on the paper beside the highlighted sentence. The researcher initially read through the transcripts, without taking notes, then repeated the process taking notes and identifying themes. Regularities were first identified in the transcripts and were categorised using a comparative process (Ryan and Bernard, 2003). The next step was to develop a list of captured themes and use them as a code for the rest of the data. The researcher repeated this process and reviewed the codes following each interview. A list was then taken for each transcript of the themes, and compared with the other transcripts. It was important not to worry about creating too many codes, as this process should be flexible (Bryman, 2012).

7. Data Analysis

The transcripts were analysed and eight themes were identified as recurring amongst all five participants. Within text, the participating mentors will be anonymised by coding their quotes as Midwife 1, Midwife 2, etc. To ensure validity and rigour of findings, the themes developed were checked by an independent second researcher who was in agreement with the emergent themes. All that was negotiated was what they would be called.

8. Findings

Eight themes were identified in the data and are presented in Table 1.

8.1. Mentors Enjoy the Role and Find it a Positive Experience

All the mentors stated that they enjoyed the role of a mentor. The mentors did not use the word ‘value’ frequently except when prompted.

“I do enjoy the role of a mentor” (Midwife 1).
“Yes it’s a good role to have” (Midwife 2).
“Yes, I love being a mentor” (Midwife 4).

The more senior midwives interviewed said that mentorship is important and enjoyable, but for the students’ experience it would be best if mentors were undertaking the role out of choice. The following quote from Midwife 3 illustrates this point:

“Mentors should want to be mentors” (Midwife 3).

This attitude to the role of a mentor has also been found in previous studies, which examined student opinions of mentors and mentorship (Duffy, 2003). The two more junior midwives were interviewed in terms of least length of time qualified as a mentor stated:

“I think that it should be part of our role (mentoring). It shouldn’t be optional. We (midwives) should mentor students. It shouldn’t be a choice, after all it’s in their contract and part of the job” (Midwife 4).

<table>
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<tr>
<th>Table 1: Themes that emerged from analysing the transcripts.</th>
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<tr>
<td><strong>Themes</strong></td>
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<tr>
<td>Mentors enjoy the role and find it a positive experience</td>
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<tr>
<td>Student midwives are the future workforce/midwives/colleagues</td>
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<td>The role of the mentor is vital—no mentors = no students</td>
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<td>Students’ value mentors for continuity, feedback and planning</td>
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<td>Mentors are essential to ensure student progression and development</td>
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<td>There is a lack of mentors and there is poor uptake of mentor education</td>
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<td>Immediate line managers appreciate and value mentorship but senior managers do not</td>
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<td>Lack of time to teach and support students</td>
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“All midwives should be able to be mentors and supervise and teach students” (Midwife 5).

Whilst mentorship is regarded as the cornerstone of student education, the debate about whether mentorship is best served as a process that all practitioners should be mentors or whether it should be a more advanced elite role continues (Banks et al., 2013; National Nursing Research Unit, 2013). In essence this captured the subsequent theme that addresses the viewpoint that mentors are preparing learner staffs for a very important role.

8.2. Student Midwives Are the Future Workforce/Midwives/Colleagues

Value was also recognised as the midwives felt they were responsible in part for the future workforce in midwifery. All 5 participants stated how important it was to ‘get it right’ and make sure that students progressed and improved whilst in their practice area. The value these mentors felt was from working with midwives whom they once mentored, and being comfortable in the knowledge that they are competent registered midwives whom they would like to work with in the future. Two of the 5 quotes have been selected to illustrate this point:

“I want to have decent safe practitioners, who, once qualified... if they are not taught properly in the clinical area, then they are going to be of minimal use when they are newly qualified” (Midwife 1).

“Watching them (students) progress is great, from a little girl to a fantastic midwife, who really does her job and does it well. I want to be able to work with someone in the ward and feel safe in her abilities” (Midwife 4).

The role of mentoring was seen as vital in terms of creating the future workforce.

8.3. The Role of the Mentor Is Vital. No Mentors Equals No Students

The participating mentors all felt their role has ‘value’ because it is an essential role. At present, student midwives are only able to practise with supervision from a qualified midwife. Also since 2008, all student midwives are required to have a summative assessment from a qualified and experienced midwife, who has completed a recognised mentorship training programme (NMC, 2008a). The participating mentors in this study were aware of this requirement:

“If we weren’t here (as mentors), there wouldn’t be students would there really?” (Midwife 3).

“If the mentors weren’t there, then the university wouldn’t be able to send students (to the clinical area)” (Midwife 2).

“If it wasn’t for mentors then the student’s wouldn’t be able to do anything or learn would they?” (Midwife 4).

Having recognised that the mentorship role is an essential part of midwifery education, the participating midwives all moved on in one way or another to talk about their role in passing or failing student midwives in clinical practice.

