BEING A MENTOR WHO FAILS A PRE-REGISTRATION NURSING STUDENT IN THEIR FINAL PLACEMENT: UNDERSTANDING FAILURE

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Abstract

Nurse mentors are crucial in ensuring that only students who are competent and fit for practice enter onto the professional nursing register in the UK. However, the literature continues to reflect a perception that mentors are reluctant to fail student nurses in practice. There is minimal research focussing on mentors who do fail, and even fewer studies focussing on the mentor experience of failure in the final placement.

An interpretive, hermeneutic phenomenological study, guided by the philosophy of Gadamer (2004), was carried out to explore, interpret and develop an understanding of mentors’ experiences of failing pre-registration nursing students in their final placement. Nineteen mentors from seven different organisations were interviewed and guided through a process of reflection on their experience; these were then transcribed to form a text.

A hermeneutic textual interpretation revealed four horizons (Gadamer, 2004) that united the mentor experience. ‘Mentor expectations of being fit for practice’ included the meanings they attached to their role, which was in a metaphorical sense to ‘polish the rough diamond’, and the meaning of being ‘the whole package’ in order to be deemed fit for practice. Their reflections revealed ‘the consequences of failure’ which includes the meanings of ‘a failure to act and challenge’ students, and ‘the personal price’ they had to pay in making the decision to fail. ‘The act of failing in the final placement’ explicates the meanings of an unavoidable ‘subjective dimension’ to the decision, and the ‘perceived barriers and enablers’ of making the decision to fail which include ‘workload and time’, and ‘perceived attitudes towards the mentorship role’. The horizon of ‘self realisation’ illuminates the meanings of ‘a sense of professional responsibility and accountability’, and ‘personal growth and enlightenment’.

Through a hermeneutic process of interpretation, this thesis uncovers an understanding of ‘being’ a mentor who fails a pre-registration nursing student in their final placement. This understanding reveals new possibilities for mentors, educators, policy makers and researchers.
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Chapter one: “Your student is failing their final placement”

1.1 Introduction

Mentorship in pre-registration nursing in the United Kingdom (UK) is provided by a nursing registrant who has undergone additional Nursing and Midwifery Council (NMC) approved preparation in the teaching and assessing of student nurses in practice (NMC 2006; 2008a). The provision of effective mentorship in pre-registration nursing is paramount in ensuring that student nurses are fit for practice at the point of registration.

Until now, literature focussing on mentoring and mentorship in the UK has focussed primarily on the role of the mentor, the complexities and demands associated with providing mentorship and mentoring student nurses, guidance on the provision of mentorship, and on the preparation and support of mentors. In addition, much emphasis has been placed on the phenomenon of mentors failing to fail student nurses in the practice environment. To date, few empirical studies have focussed specifically on understanding the experiences of mentors who have failed a pre-registration nursing student, particularly in the final placement. In fact Phillips (2007) posits that nursing research rarely focuses on understanding others. The final placement in a nursing student’s pre-registration course is significant in that it is the point at which the decision is made whether to allow a student to progress onto the Nursing and Midwifery Council’s (NMC) professional nursing register in order to practice as a nurse.

This thesis focuses on an interpretation of the mentor’s experience of failing a pre-registration nursing student in their final placement, placing the mentor at the centre of the interpretation. Whilst it is acknowledged that various student nurse support roles exist in practice throughout nurse education internationally, and the terminology used to describe these roles varies, this study concentrates on nurse mentors in the UK.

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1 As defined by the UK Nursing and Midwifery Council (2008a)
2 An undergraduate pre-registration student undertaking an NMC approved pre-registration nursing course leading to NMC registration in the adult, child, mental health or learning disability field of nursing practice
This first chapter will set the scene behind this study by identifying the motivation for exploring this phenomenon and highlighting the key concepts associated with the study in order to provide a context in which the study took place. This chapter will conclude with the aims of the thesis and a summary of the chapters to follow.

1.2 Situating the researcher

Reflection is fundamental in all awareness in order to ensure that the hermeneutic experience is accomplished (Gadamer, 2004). A starting point for the hermeneutic experience requires a reflection on prejudices or pre-understandings (Gadamer, 2004) about a phenomenon. Here prejudice does not mean false judgement, nor does it refer to any negative connotations traditionally associated with the term. It refers to productive pre-understandings that can enlighten the future understanding of a phenomenon (Gadamer, 2004). Pre-understandings in this sense are formed by previous experience and knowledge of current literature. There is also a cultural and historical element to the way in which pre-understandings are formed (Gadamer, 2004). Historically and culturally produced pre-understandings shape interpretation and form understanding (Spence, 2001).

A researcher’s personal experience should not be viewed as negative in research underpinned by hermeneutics, but rather it should be seen as necessary to provide a context to a study (Byrne, 2001). It is therefore necessary to situate myself as the researcher and reflect on my starting point for this study and on my beliefs about the phenomenon of failing students in practice. This serves as a necessary foundation for the hermeneutic encounter.

In 2005 I was a senior lecturer in nursing working in a health faculty in a UK University and I received a telephone call from a mentor who was mentoring one of my personal nursing students in practice who said, “Your student is failing their final placement”. At first I felt a sense of confusion as none of my personal students had failed previously, nor had there been any indication of serious problems with my students’ performance or suggestion that failure was
likely. I spent a considerable amount of time reflecting on the how, why and what of the situation. I asked myself how this student got to this stage, why the student failed now, what the mentor did, and did in fact question what fitness for practice actually meant at this stage. I also thought about how the mentor felt about the situation, as she did seem distressed about having to fail the student, and appeared to be a little concerned about her decision to do so. Whilst I did provide the mentor with support in terms of what to do, how and what to write in the action plan, how to ensure the correct processes were followed, I didn’t really get a sense of what this experience was like for the mentor because we were so focussed on the process and, as a senior lecturer, I was detached from the day to day situation in practice.

The personal experience outlined above occurred at a time when there appeared to be a significant amount of negativity in the nursing press surrounding mentoring practices and fitness for practice decision making. The NMC had published findings from research carried out by Duffy (2003) which found that mentors were reluctant to fail student nurses even when their fitness to practice was questionable. I must admit that my thoughts and views about assessment decisions had been influenced by the press at the time, and I developed some negative prejudices about mentors and the reliability of their decisions. However, my personal experience was in conflict with this generally negative perception of mentoring practice. If this particular mentor was willing to fail a student, why did they feel they could and how did they make this decision when other mentors were not able to do so? There was no substantial, tangible evidence to support why or when mentors felt able to fail students and minimal experiences that mentors could learn from.

I wanted to know more about the mentor experience of failing students in practice, but more specifically about failing students in their final placement, a scenario with which I now had some familiarity. I had learnt a lot from my experience, but I wanted to learn more and felt that perhaps others could also learn from this experience. I wanted to challenge the prejudices of ‘failure to fail’ and give mentors an opportunity to be part of this challenge. I also wanted to challenge my own prejudices and pre-understandings that had developed because of existing literature, evidence and my own experiences.
In order, however, to begin this challenge it is necessary to understand the context in which the mentors’ experience takes place. The next section will therefore provide an overview of the pre-registration nursing education and the mentoring system in the UK which addresses key concepts associated with this study: ‘mentor and mentorship’, ‘fitness for practice’, and ‘the final placement’. Chapter two will provide a more in depth discussion of the literature and pre-understandings identified at the outset of this study.

1.3 An overview of UK pre-registration nursing education

A number of significant changes have been made to nursing education in the last twenty years that have attempted to address changes in health reform, patient profiles and nursing in general (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), 1986; UKCC, 1999; Department of Health, 1999). Prior to 1989 an ‘apprentice model’ of nursing education existed where student nurses were employed by National Health Service (NHS) hospitals and the education was mainly provided through NHS schools of nursing. As a result, students spent most of their time in the practice setting.

A new model of nurse education was introduced in 1989: ‘Project 2000: A New Preparation for Practice’ (UKCC, 1986), which moved pre-registration nursing education into the higher education setting and introduced a minimum award of a Diploma in Higher Education in either of the four branches of adult, mental health, children’s or learning disability nursing. A report on the evaluation of ‘Project 2000’ was published in 1999 (UKCC, 1999), which concluded that the fundamental principles of this model were weakened due to the ongoing changes in health and education. The Department of Health (DH) further published ‘Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare’ (DH, 1999), also condemning Project 2000 by suggesting that in the preceding years students had been completing their training without the breadth of required clinical skills. It was further contended that this lack of skills at the point of registration affected student confidence and undermined the needs of the demanding health service at that time. This document called for a structure of nurse education that was more practically orientated, reinforcing the importance of
practice learning and advocating a more competency based approach to nurse education.

As a result of these concerns and recommendations, the UKCC (later replaced by the NMC) published ‘Fitness for Practice and Purpose (UKCC, 2001), which further advocated the move towards more outcomes based competency principles. This resulted in the publication of the ‘Standards of Proficiency for Pre-registration Nursing Education’ (NMC, 2004a), which, at the time of this study, provided the structure for pre-registration nursing education in the UK.

At the time of this study, pre-registration nursing education in the UK encompassed a minimum of 2300 hours of theory based and 2300 hours of practice based learning in order to register as a qualified nurse, there should be an equal split of 50% theory and 50% practice throughout the course (NMC, 2004a). Whilst each student is required to spend 50% of their course in practice, the number, timing and length of placements within a course can vary across HEIs throughout the UK. Teaching and assessing pre-registration student nurses is split equally between higher education institutions (HEI’s) and placement providers. Student nurses are allocated or choose practice based placements in both NHS and independent sector organisations in order to facilitate their achievement of the proficiencies and skills required by the NMC. Each of these practice based placements is supported by a link person from the designated HEI who provides a link between the HEI and the placement area. However, central to the student's practice experience is the role of their assigned mentor in each of these practice placement areas.

It should be acknowledged that whilst this study was carried out prior to 2010, worthy of note are the new developments to pre-registration nursing education. In 2010 the NMC (NMC, 2010) published new standards for pre-registration nursing education in the UK. The competencies and requirements for fitness to practise have been developed to reflect a new type of newly qualified nurse that will be expected to work in a more modern health service as outlined by the Department of Health (2010). Notably, the new standards (NMC, 2010) require that all pre-registration nursing students graduate with a degree signifying a shift in the expectations of newly qualified nurses. These
NMC (2010) standards do not however alter the 50:50 contribution of theory and practice, nor has it changed the requirements to meet 2300 hours of theory and 2300 hours of practice learning. Therefore, the role of the practice mentor in assuring fitness for practice remains. However, the new standards, which are to be applied by no longer referring to the term ‘placement’ but rather to practice learning opportunities. As this study was carried out prior to the 2010 NMC standards, the term placement will be used throughout this thesis.

1.3.1 Mentor and mentorship defined
The origins of the term mentor are said to come from the name of ‘Mentor’, the adviser of the young Telemachus in Homer’s Odyssey (Compact Oxford English Dictionary, 2009). The Compact Oxford English Dictionary (2009) defines the term mentor as being:

“noun 1 an experienced and trusted adviser, 2 an experienced person in an organisation or institution who trains and counsels new employees or students”

(Compact Oxford English Dictionary, 2009)

Similarly, Carroll (2004) offers examples of mentor-mentee relationships concluding that mentorship occurs where:

“A respected and seasoned person engages with a more novice person to ensure success of the novice”

(Carroll, 2004 pg. 318)

A subtle though important difference does however appear to exist between the definitions of mentor in nursing compared to a traditional understanding of the term. Mentoring in the traditional sense focuses on the nurturing, developmental and supportive aspect of the relationship with the mentee, whereas in the nursing context, there is the additional layer of assessment and judgement. A number of definitions of mentor and mentorship exist throughout the nursing literature. The difficulty is pinpointing a definition that promotes a common understanding of the role. This lack of common understanding led Morle (1990) to contend that in the absence of a common definition, any discussion about mentorship is flawed, yet this did not prevent its implementation (Morle, 1990). This lack of understanding appears to

The most recent definition of a ‘mentor’ provided by the NMC (2008a) states that a mentor is:

“A registrant who has met the outcomes of stage 2 and who facilitates learning, and supervises and assesses students in a practice setting”

(NMC, 2008a pg.45)

Here ‘stage 2’ refers to the domains set out in the developmental framework to support learning and assessment in practice (NMC, 2006, 2008a). However, the term mentor is not referred to in the ‘NMC Code: Standards of conduct, performance and ethics for nurses and midwives’ (NMC, 2008b), but rather there is an expectation for all nurses to “facilitate students and others to develop their competence” (NMC, 2008b pg. 3)

The difference between the definitions of the two types of mentor could be described as the difference between the ‘informal’ and ‘formal’ mentor (Noe, 1988). Noe (1988) discusses mentoring relationships in terms of career and psychosocial benefits, and whilst Noe’s (1988) work is not directly related to mentorship in nursing, it is argued that it does provide useful guidance applicable to nursing in the UK context. In distinguishing between the ‘informal’ and ‘formal’ mentor, the former applies to a mentor that is chosen through admiration, similar interests and the relationship develops out of this. Whereas, the formal mentor is one who is appointed or assigned in order to meet specific objectives and it is this model that currently exists in pre-registration nursing education in the UK (Noe, 1988). It is interesting to note Noe’s (1988) discussion of the problems associated with this type of formal model, problems that arise out of personality conflicts, perceptions of one another (the mentor and mentee), and a lack of personal commitment from either party. These problems are in fact synonymous with those discussed in the nursing literature presented in chapter two.
According to the NMC (2008a) the main responsibilities of nursing mentors are to: organise and coordinate student learning activities in practice, supervise students in learning situations, provide constructive feedback, set and monitor objectives, assess students’ skills, attitudes and behaviours, provide evidence of student achievement, liaise with others about student performance, identify concerns and agree action about concerns. For the purpose of this study the term mentor is used to denote a registered nurse who supervises and assesses students in the practice setting (NMC, 2008a).

1.3.2 Defining fitness for practice

The literature continues to highlight concerns over the fitness for practice of newly qualified nurses (O’Connor, et al. 2001; NMC, 2005; Sines, et al. 2006; Tee & Jowett, 2009) despite the changes made to nurse education (UKCC, 1986; 1999; Department of Health, 1999; English National Board, 2001; UKCC, 2001; NMC, 2004a). Few studies look at ‘fitness for practice’ per se, with authors more commonly using the term competence when discussing the concept of fitness for practice (Cassidy, 2009a).

Whilst ‘competence’ has been defined simply as “the skills and ability to practice safely and effectively without the need for direct supervision” (UKCC, 1999: pg. 35), the term competence itself has attracted significant debate as to its meaning (Eraut, 1994; While, 1994; Bradshaw, 1997; Bradshaw, 1998; Flanagan & Baldwin, 2000; Watson, et al. 2002; Dolan, 2003; Cowan et al. 2005). When discussing competence, McMullan et al. (2003) refer to outcomes of performance and this reflects the work of Benner (2001) who suggests that the competent nurse should have a “feeling of mastery” (pg.27) and be able to manage the many eventualities in practice. Despite this debate, it would seem that the primary purpose of competence in nursing relates to protecting the public and ensuring patient safety (Hand, 2006; Tee & Jowett, 2009), with further suggestions indicating that competence relates to mastering skills and possessing essential personal attributes (Cassidy, 2009a). The NMC (2004b) do however provide a clear definition of incompetence which refers to “a lack of knowledge, skill or judgement of such a nature that a registrant is unfit to practise safely and effectively in any field in which they claim to be qualified to practise or seek to practise” (NMC, 2004b pg. 3). The NMC have since further reinforced the professional requirements
for competence in the ‘The Code: Standards of conduct, performance and ethics for nurses and midwives’ (NMC, 2008b). However, there is still no general agreement regarding the use of the term competence and the way in which competence is measured remains debatable (Staniland & Murray, 2010).

Fitness for practice, on the other hand, is a term used to suggest that student nurses have fulfilled the key criteria relating to clinical practice, theoretical knowledge and professional behaviour set by the NMC and the Higher Education Institutions (HEI) (UKCC, 1999, 2001; Duffy, 2003; Hughes, 2004; NMC, 2005, 2006). This would suggest that as long as a student meets the criteria outlined by the NMC (which includes guidance for HEIs) then they should be deemed fit for practice. This does however appear contrary to findings from a study carried out by Dawson (2006) who reported that there is a need to move away from judging competence based on a set of pre-determined criteria that do not always reflect situated practice. Regardless of the competencies used to assess performance, the DH (2007) introduced the civil standard of proof for Fitness to Practise Hearings and this includes its adoption by the NMC. In looking at the ‘balance of probabilities’ it becomes easier to strike people off the register. Issues surrounding the assessment of competence will be discussed in greater detail in chapter two (section 2.4).

1.3.3 The final placement
Practice placement experiences are regarded as fundamental in developing student nurses into registered nurses (Dunn & Hansford, 1997; Holland, 1999; Cope, et al. 2000; Clarke, et al. 2003; NMC, 2008a), with the final placement being recognised as the point at which the student nurse prepares for registration (NMC, 2004a; Anderson & Kiger, 2008). There are some variations across the UK in terms of how the final placement is allocated. Some students may have the opportunity to choose their final placement and others have it allocated to them. Regardless of how the final placement is allocated, the final placement denotes the last period of practice experience during the pre-registration nursing course prior to registration. Bourbonnais & Kerr (2007) suggest that the final placement is where ‘safe passage’ into the nursing profession is fostered, and it has traditionally been seen as the time where students are expected to consolidate the knowledge and practice they
have developed over the three preceding years (NMC, 2004a). Baillie (1999), Hardyman & Hickey (2001) and Rush et al. (2004) further suggest that the final period of practice should facilitate the transition from student to registrant. The final placement is therefore an important time and the students’ last opportunity to demonstrate that they are fit for practice in order to enter onto the NMC professional nursing register.

1.4 Aims and organisation of the thesis

Underpinned by phenomenology, this thesis is grounded in philosophical principles guided by Gadamer (2004). Gadamer's (2004) hermeneutic principles relating to interpretation and understanding will be intertwined throughout the thesis. “Hermeneutics is the philosophy of understanding gained through interpretation....to explain something and to clarify it” (Dahlberg et al. 2008 pg. 66); it is about exposing hidden meanings (Byrne, 2001). Gadamer (2004) is concerned with the concept of understanding, and purports that understanding is gained by ‘being in the world’. Understanding is achieved when the researcher’s horizon fuses with the entity or person under study (Gadamer, 2004). The term ‘horizon’ is used to signify a worldview or standpoint. “The horizon is the range of vision that includes everything that can be seen from a particular vantage point” (Gadamer, 2004 pg. 301).

The purpose of hermeneutics is to challenge and question pre-understandings in order to understand phenomena or experience differently so that practice can be challenged, rather than to create or prove a theory (Tapp, 2004). In addition, Byrne (2001) posits that hermeneutics be used to understand human nature. Therefore this thesis focuses on the development of a fused horizon of understanding developed as a result of the researcher interpreting the mentor experience, with the aim of challenging current thinking and practice.

Gadamer (2004) discusses a hermeneutic circle of understanding that considers the ‘parts’ of a phenomenon in relation to the meanings of the ‘whole’. In this thesis, the parts are multifaceted and include my pre-understandings of the phenomenon, the existing literature, the individual mentor experience expressed in the interview texts and the interview texts as a whole, the meanings, understandings and new horizons that emerge out of
the interpretation of the interview texts. The ‘whole’, in this case the phenomenon under study, refers to the ‘being’ i.e. being a mentor who fails a pre-registration nursing student in their final placement. It should be noted that the ‘whole’ is not the phenomenon of failing in the final placement. The ‘whole’ is about the mentor and understanding their being in the situation. The thesis is about meanings attached to the experience and perceptions of it, and is not about causes and measurements (Paley, 2005). It is necessary to clarify this fine distinction at this early stage in order to set the scene for the whole of the thesis. It is the relationship and movement between the parts and the whole that give us insight into the phenomenon (Gadamer, 2004). It should be noted that this thesis does not aim to present the absolute truth about the phenomenon, as truth in this sense is never final, but it evolves as phenomena are influenced by experience and are re-interpreted (Gadamer, 2004).

This chapter provided an introduction to this thesis in terms of placing the study in context. An initial question arose out of the personal experience;

‘What must it be like to fail a student in their final placement?’

In reflecting on this initial question further it became apparent that I did not know what this experience was really like or what it was like to be a mentor faced with the decision to fail a student in their final placement.

The aim of this thesis is therefore to:
‘Explore, interpret and develop an understanding of mentors’ experiences of failing pre-registration nursing students in their final placement’. This aim was underpinned by three principal objectives which were to:

1. Explore why the mentor failed the student and interpret how the mentor made this decision about students’ fitness for practice in their final placement
2. Elicit how the mentor feels about failing a student at this stage
3. Develop a deeper understanding of the subjective reality and meanings of the historical conditioning and culture in relation to the phenomenon.
The thesis will address the aim throughout the following chapters. Chapter two provides a discussion of the pre-understandings and prejudices informed by the literature existing before this study commenced which was reflected upon and updated throughout the study. The chapter provides a summary of the literature review strategy and this review of the literature includes reference to scholarly opinion papers, primary research and discussion papers. The review highlights pre-understandings and prejudices relating to the mentor role and mentors’ decision making in relation to fitness for practice. Finally, a summary of the pre-understandings in relation to the mentor role, competence and mentoring decisions is offered as a conceptual framework of pre-understandings.

Chapter three situates my ontological and epistemological stance. Here the underpinning methodology and methods selected to explore the experience in order to meet the aims of the research are discussed. A process of generating a text for analysis is provided, as is a process for interpreting the experience detailed in the text. Participant characteristics and recruitment as well as ethical considerations are deliberated. The discussion offers an insight into the decisions taken throughout the study in order to promote trustworthiness of the study findings, including a demonstration of how Gadamerian principles (Gadamer, 2004) were interwoven throughout.

The significance of ‘being’ a mentor who fails a pre-registration nursing student in their final placement is presented in chapter four. This is presented as an interpretation of the mentor experience as perceived by the nineteen mentors who shared their experience with me. The chapter focuses on four emerging global horizons that unite the experiences of the individual mentors. The reader is exposed to the actual experience itself as seen through my eyes, as the interpreter of the experience, as my horizons fuse with the mentors’ horizons as detailed in the text (Gadamer, 2004). Here, an understanding of the experience of failure begins to emerge.

3 The word ‘text’ is used to denote the transcription of interviews undertaken with participants who have participated in a process of structured reflection on their experience. The text forms the basis of the interpretation.
In re-addressing the pre-understandings formed by the literature, chapter five exposes an expanded horizon of understanding failure through the mentor experience of failing a pre-registration nursing student in their final placement. This chapter provides a discussion of the expanded horizon, reflecting on existing literature and challenging prejudices about the phenomenon under study. This expanded horizon evolved as a result of engaging in the hermeneutic experience.

Finally, chapter six presents the conclusions of the thesis. This chapter pulls together the parts of the study and presents conclusions related to the whole. Here, research aim and objectives will be revisited, the original contribution to knowledge will be bestowed, and in harmony with a constructivist perspective, suggestions for how the new horizon of understanding may influence future mentoring and research practice will be offered. The strengths and limitations of the study are then discussed and some personal reflections on the research process are shared in order to pause the hermeneutic circle.
Chapter Two: The current horizon of understanding

2.1 Introduction
Chapter one discussed the motivation for carrying out this study which began with a personal experience of a student failing in their final placement. It also briefly outlined the structure of pre-registration nursing education in the UK, defined key concepts, and outlined the thesis aims and structure. This chapter focuses on the identification of pre-understandings and prejudices in relation to the phenomenon prior to embarking on exploring the mentor experience of failing a pre-registration student nurse in their final placement, and as the study progressed. The purpose of the review is to illuminate and discuss key literature and identify which areas of research into this phenomenon had been neglected at the time. The research questions arose out of this review.

This literature review does not provide a synopsis of all of the literature relating to the education and assessment of student nurses in practice. It will be focussed specifically on the mentor as they are central to assuring the fitness for practice of pre-registration nursing students. This strategy has been advocated when using a phenomenological approach in that having fewer preconceptions promotes a greater openness to the phenomenon under study (Speziale & Carpenter, 2007). In light of this, chapter five will provide a more in depth discussion of the literature pertinent to the interpretation of the experience in order to position the findings within the context of what is already known (Speziale & Carpenter, 2007). This chapter will however offer insights into the literature reviewed as the backdrop to this study, thereby proposing a rationale for the need to conduct research into the mentor experience of failing a pre-registration nursing student in their final placement and to identify and justify the research questions.