8.4. Student Progression and Development

Examining students’ clinical work was referred to by all 5 participants. The mentors felt that they were valued by students, because they were responsible for deciding whether a student passed or failed. The mentors felt that progression through assessment is important to the university and valued by both the educational institution and the student. One mentor mentioned that failing a student is a very difficult task, and provided an example of a senior (year 3) student who had:

“Slipped through the net. Mentors are passing them (student midwives), and then you think how the hell did you get here?” (Midwife 3).

Two of the mentors suggested that more contact from university staff would help alleviate concerns and support their mentorship role.

“I don’t know if it’s (the workload) really appreciated by the university when we are already pushed”.

In contrast, a further 2 mentors stated that the university staff were actually visible, and that they in fact accessed the wards at regular intervals.

“We keep close contact with yous (midwifery lecturers in the university). I always know that if I have an issue with a student I can call you up” (Midwife 3).

As such, these mentors felt supported and confident about getting in touch with link lecturers when problems arose. In addition, students being in receipt of continuity of mentoring were also seen as important.

8.5. Student’s Value Continuity, Two-Way Feedback and Planning

All 5 mentors mentioned that they enjoyed working with students they have previously worked with. They talked about getting to know the student and in particular looking forward to working with them again. It was seen that when students’ expressed willingness to work with the same mentor, this facilitated feelings of being ‘valued’. The responses given included, receiving of thank you cards and gifts. In addition, students might request to work with that mentor again in the future:

“I think it’s good. I’ve had the same student a couple of times. The students quite like it (working with me again), as they know what to expect from their mentor” (Midwife 5).

“It’s quite nice when you know that she (the student) likes to work with you” (Midwife 4).

Nonetheless, the participating mentors discussed that achieving quality teaching and assessment in clinical practice can be difficult when not enough mentors are placed on the mentorship register.

8.6. Lack of Mentors and Poor Uptake of Mentor Training

Standards have been developed to support learning and assessment of students in clinical practice (NMC, 2008a). These standards were designed to teach and qualify a clinical midwife as a mentor. Since introduction, midwives who wish to qualify for the role of a mentor are required to undergo a 10-day study programme validated by the NMC:

“Midwives don’t always see mentorship as something that (they) need to actually have updates and training in...it’s just a natural skill that you have as a midwife. Midwives are used to teaching all the time, for women etc.” (Midwife 1).

In contrast, another further experienced mentor added:

“A number of staff are not that keen at all to become a mentor...They see it as an added role that is a lot of work” (Midwife 5).

In addition, mentors perceived that their managers held divided opinions about the ‘value’ of the midwives’ role in terms of mentoring student midwives.

8.7. Immediate Line Managers/Senior Managers Support for the Role

There were divided opinions about how managers valued the role of mentorship. All 5 participating mentors agreed that line managers/ward managers who had direct contact with staff recognised the role of sign-off mentors, and appreciated that it was an essential part of their job.

“My line manager definitely values mentors and knows how challenging it can be at times. More senior (managers), no, I don’t think they value it (mentorship). They would probably just expect it of us, which is ok I guess” (Midwife 3).

The participants claimed that their managers recognised that the mentorship role was an additional workload to caring for childbearing women. For some mentors, benefits included being given less childbearing women to care for, for purpose of freeing them up to conduct teaching and learning activities. In contrast, other mentors viewed that having a student to mentor gained them additional support, and as a
consequence they were allocated with a larger workload. The following quote illustrates this point:

“When you have a student you are increasing your workload. They (management) could say, right, you have dah dah dah dah dah to do and you have students. Your workload today will have less because you have to consider, facilitate, teach, the student. That would ensure then that you have more time to work with your student, more time to teach effectively, but then that doesn’t happen” (Midwife 5).

In contrast, some mentors perceived that they lacked time to carry out their midwifery duties effectively when they were also responsible for teaching a student midwife.

8.8. Lack of Time to Support Students

When the participants were asked to elaborate or explain about the challenges of mentorship, this concept was discussed in the context of the mentors’ experiences of perceiving the role as lacking in ‘value’. Lack of time to support student midwives in clinical practice was highlighted in the majority of the literature retrieved during the review (Casey and Clark, 2011; Duffy, 2003; Fisher, 2008). Time limiting factors included tasks of completing student practice documents. Within the current educational system this is a demanding task that involves providing evidence of learning and feedback for student development relative to the skills clusters and student progression. The following quote illustrates this point:

“Completing students’ paper work can be a mammoth task and it’s not always possible to complete it during a shift even when on night shift” (Midwife 4).

What follows is a discussion of the global findings from this study, limitations, and recommendation for practice.