This chapter will begin with a description of the literature review strategy to highlight how literature was accessed and will provide a general evaluation of the studies recruiting mentors as the sample. This will be followed by a discussion of pre-understandings in relation to the clarity of the mentor role.
and responsibilities, decision making and subjectivity in assessment, the reluctance to fail pre-registration nursing students in practice, the student-mentor relationship, conflicting and competing role demands, and preparation and support. Finally, a conceptual framework to summarise pre-understandings will be offered which will be followed by the identification of research questions arising out of the pre-understandings.

2.2 Literature review strategy

The initial literature review focussed on the role of the mentor in determining fitness for practice and on the ‘formal’ mentor relationship (Noe, 1988) existing in pre-registration nursing education in the UK. It should be noted that the current mentorship system was introduced in 1986 (UKCC, 1986) and therefore the majority of pertinent literature dates from the 1990’s. The Cumulative Index to Nursing and Allied Health Literature (CINAHL) was the primary database used to access this literature as it provides the majority of English nursing journals published since the early 1980’s. This suited the needs of the study due to the nature of the current mentorship system. Additionally, the British Nursing Index (BNI) and specific journals were accessed, however these tended not to provide any additional pertinent material. Professional nursing bodies and Department of Health databases provided further literature for review. The review commenced initially in 2006, but has been repeated and updated throughout this study to ensure that relevant, more up to date material is included.

The key search terms used to access the material included ‘nurse[s]’, ‘nursing’ ‘mentor’, ‘mentoring’, and ‘mentorship’; ‘competence’, ‘competency’, ‘fitness for practice’; ‘[practice] assessment’, ‘[clinical] placement’, ‘assessing students’, as well as in varying combinations. The limits to the initial search included a geographical limit to the UK due to the nature of nursing mentorship in the UK, and a limit on the date of publication of post 1986, as highlighted above. However, where papers within these limits regularly referred to work published prior to 1986, the original sources were sought and included in the discussion. Research studies carried out in other countries were initially excluded from the discussion about primary mentorship research because of the different nurse education and support systems adopted in
those countries. It is also acknowledged that different mentoring systems and terminology are used in different health care professions. The search terms and limits provided a variety of literature which included reports, policies and guidelines published by the Government and by professional bodies, an array of commentary including literature reviews and discussion papers, and a limited number of research studies focussing on the mentor experience. Initially, mentorship schemes from other non health professions, for example teaching, were excluded from the search in order to remain focussed at the outset of the study. Additional material was accessed later when synthesising the study findings.

2.2.1 Research involving mentors
The research studies reviewed adopted both qualitative and quantitative approaches using a variety of single and mixed methods. These studies were accessed by limiting the search terms in the CINAHL options list to ‘research’. The relevance and the quality of the research papers was appraised throughout using guidance provided by Booth (2006) looking at the validity, reliability and applicability of the studies and the findings. Only those studies deemed to be relevant to this study i.e. those related to the mentor experience in carrying out any aspect of their role or perception of their role, were reviewed and included in the initial review. It should be acknowledge that as the study progressed it was necessary to access literature relating to the horizons that emerged out of the interview texts. This literature is provided in chapter five and relates to the principle objectives of the study.

Primary research involving mentors in the sample and looking at the mentor experience is limited. Where the sample included mentors from different professional groups, those from a nursing background will be the focus of this discussion. Studies looking specifically at the mentor experience were therefore accessed as these were relevant to the aim of this study. Table one summarises these studies and indicates how many nurse mentors were included in the study sample. It should be acknowledged that studies carried out prior to the publication of ‘Fitness for Practice and Purpose’ (UKCC, 2001) relate to the Project 2000 model of pre-registration nursing education. Studies carried out post 2004 following the introduction of the ‘Standards of Proficiency for Pre-registration Nursing Education’ (NMC, 2004a) reflect the
It is however interesting to note that despite these changes, the primary research continues to reflect common themes in relation to the mentor experience. These common themes will be discussed throughout this chapter.

### Table one: Summary of studies relating to the mentor experience

<table>
<thead>
<tr>
<th>Type of study</th>
<th>Author</th>
<th>Methods</th>
<th>Sample (numbers of nurse mentors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>Atkins &amp; Williams (1995)</td>
<td>Semi-structured interviews</td>
<td>n=12</td>
</tr>
<tr>
<td></td>
<td>Twinn &amp; Davies (1996)</td>
<td>Semi-structured interviews (followed by six case studies of students)</td>
<td>n=37</td>
</tr>
<tr>
<td></td>
<td>Watson (1999)</td>
<td>Semi-structured interviews</td>
<td>n=15</td>
</tr>
<tr>
<td></td>
<td>Duffy (2003)</td>
<td>One to one unstructured interviews leading to semi-structured interviews</td>
<td>n=26</td>
</tr>
<tr>
<td></td>
<td>Hutchings et al. (2005)</td>
<td>Focus groups</td>
<td>n=12 (4 focus groups)</td>
</tr>
<tr>
<td></td>
<td>Kneafsey (2007)</td>
<td>Focus groups, Individual interviews</td>
<td>n=13</td>
</tr>
<tr>
<td></td>
<td>Webb &amp; Shakespeare (2008)</td>
<td>Critical incident technique in interviews</td>
<td>n=15</td>
</tr>
<tr>
<td>Quantitative</td>
<td>Cameron-Jones &amp; O'Hara (1996)</td>
<td>Questionnaire</td>
<td>n=87</td>
</tr>
<tr>
<td></td>
<td>Duffy et al. (2000)</td>
<td>Questionnaire</td>
<td>n=71</td>
</tr>
<tr>
<td></td>
<td>Watson (2004)</td>
<td>Questionnaires</td>
<td>n=115</td>
</tr>
<tr>
<td></td>
<td>Haroon-Iqbal Jinks (2002)</td>
<td>Questionnaire</td>
<td>n=156</td>
</tr>
<tr>
<td></td>
<td>Pulsford et al. (2002)</td>
<td>Questionnaires</td>
<td>n=198</td>
</tr>
<tr>
<td></td>
<td>Devis &amp; Butler (2004)</td>
<td>Questionnaires</td>
<td>n=18</td>
</tr>
<tr>
<td>Mixed Methods</td>
<td>Jinks &amp; Williams (1994)</td>
<td>Postal questionnaire, Face-to-face interviews</td>
<td>n=61</td>
</tr>
<tr>
<td></td>
<td>Wilson-Barnett et al. (1995)</td>
<td>Semi-structured interviews, Observations</td>
<td>not stated</td>
</tr>
<tr>
<td></td>
<td>Philips et al. (1996a and 1996b)</td>
<td>Semi-structured interviews, Reflective diaries, Questionnaires, Observations</td>
<td>not stated</td>
</tr>
<tr>
<td></td>
<td>Brown (2000)</td>
<td>Content analysis of documents, quantitative method not discussed</td>
<td>n=150</td>
</tr>
<tr>
<td></td>
<td>Watson (2000)</td>
<td>Unstructured interviews &amp; questionnaires</td>
<td>n=13 (interviews)</td>
</tr>
<tr>
<td></td>
<td>Lloyd Jones et al. (2001)</td>
<td>Diaries</td>
<td>n=81</td>
</tr>
<tr>
<td></td>
<td>Dolan (2003)</td>
<td>Focus groups &amp; content analysis</td>
<td>n=8 (focus groups)</td>
</tr>
<tr>
<td></td>
<td>Bray &amp; Nettleton (2007)</td>
<td>Questionnaires &amp; self selected semi-structured telephone interviews</td>
<td>n=110 (questionnaires)</td>
</tr>
</tbody>
</table>

n=20 (Interviews nurse mentors & mentees-numbers of each not specified)
Historically it would appear that research into mentoring practice was reproached for the lack of operational definitions and the reliance on surveys as a data collection method, and condemned in terms of a lack of validity, reliability and poor design (Merriam, 1983). Hagerty (1986) concurred with this view, specifically in relation to methodological weaknesses. Whilst research into mentoring practice has increased, it is suggested that in light of the importance of the mentoring role, there still appears to be a lack of methodological discussion and rationale in some papers (Morle, 1990; Cameron-Jones & O’Hara, 1996; Gray & Smith, 2000; Morton-Cooper & Palmer, 2000; Pellatt, 2006). To support this notion, a review of studies that addressed mentor provision and included mentors in the study sample was carried out by Jinks (2007), who concluded that whilst mentorship is crucial in nurse education, the small number of available studies is disproportionate with the importance of the role. Jinks’s (2007) review further highlighted that research studies carried out into the mentor experience are often weak from a methodological perspective. It would seem that the weaknesses identifiable in some of these studies are primarily related to a lack of detail in the way in which the studies were reported.

Seven of the studies reviewed adopted qualitative approaches only (Atkins & Williams, 1995; Twinn & Davies, 1996; Watson, 1999; Duffy, 2003; Hutchings et al. 2005; Kneafsey, 2007). In terms of discussing the methodology employed in some of these studies the term ‘qualitative’ was used to describe the methods of data collection rather than a methodology (Atkins & Williams, 1995; Hutchings et al. 2005; Webb & Shakespeare, 2008) or authors lacked a detailed discussion of their choice of methodology (Twinn & Davies, 1996). There are also studies that are confusing in terms of the underpinning methodology. For example, Watson (1999) describes the study as being ‘qualitative, drawing on phenomenological perspectives’ but without discussing which phenomenological perspective, then Watson (1999) goes on to describe the study as taking place in a ‘qualitative ethnographic category’ followed by the study adopting a ‘case study’ approach. The study appears to have adopted more of a case study approach rather than being underpinned by phenomenology. Another example of this methodological confusion can be seen with Kneafsey (2007) where little justification was given for the use of
focus groups and there is no clear discussion of the underpinning methodology.

The quantitative studies reviewed (Cameron-Jones & O'Hara, 1996; Andrews & Chilton, 2000; Duffy et al. 2000; Haroon-Iqbal & Jinks, 2002; Pulsford et al. 2002; Devis & Butler, 2004; Watson, 2004) are also mixed in terms of their discussions of how the questionnaires were developed. Cameron-Jones & O'Hara (1996) and Andrews & Chilton (2000) used a pre-validated questionnaire developed by Darling (1984) in their studies but this was based on an American model and looked at the mentorship of professional nurses (see section 2.3). Watson (2000) on the other hand, describes how unstructured interviews contributed to the development of questionnaires, and in another study carried out by the same author (Watson, 2004), the questionnaires were piloted and found to have good internal reliability.

In looking at the studies employing mixed methods (Wilson-Barnett et al. 1995; Jinks & Williams, 1994; Brown, 2000; Watson, 2000; Lloyd Jones et al. 2001; Dolan, 2003; Bray & Nettleton, 2007) the lack of clarity and justification for chosen methodology and methods continues. Watson’s (2000) study, for example, is initially described as ethnographic in nature, yet the discussion does not appear to reflect this and therefore the study could be regarded as weak. Bray & Nettleton's (2007) study could also be described as lacking in terms of response rate and methodological discussion; though this is expanded upon in a later publication by the same authors (Nettleton & Bray, 2008). However, it is argued that methodological rationale should be considered in all papers.

In terms of the sample sizes adopted in the studies reviewed, they generally appear small in number. The sample sizes in the studies adopting qualitative approaches (Atkins & Williams, 1995; Twinn & Davies, 1996; Watson, 1999; Duffy, 2003; Hutchings et al. 2005; Kneafsey, 2007; Webb & Shakespeare, 2008) appear congruent with methods described. However it is suggested that the lack of discussion about the methodological considerations in the majority of the papers leaves the trustworthiness of the findings open to question. Of particular note are the numbers recruited to the focus groups in studies reported by Dolan (2003), Hutchings et al. (2005) and Kneafsey
The authors of these studies did not discuss the small numbers recruited to some of these focus groups and therefore the quality and depth of the discussion carried out within them could be disputed.

The criticism about sample size could also be true for the quantitative studies (Cameron-Jones & O'Hara, 1996; Andrews & Chilton, 2000; Duffy et al. 2000; Haroon-Iqbal & Jinks, 2002; Pulsford et al. 2002; Devis & Butler, 2004; Watson, 2004), however the transferability does depend on how the samples were selected and the response rate from that sample. Often, response rates were less than 50%, for example, Duffy et al. (2000) received a 47% response rate (n=71) from a survey of mentors carried out in 1999, though debatably this could be seen as usual for a postal survey. Haroon-Iqbal & Jinks (2002) elicited a 47% response of 156 mentors, and Bray & Nettleton (2007) achieved a response rate of 13% obtaining 110 returned questionnaires from mentors, which arguably is a poor response rate. When reviewing the return rate of Watson’s (2000) study, initially 994 questionnaires were distributed attaining an 18% response at the first cut-off date. To increase this response, follow up was conducted which elicited a further 54 responses (totalling 24%). But then the focus of the questionnaire distribution was reduced to 20 clinical areas where 231 questionnaires had been delivered and 103 had been returned, and therefore a response rate of 44.6% was reported (Watson, 2000). Regardless of managing the responses to elicit a higher percentage response rate, it is suggested that the overall response in Watson’s (2000) study is still too small to generalise the findings. However, the explanation of how this study was carried out could allow the methods and the questionnaire to be replicated in other areas.

The mixed methods studies continue to reflect sampling strategies that arguably do not support trustworthiness of the findings. The authors of the mixed methods studies (Jinks & Williams, 1994; Wilson-Barnett et al. 1995; Brown, 2000; Watson, 2000; Lloyd Jones et al. 2001; Dolan, 2003; Bray & Nettleton, 2007) appear to have tried to address the small number of respondents to the quantitative aspects of their study by adding a qualitative component. However it is questionable whether or not this strategy really does add to the validity of findings, when there is minimal methodological
rationale for doing so. For the majority of studies reviewed, the sample was purposive or one of convenience.

Whilst the transferability and trustworthiness of research findings have been alluded to for specific studies above (Phillips et al. 1996a and 1996b; Duffy, 2003; Kneafsey, 2007; Webb & Shakespeare, 2008) in looking further at the trustworthiness of the research findings more generally, the way in which the data is used to justify the findings and conclusion is variable. Duffy (2003) for example, provides extensive quotes from her participants to justify the identified themes and conclusions, as do Kneafsey (2007) and Webb & Shakespeare (2008). Whereas, Twinn & Davies (1996) share minimal participant comments and therefore their conclusions are difficult to verify with their findings. Despite a reasoned discussion of the methods used for data collection, the findings are not easy to judge. Twinn & Davies’ (1996) study focussed on the supervision of project 2000 students with data being collected between 1993 and 1995. In addition, Watson (1999), who did provide a well defined research study including a clear presentation of the research methods used as well as the limitations of the study, did not use any quotes or evidence to support the conclusions. This too is evident with Brown (2000) who, whilst offering a detailed discussion of the methods adopted to collect and analyse the data and of the trustworthiness of the findings, offers minimal detail of the actual respondent’s comments. The lack of quotes provided by Lloyd Jones et al. (2001) continues to reflect this theme, which again does little to facilitate the reader’s judgement of the findings for themselves. In addition, Lloyd Jones et al. (2001) present findings from data collected in 1995, and this was not sufficiently recognised in their discussion.

Despite the criticisms made above, it should be recognised that word limits set by publishers for journal articles could impact on the detail of the methodological discussion. Nonetheless, reflecting on the quality, rigour and trustworthiness of the research undertaken looking at mentor experiences in general, it is difficult to make judgements on the findings of the research if findings cannot be trusted because of a perceived weakness in methodology due to a lack of discussion by the authors. The findings of these studies will be discussed in greater detail in the following sections. The experience of reflecting on the ‘methodologies’ of pertinent studies has resulted in
recognising the importance of ensuring that the choice of methodology is clear and justified.

2.3 Clarity of role and responsibilities

Section 1.3 briefly focussed on the development of pre-registration nursing education in the UK showing that it has undergone a number of changes and reforms in the last twenty-five years, and that at the time of this study the structure of pre-registration nursing education was guided by recommendations from 'Fitness for practice and purpose: The report of the UKCC's Post-Commission Development Group' (UKCC, 2001), and the 'Standards of Proficiency for Pre-registration Nursing Education' (NMC, 2004a). These standards have however been reviewed and the NMC has published new standards for pre-registration nursing education for courses commencing September 2012 (NMC, 2010). As a result of concerns over fitness for practice at the point of registration and a consultation carried out on the issue, the NMC published standards to support learning and assessment in practice; first published in 2006, with a second edition in 2008. These standards (NMC 2008a) were developed as a result of a consultation on learning and assessment in practice (NMC, 2004c). Until 2006, guidance for mentorship was limited in terms of a developmental structure. The NMC (2008a) document now places significant emphasis on the role of the mentor. Pre-registration nursing students spend 50% of their nursing course in the practice setting and although there are systems in place that encompass the planning, monitoring and auditing of practice experiences, arguably the most fundamental element in ensuring fitness for practice is the role of the mentor.

Section 1.3.1 briefly outlined definitions of the term mentor, but having a definition does not necessarily mean that it is understood or that it has been interpreted in the same way. It is suggested that such simple definitions may not necessarily guide mentors as to how to carry out the role or how they should make their assessment decisions, nor does it signify the importance of the role. Much of the literature discussing mentorship addresses issues surrounding the mentor role, concept definition and confusion surrounding what is required (Darling, 1984; Bracken & Davis, 1989; Donovan, 1990; Morle, 1990; Wright, 1990; Armitage & Burnard, 1991; Clutterbuck, 1991;
Sharon Black

Marriott, 1991; Anworth, 1992; Atkins & Williams, 1995; Ernshaw, 1995; Cahill, 1996; Phillips et al. 1996b; Spouse, 1996; Andrews & Wallis, 1999; Gray & Smith, 1999; Andrews & Chilton, 2000; Northcott, 2000; Chow & Suen, 2001; Lloyd Jones et al. 2001; Spouse, 2001; Ehrich et al. 2002; Pulsford et al. 2002; Ronsten et al. 2005; Pellatt, 2006; Tracey & Nicholl, 2006; van Eps et al. 2006; Bray & Nettleton, 2007; Carnwell et al. 2007; Jinks, 2007; Ali & Panther, 2008). The UKCC (1986) provided the impetus for the current mentorship system and yet it would appear that there may still be some misunderstanding about what a mentor should do and how they should carry out their role (Nettleton & Bray, 2008). This is despite the ongoing discussion about the role of the mentor which included the attributes a mentor should posses and what their role entails. The English National Board (ENB, 2001) and the NMC (2004d; 2006; 2008a) have set standards, and the Royal College of Nursing (RCN, 2005a) have provided guidance on mentorship outlining what the role entails, yet the role has rarely been evaluated. In terms of role transparency, there remains, however, evidence of uncertainty and limited clarity amongst some mentors as to what is expected of them as a mentor (Bray & Nettleton, 2007). The following discussion aims to reveal this dialogue.

2.3.1 Expectations placed on a mentor

Whilst this review of the literature was initially restricted to mentorship in the UK post-1986, in looking at what is expected of a mentor, an earlier study carried out by Darling (1984) is often referred to by authors attempting to define the mentor role when referring to pre-registration nursing mentorship (Foy & Waltho, 1989; Donovan, 1990; Morton-Cooper & Palmer 1990; Cameron-Jones & O'Hara, 1996; Gray & Smith, 2000; Pellatt, 2006). This is despite the fact that Darling’s (1984) work was carried out in the USA and refers to the mentoring of professional nurses rather than pre-registration student nurses. Darling, (1984) carried out interviews with 50 nurses, 20 physicians and a ‘number of health care executives’ asking about their experiences with mentors, which resulted in the development of a list of fourteen basic mentoring roles and characteristics. This list included model, envisioner, energiser, investor, supporter, standard-prodder, teacher-coach, feedback-giver, eye-opener, door-opener, idea-bouncer, problem-solver, career counsellor and challenger. Darling (1984) only provides a scant
discussion of the methodological basis of her work which, it is argued, leaves
the validity of her work and transferability of her findings open to question.
Despite this however, Darling’s (1984) list of roles and characteristics has
been used to underpin research studies since (Cameron-Jones & O’Hara,
1996; Andrews and Chilton, 2000). Yet, the integrity of the study as reported
in her paper (Darling, 1984) has rarely been questioned. It could be
suggested that as Darling’s (1984) work pre-dates the current system of
mentorship in the UK its significance to the current mentor role is limited.
However, it would appear that roles and characteristics suggested by Darling
(1984) informed some of the requirements articulated in current NMC
guidance (NMC, 2008a).

In identifying how Darling’s (1984) characteristics have been used, Cameron-
Jones & O’Hara (1996) used Darling’s (1984) list of characteristics and added
four further aspects of friend, assessor, intermediary and tutor. They then
asked eighty-seven mentors to state how much emphasis they placed on each
of the eighteen criteria. Interestingly at that time, Cameron-Jones & O’Hara
(1996) suggested that mentors placed more emphasis on their role as a
supporter and less on challenging their students, and the role of assessor was
ranked ninth out of the eighteen criteria used. Whereas, when thirty-nine
student nurses were asked about their predictions on the importance of the
role of assessor in the future, they ranked it as fourth out of the eighteen
criteria (Cameron-Jones & O’Hara, 1996). This appears to indicate that
students were more concerned than mentors about the assessment aspect of
the mentoring role. In looking at the aspects added by Cameron-Jones &
O’Hara (1996) it is argued that being a friend to a student may not be
congruent with assessment and making decisions on fitness for practice. It
should however be acknowledged that Cameron-Jones & O’Hara’s (1996)
study was carried out at a time when the system of mentorship was changing.
If mentors were now asked about the ‘friend’ and ‘assessor’ aspects of the
role, it would be interesting to see whether responses have changed. It could
be suggested that Cameron-Jones & O’Hara’s (1996) sample size limits the
generalisability of the findings, and that the lack of methodological discussion
could leave the rigour of the study in question, however the results from their
study do continue to resonate and have been reflected in studies carried out
since.
Andrews & Chilton (2000) also used Darling’s (1984) criteria with the apparent justification that Darling was, at the time, the most commonly cited researcher with regard to mentorship. Andrews & Chilton (2000) developed questionnaires based on Darling’s (1984) criteria which were distributed to 22 mentors to elicit perceptions of their own mentoring potential and eleven student nurses to extract their perceptions of the mentoring role. Findings indicated that having preparation for the role increased mentor confidence and mentors generally placed the supporter aspect of their role more highly. Andrews & Chilton (2000) further highlighted that nurses did not recognise the importance of challenging students. Whilst this study does provide some insights into mentor perceptions of their role, the generalisability of the findings is questionable due to the small numbers in the study.

Pellatt (2006) paid significant attention to the characteristics offered by Darling (1984), despite recognising the methodological shortfalls of Darling’s (1984) work. Pellatt (2006) did nonetheless carry out an extensive review of the literature on the role of mentors, and did offer some useful insights into the mentor’s role in supporting pre-registration nursing student’s concept development, creating a learning environment, teaching and assessment, and discussed the mentor’s accountability in their role. The use of Darling’s (1984) work in Pellatt’s (2006) review may however indicate that there are few other clear frameworks or definitions to choose from.

Phillips et al. (1996a; 1996b) highlighted that not having a clear understanding of the mentor role created uncertainty and because this was a relatively new role at the time, there was confusion about this role. In addressing the relationship between teaching, support and role modelling, Twinn & Davies (1996) further found that in the early stages of the implementation of the mentorship role that different terminology was used, with some areas using the term ‘mentor’ and others using ‘practice supervisor’. This may again have contributed to the uncertainty described by Phillips et al. (1996a; 1996b). In terms of defining what mentorship was at the time, Phillips et al. (1996a; 1996b) provided an in-depth discussion of a mixed methods study carried out to investigate the introduction of mentors in pre-registration nursing education in Wales. Their study aimed to explore how educationalists, managers and
clinicians defined and understood the role of the practitioner-teacher, and to investigate the implementation and impact of the introduction of mentors in the Common Foundation Programme (CFP; year one of the course). Interview data was collected from 333 interviews (n=44 nurse/senior education managers, n=88 ward managers, n=166 caregivers, n=46 teachers), and diaries of a ten day period in practice focusing on the learning experience were collected from mentors (n=133) and students (n=138). Questionnaires were also sent out to 1332 practice staff, teachers and managers with a 72% response rate of 955 returned questionnaires. Phillips et al’s (1996a and 1996b) study was carried out under the Project 2000 framework of nursing education (UKCC, 1986) prior to the Fitness for Practice Framework (UKCC, 2001) and the current Standards of Proficiency (NMC, 2004a), and was confined to Wales. However, the findings from their research do still resonate today and should be acknowledged as one of the most significant pieces of research addressing experiences of mentoring pre-registration nursing students, therefore the findings from their study will be referred to throughout.