9. Discussion

The study findings highlight that mentors perceive that their role as mentors holds value, but that they do not necessarily feel valued. In general, the participating mentors appreciated their role and knew that it was an essential one. They expressed enjoyment from being part of the students’ educational programme, particularly from watching student progression and later working with them as newly qualified midwives. The participating sign-off mentors reported that they felt valued by other mentors who understood the role and its attached responsibilities. Bewley (1995) found that not every midwife is suited to the role of a mentor and espouses that applicants should go through a selection process prior to instatement. In this study, opinions were mixed, with one mentor suggesting that all midwives should be sign-off mentors and another stating that the role should be one of choice. These opinions were expressed in relationship to role provision surrounding time to support and assess students. Concerns and difficulties around mentorship in prior studies have also shown that the concept of time is an issue (Bray and Nettleton, 2007; Richmond, 2006). The NMC (2008a) has determined that sign-off mentors should have 1 h of protected time a week allocated to help them support students with practice based learning and assessment. At present, in the venue of data collection, this provision is somewhat patchy and not always supported by line managers, in keeping with the findings of Andrews et al. (2010).

The participating mentors in our study perceived that their allocated students helped them up-date in terms of applied research to clinical practice, with this aspect of the role particularly valued. When reviewing the role of a mentor, Casey and Clark (2011) determined similar values, with self-development, personal satisfaction, and gaining facilitation skills and feedback pronounced benefits from conducting a mentoring role. The mentors in this study expressed lack of confidence over whether students in fact valued them as mentors. One mentor stated that: “students surely must value them, don’t they?”, and proceeded to say that students had to value them, because they are an essential component for progression through their midwifery programme. Whilst this essentiality of the mentor role is true (NMC, 2008a), a system of staff/practice placement audit is sanctioned in all clinical areas to secure quality of delivery. In addition, each clinical area has a named university contact who must be visible.

Communication surrounding the value of mentorship can be supported through diligent mentors receiving cards and gifts from their personal students. In addition, being asked to mentor their student again (certified by 3 of the mentors in this study) reassured and validated self-assessment as good teachers. Such accounts demonstrate that mentors gain some insight into their students’ opinions of them. Nonetheless, it is acknowledged that implementing a structured evaluation system to measure effectiveness of received mentorship would provide greater feedback about what was done well or otherwise.

In general, the mentors in this study perceived themselves to be valued by their immediate line managers. This value was demonstrated when line managers asked mentors to participate in recruitment exercises, and also expressed awareness of limitations and potential problems that could be encountered whilst conducting a mentorship role. The fact that the top tier of senior management was perceived to be less supportive was because it was seen that they just expected the job to be executed, with their role focussing on other commitments. One mentor did in fact state that the senior management was in a position to alter mentors’ workloads and improve staffing levels, but perceived that this was outside of their consideration zones.

In relation to self-evaluation of the role, 3 sign-off mentors articulated how vital they perceived they were in the process of students obtaining a degree. All 3 sign-off mentors believed they were also valued by the university lecturing staff. In essence, clinical mentors are essential to the process of developing midwives, quite simply because student assessments add up to 52% of credits awarded in a midwifery degree programme.

9.1. Limitations of Study

The limitations of this study are that it was conducted in only one area of clinical midwifery practice in the UK. Also, the participant numbers were small (n = 5), which questions the validity of transferring findings to other clinical areas. Nonetheless, important issues were raised by the participants in this study, with a bigger multisite study recommended.

9.2. Recommendation for Practice

The participant reports illustrate that mentors are in general enthusiastic about their role as mentors. These mentors also recognise that they are an essential part of the fabric of student education.

Nonetheless, the comments made about time constraints and assessments of workloads are not new. In response, a recommendation is made for time to be allocated to the mentor role in a structured way. This in itself would permit student assessments to be conducted in the sign-off mentors protected 1 h of time, as recommended by the NMC (2008a). In addition, the 5 main areas of value recognised within the data were:

1. The value sign-off mentors ascribe to their own role.
2. The value co-mentors ascribe to mentors who work alongside them.
3. The value students ascribe to their mentors.
4. The value the university ascribes to mentors.
5. The value management ascribes to the role of mentor.

Developing an evaluation package to measure these 5 factors could work towards creating a more robust system of mentoring in which
staff feel able to effectively achieve the goals of mentoring, whilst simultaneously feeling valued.

10. Conclusion

There is a range of evidence to support that nursing/midwifery students value the vital mentorship role, but little to suggest that mentors are of the same opinion. Embodied in the NMC Code is the following statement; “you must facilitate students and others to develop their competence” (NMC, 2008b, p. 5). Consequently, the facilitation of learners is a professional requirement. In addition, sign-off mentors do not necessarily package their role in terms of value. Recommendations for practice are that addressing this issue of value, time, and workload demands could help to improve perceptions of the mentor role. Systems could be developed to facilitate appreciation of mentors in a more structured way, with further research designed to develop systematisation of the role.

Conflict of Interest

None.

References