To further add to the debate on the clarity of the mentor role, Watson (1999) interviewed thirty-five students and fifteen mentors to elicit their perceptions, understandings and experiences of mentorship. Whilst the paper lacks methodological coherence and rationale, and demonstrable quotes from the participants that allow independent judgement of understanding and experience, Watson (1999) does provide additional insights into the understanding of the role at that time within the limits of that particular case study. Watson’s (1999) findings continued to reflect the theme of role definition, with students and mentors agreeing that the role included being an assessor, role model, facilitator and a source of support. But whilst students and mentors generally appear to agree on what the mentor role should entail, the students indicated that in their actual experience, their mentors did not appear to understand what was required. It does therefore seem that the understanding of the mentor role is dependent on individual perceptions rather than on concepts or guidelines (Watson, 1999).

Concerns have been raised in relation to the conflict that exists between being a mentor and having to assess students, and suggestions have been made that the two roles should indeed be reconsidered or separated (Burnard, 1989;
Anworth, 1992; Neary, 2001; Baley et al. 2004; Nettleton & Bray, 2008). Early publications indicated that there was some debate in terms of the mentor involvement in assessment, with some writers commenting that summative assessment should be the primary focus of mentors (Lee, 1989) with others asserting that mentors should not be involved in this process (Armitage & Burnard, 1991; Anforth, 1992).

This debate is evident in Atkins & Williams’ (1995) study where they conducted a ‘qualitative study’ aimed to explore and analyse registered nurses’ experiences of mentoring undergraduate nursing students. Atkins & Williams (1995) who, looking at the mentor experience of mentoring students in practice, found six categories that participants associated with their mentor role; ‘supporting students, facilitating learning, learning through students, managing conflicting roles and responsibilities, being supported by colleagues, and working in partnership’ (Atkins & Williams, 1995 pg. 1009). Mentors in Atkins & Williams’ (1995) study did not appear to see assessment as fundamental to their role. However, in looking at the trustworthiness of Atkins & Williams’ (1995) study, whilst they do discuss the importance of ‘rigour’ in qualitative studies, there was in fact minimal evidence as to how it was actually promoted. They used a method of analysis adapted from two different perspectives, Glaser & Strauss (1967) and Miles & Huberman (1984), yet do not discuss this ‘method’ so it is difficult to judge how the data was actually analysed. In addition, there was a heavy reliance on the description of methods and yet it was difficult to establish how this corresponded with a methodology underpinning the study. Nevertheless, in comparing Atkins & Williams’ (1995) findings with Watson’s (1999) findings, the role of assessor featured more highly in Watson’s (1999) study in terms of its importance, which is not reflected in earlier research studies.

In a more recent study looking at mentor and mentee perceptions of the mentor role, Bray & Nettleton (2007) found that there was still confusion and differentiation between mentor and assessor role. They distributed questionnaires (n=884) listing twenty aspects of the mentoring role to nurse mentors and attained a 13% response rate, and distributed 291 questionnaires to nursing students, achieving a 60% response rate. There is an interesting disparity in the response rates to these questionnaires yet this has not really
been fully addressed by Bray & Nettleton (2007) in their paper. Nevertheless, Bray & Nettleton (2007) did find that nursing mentors placed the roles of teacher, role model and supporter high in the mentoring relationship, indicating that activities relating to teaching and supporting, communication and passing on clinical skills and knowledge were the most important to the mentors in their study. It should be noted that the roles of ‘assessor’ was ranked by only five percent of nursing mentors and ‘evaluator’ was not ranked at all as being important in the mentoring role (Bray & Nettleton, 2007). If this is observed alongside the responses from the student nurse questionnaires, they mirror the response from the mentors in terms of the assessor role. Students rated teacher and supporter as the highest, with the role of assessor being selected by only seven percent of this group (Bray & Nettleton, 2007). There appears, therefore, to be either a lack of understanding or a misinterpretation of the purpose of the mentor’s role, or a perception that assessment is the least important element. Arguably however, assessment should be central to the mentor role in determining fitness for practice. It is difficult though to generalise Bray & Nettleton’s (2007) study in terms of the mentor perceptions because of the low response rate (n=110; 13%), and although the students’ responses could raise concern at a 60% response rate, only 174 questionnaires were returned. Had other research studies not reflected these ongoing concerns, the findings from Bray & Nettleton’s (2007) could be open to question.

In providing a further discussion on the Bray & Nettleton (2007) study, Nettleton & Bray (2008) highlight real concerns in relation to mentorship in nursing. Despite the fact that the current mentoring system has been in operation for the last twenty years, their study indicates that nursing mentors remain unclear and confused about their role, in particular the assessor aspect of their role. Supporting students and the passing on of clinical skills and knowledge has been shown to have a higher priority than assessing them. This could have negative consequences in relation to signing students off at the end of their final placement. It could be argued that this lack of clarity and perceived confusion about the requirements of the role can be attributed to the support mentors receive in practice. Bray & Nettleton’s (2007) work continues to reflect issues raised by Cameron-Jones & O’Hara (1996) a decade earlier.
Could this then mean that there has been little development in understanding what it means to mentor students?

There are no more recent research findings that add to this debate and therefore it is difficult to confirm or deny that the assessor aspect of the mentor role be separated from the supportive aspect. It could be argued that as the NMC (2008a) have made attempts to provide further guidance to mentors, there is greater clarity as to the requirements of their role. This is however stated with caution because mentor understanding of the requirements of their role has not been evaluated since the introduction of the NMC (2008a) standards. It is therefore posited that there needs to be more understanding of what is expected of mentors in their role.

2.3.2 Mentor characteristics, attitudes and qualities

In addition to the expectations placed on the mentor in their role, there is much discussion about the characteristics, qualities and attributes a mentor should possess and how this can affect the mentoring role (Andrews & Wallis, 1999; Andrews & Chilton, 2000). Mentor characteristics, attitudes and qualities are terms used interchangeably in the literature when discussing the attributes mentor should possess. The literature reporting on these attributes often does so from a student perspective.

Baillie (1993), for example, provides a detailed, competent discussion of a phenomenological study looking at eight student nurses' experience in a community setting. The three main themes emerging out of Baillie's (1993) study related to the student (their own prior learning, approach to the placement and their relationship with their mentor); the placement (in terms of relevance, available opportunities and the practical implications of a placement in the community); and the mentor. As well as mentoring skills and professional credibility, Baillie (1993) identified a category relating to mentor attitude. Here, it would seem that not all mentors were interested in mentoring students and they had a negative attitude towards students (Baillie, 1993).

Commitment to the mentoring role and the level of interest the mentor shows in a student's learning was shown by Baillie (1993) and others (Atkins & Williams, 1995; Twinn & Davies, 1996; Phillips et al. 1996a; Wilkes, 2006) to
have an impact on the student experience. Similarly, a qualitative study looking at sixteen student nurses (Cahill, 1996) identified that positive mentor attitudes and behaviours are essential in fostering learning. Cahill’s (1996) paper was however reporting on data collected in 1992 with students who had undertaken the traditional nurse training and therefore their experiences of mentorship would have been different under that system of education. In a study looking at twelve mentors, Atkins & Williams (1995) also address mentor attitudes. They do however suggest that mentors’ attitudes towards their role and the extent to which they wanted to be a mentor is variable and those who saw mentoring as part of their role and not an additional burden were more likely to see it as a positive experience (Atkins & Williams, 1995) which, in line with Baillie’s (1993) findings, will impact on the student’s learning experience.

In carrying out a small survey-based study looking at mentorship from the student perspective, Ernshaw (1995) added further insights into mentor characteristics. Interestingly, Ernshaw (1995) identified that a mentor should be able to support students and facilitate the student’s passage through their course, rather than to challenge, provoke or expose the student to the unfamiliar. However the generalisability of this quantitative study of nineteen students is questionable.

In a further study looking at mentorship from the student perspective, Gray & Smith (2000) carried out a longitudinal study adopting a grounded theory approach, which at the time was appropriate in light of the scarcity of research focusing on mentorship. This study, again focussing on students, followed ten pre-registration nursing students throughout their pre-registration course gathering data relating to their experience with their mentors (Gray & Smith, 2000). Gray & Smith (2000) found that students equated a good mentor with a good placement, and with the qualities of enthusiasm, friendliness, approachability and patience, having a good sense of humour, and being a good role model, professional, caring and self confident. In terms of teaching and assessing, a good mentor was characterised by being a good communicator, being knowledgeable about the course (which reflects findings from Baillie’s (1993) study), giving the student feedback and time with realistic expectations, generally being interested in the student, and by facilitating the student’s transition from observer to doer. Conversely, a poor mentor was
characterised by the opposites of the above with the addition of the mentor either over-protecting the student, which did not allow them to be exposed to certain experiences. Additionally, a poor mentor was also identified as one who threw the student ‘in at the deep end’ (Gray & Smith, 2000, pg. 1546). Ultimately, good mentors were seen by students as those having a positive attitude towards mentoring students, again reflecting earlier studies (Baillie, 1993; Atkins & Williams, 1995; Twinn & Davies, 1996; Phillips et al. 1996b). More recently, in a review of the literature, Wilkes (2006) further considered the mentor’s attitude towards mentorship, equating a positive attitude with being a ‘good mentor’ and demonstrating that attitudes towards the role remains topical.

Wanting to be a mentor is further related to attitudes towards mentorship. With regard to deciding who mentors students in practice, the student nurse is allocated a mentor, a process which in itself has attracted debate in terms of the quality of mentoring practices and suitability for the role (Cahill, 1996; Ehrich et al. 2002; Beecroft et al. 2006). Both positive and negative aspects of selecting mentors versus the allocation of mentors have been expressed by students, but the realities of the short placements could make student selection of mentors difficult (Ernshaw, 1995). Early studies reported that mentors felt that the role had been imposed on them (Atkins & Williams, 1995; Phillips et al. 1996b; Andrews & Chilton, 2000) and this feeling appears to continue (Nettleton & Bray, 2008), which does reflect the discussion of earlier concerns (Noe, 1988).

The concept of mentor allocation was raised as an issue in Watson’s (1999) study, highlighting that clear processes for allocating students to mentors were seldom evident, and that planning for a student in their mentor’s absence was lacking. This resonates to a certain degree with Andrews & Chilton’s (2000) findings where one of the prominent negative features of the mentor role appears to be that of being allocated a student rather than choosing a student. Further work carried out by Watson (2004) explored the issue of practitioners wanting to become a mentor and undertaking a mentorship preparation course. Participants most frequently cited professional development as the reason for attending the course and indicated a need to undertake the course rather than because they wanted to (Watson, 2004). Of the participants,
11.3% indicated that they did not want to teach students, staff or patients, with 12.5% of participants indicating that they did not want to assess students, staff or patients, and 9.6% indicated that they did not want to teach or assess students, staff or patients (Watson, 2004). Overall, the teaching aspect of the role appeared more frequently than the assessment aspects of the role, which does reflect a theme identified in other studies (Cameron-Jones & O'Hara, 1996; Bray & Nettleton, 2007).

The issue of choosing to be a mentor was also highlighted by Nettleton & Bray (2008). Their participants also saw it as a role that was expected of them, and one that they were not able to choose, they did not appear to view this as a negative but rather as the opportunity to pass on their skills and knowledge. It does however appear that the issue of students being allocated to mentors, rather than mentors choosing to mentor, relates to the high numbers of students requiring mentorship in practice. Atkins & Williams (1995) commented that the mentoring role should be optional, which has since been reinforced by Nettleton & Bray (2008), who point out that volunteering to be a mentor could in fact improve the mentoring process. Furthermore, Watson (2004) recommended that mentorship preparation should not be tied to professional progression, but that practitioners should mentor because they want to. This practice is evident in some parts of the UK where mentorship preparation has never been linked to professional progression.

Regardless of whether a nurse possess the right attitudes or characteristics to be a mentor to student nurses, all registered nurses are expected to take on the role (Nettleton & Bray, 2008; NMC, 2008a; 2008b) and increased emphasis is now placed on assessment in the mentor role, and with this, an increased responsibility (Smith & Smith, 2003; Nettleton & Bray, 2008; NMC, 2008a). The first ‘sign-off mentors’ started signing off pre-registration student nurses at the end of the 2009/2010 academic year (see section 2.3.3), yet there is minimal discussion of this role in the literature. Jinks (2007) suggests that it is important to note the debate surrounding who is best able to assess students in practice, and to question the reliability and validity of practice assessments. It could be argued that until the NMC carry out an extensive review of the effectiveness of the current mentoring system, the present
situation is unlikely to change and some registered nurses may still be required to take on mentorship regardless of choice.

2.3.3 Developing the mentor role in the final placement
An important element of the pre-understandings formed about the phenomenon related to future developments of the mentoring role, particularly in relation to the development of the sign-off mentor (NMC, 2006, 2008a). The NMC (2008a) have now given some mentors increased responsibility and accountability in their role to ensure that student nurses are fit for practice at the end of their pre-registration course. From September 2007, student nurses entering pre-registration nursing courses require a ‘sign-off’ mentor in their final practice placement. This sign-off mentor has the responsibility for signing the student off as fit for practice at the point of registration, therefore indicating that they are suitable and competent to enter onto the professional register. Whilst it is acknowledged that the Duffy Report (Duffy, 2003) provided the impetus and was influential in the development of the NMC (2008a) standards, in terms of the evidence base underpinning these standards, there is no reference to any other substantial empirical research to underpin the framework. The standards (NMC, 2008a) are fundamentally based on a consultation (NMC, 2005) which indicated a need for such guidance. It is therefore contended that these standards are policy driven rather than evidence based. Furthermore, the lack of evidence underpinning these standards may, it is suggested, have future implications for the success of the sign-off mentor role in ensuring only those who are fit for practice are admitted to the register. In addition, whilst this can be seen as a positive move towards recognising the importance of assessment in the final placement, it is argued that because the implementation of and preparation for the sign-off mentor role has been left to individual organisations, there will still be disparity as to how the role is carried out by mentors in practice. The NMC (2008a) standards are nonetheless positive in that they reinforce the contribution that placement providers, HEIs and individual mentors have in the assurance process.

The specified criteria for a sign-off mentor (summarised in table two) could further be questioned. They focus on knowledge and understanding, yet do not give any indication of the mentoring skills and experience a sign-off mentor...
should possess. There is a reference to sign-off mentors being supervised signing off proficiency on at least three occasions by another sign-off mentor, yet the NMC did not, at the time, set any standards as to how this should be done, only suggestions on how this could be achieved. Therefore, there is currently no benchmark against which the practice of signing a student off as proficient can be assured. Furthermore, in identifying the first wave of sign-off mentors, the NMC stated that the responsibility for this rested with placement providers, and that as long as these individuals met the NMC criteria, the criteria used could be determined locally (NMC, 2006). This therefore suggests that this first group of sign-off mentors may not have received any supervision in signing off proficiency and therefore there is no indication of their ability to do so effectively. This strategy of implementation is questionable and it is argued that this could have an impact on the successful implementation of the role, and be detrimental to the standards of decision making in relation to fitness for practice.

Table two: Summary of the criteria for a sign-off mentor

<table>
<thead>
<tr>
<th>NMC Criteria for a Sign-off Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identified on the local register as a sign-off mentor or a practice teacher</td>
</tr>
<tr>
<td>• Registered on the same part of the register</td>
</tr>
<tr>
<td>• Working in the same field of practice as that in which the student intends to qualify</td>
</tr>
</tbody>
</table>

And additionally to be a sign-off mentor they must have:

• Clinical currency and capability in the field in which the student is being assessed
• A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing
• An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements
• An in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme
• Been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor

(NMC, 2008a: Section 2.1.3, pg.21)

The development of the sign-off mentor role can be seen as a positive move in theory because it seems to have heightened the importance of final placement mentorship; however, with the changes to pre-registration nursing education and the move to an all graduate profession (NMC, 2010) there is a need to advise caution in the way in which sign-off mentors are prepared for these changes. Atkins & Williams (1995) suggested that competent nurses might
not be able to cope with meeting the needs of undergraduate student nurses, yet there will be an expectation that the new generation of qualified nurses will possess more advanced critical thinking and problem solving skills and have the knowledge befitting a graduate, yet not all sign-off mentors will be educated to degree level. They will nonetheless be expected to teach and assess student nurses who are undertaking degree level study. At the time of the introduction of Project 2000 practice based staff felt uncertain about its implementation (Phillips et al. 1996a) and found it difficult to adapt to the new system of mentorship (Atkins & Williams, 1995). It is therefore suggested that mentors are now going to need support if the problems associated with the introduction of the Project 2000 diploma are to be avoided.

In terms of the criteria set for the sign-off mentor role (NMC, 2008a) it could be argued that the definition and guidelines are limited, which therefore may cause some confusion over what is expected and who should be carrying out the role. This reflects the earlier work by Phillips et al. (1996a; 1996b) who identified the fact that unclear or limited guidelines can lead to uncertainty as to what is expected. There is as yet no indication of the understanding or interpretation of the sign-off mentor role nationally. Furthermore, there is limited research to draw upon in terms of experiences mentors have of mentoring students in their final placement that could help to inform future guidance.

Initial selection for the sign-off mentor role continues to reflect the informality of being identified as a sign-off mentor. Furthermore, whilst the NMC have now stipulated that there should a triennial review of mentor practice, there is limited guidance on the expected standard of mentoring practice. This is despite early recommendations for the assessment of mentor functioning (Phillips et al. 1996b). It is therefore submitted that this limited guidance and reliance on placement providers to set criteria and standards could further create disparity and inequity in the standards of mentorship and mentoring decisions between organisations. The sign-off mentor strategy developed by the NMC (2008a) needs further investigation and evaluation.
2.4 Decision making and subjectivity in assessment

Despite reported problems with the mentorship system, the importance of the mentor role remains constant throughout the literature. Mentors are essential in determining that student nurses are fit for practice (Lloyd Jones et al. 2001; Pulsford et al. 2002; Baley, et al. 2004; McBrien, 2006; Pellatt, 2006, Wilkes, 2006; Bray & Nettleton, 2007; NMC, 2008a) and are seen as fundamental in the socialisation of nursing students into the nursing profession (Gray & Smith, 1999; Nelson et al. 2004; Beecroft et al. 2006).

Much has been written about clinical decision making or clinical judgement and how nurses come to conclusions in relation to their patients or clients, (Offredy, 1998; Dowding & Thompson, 2003; Muir, 2004; Bakalis & Watson, 2005; Harbison, 2006; Lasater, 2007), with various different models being discussed in depth (Manias et al. 2004; Walthew, 2004; Cader et al. 2005; Ellerman et al. 2006; Tanner, 2006). There have also been calls for a better understanding of how nurses make their clinical decisions (Buckingham & Adams, 2000). Interestingly some of the discussions surrounding clinical judgement focus on the ‘tacit’ knowledge and ‘intuition’ used to underpin decisions made (King & Appleton, 1997; Luker et al. 1998; Herbig et al. 2001; King & MacLeod Clark, 2002). There is little evidence to suggest that these strategies or models have been applied to the decision making processes mentors use to fail a pre-registration nursing student. It is clear from the available literature that mentors are accountable for the decisions they make in relation to nursing practice, and, despite early comments relating to the neglect of this issues in nurse education (Harding & Greig, 1994), it now appears that the issue of accountability in relation to mentoring decisions has been clarified. Mentors are accountable for the decisions they make in relation to a student’s fitness for practice (Pellatt, 2006; Clemow, 2007; Rutkowski, 2007; Gopee, 2008; NMC, 2008a, 2008b).

Smith & Smith (2003) discussed the fact that there is a lot of responsibility placed on these individual mentors to assess the clinical competence of student nurses and the intricacies of assessing clinical competence are well documented (Lankshear, 1990; MacLellan, 1996; Bradshaw 1997; Bradshaw, 1998; Brown, 2000; Redfern et al. 2002; Watson, 2002; Watson et al. 2002;
Carr, 2004; Dogra & Wass, 2006; Price, 2007; Bray & Nettleton, 2007; Bradshaw & Merriman, 2008; Luhanga et al. 2008a; 2008b). The problems of assessing clinical practice are also presented (Brown, 2000; Watson et al. 2002; Bray & Nettleton, 2007), and mentors have historically found it difficult to assess student nurse competency (Dolan, 2003; Kneafsey, 2007; Price, 2007), yet all mentors are expected to take on the assessment role.

When deliberating the empirical research it was necessary to review studies that had some applicability but were related to specific topic areas. For example, Kneafsey (2007) reports on a study that aimed to explore students’ perceptions of the relevance of moving and handling (M&H) training and mentors’ views on their role in teaching and assessing student nurses’ M&H abilities. This paper focuses on the responses from nurse mentors provided in focus groups (n=13 in four separate focus groups and n=2 in individual interviews). Whilst Kneafsey’s (2007) study was small scale and did concentrate specifically on moving and handling, it reflects problems identified more widely in the literature in relation to mentors’ assessment decisions. It could therefore be suggested that the difficulties associated with teaching and assessing skills are similar regardless of the skills being taught and assessed. Kneafsey (2007) seems to suggest that the problems identified by participating mentors with regard to assessing moving and handling may be indicative of problems with assessing skills more widely.

It would appear that some decisions made in relation to fitness for practice are often subjective in nature (Calman et al. 2002; Dolan, 2003; Webb & Shakespeare, 2008; Cassidy, 2009b) which has been attributed to the fact that the mentor-student relationship is central to the decision making process (Webb & Shakespeare, 2008). In addition, Harding & Greig (1994) posit that subjectivity is inherent in judgement because it is based on experience. Brown (2000) added to the debate on judgements made by nursing mentors, looking specifically at the written feedback mentors give to students in their practice assessment documents. Brown (2000) concentrated on the areas of student performance that mentors focused on when giving written feedback; the study centred exclusively on mental health nursing students and mentors. The first theme highlighted mentors’ expressions of the student’s ‘focus on learning’; related to students’ ability to engage in learning, meeting learning
outcomes, student knowledge, their self application, motivation and self awareness, using the words ‘good’ or ‘poor’. The second theme, ‘being themselves’, involved mentors commenting on the student’s personal attributes. These personal attributes were linked with being a good mental health nurse. Brown (2000) describes these as ‘human qualities’ which seem, from the mentors’ point of view, to have an influence on student’s performance. The third theme focussed on ‘working as a team player’, which mentors viewed as a student’s ability to work with a number of different professionals. Students who constantly required guidance or used their initiative inappropriately were judged negatively. The final theme related to ‘interpersonal effectiveness’ where mentors commented on the student’s ability to establish and maintain effective relationships with staff as well as service users. Brown’s (2000) study shows how mentors often use subjective terms to describe a student’s abilities or attributes, and often comment on personal characteristics. This study is interesting as it highlights the often subjective nature of written feedback where mentors appear to make judgements based on value systems rather than objective criteria. It is, however, unclear how these personal characteristics relate to clinical competence and whether mentors felt that a lack of these personal characteristics constitute a failed placement despite the ability to competently perform clinical skills or tasks. It could be suggested that subjective judgements make it difficult to provide evidence for decisions made. Yet if a mentor signs to say that a student is competent without sufficient evidence, this could constitute unethical practice (Gopee, 2008), and may therefore jeopardise the mentor’s professional position.

Webb & Shakespeare (2008) also offer some insights into how mentors make judgements about the clinical competence of pre-registration student nurses. They recruited nine third year students, ten experienced mentors and five inexperienced mentors to explore the phenomenon using a critical incident technique approach. Their exploratory study highlighted the way in which mentors judged their students as a person, which reflected the tone of Brown’s (2000) findings. This could suggest that the subjective judgements about the student were foremost in the mentors’ minds. Whilst Webb & Shakespeare (2008) did report on findings from all their participants, it is felt that they did not pay sufficient attention to the ‘how mentors make judgments’ aspect of the
study aim and that the focus of the study was lost. The title of the paper did however reflect the findings and discussion of the study which focussed more on 'judgements about mentoring relationships in nursing education' (Webb & Shakespeare, 2008).

It has also been suggested that it is the quality of the decisions made by mentors that protect the public (Gosby, 2004), and that if an assessment is subjective in nature, this could raise issues as to the reliability and credibility of the practice assessment (Cassidy, 2009c). Cassidy (2009c) questions the reliability and credibility of the subjective nature of mentors' assessment of competence, yet does recognise the importance of subjectivity in assessment decisions. It would seem that subjectivity is acceptable if it can be justified or validated by objective observations or evidence. However, problems ensuring objectivity in assessing practice were highlighted by Bray & Nettleton (2007). In their study, nurse mentors indicated that the role of 'assessor' followed by 'evaluator' and 'friend' were the most difficult aspects of their role. The mentors attributed this to the difficulties of being objective and separating the assessment and supportive roles. They further indicated difficulties with criticising students. It is, however, suggested that if students are not 'criticised' in terms of being given constructive feedback that will guide their development, they will not be able to develop.

In terms of providing objective evidence for fitness for practice decisions mentors are instructed to use the practice assessment documentation to underpin these decisions. However, regardless of changes in nursing education, there are ongoing issues with the paperwork and instruments used to assess students, including misunderstanding of their use, time elements, their complex nature and difficulties in relating behaviour and performance to written criteria (Neary, 2001; Pulsford et al. 2002, Dolan, 2003; Duffy, 2003; Scholes & Albarran, 2005). Assessment processes and documentation have been criticised as being complex, (Pulsford et al. 2002; Haroon-Iqbal & Jinks, 2002). Haroon-Iqbal & Jinks (2002) looked at how mentors rated their proficiency at carrying out assessment and findings from that study indicated that mentors were concerned with the use of portfolios in the assessment process, feeling that they did not provide sufficient evidence of decision making. The problem with using practice assessment documentation to
underpin decisions is that there is no clear, user-friendly structure against
which fitness for practice can be determined (Moore, 2005). Pulsford et al.
(2002) highlighted that the paperwork used to assess students was not seen
as sufficiently user friendly and changes to this documentation were
requested.

One further complication regarding practice assessment is the use of grading
criteria, which has attracted much debate. The use of grading to justify
practice has been supported internationally (Lanphear, 1999). Sadler (2005)
advocates the use of grading criteria as a way of avoiding norm-referencing,
but does discuss concerns about the array of interpretations of such grading
criteria. There may also be problems associated with the terminology used in
such grading criteria (Skingley et al. 2007). Johnson (2008) highlights
concerns in relation to the validity of the tool used to grade practice, the
reliability of the assessors using such tools and the value of the grading
system used. In medical education, the validity of rating the clinical
performance of medical students has been highlighted by Downing &
Haladyna (2004), particularly in relation to the interpretation of the
assessment and the reliability of those carrying out the assessment. Again, in medical
education, issues of assessor inconsistencies and a misunderstanding of the
criteria were further highlighted by Iramaneerat & Yudkowsky (2007). Issues
associated with the reliability of the clinical assessment tool have also been
highlighted on physiotherapy (Lewis et al. 2008).

Gray & Donaldson (2009) competently summarise the debate over the grading
of practice. Following an extensive literature review Gray & Donaldson (2009)
conclude that assessment should be valid, reliable, practical, cost-effective,
fair and useful. In addition Gray & Donaldson (2009) comment that grade
inflation is common in the assessment of practice, but using rubrics that have
clear performance criteria, clear descriptions of what each grade looks like
and a scale with three or four points can improve problems of grade inflation.
From Gray & Donaldson’s (2009) review it would seem that there is limited
evidence to support the grading of practice either way, however they do not
dismiss the use of grading, but suggest that there is a need for more robust
development and testing of rubrics, a multi-method approach to assessment,
training and development for assessors and ongoing evaluation of the grading process used.

Whilst the NMC (2004a) outlined the requirements of proficiencies that students are required to demonstrate in order to be deemed fit for practice they did not give detailed guidance on the production of standardised practice assessment documentation. There is still no commonly used, standardised documentation for assessing student nurse competence in practice across the UK. Furthermore, there is no major research focussing on the production, use and evaluation of standardised documentation or instruments to assess competence across the UK. However, a report evaluating fitness for practice in pre-registration nursing and midwifery curricula, carried out in Scotland, recommended a common approach to practice assessment (Lauder et al. 2008). In addition, an agreed framework of practice assessment has been implemented across Wales (Welsh Assembly Government, 2002a).

Arguably, there is still a need to carry out further research if the problems associated with the use of practice assessment documentation are to be addressed, particularly in relation to justifying assessment decisions or validating the intuitive or subjective nature of assessment.

2.5 The reluctance to fail students in practice

Discussions about the doubts and uncertainties of the assessment and failure of students in particular have gained impetus over recent years. When considering the phenomenon of failing students, more than fifteen years ago authors were suggesting that mentors were at times frightened of the consequences of failing a student (Lankshear, 1990) and, more recently, that failing a student may indeed be seen as a personal slight (Duffy & Scott, 1998; Sharples et al. 2007). Furthermore, Watson, (2000) identified that some mentors felt that they were pressurised to record an assessment that they did not agree with, or that the student wasn’t bad enough to fail. More recently, there has been growing criticism of some of the fitness for practice decisions made by some mentors (Duffy, 2003; NMC, 2005) and there is little evidence to suggest that the issues surrounding failure to fail students has improved (Scholes & Albarran, 2005). Whilst mentors do fail students in practice, there
continues to be a perception that mentors are reluctant to make the decision to fail their student for a variety of reasons including difficulties using and understanding assessment documentation, staff shortages and lack of time, lack of support for mentors, and feelings of personal failure (Duffy, 2003; Rutkowski 2007; Nettleton & Bray, 2008; Kendall-Raynor, 2009).

In terms of primary research relating to experiences and management of failing student nurses in practice, it is worth noting that there is very little to draw on, supported by Scanlan et al. (2001) who commented that there was a lack of literature focussing on the management of failures in practice, and by Duffy (2003). Arguably, the most significant research undertaken in recent years carried out in the UK focussing on failure to fail was a study by Kathleen Duffy in 2003. The study focused on mentor and lecturer perspectives of failing students in practice (Duffy, 2003). It should however be noted that the data for this study was collected prior to the implementation of the ‘Standards of Proficiency for Pre-registration Nursing Education’ (NMC, 2004a) and therefore it could be argued that the report does not fully reflect current education systems now in place. There are nonetheless no other such studies to draw from, and the mentor role has remained constant throughout.

Duffy (2003) offered a detailed discussion of the use of grounded theory to underpin her research study, which appears to be appropriate in light of the minimal research carried out into the phenomenon at the time. Duffy (2003) recruited fourteen lecturers and twenty-six mentors to her study to explore their experiences and perceptions regarding the issue of failing to fail students whose clinical competence was in fact weak and why they thought this was the case. Of the twenty-six mentors, six had no direct experience of failing a student, ten had passed students despite concerns over their fitness to practice, and ten actually had experience of failing a student.

Duffy’s (2003) findings were professionally and legally concerning because she found that mentors were at times passing students in practice who were not competent. In looking at the mentor experiences, Duffy (2003) found that mentors were not failing students in practice because of the additional time it took to do so which placed further pressures on their workload, which often resulted in them passing the student. In addition, Duffy (2003) highlighted that
failure to fail may occur because mentors are not addressing issues with the student early enough in the placement, or because of the personal consequences for the student, or because of feeling responsible for ending a student’s career. In addition, responses from participants indicated that failing a student was viewed as being uncaring which did not equate with ‘the caring profession’. If participants were faced with any doubt about their decision, Duffy (2003) found that they would give the student the benefit of the doubt. In addition, if the student was deemed ‘not bad enough to fail’ mentors would judge in favour of the student. Some participants identified that a student would fail only if they demonstrated unsafe practice which they identified as poor technical skills, poor knowledge or inappropriate professional behaviour. However, participants had more difficulties in failing students because of attitudinal problems.

Participants in Duffy’s (2003) study acknowledged difficulties in writing the final assessment, the threat of appeal, and the way in which lecturers provided support as being practical barriers to failing students. They further discussed feelings of anger, frustration, disappointment and shock, and described the experience as “horrendous”, “traumatic” and “draining” (Duffy, 2003 pg. 38). Furthermore, participants often felt “sadness”, “anger” (often directed towards previous placements for not failing the student earlier), “exhaustion” or “relief” (Duffy, 2003 pg. 39). Additionally there were feelings that they had let the students down, indicating a perception of personal failure if the student failed their placement. Following the failure, mentors felt that they received little feedback as to the outcome of the failed placement and in relation to their management of the situation. Duffy (2003) concluded that failing a student in practice requires confidence, experience and adequate preparation. Furthermore, Duffy (2003) outlined how the consequences of failing to fail can have a negative impact on the quality of care provision. Table three summarises the findings identified in Duffy’s (2003) report under the headings; ‘the current dilemmas’, ‘process of managing a failed student’, ‘failing to fail’ and ‘doing enough to pass’. Duffy’s (2003) recommendations (summarised in table three) suggested a need for research addressing failed assessments and the conditions that constitute a fail.
Duffy’s (2003) report remains the most highly regarded and referred to mentorship research in recent years, and the findings have rarely been challenged. Duffy’s (2003) study was carried out in Scotland and therefore applicability to practice throughout the UK could be questioned had there not been additional reports and continued concerns raised about mentors failing to fail (Dudek, et al. 2005; Rutkowski, 2007; Sharples, et al. 2007; Nettleton & Bray, 2008; Kendall-Raynor, 2009). Arguably, this may be due to the lack of further research into the phenomenon. The continued focus on failure to fail may also be because there has been little focus on mentors who do fail students in practice.

Table three: Summary of Duffy’s (2003) themes and recommendations

<table>
<thead>
<tr>
<th>Themes</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Current dilemmas</td>
<td>1. Mentorship preparation: to include what to do when faced with a failing student, their responsibility and accountability in these situations</td>
</tr>
<tr>
<td>什 Existing problems</td>
<td>2. Nurse education programmes: to look at tripartite relationships, debriefing and supporting the mentors, lecturer role in clinical assessment, passing information between placements, learning outcomes on professional behaviour and attitude, supportive managers in practice</td>
</tr>
<tr>
<td>什 More fail theory than practice</td>
<td>3. Further research into failed assessments, lecturers’ views, unsafe practice and borderline status, review and debate on clinical practice assessments</td>
</tr>
<tr>
<td>什 Differing agendas</td>
<td>4. So far, little research into failed assessments- need national survey</td>
</tr>
<tr>
<td>- Process of managing a failed student</td>
<td>5. Distinction between unsafe practice and conditions that constitute a fail should be further explored with particular emphasis on exploring ‘borderline status’ in clinical assessment.</td>
</tr>
<tr>
<td>什 Identifying the weak student</td>
<td></td>
</tr>
<tr>
<td>什 Developing a plan of action</td>
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<tr>
<td>什 The decision to fail</td>
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<td>什 After the deed is done</td>
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<tr>
<td>- Failing to fail</td>
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<td>什 Leaving it too late</td>
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<td>什 Personal consequences</td>
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<td>什 Facing personal challenges</td>
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<td>什 Experience and confidence</td>
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<td>- Doing enough to pass</td>
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<td>什 Not bad enough to fail</td>
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<td>什 Giving the benefit of the doubt</td>
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<tr>
<td>什 Consequences of fail to fail</td>
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2.6 The student-mentor relationship

The development of an effective relationship with the student, one based on partnership, respect and trust, has long been seen as key in facilitating effective learning, assessment and personal and professional development in practice (Darling, 1984; Baillie, 1993; Cahill, 1996; Andrews & Wallis, 1999; Ehrich et al. 2002; Pulsford et al. 2002; Tracey & Nicholl, 2006; Wilkes, 2006; Ali & Panther, 2008; Webb & Shakespeare, 2008; Beskine, 2009; Cassidy, 2009b). There is a significant amount of emotional labour invested in the
student mentor relationship as indeed there is in failing a student (Duffy, 2003; Sharples et al. 2007; Webb & Shakespeare, 2008).

Studies looking at mentorship from the student perspective have highlighted positive and negative mentoring practices, which include issues of empowerment and disempowerment, supportive and unsupportive environments, working in partnership, identifying learning opportunities and consistency in mentoring practices (Cahill, 1996; Andrews & Chilton, 2000; Chow & Suen, 2001; Gray & Smith, 2000; Spouse, 2001; Chesser-Smyth, 2005; Henderson et al. 2006; Bradbury-Jones et al. 2007; Anderson & Kiger, 2008; Webb & Shakespeare, 2008).

Issues surrounding the quality of mentoring practices have been reported which focus around the student mentor relationship, lack of trust and respect, disempowering students, mentors who lack knowledge and expertise and delegate unwanted tasks, degree of motivation, poor morale, failing to fail students and role modelling (Wilson-Barnett et al. 1995; Cahill, 1996; Spouse, 1996; Neary, 1997; Gray & Smith 2000; Pulsford et al. 2002; Duffy, 2003; Watson, 2004; Ronsten et al. 2005; Wilkes, 2006; Allan et al. 2008).

In terms of the key factors in the student-mentor relationship, Beecroft et al. (2006) highlighted that role modelling, guidance and support, socialisation into the nursing profession, and regular meetings and contact with the student were seen as important in promoting the relationship. Role modelling professional behaviours and providing support from a management perspective (Henderson et al. 2007) could indeed elevate standards in relation to fitness for practice.

It is clear that these practices impact upon the student mentor relationship and upon the quality of the learning experience, which may in turn affect fitness for practice. Students do value the mentor role (Andrews & Roberts, 2003) and the quality of mentorship contributes to their preferences for first employment (Andrews et al. 2005). Findings from Gray & Smith's (2000) study suggest that having a mentor who is motivated and enthusiastic about their role was seen as having a positive effect on the student experience, but this was nonetheless rare. It is interesting that the concepts of motivation and
enthusiasm arose at a stage when the current system of 'mentorship' was relatively new, yet fatigue was already evident. Poor mentoring practice and low motivation has also however led to students' disillusionment with the nursing profession (Pearcey & Elliott, 2004; Pearcey & Draper, 2008).

Webb & Shakespeare (2008) highlighted three key concepts that can be associated with the student mentor relationship; ‘good mentors’, ‘good students’ and ‘mentoring relationship’. The main conclusions from their study indicated that competence decisions were reliant on a good relationship between the student and mentor (Webb & Shakespeare, 2008). However, developing and maintaining a good relationship is seen as emotionally labour intensive (Webb & Shakespeare, 2008) and ‘intensely personal and emotionally laden’ (Kinsey, 1990). Findings from Webb & Shakespeare’s (2008) study support those provided by Cahill (1996), indicating that an effective student-mentor relationship remains paramount. Nettleton & Bray (2008) further observed a belief that the process of allocating students to mentors had a negative impact on the student-mentor relationship.

In terms of the length of the mentoring relationship, early descriptions indicated that the relationship was a long term one (Noe, 1988; Kinsey, 1990). However in pre-registration nursing in the UK, the opposite often occurs. The NMC (2004a) have only two stipulations in terms of length of placements, that in order for a summative assessment to be valid, the placement must be no less than four weeks in duration, and that the final placement must be at least 3 months in duration. Hence, the mentoring relationship in pre-registration nursing education should, in most circumstances, be seen as a short-term relationship. Studies therefore conducted outside the UK, can only provide insights into other systems of mentorship.

2.7 Conflicting and competing role demands
Regardless of the debate in relation to mentorship definitions, role and practices, the practice setting is described as an 'integral' and 'essential' part of nurse education (Chesser-Smyth, 2005; Midgley, 2006). A key component in ensuring that the learning environment is suitable is the balance between the number of mentors and number of students. This should be such that the
A mentor can spend at least 40% of their time working directly with the student (NMC, 2008a) whilst maintaining their patient workload. If this balance is not right, mentors may in fact view the student as an additional workload and at times as an inconvenience, and any negative experience that the student encounters will impact greatly on the reputation of the institution (Andrews et al. 2005). Pellatt (2006) further reinforces the importance of the mentor role and the time and effort involved in ensuring effective mentorship in practice, which the wider literature does not dispute.

Some of the problems associated with mentoring practices and promoting learning could in fact be attributed to the characteristics of the ‘nursing culture’ (Holland, 1999; Pearcey & Elliott, 2004; Webb & Shakespeare, 2008) particularly in relation to the pressures in the clinical environment (Phillips et al. 2000). A perceived lack of time and increasing work pressures have continued to blight the way in which mentors carry out their role, but these problems are not new. Atkins & Williams (1995) identified how their participants had difficulties in managing their mentoring role and how the additional workload conflicted with their other nursing responsibilities. Similarly, Wilson-Barnett et al. (1995) identified workload as impacting on student experience, and Cahill (1996) found that the student experience was affected by the amount of time mentors devoted to their learning. Phillips et al. (1996b) further highlighted this as a problem with mentors commenting that they found it difficult to manage their mentoring responsibilities alongside patient care responsibilities, with Twinn & Davies (1996) identifying the ‘burden’ that the mentoring role placed on practitioners. Additionally, Pulsford et al. (2002) emphasised that a lack of time prevented mentors from effectively carrying out their mentor role. The issue of competing role demands was highlighted by participants who indicated that they required more management support to prioritise their mentoring responsibilities (Pulsford et al. 2002). Watson (1999) had in fact called for protected time for mentors, an idea that is now recognised, but for sign-off mentors only (NMC, 2008a).

The issue of time was explored by Lloyd Jones et al. (2001) who aimed to establish the extent to which mentors spent time with their students. Findings from their study appear to suggest that the amount of time spent with a student in practice is significant in terms of ensuring a positive learning
experience (Lloyd Jones et al. 2001). It would seem however that nurses may not always have the time to satisfy the demands of the mentor role and make appropriate assessment decisions (Fraser et al. 1998; Andrews & Chilton, 2000; Watson, 2000; Kneafsey, 2007). This raises concerns particularly when considering the amount of time it takes to support a failing student (Duffy, 2003). Duffy’s (2003) participants indicated that they were reluctant to fail a student if they had not spent sufficient time with them because of their workload and as a result of service demands. If they felt they had not afforded their students sufficient time then their decision would fall in favour of the student even if they had concerns about the student's performance (Duffy, 2003). A lack of time has therefore been given as one of the reasons contributing to the phenomenon of failing to fail students in practice (Duffy, 2003).

Lack of time to carry out the mentor role effectively appears to be a continuing problem (Phillips et al. 2000; Lloyd Jones et al. 2001; Ehrich et al. 2002; Mannix et al. 2006; Carnwell, 2007; Kenyon & Peckover, 2008) with Nettleton & Bray (2008) further supporting the notion that time is a major factor in performing mentoring tasks effectively. However, minimal attention has been given to addressing how mentors deal with time constraints (Beecroft et al. 2006). It is interesting to note the findings from Atkins & Williams’ (1995) study; mentors in that study felt a significant sense of satisfaction in carrying out their role and this was despite the conflicts in their role responsibilities; conflicts associated with a lack of time, increased workload, and responsibilities for their patients and colleagues (Atkins & Williams, 1995). Atkins & Williams (1995) did however comment that the extent to which mentors felt satisfied with their role was dependent on whether or not they felt their mentoring role was part of their workload, and the control that they had over their workload. It would seem that those who are committed to mentoring are less likely to see competing demands as an issue (Atkins & Williams, 1995). It could therefore be suggested that in order to deal with the conflicts resulting from a lack of time and increasing workloads, mentors need to feel in control of their workload and need to have a sense of commitment to their role.
A lack of time seems to be inherent in the culture of nursing as a whole but it would seem that ensuring fitness for practice is most likely to be affected when time is constrained. Looking at the nursing culture from a student perspective, Pearcey & Draper (2008) carried out a small study looking at the perceptions of twelve first year student nurses. In considering how the findings from Pearcey & Draper's (2008) study impact on the mentor, students identified how time was an issue for the nurses and how they had to rush around to complete their tasks. This raises concerns as to the quality of nursing care in general; if nurses are rushing to complete their nursing tasks, this practice is being role modelled to student nurses.

In an attempt to address the time issue, the NMC (2008b) have stipulated that sign-off mentors have an additional one hour per week per student, of protected time with their student in their final placement. However, the suggestion of protected time is not extended to mentors in earlier placements or throughout the course. Concerns have been raised in relation to the realities of protected time and the resulting service implications (Jones, 2005) and the changes in work force configuration (Allan et al. 2008) with Nettleton & Bray (2008) commenting that this will have staffing implications for employing organisations. In light of ever increasing nursing workloads, it is not yet clear as to how protected time will be guaranteed and it will need to be evaluated. It is further suggested that there is a need for more research into how the barriers of time and workload can be overcome or managed, otherwise the issue will remain and will continue to impact on the assurance of fitness for practice.

2.8 Mentor preparation and support

There is much discussion around the selection, preparation and support of mentors in practice (Jinks & Williams, 1994; Wilson-Barnett et al. 1995; Duffy et al. 2000; Watson, 2000; Pulsford et al. 2002; Sibson & Machen 2003; Watson, 2004; Hutchings et al. 2005; Clemow, 2007), raising interesting questions relating to who should become a mentor and their motivation for doing so. The way in which mentors are prepared for this role and how they are subsequently supported continues to reflect a theme of disparity (Andrews & Chilton, 2000). Isolated examples of good practice do however exist, giving
suggestions of how the appropriate preparation and support of mentors can improve mentoring practices (Andrews & Wallis, 1999; Watson, 2000; Pulsford et al. 2002; Wilkins, 2004; Hutchings et al. 2005). Despite early suggestions of the importance of preparing mentors for their role and how this preparation can make mentors feel more able to carry out their role (Jinks & Williams, 1994), preparation continues to be an issue.

In terms of preparation for mentorship, Andrews and Chilton (2000) looked at mentoring effectiveness. The findings suggest that a mentoring qualification did have a positive impact on mentors’ self-perception of their mentoring abilities and students generally rated their mentors more highly. Mentors rated themselves highly in terms of their ‘supporter’ role and felt that the mentor qualification equipped them with the required teaching skills. Interestingly, students rated mentors low in terms of their ability to challenge the students, a concept highlighted in earlier research (Cameron-Jones & O’Hara, 1996). Andrews and Chilton (2000) conclude that whilst the possession of a mentorship qualification did not influence mentoring processes, it did have an impact on how mentors perceived their own abilities, and relate this to issues of confidence, which has also been highlighted by Duffy et al. (2000). Andrews and Chilton (2000) further suggest that mentors were weak in terms of challenging students. Kneafsey (2007) also discussed mentor preparation for teaching and assessment, suggesting that mentors would value further input on teaching and learning approaches and require further information about what is taught in university. Furthermore Kneafsey (2007) highlighted the importance of discussion and reflection to facilitate the development of decision making, giving the opportunity to experience and relate theory to practice, and develop the skills necessary to assess clinical competence.

When considering the selection of practitioners to become mentors, Phillips et al. (1996b) highlighted that there was no formal system in place for assessing practitioner skills before selection for mentorship, nor on their performance as a mentor once selected. Attempts have however now been made to address this situation, with the NMC (2008a) stipulating that all mentors engage in a process of a triennial review of their mentoring practice with their managers. Questions regarding the selection of mentors have been asked by Andrews &
Chilton (2000), and apart from holding a current registration with the NMC, there is little evidence to suggest that even now, there are robust, standardised selection processes in place. It is suggested that the study carried out by Nettleton & Bray (2008) provides rationale for careful selection of mentors. This would of course need to be monitored, which would open further debate as to how this would be carried out and who would be responsible.

Following on from the preparation of mentors, the issue of support has been highlighted as important in contributing to the effectiveness of mentorship (Thomson et al. 1999; Watson, 2000; Pulsford et al. 2002). It would appear that employer support is a concern particularly in relation to recognising the importance of mentorship and making mentorship a priority (Watson, 2000; Jones, 2005; Nettleton & Bray, 2008). The stressors placed on mentors by trying to meet the competing demands of clinical, managerial and educational responsibilities are often highlighted as a role conflict (Andrews & Wallis, 1999; Thomson et al. 1999; Watson, 2000; Duffy & Watson, 2001; Pulsford et al. 2002; Wilkins, 2004; Hutchings et al. 2005; Lloyd, 2006; Carnwell et al. 2007; Jowett & McMullan, 2007; Kenyon & Peckover, 2008). Watson (1999) acknowledged that manager support is essential in recognising and promoting the mentor role. It would appear that this need for increased managerial support remains.

In addition, it has been suggested that mentors want their mentoring role to be more valued (Devis & Butler, 2004; Wilkes, 2006). In terms of recognising the mentor role, Nettleton & Bray (2008) discuss the notion of remuneration for nurses taking on mentorship responsibilities in practice, which was highlighted by mentors in their study, and that this would effectively reward and recognise the role. This could however raise concern as to the motivation for choosing to mentor student nurses. Furthermore, it is argued that remuneration would not necessarily be an indicator of mentor effectiveness and may not therefore guarantee improvements in mentoring practices.

Consideration should also be given to the role played by placement providers and higher education institutions (HEI’s) in ensuring that the student is fit for practice. The relationship between these organisations is paramount in
ensuring that the learning environment is suitable for the student in the first place (Burns & Paterson, 2005). The debate on the support that HEIs give to practice areas continues, with Phillips et al. (1996b) suggesting that good levels of support promote understanding of course requirements, and enhance the student and mentor experience. This has not, however, always been the case, with mentors identifying less than favourable systems of support provided by the HEI (Cahill, 1996; Duffy, 2003). Duffy et al. (2000) looked at the lecturer’s role in supporting mentors in practice. They surveyed 150 mentors, and attained a 47% response rate (n=71). The results from their study found that the support mentors received from managers and HEIs was lacking in terms of communication regarding the mentorship study days (Duffy et al. 2000). Low attendance on the study days is also attributed to competing role demands and a lack of support from managers in practice, as reflected in more recent studies (Pulsford et al. 2002; Hutchings et al. 2005; Bray & Nettleton, 2008). Watson (2000) and Pulsford et al. (2002) do however indicate that their participants felt supported by their peers. Duffy et al. (2000) also identified that a lack of feedback and an absence of lecturer presence in the practice area did not meet individual mentor need, and concluded that mentors need more support in mentoring students, which includes support from their managers in attending mentor preparation. They further suggest that lecturers need to be more visible in practice and that communication between the HEI and placement areas needs to be enhanced (Duffy et al. 2000). In considering mentors’ perceptions of the support they required, Pulsford et al. (2002) carried out a survey of 400 mentors with a response rate of just under 50% (n=198). Their study aimed to gain an overview of the mentor population, to ascertain mentors’ perceptions of the level of support they received and what they needed to carry out their role more effectively, and to gather experiences and views of the annual mentor updates. Additionally, whilst findings published by Pulsford et al. (2002) are interesting and regularly referred to, a 50% response rate could be seen as producing relevant findings. Pulsford et al’s (2002) findings do support Duffy et al’s (2000) findings in that information received from the HEI regarding students and feedback on student progress and evaluations was seen as lacking, and mentors felt that they needed more support from the lecturer and wanted to be more involved with the HEI generally.
In looking at the support systems in place, Watson (2000) examined the actual support that mentors received and the nature of the support required by mentors. Findings from this mixed methods study indicated that mentors had varying experiences with the support they received from link lecturers (Watson, 2000). Mentors felt they needed more time and staff to fulfil the mentoring responsibilities, that closer links with the link lecturer would make them feel more supported, they would appreciate more time in terms of preparation for students and for familiarising themselves with the documentation, and mentors further felt that students should be better prepared for their placements (Watson, 2000). Watson (2000) concluded that both the Trust and the HEI were not providing sufficient support to mentors. Watson (2000) recommended that the Trust should invest more in mentorship and that link lecturers should be more visible and available.

There appears to be general concern as to the way in which mentors are prepared and how they are subsequently supported (Andrews & Chilton, 2000; Watson, 2000; Erich et al. 2002; Duffy et al. 2000; Hutchings et al. 2005; Moore, 2005; Pellatt, 2006; Nettleton & Bray, 2008; Pearcey & Draper, 2008). However it has been suggested that significant resources are in fact invested by placement providers and HEI’s in preparing and supporting mentors in their role (Mallik & Aylott, 2005), and this is increasing with the introduction of new standards (NMC, 2008a). Wilkes (2006) questions the form of support provided by the HEI and how it should be focussed, suggesting that a form of tutorial support be provided in order to help mentors develop their skills further following the mentor preparation course. There is little evidence to suggest that this strategy is being tested or more widely implemented.

The input provided by the HEI lecturer is nonetheless seen as often being instigated by specific issues in practice (Carnwell et al. 2007) suggesting that this support is not ongoing and continuous. Carnwell et al. (2007) report on findings from the third phase of a study carried out in Wales looking at the differences between mentors, lecturer practitioners (who focussed on the learning environment) and link tutors (who focussed on the curriculum and knowledge application) and how they facilitate the integration of theory into practice. In terms of supporting mentors, some participants proposed allocating or re-allocating some of the mentor responsibilities to lecturer...
practitioners because of their supernumerary status, or recommended a team approach to mentorship.

There does, however, appear to be concerns in relation to HEI’s ignoring mentor concerns in relation to students who are failing in practice. Anecdotal evidence suggests that students are being allowed by HEI processes, including mitigation, to continue on pre-registration nursing courses despite fitness to practice concerns (Kendall-Raynor, 2009). These concerns were nonetheless raised anecdotally by fifty-seven practice educating facilitators, and it is therefore suggested that more investigation is needed.

When further considering the support provided to mentors in practice it would seem that the numbers of students allocated to practice areas can impact on the learning experience. Through conducting four focus groups (n=12) Hutchings et al. (2005) addressed this issue of capacity by attempting to ascertain how decisions are made in relation to how many students can be supported in practice. Three main themes arose out of the data which focussed around capacity issues, enhancing support in practice and issues impacting on learning in practice. In terms of relating the findings from Hutchings et al’s (2005) study to the mentor experience, preparation for the mentoring role was seen as inadequate with managers acknowledging that releasing staff from practice was often difficult due to the workload, which reflects previous research (Pulsford et al. 2002), and this was despite preparation being viewed as important by all participants.

The availability of different support roles was also discussed by Hutchings et al. (2005) indicating that support from the university and from within practice was important and the term ‘learning culture’ was further highlighted as being important in terms of providing an environment conducive to learning (Hutchings et al. 2005). It would seem that the learning culture is about how learning is supported both from the student perspective and the mentor perspective (Hutchings et al. 2005). In order to facilitate effective mentorship, Hutchings et al. (2005) acknowledged that the availability of mentors and the current skill mix should be considered as should the learning environment. They further advocate a ‘two mentor to one learner’ approach and recommend that service providers consider employing more education facilitators to
compliment educational staff, who should in turn be allocated more dedicated time to carry out their link lecturer role (Hutchings et al. 2005). Hutchings et al. (2005) suggest that the ‘two mentor to one learner’ model would optimise time spent with the student and help to spread the burden. However in looking at the transferability of Hutchings et al’s (2005) findings, whilst they did provided some methodological discussion, it could have been expanded to provide the reader with further insight into the rationale for choosing the selected research methods. The authors do however recognise a number of limitations to this study relating to the sample size and geographical limitation to one organisation. Hutchings et al’s (2005) study does nonetheless add to a relatively small pool of research into this area.

Pellatt (2006) further concludes that mentors require better training and support and that their performance should be evaluated and further calls for a greater recognition of the mentor role. This reflects the general theme that there is a need for increased and ongoing support for mentors who are teaching and assessing students in practice. This support needs to come from managers and academic staff. In an attempt to address some of the concerns relating to the preparation and support of mentors, the NMC has published revised standards to support learning and assessment in practice (NMC 2008a), but it may be too early to see the impact of these standards, and there is a need to evaluate their implementation. Yet, the Welsh Assembly Government (2002b) had already introduced a framework for mentor preparation to be used across Wales. In addition NHS Education for Scotland have taken the preparation of mentors a step further by implementing a National Approach to mentor preparation for nurses and midwives in the form of a core curriculum framework (NHS Education for Scotland, 2007).

Whilst a number of different systems have been put into place to support mentors it would appear that some mentors generally continue to feel undervalued in this role, which may in fact affect some of the fitness for practice decisions made.
2.9 A conceptual framework of pre-understandings and research questions

In order to be open to understanding a phenomenon with which the researcher is unfamiliar, Gadamer (2004) suggests that it is necessary to identify pre-understandings. This will allow the researcher to go beyond their own horizon of understanding and extend into the horizon of those experiencing a phenomenon (Gadamer, 2004). This section will therefore summarise the pre-understandings developed as a result of an initial review of the pre-existing literature, and will outline the research questions that have emerged because of identified gaps in the literature.

As a result of the literature review, a conceptual framework (figure one) was developed to summarise and conceptualise these pre-understandings about mentors and their decisions to fail student nurses in practice, which have been revisited throughout the study. This framework was fundamental in establishing the direction of this study both in terms of the research questions and the underpinning methodology.

It would appear that both internal forces and external forces can influence fitness for practice decisions. Here, internal forces refer to those factors that are inherent in self, one’s own understanding and previous experience. The external forces refer to factors that are outside self and involve others; others that have an impact on one’s ability, performance and understanding. Figure one shows the mentor role as central in making fitness for practice decisions, with six forces that have an influence on their assessment decisions. These encompass three internal forces; the clarity of role and responsibilities, decision making and subjectivity in assessment, and a reluctance to fail students in practice. In addition, three external forces are identified; the student-mentor relationship, conflicting and competing role demands, and preparation and support.
In terms of ‘clarity of role and responsibilities’, whilst definitions of mentorship do exist, there is an apparent disparity in mentors’ understanding of what is expected of them in relation to their responsibility in determining fitness for practice. Additionally, there is ongoing debate over the dichotomy that exists between the ‘supporter’ and ‘assessor’ components of the mentor role. Attitudes towards mentorship are varied yet they impact significantly on the effectiveness of mentoring decisions and the student-mentor experience. In attempting to address some of the perceived difficulties and enhance the assurance of fitness for practice, the NMC introduced the sign-off mentor role,
which has arguably placed more pressure on final placement mentors and could be creating further confusion in understanding the expectations of the role. This uncertainty of the roles and responsibilities appears to influence decision making and subjectivity in assessment, and also seems to influence and be influenced by the preparation and support that mentors receive.

With ‘decision making and subjectivity in assessment’ it appears that fitness for practice decisions are influenced by decision making skills and by subjectivity because of the ‘judgemental’ nature of these decisions. Assessing clinical competence has historically been a difficult task. In addition, confusion over the documentation used to assess competence can impact on decision making in terms of justifying the decision. Intuition plays a significant part in decision making and it would also appear that mentors have difficulty in being completely objective because of the supportive nature of the mentor role. It is not always clear how mentors deal with the subjective nature of assessment. Decision making and subjectivity within assessment influences the reluctance to fail students in practice, and is influenced by the clarity of role and responsibilities.

When considering the ‘reluctance to fail students in practice’ it appears that a general perception exists suggesting that mentors are reluctant to fail student nurses in practice. The reasons for this include personal feelings of failure, a fear of mitigation, lack of support, misunderstanding of responsibilities, personal consequences for the student, uncertainty regarding the assessment documentation, lack of time and a propensity for giving the benefit of the doubt. The reluctance to fail influences and, in turn, is influenced by the decision making and subjectivity in assessment. It also seems to be influenced by the student mentor relationship. One could question whether this focus on failure to fail reinforces the negatives associated with the decision to fail a student and therefore making mentors more reluctant to do so. There is minimal discussion in the literature about mentors who do fail student nurses in practice, and certainly nothing of significance focussing on the final placement.
When taking the ‘student-mentor relationship’ into account, the relationship a mentor has with a student seems to influence their decision making. The formation and maintenance of the relationship can be emotionally labour intensive, particularly when supporting a failing student. The quality and effectiveness of this relationship can have a positive or negative impact on the mentor’s decision making. The student-mentor relationship has an influence on the reluctance to fail a student and is influenced by conflicting and competing role demands, particularly in relation to the time spent investing in the relationship. The student-mentor relationship is central to promoting a positive learning experience, yet whilst there is evidence of what constitutes a ‘good’ and ‘bad’ relationship, there is minimal discussion of instances where mentors fail students despite having a ‘good’ relationship with the student.

Mentors experience ‘conflicting and competing role demands’ which has an impact on the student-mentor relationship in practice. The management of these demands are influenced by the preparation and support mentors receive, and influence the student-mentor relationship. Conflicting and competing role demands may also influence the uptake of preparation and support. In addition, having effective and appropriate preparation and support appears to influence the way in which conflicting and competing role demands are managed by individual mentors.

In terms of ‘preparation and support’ how the mentor is prepared for their role and how they are subsequently supported can impact either positively or negatively on their ability and confidence in making fitness for practice decisions. The support mentors receive in practice from managers and HEI links remains varied, though there appears to be a general perception from mentors that the support they receive to carry out their role is insufficient, yet there is minimal evaluation of how the preparation for mentorship impacts on the effectiveness of mentoring and mentoring decisions. Preparation and support can influence the ability to manage conflicting and competing role demands, and influence the clarity of roles and responsibilities. Equally, the level and structure of preparation and support is influenced by the clarity of the mentoring role and responsibilities, and by conflicting and competing role demands.
In looking at the decision making process, whilst there are a number of studies addressing nurses’ decision making in general, there are limited studies looking at mentor decision making. The literature that does exist focuses on the problems of failing students in practice, highlighting a continued reluctance to fail student nurses in practice. In terms of the empirical research addressing the mentor experience, the methodological discussions within the literature are varied, with most papers offering minimal rationale for chosen methodology or methods. It is therefore difficult to evaluate the transferable nature of some of the research processes and findings; however recommendations are often made from these studies and are acted upon. In addition, many of the findings reported in the studies reviewed are similar, for example, the lack of preparation and support continues to be reported. Moreover, when looking at the recruited sample, there are no studies that focus solely on recruiting mentors who have failed student nurses in their final placement.

The gaps in the existing literature shows that there is a dearth of research involving nurse mentors, particularly in relation to their experiences, despite the importance of their role and responsibilities. Rarely do researchers appear to actually ask mentors ‘what it is like to be a mentor’ either generally, or in a given situation or scenario. There is a focus on failing to fail, but rarely have mentors been asked about their experience of failing. There is significant emphasis on the final placement yet there are no substantive studies that specifically focus on the decision to fail in the final placement. The review shows that the same issues surrounding mentorship continue to be highlighted and whilst the sign-off mentor role has been introduced in an attempt to address some of the problems, there is little evidence underpinning this move. Furthermore, there is minimal guidance for mentors should they be faced with failing a student in the final placement. There has, to date, been little emphasis placed on those mentors who do fail students in practice, more specifically on those who fail pre-registration nursing students who are in their final placement. This ‘gate keeper’ to the professional register has been afforded little attention.

Section 1.4 refers to my initial question following a reflection on my personal experience (section 1.2). I wanted to know what it must be like to fail a
student in their final placement, but having reviewed the literature and reflected on my findings of that review, the literature was unable to provide me with an answer to this question. In order to address this gap in the literature it was necessary to ask:

“What are the experiences of mentors who fail pre-registration nursing students in their final placement?” This includes the need to address the following questions, which have been linked to the principal objectives outlined in section 1.4:

1. Why do mentors fail students at this stage? (thesis objective 1)
2. What contributes to mentors’ decisions to fail students at this stage? (thesis objective 1)
3. How do mentors make this final fitness for practice decision? (thesis objective 1)
4. How do mentors feel about this final ‘fail’ decision? (thesis objective 2)
5. How does the decision to fail a student at this stage affect the mentor in terms of self and their practice? (thesis objective 2)
6. What is it like to be a mentor who fails a student in the current mentoring system? (thesis objective 3)
7. What can we learn from these experiences? (thesis objective 1, 2 & 3)

Ultimately there is a need to understand the experience of final placement ‘failure’ from the mentor perspective.

Jinks (2007) proposed that there is a need for more in-depth research into mentorship and, in particular, qualitative research addressing mentor experience and perceptions. Jinks’ (2007) conclusion reflected earlier suggestions made by Duffy (2003) who recommended that further research be conducted looking at the issues of failed assessments and the conditions that constitute a fail. It is contended that this review of the literature continues to identify this apparent need.

**2.10 Chapter summary**

In summarising the above review, it is clear that there have been a number of studies carried out over the last twenty years that look to understand what

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4 ‘This stage’ refers to the final placement in an NMC approved pre-registration nursing course.
being a mentor involves, the qualities a mentor should possess and the problems associated with the role. It is also clear that the transferability of the findings of some of these studies is questionable because of a lack of discussion about the methodologies adopted, and the rationale given for the chosen research design. In looking at mentorship, the majority of the research was carried out prior to the way in which pre-registration nursing education is currently structured (NMC, 2004a). The available literature in general was published previous to the first edition of the ‘Standards to Support Learning and Assessment in Practice’ (NMC, 2006).

Whist there appears to be a general acceptance that mentors are central in terms of the student’s experience and ensuring fitness for practice, there are some who have in the past suggested that there is minimal substantial evidence to support the mentor impact on student learning outcome (Andrews & Roberts, 2003). Mentorship does however remain a ‘hot topic’ with similar questions about mentoring schemes being asked now (Nettleton & Bray, 2008) as were being asked twenty years ago (Foy & Waltho, 1989). There is still concern relating to the role mentors play in ensuring fitness for practice, in relation to the mentor themselves, the strategies used or current mentoring systems (Andrews & Roberts, 2003; Duffy, 2003; NMC, 2005; Bradbury-Jones et al. 2007; Nettleton & Bray, 2008).

The assessment aspect of the mentor role raises the most concern and this has been evident for some time. Atkins & Williams (1995) found that mentors considered their assessment role to be more informal. Following this however, Phillips et al. (1996b) found that mentors were the best people to assess students. Cameron-Jones & O'Hara (1996) and Bray & Nettleton (2007) nonetheless showed similar findings to Atkins & Williams (1995) regarding mentors valuing the supportive element of their role over the assessment role. Additionally, issues of failing to fail and evidence of less than favourable mentoring practices have been highlighted (Duffy, 2003; Nettleton, & Bray, 2008). The assessment decisions made by mentors are nonetheless seen as central to assuring fitness for practice at the point of registration, yet the realities of the mentor experience do not seem to fit well with the expectations of the role. The mentor is expected to build up a relationship with the student over time, to get to know the student, give them
support and make judgements about their fitness for practice. It could be suggested that not all mentors are able to meet these expectations with the ever increasing pressures of balancing the growing demands of management, patient care and education.

In considering the problems associated with mentorship it is clear that it is not necessarily always an easy role, nor is it a role that is always performed effectively. It is the mentors who assess student nurses in practice and it is therefore the mentor’s responsibility to ensure that the student is fit for practice in terms of clinical competence. However, whilst the NMC first introduced standards to support learning and assessment in practice (NMC, 2006) confusion in relation to terminology, the nature of mentorship, conflicts within the role and a poor recognition of the formal role of assessor, still exists (Bray & Nettleton, 2007; Carnwell et al. 2007).

Studies specifically addressing the mentor really do help the reader to conceptualise what it is actually like to be a mentor in terms of the dilemmas they are faced with. However, it has been suggested that the focus on failing students in recent years, especially in relation to the phenomenon of failing to fail is having a negative impact on mentoring practices, and could in fact be de-motivating mentors (Nettleton & Bray, 2008). There is little evidence to suggest how this mentoring culture can be turned around to promote the role and identify the mentoring practices that do promote fitness for practice at the point of registration.

An apparent gap in the literature exists relating to mentor decisions regarding the fitness for practice of student nurses in the final placement, particularly when the decision is made to fail the student. It is therefore submitted that there is a significant professional need to explore, in depth, the mentor experience of making the decision to fail students in the final placement and to identify what can be learnt from this experience. Only then may we be able to begin addressing the apparent culture of failure to fail and start thinking about how to empower final placement mentors.
The next chapter will therefore provide a discussion and outline of the methodology chosen to elicit mentors’ experiences of failing a pre-registration nursing student in their final placement.
Chapter three: Epistemology, methodology and methods

3.1 Introduction

The literature review revealed that research conducted focusing on mentors as the target population has been described as weak in terms of methodological considerations (Jinks, 2007), despite much discussion over rigour in qualitative research (Sandelowski, 1986; Koch & Harrington 1998; Whittemore et al. 2001; Mill & Ogilvie, 2003; Tobin & Begley, 2004; Koch, 2006; Rolfe, 2006; Porter, 2007). In order to place this study in context it is necessary to articulate the theory underpinning this study to promote “coherence, credibility and depth” (Finlay, 2006 pg. 17). This research resulted from the initial question of ‘what must it be like to fail a student in their final placement’ which resulted in the aim to:

‘Explore, interpret and develop an understanding of mentors’ experiences of failing pre-registration nursing students in their final placement’. This aim was underpinned by three principal objectives, which were to:

1. Explore why the mentor failed the student and interpret how the mentor made this decision about students fitness for practice in their final placement
2. Elicit how the mentor feels about failing a student at this stage
3. Develop a deeper understanding of the subjective reality and meanings of the historical conditioning and culture in relation to the phenomenon

This chapter will therefore explicate the philosophical assumptions and methodology underpinning this study, and the methods used to achieve the study aim and objectives. This will include an explanation of the choices and decisions made when conducting this research (Guba & Lincoln, 1998).

This study will be situated in terms of the ontological and epistemological stance and the philosophy underpinning this study will be discussed. The process to understanding the phenomenon being explored will be expressed

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5 ‘The phenomenon’ is being a mentor who fails a pre-registration nursing student in their final placement
and participant characteristics and recruitment will be identified, which will be followed by a discussion of the process used to gather their experiences and generate a text for analysis. The process used to interpret the texts and promote an understanding of the experience will then be articulated. This will be followed by the ethical considerations made when conducting this study including consent, confidentiality and benefits and risks to the participants. A framework for promoting trustworthiness, openness and resonance in this study will then be presented.

3.2 Epistemology and theoretical perspective

When looking at studies focussing on mentorship, researchers have used a variety of methodological approaches to carry out research focussing on the many aspects of mentorship, but the epistemological discussions underpinning those studies are often neglected. This may be due the constraints authors face because of word allocations in journals, or the specific audiences for whom they are writing. It is suggested that this could be one of the reasons for the implied methodological weaknesses of some reported studies. It would however appear that a number of the studies reflected on in chapter two are underpinned by realist ontology and therefore this may account for a lack of true understanding of experience. Those studies that are not realist driven do arguably give a better insight into those real experiences.

Early on in this study it was necessary to consider how knowledge of the mentor experience could be developed and what evidence was needed in order to illuminate understanding. It was also essential to think about what knowledge could be used in order to make sense of this experience (Mason, 2002). Lincoln & Guba’s (1985) statements on positivist and naturalistic axioms were useful in establishing my ontological and epistemological beliefs. Further ontological questions (how things really are, how things really work, therefore what is the real experience, what is it and what does it mean?), epistemological questions (what is the nature of the relationship between the knower and what can be known?), and methodological questions (how can I go about finding this out?) posed by Guba & Lincoln (1998) were used to reflect upon the ontological and epistemological considerations of this study.
My reflections were recorded in a journal enabling me to identify my ontological and epistemological thoughts and basic beliefs about how I know the world and about the nature of reality. This study is positioned in relativist ontology where the belief exists that there are multiple realities but that experiences can be shared and can be common between individuals. In addition, knowing the reality is dependent on those individuals experiencing it and these realities can change depending on the individuals’ past or future experience and on social/cultural variations/influences.

Epistemologically, a link existed between me and the subject because of my personal experience of a mentor failing my personal student in their final placement. However, I knew what the literature said, but I did not know what it was really like for mentors and what they thought or felt about the experience. I felt part of the experience. Methodologically, I had to ask mentors about their experiences, I could not make assumptions because I did not know. I needed to be able to check with them that I understood their experience. Do they experience things differently or are there commonalities? What could I learn about it? I needed to understand the experience and learn from it. The key points of note related to the fact that little was known about this particular experience, that there was a connection between the researcher and the topic, and that there was a need to understand the experience from someone who had experienced it.

Following on from a reflection on the ontological and epistemological thoughts, Guba & Lincoln (1998) and Crotty (1998) provided further guidance on the importance of identifying epistemology and theoretical perspectives underpinning a study. Crotty (1998) suggests that links be made between epistemology, theoretical perspective, methodology and methods. Therefore before progressing to an in depth discussion into the rationale for the epistemological and theoretical perspective it is worth identifying these concepts at this stage in order to position the researcher. This study is underpinned by a constructivist epistemology, an interpretivist theoretical perspective.
Early on it was clear that a positivist (or objectivist) paradigm (Crotty, 1998; Guba & Lincoln, 1998) was not congruent with my thoughts at the time. This would assume that a reality about the experience existed; a reality that could be generalised and reduced into structured laws that could consequently be tested. The researcher would have to be independent of the phenomenon and hold no influence over the process or the findings. Other influencing factors would also have to be minimised or controlled. Furthermore, the truth or reality of the phenomenon would be judged by the ability to replicate the structure and laws produced by the findings. ‘Positivism’ suggests there are ‘scientific’ rules or laws that can be identified. A positivist approach was not deemed appropriate because prior assumptions would have to be made that all mentor experiences of the phenomenon had commonalities or boundaries within which they could be evaluated; they may or may not, the fact was that there was very little evidence to support any assumptions at this stage. Whilst a number of studies discussed in chapter two were in fact underpinned by positivist methodologies, the questions within those studies were different to the ones identified for this study. There was little evidence upon which to generate hypotheses about the phenomenon or indeed to test or verify them. Moreover, the factors influencing the phenomenon could not be minimised because there was little indication of what these factors were. There was no indication that it was necessary to replicate the structures and laws produced by the findings. A positivist approach was unlikely to extract the information necessary to truly understand the experience in question; the positivist, reductionist approaches to research would not allow for the humanist element associated with the experience to be fully explored. There was nothing to test, no laws to identify, nor was there an assumption that an ordered fixed reality about the experience existed. However, if we find out more about the experience, this may lead to the development of some laws particularly in the case of training and regulation, which imply there is a commonality and order to be found.

In considering the post-positivist paradigm, some assumptions about an objective reality are required and post-positivism requires control and cause-effect linkages (Guba & Lincoln 1998). Post-positivists are seen as having a “modified realist belief” and a “modified objectivist opinion” (Annells, 1999 pg. 14). Guba & Lincoln (1998) further suggest that in both the positivist and post-
positivist paradigms, the researcher is seen as the expert. Whilst Guba & Lincoln’s (1998) contention might be challenged, in the context of this study, it would not be appropriate for me to be seen as ‘the expert’ because so little is known about the phenomenon of failing students in their final placement, and I myself have not had to make that decision. Arguably, in this case, the mentor is the expert.

When reflecting on the critical theorist paradigm, this was rejected because of the transformational aspect underpinning the paradigm, and because of the underpinning concepts of activism and advocacy (Guba & Lincoln 1998). The initial purpose of the study was to elicit experiences and not to “confront ignorance and misapprehensions” (Guba & Lincoln 1998, pg. 215).

Constructivism is placed at the point furthest away from positivism (Guba & Lincoln, 1998) and was seen as being most suited to meeting the needs of this study, primarily because of the belief that multiple realities exist, the experiential nature of experience, the fact that elements of reality can be shared, and the link or relationship that the researcher has with the topic area. Epistemologically, I do not believe that experience can, is and should be repeated by everyone equally, but rather as Gadamer (2004) suggests, I do believe that personal experience is affected by one’s own previous experience, learning and reflection.

Central to constructivism is the belief that multiple realities exist, realities that are socially and experientially based (Guba & Lincoln, 1998), yet whilst these realities are based on individual experiences, components of these can be shared. Knowledge exists where there is comparative agreement about components of experience (Guba & Lincoln, 1998). This study focused on individual experiences that have created individual realities associated with the phenomenon of failing final placement students, yet due to the nature of the phenomenon, there are similarities between the constructing components of these realities. Constructivism appreciates the uniqueness of experience (Crotty, 1998). These experiences or realities can nonetheless change and the experience may differ depending on the perception of that experience and on the cultural historicity behind that experience; i.e. what a person brings to that experience as a result of previous influences and experiences (Gadamer,
In addition, Guba & Lincoln (1998) suggest that the researcher and the phenomenon are linked, as in this case where a relationship existed (as outlined under the trigger for this study in section 1.2).

Denzin & Lincoln (1998) suggest that constructivism encompasses a “relativist ontology” where multiple realities exist, a “subjectivist epistemology” where the knower and the subject create understandings, and “a naturalistic" set of methods (Denzin & Lincoln, 1998, pg. 27). Constructivist researchers share the objective of understanding experience from those who experienced it, and in order to understand this experience it must be interpreted (Schwandt, 1998). This study is therefore underpinned by constructivist epistemology and within that an interpretive theoretical perspective. Schwandt (1998) further suggests that the interpretivist focuses on the processes by which meanings are created and take part in the production of meaning by participating in a cycle of readings or interpretation. Researchers conducting research under this umbrella tend to carry out small-scale studies focussing on individuals, and interpret specifics about a phenomenon that is taken for granted (Clough & Nutbrown, 2002). Clough & Nutbrown (2002) posit that such research has an element to understanding actions or meanings attached to situations, and that researchers in this case have a practical interest in the phenomenon being explored.

In light of the above, it was apparent that an interpretivist approach would be appropriate in achieving the aims of this study, which was to explore, interpret and develop an understanding of mentors’ experiences of failing pre-registration nursing students in their final placement. This interpretivist position is grounded in philosophy and is concerned with the social world.

In looking at the nature of the reality of the phenomenon, the dearth of research carried out in relation to the experience of failing student nurses who are in their final placement indicates that little is known about this experience from the perspective of those who have experienced it. Mentors have not been specifically asked about their experiences of this and therefore assumptions cannot be made about the elements of that experience, and conclusions cannot be drawn if that experience has not been encountered. The way in which knowledge about the phenomenon can be generated is to
allow mentors to recount the experience from their point of view, having experienced the phenomenon for themselves. Allowing mentors to reflect on their experience using their own words and phrases, reflecting on what they now understand as a result of that experience, has provided a rich picture of what it is like to fail a student nurse in their final placement and detail how and why this decision was made.

3.3 Methodology and philosophical perspective

The epistemology and theoretical perspective lying behind the methodology has been summarised above, so following on from Crotty (1998) the methodology and methods will now be articulated.

The key concepts underpinning the aim and objectives of this study were being, experience, understanding, interpretation, historical conditioning, culture and feelings. It was therefore necessary to approach this study in a way that would allow understanding of these concepts to emerge. When looking at the epistemology and theoretical perspective it was necessary to select a methodology that would really help to elicit the essential experiences (Mason, 2002; Silverman, 2005). In order to articulate how this decision was made it is necessary to look briefly at the development of the philosophical perspective underpinning this study.

This study was fundamentally about the phenomenon of being a mentor failing a student in their final placement (the focus here being on the failure aspect), from the viewpoint of those experiencing it. When exploring ‘experience’, researchers have traditionally turned to the phenomenological perspective to develop insights into those experiences. With its roots in philosophy and psychology, the key terms used in the description of phenomenology are ‘essence’, ‘experience’, ‘understanding’, and ‘meaning’ (Koch, 1995; Moran, 2000; Moran & Mooney 2002; Grbich, 2007; Speziale & Carpenter 2007). Phenomenology is a way of uncovering experience that enables a researcher to surpass factual accounts in order to illuminate life experience (Jones, 2001).
In considering the philosophies emerging out of the school of phenomenology, it was necessary to decide whether the study would be descriptive or interpretive in nature. To meet the aim and objectives of this study which were to develop an understanding of why mentors failed these students at this particular stage, how they made their decision, how they felt about the decision to fail and look at the subjective reality of the phenomenon of failing a pre-registration nursing student in their final placement, an appropriate approach would do more than just describe the phenomenon. It required an approach that would illuminate the meaning of the experience, and therefore allow for the experience to be interpreted. Furthermore, questions have been raised as to whether it is possible to describe a phenomenon without interpreting it (Pringle et al. 2011). It was clear that a descriptive approach would not enable sufficient exploration of the phenomenon, whereas adopting a more interpretive approach would lead to a deeper understanding. Merely describing the mentor experience would not allow for an understanding of the phenomena to emerge. An interpretive approach would elicit the necessary experiences (Benner, 1994; Koch, 1995; Mason, 2002; Silverman, 2005) as such approaches look for “culturally derived and historically situated interpretations” of the world (Crotty, 1998 pg. 67).

When considering ‘phenomenology’ per se there are a number of philosophies that have developed from the 18th century, but Edmund Husserl was seen as the founder of modern day phenomenology (Moran, 2000). Since Husserl’s discussions there have been many different views from a number of philosophers. According to Moran (2000) phenomenology denotes a “methodological conception” (pg. 278), and therefore phenomenology is a philosophy not a methodology, which may account for some of the criticisms of how it is used and presented in the literature (Paley, 2005). Complete discussion of the different phenomenological approaches is beyond the limitations of this thesis, but before continuing a discussion about the philosophy underpinning this study; it is worth highlighting how the selection of Gadamer’s philosophical hermeneutics evolved.

As Husserl’s ideas are viewed as being fundamentally positivist and descriptive in nature, and he advocates the suspension of beliefs (Jones, 2001), epistemologically, Husserl’s philosophy did not sit well. Heidegger
developed and transformed the views espoused by Husserl. He viewed the historicity of existence (a concept denied by Husserl), including background, pre-understanding and co-constitution, and the notion of the hermeneutic circle where the interpreter brings their historicity into the interpretation, as being central to understanding being in the world (Koch, 1995). His central notion was that of ‘Dasein’ (Being-in-the-world); the formal structure of the question of being or human existence itself (Moran, 2000). Heidegger advanced the tradition of hermeneutic phenomenology.

Further reading around Heidegger’s phenomenology revealed that he does not initiate exploration of cultural meanings (Crotty, 1998) and was in fact critical of the effect that culture and tradition have on understanding a phenomenon (Caelli, 2000). As culture (the culture of mentorship) was central to the objectives of the study Heidegger did not provide a completeness of guidance necessary to illuminate the understanding that was necessary for this research. In looking at mentors who are part of culture it was necessary to adopt an approach or philosophy that considers the pre-understandings and culture that they bring to a situation; how it happened that it is so (Gadamer, 2004).

In many ways, the philosophy provided by Gadamer (2004) gave inspiration epistemologically and methodologically. A student of Heidegger’s, Gadamer (2004) developed Heidegger’s philosophy further into what is now known as philosophical hermeneutics. Philosophical hermeneutics involves the enlightenment of how a socially and historically conditioned individual interprets his or her world within a given context. Referring back to the epistemological nature of this study and the rationale behind engaging with this subject matter, a clear link or bond exists between researcher and the phenomenon being explored. In discussing the development of knowledge, Gadamer (2004) asserts that research underpinned by the interpretivist paradigm should not seek to develop a concrete view of a phenomenon, but should understand the phenomenon in itself.

Philosophical hermeneutics (Gadamer, 2004) provided the guidance necessary in order to facilitate the process of understanding the experience. Gadamer’s (2004) work gained impetus primarily amongst literary theorists
and social scientists, rather than philosophers, but by the 1990’s it was recognised as one of the most significant philosophical texts of the twentieth century (Lawn, 2006).

For Gadamer, hermeneutic phenomenology is research into how people understand the world they live in (Cohen et al. 2000). Gadamer expounded the notion of the fusion of horizons, probably the most significant delineation between Heidegger’s and Gadamer’s philosophies. Heidegger seeks out the event that gives Being, whereas Gadamer searches for the fusion of horizons between the past and the present; hermeneutic understanding is historical understanding, transporting the horizon of the past to the horizon of the present (Crotty, 1998). For Gadamer, “understanding emerges from the consciousness of the distance between our horizon of understanding and that of the past which we are trying to understand” (Moran & Mooney, 2002). The horizon of the present cannot emerge without knowledge of the past (Gadamer, 2004).

Hermeneutics has been used in investigating phenomena in the general nursing context with many writers discussing its use (Allen & Jensen, 1990; Allen, 1995; Draper, 1991; Annells, 1996; Koch, 1996; Koch, 1999; Byrne, 2001; Spence, 2001; Dowling, 2004; Spence, 2005; Wareing, 2008). Gadamer’s philosophy has also been used in seminal research into nursing practice to define experience and apply its meaning (Benner, 2001). However, the methodological discussions of some of these studies do not really give full explanations of how Gadamer’s work was used to guide the research process (Fleming et al. 2003). This lack of detail could highlight a lack of rigour in the way in which studies are carried out (Maggs-Rapport, 2001).

In light of this scarcity of clarification it has been necessary to engage deeply with Gadamer’s work ‘Truth and Method’ (2004) to truly understand his philosophy. It is however acknowledged that this is a translation of his original work initially written in German, and therefore there may be a possibility that Gadamer’s literal meaning has been misinterpreted by the translator. However, other authors including Cohen et al. (2000); Fleming et al. (2003);
Linge (2004); Lawn (2006); Dahlberg et al. (2008) have helped in ensuring the consistency of understanding the Gadamer (2004) translation.

In ‘Truth and Method’ Gadamer offers us an enlightened discussion of the development of hermeneutics and phenomenology. Hermeneutics is the art or technique of understanding and interpretation which evolved from theological and philological drives to defend understandings of the scriptures and to revive classical literature respectively (Gadamer, 2004). Hermeneutics is a journey of rediscovery of meanings which had become estranged, rather than to look at that which is unknown (Gadamer, 2004). The purpose of hermeneutics is not to validate or generate new theory but rather to strive to create new possibilities and to understand differently (Tapp, 2004).

Gadamer (2004) refers to the relationship that must exist between the reader (the researcher) and the text detailing the phenomenon; the historicity of the authors (participants) and the relevance of the text must have meaning to the reader. This he terms as the “bond” the person seeking understanding must have with the subject matter, and it is this “polarity of familiarity and strangeness” that underpins hermeneutic work (Gadamer, 2004 pg. 295). He further asserts that hermeneutics must start from the position that a person is seeking to understand.

Gadamer’s (2004) concepts of horizon (referring to a person’s world-view or standpoint; a perspective upon the world) and prejudice (referring to pre-understandings, in this case formed by the literature review and experience) are central to this study. ‘Horizon’ suggests that the person who is trying to understand a phenomenon must have a superior breadth of vision in order to have his or her own understandings (Gadamer, 2004). This horizon is not a boundary rigid in nature, but rather it moves with a person, enticing them to advance further (Gadamer, 2004).

When looking at the concept of prejudice, Gadamer (2004) asserts that human capacity for understanding and action is directly related to culture and history. The term is challenged by Gadamer who draws attention to the more recognisable connotations associated with it. For Gadamer the concept is less about the negative, impulsive reasoning or pre-judgement and more
about the positive and often productive pre-understandings that can actually enlighten understanding. Here, prejudice does not mean false judgement. Gadamer argues that the past including its traditions have a powerful influence on understandings. The past cannot be negated, which was not reflective of the thoughts of his predecessors. This notion is supported by Spence (2001) who asserts that it is these historically and culturally produced pre-understandings that shape interpretation and in so doing form understanding.

“A person who believes he is free of prejudices, relying on the objectivity of his procedures and denying that he is himself conditioned by historical circumstances, experiences the power of the prejudices that unconsciously dominate him”

(Gadamer, 2004 pg. 354)

As the focus of this study is fundamentally about the experience of a phenomenon, it is worth noting some of Gadamer’s (2004) thoughts and discussion of experience to give further rationale for the approach adopted for this study. In terms of ‘experience’, Gadamer (2004) suggests that new experiences can only be gained through negative instances and that the truth of that experience denotes direction towards new experiences; there is no doubt that failing a student is a negative experience. He further posits that the notion of experience refers to both information about the experience and the experience in general, and that this experience must be attained; all participants in this study have experience of failing a final placement student. In terms of becoming experienced, Gadamer (2004) implies that a genuine experience is gained by being part of that particular experience and further asserts that the truth value of experience is realised in the ‘experienced man’; in this study, the ‘experienced man’ is the mentor. Furthermore, in becoming experienced, an experienced person is also receptive of new experiences (Gadamer, 2004); the participants in this study have continued to gain new experiences of mentoring pre-registration nursing students.

Gadamer (2004) also suggests that the kind of instruction that can result from ‘experience’ is different to that which results from theoretical knowledge. Therefore it is contended that knowledge of this experience can only be developed by asking those who have experience of this phenomena. Only
then can lessons be learnt. This, Gadamer would suggest, is what gives “insight into the limitations of humanity” (Gadamer, 2004 pg. 351).

All of the above concepts and ideas have been crystalised to develop a process for harnessing experience and developing knowledge. The next section provides an outline of this process which was adopted to meet the needs of this study. Rationale for the decisions made are also provided and the methods used are linked to the overall underpinning philosophy.

3.4 The path to understanding: Research methods

Mason (2002) suggests that qualitative approaches are suitable when the phenomenon being studied is some form of social process or meaning, or experience that needs understanding or explaining, as is the case in this current study. It is also necessary to select appropriate methods to explore the phenomenon within the chosen qualitative approach. However, when looking at the appropriate methods, it is clear that methods and frameworks for exploring issues in the phenomenology are more suited to earlier phenomenological perspectives and do not fully reflect Gadamer’s (2004) philosophy (Fleming et al. 2003).

Gadamer (2004) does in fact question ‘method’ and the application of scientific objectification to understanding and enlightenment. He further contends that hermeneutic theory is "too dominated by the idea of a procedure, a method" (Gadamer, 2004, pg 291). He was concerned that the aim of science is to objectify experience so that it can be repeated or verified, and this removes the historicity underpinning it. Gadamer was nonetheless concerned about the phenomenological description of the process of understanding (Moran, 2000) in order to demonstrate the integrity involved in the process of understanding (Gadamer, 2004). Gadamer asserts that methods used to generate understanding should be suitable for the phenomenon in question. It is therefore necessary to use an appropriate method rather than a single ‘right’ method, and the chosen methods must be articulated. Gadamer does not offer a methodological structure or methods for researchers to elicit understanding, but what he does offer is a philosophy that can guide the
research process further. Gadamer offers insights into interpretation and understanding.

Gadamer's (2004) work does not guide researchers through a process, but provides a philosophical position upon which to hang a research process (Tapp, 2004). Researchers applying Gadamer's philosophy to their studies have used a variety of methods demonstrating that there is no one way of applying the principles in practical terms (Tapp, 2004; Howlin, 2008), which is common in a number of different approaches where methods and methodologies are not uniquely bonded. Tapp (2004) and Howlin (2008) do provide useful insights into how Gadamerian principles were applied. Mays & Pope (1995) suggest that in order to demonstrate the foundations of sound research, there should be a basic strategy to demonstrate systematic research design, data collection, interpretation and communication. Fleming et al. (2003) offer a research process that reflects the nature of the Gadamerian philosophy which must be acknowledged as being important in guiding the early stages of this study. However, as Gadamer (2004) suggests that methods should be chosen to meet the needs of a study, the process offered by Fleming et al. (2003) has not been fully applied. In addition, Gaidys (2007) suggested that the Fleming et al. (2003) process needs to be modified to be useable in other research studies. Therefore methods have been chosen or processes have been developed specifically for this study to reflect and encompass Gadamer’s (2004) philosophical principles of reflexivity, prejudice, fusing of horizons and the hermeneutic circle.

Figure two outlines the research process followed in this study, from the initial conduct of a literature review to establish pre-understandings and gaps in current literature, to outlining the method used to elicit experiences necessary to address the research aim, selecting appropriate participants who were engaged in a process of structured reflection facilitated by a one-to-one interview to generate texts upon which interpretation of the experience could take place. Finally, these texts were interpreted to understand the experience and discussed alongside an expanded review of the literature and a new horizon of understanding emerged. The following section offers a more detailed discussion of the successive stages of the research process and the methods selected to undertake this study.
3.4.1 Participant characteristics and recruitment

A number of texts offer valuable discussions on sampling in qualitative research (Miles & Huberman, 1994; Wengraf, 2001; Mason, 2002; Silverman, 2005), however, in discussing a review of phenomenological studies, Norlyk & Harder (2010) identify a wide variation in how sampling processes have been applied. Studies carried out looking at mentorship (Cahill, 1996; Duffy et al. 2000; Gray & Smith, 2000; Jones et al. 2001; Butler & Devis, 2004; Hutchings et al. 2005; Clemow, 2007) contain a brief description of the sample, but lack detailed discussion of sampling issues encountered and decisions made. This may however be reflected in the fact that there is little agreement on what qualitative sampling should be (Curtis et al. 2000). Norlyk & Harder (2010) do nevertheless note that in articulating sampling criteria for example “size, cross section and demographic information” (pg.428) researchers are confounding these with criteria for selecting participants in phenomenological studies.

It would therefore appear that sampling strategies in qualitative studies must not be driven by the need to generalise findings, but by the need, as
advocated by Thompson (1999), to select participants who will provide rich
data and therefore deep levels of understanding. With regard to
phenomenological studies in particular, in order to understand the
phenomenon more deeply, there must be adequate exposure to those
experiencing the phenomenon (Dahlberg et al, 2008). In this study, as
suggested by Steeves (2000), participants were chosen on the basis that they
had been forced to make sense of a particular experience. In having lived
experience of the phenomenon they would provide information that would
address the research aims, as concept advocated by Steward (2006) and
Woodgate (2006). The participants required for this study had to have failed a
pre-registration student nurse in their final placement; therefore purposive
sampling was employed to recruit participants to this study. Purposeful
sampling in such a case is supported by Speziale & Carpenter (2007).

In this study the term participant is used to describe a qualified mentor who
meets the inclusion criteria of the study. The inclusion and exclusion criteria
set to determine who could be included in the study are summarised in table
four.

Table four: Participant inclusion and exclusion criteria

<table>
<thead>
<tr>
<th>Inclusion criteria:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hold a current nursing registration on the NMC professional register</td>
<td></td>
</tr>
<tr>
<td>2. Hold a current mentor qualification</td>
<td></td>
</tr>
<tr>
<td>3. Have been involved in supporting and a failing pre-registration nursing student in their final practice placement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusion criteria:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No current nursing registration on the NMC professional register</td>
<td></td>
</tr>
<tr>
<td>2. No current mentor qualification</td>
<td></td>
</tr>
<tr>
<td>3. Have not been involved in supporting and failing a pre-registration nursing student in their final practice placement</td>
<td></td>
</tr>
</tbody>
</table>

It was felt important to obtain a sample of participants from different locations
that reflected different organisational cultures in order to prevent the chance
that experience in question was influenced by a particular organisation. Those
who had an overall picture of where students had failed in their final placement
(practice educators, university link tutors, and others occupying similar
practice support roles) disseminated the details of the study and the
researcher’s contact details. Potential participants who were interested in the
study then contacted the researcher who discussed the study with them.
further. Participants were self selecting from this stage. Table five summarises the participants’ characteristics at the time of the interview.

Table five: Summary of participant characteristics

<table>
<thead>
<tr>
<th>Participant and years as a mentor</th>
<th>Gender</th>
<th>Years since failure</th>
<th>Experience of failure earlier in the course at the time of final placement failure</th>
<th>Final placement failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>M01 - 0-5</td>
<td>Female</td>
<td>1</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M02 - 0-5</td>
<td>Female</td>
<td>1</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M03 - 10+</td>
<td>Female</td>
<td>1</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M04 - 10+</td>
<td>Female</td>
<td>2</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M05 - 10+</td>
<td>Female</td>
<td>2</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M06 - 10+</td>
<td>Female</td>
<td>5</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M07 - 10+</td>
<td>Male</td>
<td>10</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M08 - 5-10</td>
<td>Female</td>
<td>1</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M09 - 5-10</td>
<td>Male</td>
<td>3</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M10 - 10+</td>
<td>Female</td>
<td>1</td>
<td>2 students</td>
<td>1st</td>
</tr>
<tr>
<td>M11 - 10+</td>
<td>Female</td>
<td>1</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M12 - 10+</td>
<td>Female</td>
<td>1</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M13 - 10+</td>
<td>Female</td>
<td>1</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M14 - 10+</td>
<td>Female</td>
<td>1</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M15 - 10+</td>
<td>Female</td>
<td>6</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M16 - 10+</td>
<td>Female</td>
<td>2</td>
<td>1 student</td>
<td>1st</td>
</tr>
<tr>
<td>M17 - 5-10</td>
<td>Female</td>
<td>2</td>
<td>2 students</td>
<td>1st</td>
</tr>
<tr>
<td>M18 - 5-10</td>
<td>Female</td>
<td>1</td>
<td>none</td>
<td>1st</td>
</tr>
<tr>
<td>M19 - 5-10</td>
<td>Male</td>
<td>2</td>
<td>none</td>
<td>1st</td>
</tr>
</tbody>
</table>

Participants were accessed from seven different organisations in both inner city and rural locations in the south east of England, and from each of the four branches of nursing to reflect the diverse nature of nursing (n=8 adult branch, n=6 mental health branch, n=4 child branch, n=1 learning disabilities branch). In line with research governance principles (DH, 2005) and in order to ensure that participants reflected the population of nursing, the sample included male and female participants from a range of age groups, participants from different ethnic backgrounds, and participants with a variety of experiences. This diversity was important to ensure a wide range of experiences rather than being driven by the need to generalise. The information given to participants will be discussed in section 3.5.1.

Principles of data saturation were applied to the recruitment of participants (Morse, 1994) and therefore a total of nineteen participants were recruited and interviewed. There were no constraints placed on the participants in terms of
time elapsed since failing the student, primarily because there was little knowledge of the subject but also to give richer data in terms of experience; 10 had the experience in the last year, six had the experience between one and five years ago, and three had the experience over five years ago. Some of the participants had moved into different roles since encountering this experience, though they had remained involved with teaching and assessing student nurses in practice.

3.4.2 Generating a text: The interview process

Hermeneutics is concerned with the interpretation of the written word and predominantly focuses on the interpretation of the written word or texts as the foremost data source (Byrne, 2001). As alluded to above, there are a number of different ways to generate texts in hermeneutic studies, and Gadamer in particular favours flexibility in terms of applying methods that suit the phenomenon under study (Gadamer, 2004). Benner (1994) suggests that data can be produced through interviews, stories, participant observations, literature, relevant documents, diaries or letters. However, as this study aimed to look at mentors experiences, they needed to recount them. Asking them to write about their experience would not allow for the opportunity to clarify understanding nor would it ensure that the areas in relation to the study objectives were sufficiently addressed. Additionally, it was felt that a one to one encounter would better facilitate deeper reflection on the experience and allow for a mutual understanding to emerge.

Gadamer (2004) upholds the superiority of the spoken word over the written asserting that language is the channel through which significant understanding and agreement occurs between two people, therefore understanding happens through a process of conversation. A conversation that is intended to reveal something (here the mentor experience of failing the student) needs to be opened by a question (Gadamer, 2004). Traditionally this type of conversation would take the form of an interview which can be unstructured, compatible with hermeneutic principles (Cohen et al. 2000), or be semi structured in nature.

Personal involvement by the researcher in a reciprocal process of interpretation is seen as a way of facilitating understanding (Spence, 2001),
and therefore the process becomes a dialogical method wherein the interpreter and the phenomena are combined (Dowling, 2004). In order to ensure that a horizon was established at the outset of this study, I reflected on my own prejudices (chapter one and two) and developed pre-understandings relating to the phenomenon through the literature review (chapter two). This then promoted openness to understanding the experience of failing a student nurse in their final placement, where I could listen and be open to what the participant had to say (Gadamer, 2004). I also engaged in a conversation with a colleague to further open up my own prejudices, as recommended by Fleming, et al. (2003).

Whilst I participated in the interview with the participants, as advocated by Sorrell, & Redmond (1995), I was subsidiary in the interview process in order to ensure that participant’s voice was heard. In this study, in order to allow the mentor the opportunity to voice their experience and let them say something, as suggested by Gadamer (2004), it was pertinent to allow them to reflect on their experience through the interview process. The interview was designed to allow participants to be in control of reflecting on their experience and give them the opportunity to do so, a practice promoted by Gadamer (2004). Therefore, my role in the interview was to facilitate and support the participant’s reflection (Sorrell & Redmond, 1995; Cohen et al. 2000; Dahlberg et al. 2008). Reflection has been shown to be beneficial when retelling and rethinking practice (Johns & Freshwater, 1998) and Gadamer (2004) advocates the use of reflection and discusses this principle at length. Furthermore, Dahlberg et al. (2008) suggest that allowing the participant to reflect on their experience is central to the phenomenological interview.

The interviews comprised opening-up, directing and following up questions, as suggested by Dahlberg et al. (2008). Dahlberg et al. (2008) suggest that such interviews should not follow a directive format, but rather that the dialogue is directive in nature. Phenomenological studies where researchers have designed questions based on existing literature have been criticised for allowing assumptions to enter into the interview (Norlyk & Harder, 2010). Gadamer (1980) does however allude to the act of “guiding a person in thoughtful discussion” (pg. 3). The degree to which structure is built into an interview should depend on the depth of discussion required by the researcher
(Walker, 2011). Therefore, in order to promote openness and facilitate a thoughtful discussion, i.e. a reflection on the experience, a reflective guide rather than an interview guide was developed. Johns’ (2004) reflective cue questions relating to personal, aesthetics, ethics, empirics and reflexivity were integrated into this guide. The guide was designed so that there was no hierarchical order to the cues (figure three). Additional prompts based on Johns (2004) were included to facilitate the reflection further. This guide also helped to ensure that relevant areas were addressed in relation to the study aims and underpinning philosophical framework. Whilst there was no sequential pattern to this guide, all the key areas related to the central focus of the study. The purpose of this guide was not to direct the conversation to certain topics, but was used to open the conversation up further and give all participants the same opportunity to reflect.

Once the conversation was opened, the participant was allowed to continue the conversation with support and responses from me when necessary. Gadamer (2004) maintains that the opening question should be limited by the boundaries of the horizon; it needs to be posed and not ‘floating’. In light of the need to generate an authentic insight into the mentor experience (Silverman, 2001), the interviews were opened with the question; “You have had experience of being involved in failing a pre-registration nursing student in their final placement: please tell me about that experience”. During the conversation, I tried to “transpose” myself into the participants’ experience in order to understand their viewpoint (Gadamer, 2004 pg. 388), which Gadamer (2004) describes as hermeneutic conversation. Here, he suggests, a common language exists in order to reach understanding and proposes that it is the ‘art’ of conversation that further enables understanding.

Participants in this study were interviewed once for an average of forty-five minutes. This was realistic in terms of the professional time constraints experienced by the participants. Permission to access the participants in their workplace was also facilitated by having only one encounter with them. The interviews were then transcribed to generate a text for interpretation (Fleming et al. 2003). Section 3.6 offers further discussion of the rationale for adopting this strategy.
3.4.3 Interpreting the experiences

For Gadamer, common understandings must emerge and these understandings go beyond what the authors of the text (i.e. the participants) have said (Gadamer, 2004). It is necessary to gain an understanding of what lies beneath the text; an understanding of that which is unsaid (Moran, 2000). In the absence of a standardised approach to analysing texts underpinned by the essences of Gadamer’s philosophy, it is necessary to articulate how the analysis of these texts was carried out. For the purpose of this study the concept of ‘analysis’ is defined as “to work with the lifeworld descriptions that come from interviews” (Dahlberg et al, 2008 pg. 233).
Philosophical hermeneutics has a primary focus of understanding (Annells, 1996). Philosophical hermeneutic textual analysis stresses the socio-cultural and historical impact on interpretation and exposes hidden meanings (Allen, 1995) and has been referred to as the art of interpretation (Dowling, 2004). Gadamer’s approach to hermeneutics draws out meanings, which is a meeting with existence and therefore knowledge can be released through hermeneutic text interpretation (von Post & Eriksson, 1999). This interpretation involves informing the ignorance of a phenomenon by bringing the subject into focus (Moran, 2000).

The processes of interpretation and understanding must not be seen as a separate task to understanding i.e. ‘a post facto supplement’ (Gadamer, 2004 pg 306), but rather, that interpretation and understanding are interconnected. Interpretation should begin in the interview (Cohen et al. 2000), which was the case in this study where I wrote notes and asked the participant for clarification or to expand upon what they had said. It was during the interview that the researcher’s understanding of the experience began to emerge with the participants’. It was the transcriptions of the interviews that formed the text upon which the interpretation was focussed (Allen & Jensen, 1990).

Gadamer (2004) discusses the concept of ‘harmony’ between the parts and the whole, where ‘harmony’ leads to correct understanding and that if we do not reach this ‘harmony’ then understanding will fail. The details of the text are to be understood when united with the sense of the whole; a person trying to understand a text is prepared for it to tell him something (Gadamer, 2004). Gadamer (2004) asserts that the text speaks only through the interpreter and that the interpreters own thoughts have gone into the text’s meaning. We must “construe” a sentence before we make an attempt to understand the individual part of that sentence, and that we must remember the hermeneutic rule that “we must understand the whole in terms of the detail and the detail in terms of the whole” (Gadamer, 2004 pg. 291). This is known widely as the ‘hermeneutic circle’, a characteristic of philosophical hermeneutics. The circle represents a continuously revolving passage to and from one part of a text and its total meaning, and in making sense of one part of the text one is

6 In this study, the experiences and meanings
7 In this study, being a mentor who fails a pre-registration nursing student in their final placement
interpreting the whole (Lawn, 2006). Dahlberg et al. (2008) further articulate that the analysis should demonstrate a synthesis of the different parts described as “the meanings, particularities, and uniqueness” (pg. 233) in relation to the whole. For the purposes of this study, the parts refer to the literature and formed pre-understandings, the individual participants and the uniqueness of their experiences, the shared components of those experiences and the meanings associated with the experience, and the whole refers to ‘being a mentor who fails a pre-registration nursing student in their final placement’.

In harmony with Gadamer’s philosophy, the interpreter must carry on the conversation with the voices behind the text in order to understand that which lies beneath, and the text should be allowed to speak (Mercer et al. 2008). von Post & Eriksson (1999) add further illumination regarding hermeneutic textual analysis which has been useful in this study, giving practical examples of how a text can be questioned. For example, asking questions such as, “Is this the way it is?” ‘Is this the reality?’ (von Post & Eriksson, 1999 pg.985). The horizon of the text opens up questions to the researcher and the researcher defines questions in relation to what is opened up in the dialogue, “interpretation is a circle closed by the dialectic of question and answer” (Gadamer, 2004 pg.391). The key to interpretive textual analysis is the skill of questioning the text and allowing the text to give answers; the researcher continually questions the meaning of the text. It is in the interpretive dialogue between the text and the interpreter that the fusion of horizons can be found (Geanellos, 1998a). The text generated from this study was therefore continuously questioned in order to give answers to the research questions and to further questions that arose out of reading the text, a practice encouraged by von Post & Eriksson (1999) and Gadamer (2004).

It appears that authors have used different ways to analyse text in hermeneutic studies, and attempts have been made to offer systematic approaches that help to facilitate a sense of openness and resonance (Allen & Jensen, 1990; Cohen, et al. 2000; Fleming, et al. 2003; Howlin, 2008; Lindwall & von Post, 2008). Cohen et al. (2000), for example, provides guidance on the ‘how to’ of analysing data from a hermeneutic perspective. Fleming et al. (2003) also provided four steps to facilitate interpretation of the interview texts.
once they have been transcribed, and Crist & Tanner (2003) provide a further
guide comprising five stages of analysis. Allen & Jensen (1990) offered a
process that was found to be uncomplicated and straightforward to apply and
encompasses a naïve reading, a structural analysis and an interpretation of
the whole, and Howlin (2008) provides a seven step guide for analysis, with
Lindwall & von Post (2008) providing a four stage approach. Whilst these
approaches must be acknowledged as providing essential guidance in the
early stages of this study, having reflected upon them, there was a need to
develop the principles of these different approaches further to provide the
direction necessary for this study as Gadamer does challenge trust in any one
particular method (Dahlberg et al, 2008). There should nonetheless be a clear
methodological relationship between the framework used for analysis and the
findings (Clough & Nutbrown, 2002) and principles should be followed
(Gadamer, 2004). A cautionary tale in using distinct phases in hermeneutic
analysis does nevertheless exist. Dahlberg et al (2008) suggest that in
exercising the art of hermeneutic understanding researchers cannot follow
‗locked steps‘.

Rather than articulating fixed steps associated with the process of analysis
used in this study, a guide to show how the experience was interpreted is
presented in table six to demonstrate the process applied to journey from the
interviews to understanding. The principles of reflexivity, prejudice, fusing of
horizons and the hermeneutic circle, all congruent with Gadamer’s philosophy,
are fundamental to this process. It was anticipated that this guide would
provide greater insight as to how the experiences were interpreted in this
study. It is by no means meant to be a definitive ‘method’ but could be
adapted to meet the needs of other studies and provide future researchers
with guidance. It is posited that this further promotes methodological
openness and trustworthiness as explained by Maggs-Rapport (2001) and

With the focus of Gadamer’s philosophy being on the notion of a fusion of
horizons; the place where interpretation and understanding takes place, figure
four represents a continually spiralling and interwoven process for interpreting
a text to understand experience. Central to this spiral are the concepts of
reflection on prejudices (formed before the study and as a result of the
literature review) and questioning of the text. Gadamer (2004) believed that one cannot ‘bracket’ preconceptions and ignore them when attempting to elicit understanding, but that these should be acknowledged and be integral to the interpretation process. It was therefore necessary to engage in continual reflection on the pre-understandings identified at the outset and throughout the study, and to continually question the text throughout. The literature generally offers a modest discussion about how this process has been carried out, though there is a general consensus that this process is crucial to engaging in the hermeneutic circle (Koch, 1996; Geanellos, 1998b; Geanellos, 2000; Fleming et al. 2003; Howlin, 2008).

Figure four demonstrates how interpretation is a continuous process and insights continue to emerge throughout, leading to the development of understanding (Gadamer, 2004). The texts generated as a result of the interviews are read. The individual texts build on one another to form a whole that represents the phenomenon under study. It is important, however, not to lose the context of each participant’s individual experience (Crist & Tanner, 2003). Concepts and meanings begin to emerge which are then crystallised to give insight into the phenomenon. This process of interpretation is continuous until the whole text has been questioned. Once the whole text has been questioned, the understanding intensifies, a new horizon emerges which tells us something new about the phenomenon and helps us to understand it differently. The parts of the process cannot exist in isolation, but should be seen as interlinked.

Figure four is an overall representation of the engagement in the hermeneutic circle encountered during this study. It is, however, necessary to articulate the process used to analyse the text in more refined detail to be completely open and transparent. There were what can be described as four phases to the process of textual analysis used in this study (summarised in table six); however they did at times occur both out of order and simultaneously. This practice is supported by other researchers using processes of analysis developed for their work (Fleming et al. 2003; Crist & Tanner, 2003). The reading of the text included empathic (in phase one), interactive (in phases two and three) and transactional (in phase four) modes of reading (Crotty, 1998).
Phase one involved me, the interpreter, familiarising myself with each individual text to get a sense of the experience in context. Crotty (1998) suggests that this empathic reading required openness, and therefore required me to be receptive to the text and to see things from the participants’ perspective. Early thoughts about the experience began to emerge and insights into the nuances of the experience begin to develop. As individual texts were collated, they joined together to form a whole text, which became the focus of the overall interpretation of the phenomenon being explored. Horizons and meanings relating to the whole phenomenon emerged which represented the whole experience. The results of the empathic reading can be found in appendix one, with the horizons in the centre.
Table six: Phases of analysis for interpreting text

<table>
<thead>
<tr>
<th>Phase one: Familiarisation with the parts and the whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interpreter reads the text to get a sense of the experience in context. The individual texts form a whole which continues to develop as individual texts are collated (empathic reading):</td>
</tr>
<tr>
<td>- Formulate thoughts about the phenomenon</td>
</tr>
<tr>
<td>- Insights into the nuances of the experience should begin to develop</td>
</tr>
<tr>
<td>- The whole text becomes the focus of the analysis. Horizons and meanings emerge out of the whole text, forming meaningful concepts which represent meanings of the experience as a whole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase two: Dialogue with the text</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interpreter engages in a dialogue with the text and questions the fundamental concepts in relation to their pre-understandings (interactive reading):</td>
</tr>
<tr>
<td>- Continuously question the text in order to clarify understandings; what does the text say about real life?</td>
</tr>
<tr>
<td>- Question why and how meanings materialise</td>
</tr>
<tr>
<td>- There should be movement between the parts and the whole to ensure that the horizons and meanings encapsulate the fundamental nature of the experience. This constitutes the engagement in the hermeneutic cycle.</td>
</tr>
<tr>
<td>- As answers to the questions emerge an understanding of the participants’ experience develops</td>
</tr>
<tr>
<td>- The interpreter’s horizon begins to fuse with the participants’ horizon that is presented in the text</td>
</tr>
<tr>
<td>- Interpretation and understanding occurs throughout</td>
</tr>
<tr>
<td>- Further questions may transpire which will require a further reading of the text</td>
</tr>
<tr>
<td>- This movement could go on indefinitely because understanding can change as time goes on and as the interpreter continues to reflect on the pre-understandings and experiences</td>
</tr>
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<table>
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<tr>
<th>Phase three: A new horizon: understanding the phenomenon</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interpreter listens to the text and is open to what the text is saying and is looking for the key nuances that emerge (interactive reading). The new horizon of understanding emerges:</td>
</tr>
<tr>
<td>- The interpreter articulates how the horizons and meanings emerged to give the reader insights into the experience</td>
</tr>
<tr>
<td>- In order to promote trustworthiness, quotes that embody the nuances of the experience are identified; the interpreter should not just repeat what the participant has said but should express these in a way that has meaning</td>
</tr>
<tr>
<td>- The understanding should be articulated in a way that enables the reader to reflect on the meanings of their own experience or present situation; it should facilitate resonance with own experiences</td>
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<tr>
<th>Phase four: The fused horizon: A synthesis with pre-understandings</th>
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<tbody>
<tr>
<td>The interpreter synthesises the parts with the whole (transactional reading). Here the researcher’s horizon is fused with the horizon detailed in the text:</td>
</tr>
<tr>
<td>- Researchers should connect the viewpoints that emerged in the analysis</td>
</tr>
<tr>
<td>- The new horizons resulting from the understandings developed as a result of engaging with the text are synthesised with existing literature and pre-understandings</td>
</tr>
<tr>
<td>- Here pre-understandings can be either confirmed, challenged or looked at in a different light</td>
</tr>
<tr>
<td>- The interpreter should acknowledge that understanding is never completely finished and can change depending on the situation</td>
</tr>
<tr>
<td>- The whole is revisited and conclusions about the experience are drawn</td>
</tr>
<tr>
<td>- Suggestions are made for future practice</td>
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</table>
Phase two of this process involved an interactive reading (Crotty, 1998) of the text. This involved me engaging in a dialogue with the text by asking questions to clarify understanding and establishing what the text says about the phenomenon in terms of meanings and why these meanings were so. These questions encompassed the research questions and further questions that transpired through reading the text which lead to a re-engagement with this process. The task of understanding is to expand the agreement of the meaning; the failure to achieve this harmony means that understanding has failed (Gadamer, 2004). There was therefore ongoing movement between the parts and the whole to ensure that the horizons and meanings encapsulated the fundamental nature of the experience. This movement constitutes engagement in the hermeneutic circle. As answers to the questions emerged, an understanding of the experience developed and my horizon began to fuse with the participants’ horizon as detailed in the text. Arguably, this movement could go on indefinitely because understanding can change as time goes on and as I continue to reflect on my pre-understandings and experiences. However the number of times it was repeated in research terms was governed by resources and time constraints. The questions that were asked during this dialogue are summarised in sections 4.2.3, 4.3.3 and 4.4.3.

Phase three of this process relates to the new fused horizon that has developed as a result of understanding the phenomenon. It was necessary to engage in a further interactive reading during this phase but I became more critical in order to further enlighten and expand the ideas I had brought to the interpretation (Crotty, 1998). I had to listen to the text and be open to what the text was telling me about the experience. I listened for the key nuances of the experience in order to allow the new horizon of understanding to emerge. In order that others can judge the trustworthiness of the concepts, quotes that embody the nuances of the concepts were identified and included. However, in presenting the analysis, quotes should not be used to merely describe the experience but should be used to support the interpretation of the experience (Norlyk & Harder, 2010). Quotes were written in a meaningful way in order to create some resonance with the reader’s own experiences (see chapter four). Consequently, readers should be able to questions meanings associated with their own experiences or present situation. It is this applicability to present
situations that facilitates concreteness, resonance and actualisation of the findings (deWitt & Ploeg, 2006).

Phase four, the final phase, required me to synthesise the new horizon with initial pre-understandings and prejudices formed by the literature and my own experiences. This involved a transactional mode of reading where the engagement resulted in new understandings (Crotty, 1998). Norlyk & Harder (2010) suggest that researchers should endeavour to uncover an interpretation connecting the different viewpoints that emerge in the analysis. Here the new horizons are discussed alongside the existing literature and pre-understandings can be confirmed, challenged or viewed from a different perspective (see chapter five). Gadamer, (2004) postulates that understanding is transient and changeable over time, therefore the interpreter should acknowledge the fact that understanding is never completely finished, and that the understanding of the experience in the present may change over time and as situations and circumstances evolve. Conclusions about the experience were then drawn and reflecting a constructivist epistemology, suggestions for future practice are made (detailed in chapter six).

In summary, the primary purpose of analysing the text in this way, using this process, was to generate an understanding that represented a focused and logical impression of the experience, a goal advocated by Chin & Kramer (2004). The interpreter’s role is to bring the “not-yet-fully-understood aspect of the subject matter of the discussion into focus” (Moran, 2000 pg.271).

In terms of the practicalities of carrying out the interpretation, appendix one details the mind maps created in the empathic reading of the text. Mind map one will be used as an example of how the understanding emerged. The nuances that arose from the text were noted, initially as lists of words or short phrases; safety, knowledge, delegation, certain level, not there to fill the gap for example. These words or phrases were then interpreted and grouped to form meaningful concepts; transferability, level of supervision, acting as a staff nurse, level of performance, for example. As the dialogue with the text ensued and a more interactive reading of the text progressed, these concepts began to merge and phrases were attached to give them more meaning, which began to indicate towards the new horizon of understanding; prior to the
final placement, upon entering the final placement, by the end, for example. These were then interpreted further, and in the case of the first horizon of understanding, ‘mentor expectations of being fit for practice’ (section 4.2), the term ‘polishing the rough diamond’ (section 4.2.1) was used to illustrate the interpretation and give a united overall meaning to the words or phrases used by individual participants. It is important to reiterate that it was necessary to interpret what was emerging from the text rather than just describe the words used by the participants. The horizons presented in chapter four therefore represent the meanings of the experience after it has been interpreted.

3.5 Ethical considerations

In planning this study, consideration was given to the ‘Research Governance Framework for Health and Social Care’ (DH, 2005) and the Royal College of Nursing, Research Guidance for Nurses (RCN, 2007) to ensure that it was carried out in a way that promoted good standards of ethical research practice. In order to ensure correct procedures were followed an initial application was made to one NHS Trust Research Ethics Committee where this study was deemed to be audit/service development by the committee chair. Following further correspondence with the National Research Ethics Service (NRES) permission was given to conduct this study without full NHS ethics approval. This study was however subjected to a full ethics application to the University Research Ethics Committee who gave approval to proceed with the study (appendix two). The Research and Development department from each organisation from which participants were recruited was approached individually. The initial ethics application and NRES correspondence was discussed, and each R&D contact deemed the study to sit out of their remit. Notwithstanding, permission to access participants was gained. All correspondence and letters of permission have been anonymised and can be found in appendix two. Issues surrounding confidentiality, consent and protection of participants were considered.

As a registered nurse, the researcher was bound by a professional code; The NMC ‘code of professional conduct: standards for conduct, performance and ethics’ (NMC, 2004e), and now by; ‘The Code: Standards of conduct, performance and ethics for nurses and midwives’ (NMC, 2008b). Based on
The Code (NMC, 2008b) the principles outlined in table seven underpinned the research process and the researcher’s practice.

Table seven: Underpinning ethical principles NMC (2008b)

<table>
<thead>
<tr>
<th>NMC Code (2008b)</th>
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<tbody>
<tr>
<td>• be open and honest, act with integrity</td>
</tr>
<tr>
<td>• treat people as individuals and respect their dignity</td>
</tr>
<tr>
<td>• do not discriminate in any way against those in your care</td>
</tr>
<tr>
<td>• treat people kindly and considerately</td>
</tr>
<tr>
<td>• respect people’s right to confidentiality</td>
</tr>
<tr>
<td>• ensure all records are kept confidentially and securely</td>
</tr>
<tr>
<td>• ensure consent is gained</td>
</tr>
<tr>
<td>• ensure people are informed about how and why information is shared</td>
</tr>
<tr>
<td>• disclose information if you believe someone may be at risk of harm, in line</td>
</tr>
<tr>
<td>with the law of the country in which you are practising</td>
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</table>

These principles can be summarised into consent, confidentiality and the weighing up of benefits and risks as discussed below.

3.5.1 Recruitment and consent

Gaining informed consent is crucial when recruiting participants into research studies (DH, 2005) as is ensuring that participants have the capacity to consent (Mental Capacity Act, 2005). Mason & McCall Smith (1999) further indicate that informed consent is based on “free, autonomous participation” (pg. 462) by the participant. Potential participants were identified by a Practice Educator, Link Lecturer, or another occupying a lead education role, and given the researcher’s details to contact for more information should they wish to participate in the study.

Potential participants were sent an information sheet and consent form (appendix three) to read before agreeing to participate in the study (RCN, 2005b). They then contacted the researcher after reading the form to agree a mutually convenient time to participate in the interview. As the participants were registered nurses, the participant information sheet was based on the RCN guidance (RCN, 2005b) which is summarised in table eight.

Before the interview commenced, the researcher talked through the information sheet and participants were given the opportunity to ask questions. The consent form was signed at this point. Due to the nature of
their professional role and level of understanding, all participants were able to give informed consent.

**Table eight: RCN guidance for informed consent**

<table>
<thead>
<tr>
<th>Participants must demonstrate an understanding of:</th>
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<tbody>
<tr>
<td>• the purpose of the research</td>
</tr>
<tr>
<td>• the practicalities and procedures involved in participating</td>
</tr>
<tr>
<td>• the benefits and risks of participation and, if appropriate, the alternative therapies</td>
</tr>
<tr>
<td>• how data about them will be managed and used</td>
</tr>
<tr>
<td>• the consent form</td>
</tr>
<tr>
<td>• their role if they agree to participate in the research</td>
</tr>
<tr>
<td>• how information will be provided to them throughout the study</td>
</tr>
<tr>
<td>• that their participation is voluntary</td>
</tr>
<tr>
<td>• that they can withdraw from the study at any time, without giving any reason and without compromising their future treatment</td>
</tr>
<tr>
<td>• the insurance indemnity arrangements for the conduct of the research where appropriate</td>
</tr>
<tr>
<td>• that the research has been approved by a research ethics committee</td>
</tr>
</tbody>
</table>

They should also be given the following information:

- contact details, should they have further questions or wish to withdraw
- details of the research sponsor and research funding body

(RCN, 2005b pg. 3)

### 3.5.2 Confidentiality

As alluded to above, the researcher has a professional responsibility of confidentiality. Therefore every effort was made to respect the confidentiality and privacy of all study participants to enable them to speak freely about their experience. Participants were given the choice of where they wanted to carry out the interview. Some participants chose to be interviewed in a quiet office in their organisation, some preferred to be interviewed in the university setting and a couple of participants chose to be interviewed in a quiet corner of the canteen where they could buy a coffee at the end of their working day.

Participants were reassured that their identity would remain confidential. Their names were changed to the letter ‘M’ to indicate that they were a mentor, and they were given a random two digit number. These were then later re-numbered 01-19 (for example M10) to represent the number of participants in the study rather than the order in which they were carried out. All names of people used in the transcripts were replaced with a letter (i.e. ‘X’) or a description of their role (e.g. ‘Practice Educator’). Names of health
organisations were replaced with their description (e.g. ‘Trust’ or ‘Hospital’) and names of education institutions were substituted with ‘HEI’ (Higher Education Institution). In order to ensure the data was protected, the digitally recorded interviews are stored electronically on a password protected computer and therefore only accessible by the researcher, with the hard copies of the consent forms being stored in a locked cabinet (DH, 2005). As required under the terms for ethical approval of this study, transcripts will be kept until this thesis is completed and any relevant postdoctoral papers are published. The digital recordings will kept until completion of the PhD programme and will then be erased. The transcripts were printed in hard copy to ease reading, facilitate the analysis and interpret the experience. Transcripts printed out in hard copy did not have any identifiers on them.

A limitation in relation to maintaining confidentiality related to the researcher being a registered nurse, registered on the Nursing and Midwifery Council’s professional register. Participants’ attention was drawn to the fact that if they disclosed any information indicating that they had caused or had knowledge of any direct harm to a patient or service user that had not previously been reported, the researcher had a professional obligation to report it and uphold safeguarding principles (NMC, 2008b). This was included in the participant information sheet that formed part of the informed consent to participate in this study. This is however acknowledged as a limitation of this study as participants may have withheld elements of their experiences for fear of professional recrimination. It is worth noting that no concerns arose during the study.

3.5.3 Benefits and risks to participants

In looking at the benefits and risks of this study it was necessary to ensure that is was being carried out for a reason in that it may benefit someone. Initially it was recognised that the participants may not benefit directly, but that their input into the study may benefit future mentors faced with the decision of failing a student in their final placement. What transpired however was that the participants felt they benefitted from participating in the study by having the opportunity to reflect on their experience.
Due to the nature of the study it was not anticipated that the participants would experience any undue distress or discomfort during the interview, or that they would be disadvantaged as a result of taking part. If however the discussion of their experiences unveiled some emotions previously un-dealt with, the researcher was prepared to give the participant appropriate points of contact where they could go for further support. This was not however necessary on any occasion.

The researcher was aware of a potential power imbalance in the participant/interviewer relationship, a risk discussed by Wengraf (2001). This was addressed by stressing the researcher's role as a PhD student. Furthermore, as suggested by Wengraf (2001), participants were allowed to be in control of the interview process in terms of choosing the time and place, and the researcher tried to ensure that the interview was facilitative in nature. In addition, all participants were treated equally throughout the study and were given the same rights of consent and confidentiality.

3.6 Promoting trustworthiness, openness and resonance

Concerns over rigour in qualitative research have been well documented with the importance of demonstrating rigour attracting much debate (Mays & Pope, 1995; Koch & Harrington, 1998; Maggs-Rapport, 2001; Mill & Ogilvie, 2003; Tobin & Begley, 2004; Ballinger, 2006; de Witt & Ploeg, 2006; Koch, 2006; Rolfe, 2006; Porter, 2007). Included in this debate is the terminology used to describe what is meant by rigour.

Gadamer (2004) asserts that knowledge in the human sciences is different to that in the inductive sciences and has a different kind of objectivity attained in a dissimilar way. This has implications when considering issues of methodological rigour, especially in light of Gadamer's criticism of the application of scientific method to such studies. Gadamer suggests “the hermeneutic experience has its own rigour: that of uninterrupted listening” (Gadamer 2004, pg. 461). However, the term ‘trustworthiness’ is recommended for establishing “goodness or quality criteria” (Guba & Lincoln, 1998, pg. 210) in studies underpinned by constructivism. Therefore, for the purposes of this study the term trustworthiness is used to describe the concept.
of methodological quality (Lincoln & Guba, 1985). This study does, therefore, strive to demonstrate trustworthiness in terms of ‘uninterrupted listening’ and with the integrity involved in the process of understanding.

The concept of a decision trail has been discussed relating specifically to auditability (Sandelowski, 1986; Koch 1994). With this in mind, rationale for decisions made, selection of the underpinning philosophy and methods used have been offered throughout this thesis. The thesis outlines the bond the researcher has with this phenomenon, giving a rationale for conducting the study and outlining the study aims and objectives (chapter one); a literature review was conducted to establish a horizon and a framework of pre-understandings (chapter two), and this chapter outlines the decisions made in relation to the methodology and processes adopted to reach the study aim. Appendix four details a few selected extracts from the researcher’s research diary to demonstrate reflection and decision trail. These extracts have been chosen to supplement the decisions already discussed throughout this chapter.

Ballinger (2006) suggests that whilst it is problematic to stipulate strict criteria for evaluating trustworthiness in qualitative research, four ‘considerations’ (Ballinger, 2006 pg 240) should be given to the research process. Firstly, the study should demonstrate ‘coherence’ (Ballinger, 2006 pg 240) between the research aim and process; chapter three outlines my epistemological stance (3.2), the study’s philosophical underpinning (3.3) and the research process (3.4) which are connected and were chosen to meet the study aims. Secondly, there should be ‘evidence of systematic and careful research conduct’ (Ballinger, 2006 pg 241); section 3.4.1 details how participants were recruited, and section 3.4.2 discusses how the interviews proceeded, including the researcher’s role in facilitating the interviews. The third consideration is regarding the ‘convincing and relevant interpretation’ (Ballinger, 2006 pg 241); section 3.4.3 discusses how the texts were interpreted in this study and a visual guide for interpreting text to understand experience (figure four) was developed. In addition, chapter four provides an in depth presentation of the participants’ experiences, and chapter five discusses the findings and synthesises them with pre-understandings formed from the literature. Here pre-understandings are confirmed, challenged or are looked at in a different
light. Finally, ‘the role of the researcher’ (Ballinger, 2006 pg 242) should be considered; relating to the concept of reflexivity. Reflexivity has been used throughout this thesis.

In terms of promoting credibility of the findings, Lincoln & Guba (1985) advocate the use of participant feedback. There has been much debate on the receipt of participant feedback or ‘member checks’ in phenomenological research (Bradbury-Jones et al. 2010) and writers have advocated returning to participants for feedback or further discussion (Fleming et al. 2003; Doyle, 2007; Howlin, 2008). It is interesting to note that whilst Fleming et al (2003) do promote returning to participants for a second interview, neither Robb (2006) nor Gaidys (2007), who both contributed to the development and publication of a ‘Gadamerian-based research method’ (Fleming et al. 2003), returned to all of their participants for a second interview. Robb (2006) interviewed seventeen participants and returned to only eleven for a second interview. Similarly, Gaidys (2007) returned to only fifteen out of thirty participants for a second interview. This indicates a weakness in the development of their method and leaves their rationale for insisting on a second interview open to question.

Others suggest that it is not necessary to repeat interviews with participants over time when looking at an account of a lived experience (Steeves, 2000) and returning to participants to validate data or evaluate findings is not congruent with phenomenology (Webb & Kerven, 2001; Webb, 2003; Paley, 2005). This is particularly the case when using a process of interpretation underpinned by Gadamerian principles (Geanellos, 1998a). McConnell-Henry et al. (2011) add further to this debate by contending that returning to participants to validate the interpretation is ‘illogical’ as interpretive phenomenology does not strive to verify or generalise findings. In fact, Gadamer did not test or validate his interpretation with the participants of the conversations as his interpretations were often of historical texts (Gadamer, 1980; 2004). Whilst this could be a criticism of Gadamer’s interpretations, his philosophy puts the interpreter at the heart of the understanding and was interested in what comes out of a text (Gadamer, 2004). Gadamer’s readings are conversations with the voices behind the text (Moran, 2000) rather than with the voices themselves i.e. the participants. Tapp (2004) further supports
this practice by proposing that it is not necessary to return to the author of the text as these are often historical in nature.

As a phenomenological text is a description of the current life-world (Cushing, 1994), it is argued that revisiting the text with the participant in a second interview could in fact result in a change in the interpretation of the experience itself because they have already reflected on it, and tried to make some sense of it. Therefore if the text were to be returned to the participants, they would then become the interpreter and could interpret the text differently as a result of their own prejudices, reflections and experiences. Returning to participants for a second interview may result in them changing their perspective, or being influenced by what the researcher may appear to suggest is important (McConnell-Henry et al. 2011). McConnell-Henry et al. (2011) further add that returning to participants may result in a change of ‘meanings’ which are dependent on the researcher’s or participant’s frame of mind at that time.

The principles of hermeneutic textual interpretation and understanding of texts are ‘fixed’ expressions of life (Gadamer, 2004). Consequently, as this study is underpinned both epistemologically and ontologically by Gadamer’s (2004) philosophy, participants were interviewed once. Even so, the findings were discussed at supervisory meetings, not to substantiate the findings, as this is inappropriate in interpretive phenomenological studies (McConnell-Henry et al. 2011), but to enable me to think differently about how I interpreted them.

However, in order to promote openness and resonance with the findings, the decision was made to share the findings directly with the participants. The participants were given a choice of either reading their entire transcript and/or summary of the findings. They did all in fact request to see a report of the overall findings of the study rather than a complete transcript, and were invited to comment. Some of the participants have attended one or more of the presentations discussing the findings of the study and provided feedback on how the findings did in fact resonate with their experience. This notion of participant feedback is supported by Bradbury-Jones et al (2010) who contend that it should be a custom in phenomenological research.
Self scrutiny questions (Dahlberg et al. 2008) were further applied throughout the interviews and the process of interpretation to remain open to what the participants and the text were revealing about the experience. Whilst Dahlberg et al. (2008 pg. 202) give examples of self scrutiny questions, questions were developed specifically for use in this study and were used throughout to promote openness. These questions were reflective in nature and included: are these my own prejudices or a true representation of the experience? Am I imposing my own beliefs or pre-understandings onto the participants or the text? Have I questioned the text and meanings sufficiently to arise at a shared understanding? Are the horizons a true reflection of the nuances and themes that arose out of the text?

Taking account of the above, a framework proposed by de Witt & Ploeg (2006) for promoting trustworthiness in interpretive phenomenology has been adopted in this study. This framework was chosen because it reflects phenomenological schools of thought and considers work carried out by Madison (1988), who based his criteria on Gadamerian principles. Furthermore, de Witt & Ploeg (2006) give a detailed discussion of how the framework was developed in light of reviewing existing phenomenological interpretive literature, which, it is suggested, provides a sound basis for the applicability of the framework. The framework consists of the ‘expressions’ balanced integration, openness, concreteness, resonance and actualisation (de Witt & Ploeg, 2006). Gadamer (2004) suggests that openness does not only exist to the person who speaks, but to anyone who listens. This openness will help to promote the human bond (Gadamer, 2004) and promote resonance for the reader (de Witt and Ploeg, 2006). Table nine outlines the framework used to demonstrate how trustworthiness was promoted in this study.
### Table nine: Framework to promote trustworthiness based on de Witt & Ploeg, (2006)

<table>
<thead>
<tr>
<th>Expression</th>
<th>Strategies adopted and location within thesis sections</th>
<th>How strategy promotes trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balanced integration (weaving philosophical concepts in study methods and findings, balance between participants’ voices philosophical explanation; reflects the research process)</td>
<td>Epistemological standpoint discussed (chapter three, section 3.2).</td>
<td>Gives the reader an understanding and early indication as to how the study will enhance and develop knowledge.</td>
</tr>
<tr>
<td></td>
<td>Underpinning philosophy (Gadamer (2004) discussed and applied (chapter three, section 3.3).</td>
<td>Demonstrates that the philosophy underpins the research process, decisions and choices.</td>
</tr>
<tr>
<td></td>
<td>The philosophical concepts of horizon, prejudice and hermeneutic circle have been intertwined throughout the study. Spiral of interpretation (figure four, section 3.4.3) and phases of analysis for interpreting text developed (table six, section 3.4.3).</td>
<td>Ensures that philosophical nuances are intertwined throughout.</td>
</tr>
<tr>
<td></td>
<td>Participants recruited in a way that represented a range of individuals from different organisations (section 3.4.1).</td>
<td>Facilitated a look at different experiences in different organisations.</td>
</tr>
<tr>
<td></td>
<td>Process for collecting reflections on experience developed (figure three).</td>
<td>All participants were given the same opportunity to reflect on their experience to allow all their voices to be heard equally.</td>
</tr>
<tr>
<td></td>
<td>Thesis structure demonstrates how philosophical concepts have been woven throughout. Language used reflects philosophy.</td>
<td>Demonstrates congruency throughout the study.</td>
</tr>
<tr>
<td>Openness (methodical, overt explanation of process with rationale for decisions made; reflects the research process)</td>
<td>A diary of decisions has been maintained (extracts of reflections and decisions available in appendix four).</td>
<td>Provides an audit trail of decisions made.</td>
</tr>
<tr>
<td></td>
<td>Reflection on pre-understandings (chapter two) and development of a conceptual framework of pre-understandings (figure one). Pre-understandings revisited in discussion (chapter five). Use of self scrutiny questions.</td>
<td>Situates the researcher in the research process.</td>
</tr>
<tr>
<td></td>
<td>Methodological discussions with supervisors and presentations of study to peers.</td>
<td>Methodology and decisions questioned and tested.</td>
</tr>
<tr>
<td></td>
<td>A systematic, explicit research process (chapter three).</td>
<td>Informs the reader of how the study was conducted so that they can make judgments on the trustworthiness of the findings.</td>
</tr>
<tr>
<td></td>
<td>Interview guide did not include questions guided by existing literature, but rather included prompts to aid reflection.</td>
<td>Did not restrict answers to what was identified in the literature nor towards explicitly answering questions because of gaps in the literature. Allowed participants to fully express their experience.</td>
</tr>
<tr>
<td></td>
<td>Pre-understandings reflected on during the interpretation of the findings and presented (chapter five).</td>
<td>Demonstrates engagement in the hermeneutic circle.</td>
</tr>
<tr>
<td></td>
<td>Ethical principles considered throughout.</td>
<td>Ensures the study has been conducted in a way that is ethically sound.</td>
</tr>
<tr>
<td></td>
<td>Study strengths and limitations discussed (section 6.4)</td>
<td>Demonstrates reflexive nature and recognises the limitations of this study</td>
</tr>
<tr>
<td>Expression</td>
<td>Strategies adopted and location within thesis sections</td>
<td>How strategy promotes trustworthiness</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Concreteness</strong> (applicability to practice; addresses the research outcome)</td>
<td>Findings presented in a coherent manner (chapters four and five).</td>
<td>Study findings stimulate the reader</td>
</tr>
<tr>
<td></td>
<td>The text connects readers to the phenomenon (chapters four and five).</td>
<td>Allows the reader to understand the experience</td>
</tr>
<tr>
<td></td>
<td>The process for interpreting the text is provided (sections 3.4.3).</td>
<td>Allows the reader to make their own judgements about the interpretation</td>
</tr>
<tr>
<td></td>
<td>Quotes from the text are included to give the reader a real feel for the experience (chapter four).</td>
<td>Quotes will enable the reader to relate the experience to their own mentoring practices</td>
</tr>
<tr>
<td></td>
<td>Findings discussed with supervisors.</td>
<td>Enabled me to question the text and look at it differently</td>
</tr>
<tr>
<td><strong>Resonance</strong> (reader’s felt effect of reading study findings; addresses the research outcome)</td>
<td>Findings presented at the 2010 RCN Education Forum Partners in Practice conference (Black, 2010a), three partnership days with mentors (University of Bedfordshire), methodology presented at the 2010 RCN International Nursing Research Conference (Black, 2010b).</td>
<td>Enabled me to gauge the extent to which the findings resonate with mentors and those involved with educating pre-registration nursing students. Participants who have attended the presentations have commented that the findings resonate with their experience. Other mentors have commented on how the findings resonate with their own practice</td>
</tr>
<tr>
<td></td>
<td>Findings presented in a way that will allow readers to gain a real insight into the experience (chapter four).</td>
<td>Readers will be able to judge the subjective reality of the experience</td>
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<tr>
<td><strong>Actualisation</strong> (future realization of study findings; addresses the research outcome)</td>
<td>Recommendations made for mentoring practice (section 6.3.1).</td>
<td>Application of findings to mentors’ own mentoring practice</td>
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<td>Recommendations made for future mentoring policy makers and nurse educators (section 6.3.2).</td>
<td>Application of findings to future mentoring policy makers and nurse educators involved in the assurance of fitness for practice</td>
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<td>Recommendations made for future research (section 6.3.3).</td>
<td>Promotes future research</td>
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### 3.7 Chapter summary

This chapter has demonstrated the rationale for the methodological decisions underpinning this study. It summarised the characteristics and recruitment of participants and discussed how the texts were generated through facilitated reflection in an interview. A guide demonstrating the process of interpreting and understanding the interview text was then presented. A discussion ensued relating to the ethical considerations made during this study which was followed by a illustration of how trustworthiness was promoted throughout the research process. Reflexivity was demonstrated throughout by justifying decisions made. Chapter four focuses on the findings of the study by sharing the interpretation of the experience of failing a pre-registration nursing student in their final placement.
Chapter Four: Interpreting being: meanings and perceptions

4.1 Introduction

Having discussed the intricacies of adopting Gadamer's philosophy in the research process, and shown how a process of understanding the mentors’ experience was applied (chapter three), this chapter will provide the outcome of that process; an interpretation of the mentor experience. The phases of analysis outlined in table six (chapter three, section 3.4.3) were followed. This chapter focuses on presenting the interpretation of the findings resulting from me familiarising myself with the text, engaging in a dialogue with the text, and developing an understanding of what it is like to be a mentor faced with a decision to fail in the final placement.

In ‘dialogue and dialectic’ (Gadamer, 1980) and in, what is said to be an extended example of the interpretive technique (Smith, 1986), ‘the idea of good in Platonico-Aristotelian philosophy’ (Gadamer, 1986), Gadamer interprets Plato’s and Aristotle’s writings. Whilst Gadamer demonstrates his questioning of text and the essence of words used he does not provide explicit guidance on how to present findings in a research situation. Writers including Spence, 2001; Tapp (2004); Spence (2005); Robb (2006); Gaidys (2007); Spence & Smythe (2007); Uhrenfeldt & Hall (2007); Lindwall & von Post (2008) and Råholm (2008) have underpinned their research with Gadamer’s philosophy and presented the meanings emanating out of texts, and these were referred to for guidance when developing this chapter. These presentations include interpretation interwoven with quotes from the text, usually participants’ quotes. As this study is about the mentors’ subjective world the inclusion of quotes in this chapter serves to promote openness and concreteness (de Witt & Ploeg, 2006) rather than to repeat what has been said in the interpretation.

The interpretation presented in this chapter will not take the form of concrete themes (Paley, 2005). However, whilst nineteen separate conversations formed the text upon which the interpretation was carried out, as Gadamer

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6 The term ‘world’ refers to their being as a mentor who has failed a final placement student, in their world, as a final placement mentor.
(1980) discusses the mutual position as an indicator of truth, the interpretation is presented as a whole. It is posited that this will reveal greater depth in terms of the meanings attached to the experience. The findings are therefore presented as meanings and are interrelated (Norlyk & Harder, 2010) in an attempt to unite the horizons of the experience (Dahlberg et al, 2008) rather than to generalise it.

In order to demonstrate the integrity of the findings and the new horizon, principles of Gadamer’s philosophy will be evident throughout, particularly in relation to the dialectic nature of the interpretation (Gadamer, 2004). In interpreting the text I not only had to search for the meaning, but I had to question why the meaning transpired (Dahlberg et al, 2008). Whilst the questioning related to the research questions identified at the end of section 2.9, there were also specific questions that were asked as a result of the horizons emerging out of the text. Each main section will therefore begin with an indication of the dialogue in terms of the questions that were asked of the text.

Understanding, from Gadamer’s (2004) point of view, is to convey an event, in this case into words. As advocated by Gadamer (2004), these words are my words as I am representing the words of those whom I endeavour to understand. The chapter therefore presents the reader with an interpretation of the experience as seen through my eyes; the eyes of the interpreter, as my horizons fuse with the mentors’ horizons as detailed in the text (Gadamer, 2004).

This chapter details being in terms of being a mentor who has experienced failing a pre-registration nursing student in their final placement. In reading the texts to interpret this being and comprehend a sense of the whole, four horizons emerged uniting the experience as a whole. These horizons will take the reader through an understanding of mentors’ expectations of being fit for practice (4.2), the consequences of failure (4.3), the act of ‘failing’ in the final placement (4.4) and the concept of self realisation(4.5). It was necessary to classify the horizons in this way to organise the rich material that was collected, as suggested by Paley (2005). Each of the horizons is presented from the mentor perspective and is underpinned by individual (identified by the
use of quotations from the text) and shared nuances and meanings. This chapter will provide an insight into these horizons as experienced by the nineteen mentors\(^9\). This chapter will not validate or generate new theory but will demonstrate the creation of new possibilities in order to understand the experience differently (Tapp, 2004). The four horizons will underpin chapter five, which focuses on a synthesis with pre-understandings and current literature\(^10\).

**4.2 Mentor expectations of being fit for practice**

There is a general sense of optimism emerging out of the text\(^11\) about the prospect of being able to support a student in their final placement suggesting that it ought to be a positive experience and there is a kind of ‘knowing’ in terms of what to expect. Preparation for a final placement student is made with these expectations in mind. It is however, with a hint of disappointment, that the actual experience is different to that expected. Perceptions about the meaning of ‘being’ fit for practice are shared across individual expressions of the experience; the understanding of this ‘being’ appears generally unanimous. These expectations were questioned in order to locate the mentor’s thoughts before reaching the end point of the decision to fail. The meanings attached to ‘being’ fit for practice are presented in terms of ‘polishing the rough diamond’ and the ‘whole package’.

**4.2.1 Polishing the rough diamond**

Early readings of the text identified a sense that the final placement is a special placement that has a different meaning to previous placements. The nuances that underpin this interpretation can be found in mind map one (appendix one). What then does this final placement mean to mentors? In questioning this meaning, it seems as though there is much ‘more’ to this placement. Mentors expect more of the student but in turn expect that they should have to do less as a mentor. Polishing the rough diamond best describes the mentors’ perceptions in terms of their expectations of a final placement student and the purpose of the final placement.

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\(^9\) In presenting this interpretation, the term ‘mentor[s]’ is used to denote experiences of the participants in this study and is not referring to mentors more widely, unless the term ‘previous mentor[s]’ is used.

\(^10\) i.e. the parts associated with the whole

\(^11\) ‘Text’ refers to the whole text that developed as a result of transcribing the interviews. Quotes are used to denote the individual participant’s perceptions, thought and reflections.
There is a real impression that the overall expectation of students in their final placement is that they should be able to be ‘act’ like a registered nurse in terms of performing at that level.

“I’d like to see them functioning as a staff nurse before they get their registration and that’s what I would expect.” (M16)

What then does this mean? Is it that students should be doing everything that a registered nurse does? It would appear that the final placement is seen as a ‘special’ time in the student’s transition to registered status. The final placement is seen as a time where students should be practicing to be a qualified nurse and almost polishing their skills and abilities, particularly after nearly three years of nursing education.

“They are working as a nurse they just need the last few tweaks here and there, it’s just kind of tweaking here and there and improving somebody.” (M02)

This is further apparent in terms of how students are expected to think. They are expected to think more widely in terms of what they have got to do and the time they have got to do it, the impact of their decisions and their practice.

“I say to students ‘you need to be thinking as a staff nurse now, I know you’re not a staff nurse yet but this is the way I want you to be thinking.’” (M08)

“They’ve done three years, when they get to me they’re almost staff nurses at that stage…I know they’re [final placement], they’re not qualified and all the rest of it but they will be next week; they were on the cusp and they should be thinking the whole picture.” (M04)

The final placement is seen as the student’s last opportunity to demonstrate that they are capable and able to be a registered nurse and therefore able to enter onto the professional register. There is a clear sense that this is the students’ last chance.

“They’ve got to start learning that at this stage, this is their last hope really where they’ve got to pull it all together and that’s another thing I always say to them, this is your last chance.” (M04)

The emphasis placed on this final placement is significant. Acting like a registered nurse at this stage requires students to be functioning at a certain level. So what then is this ‘level’? There seems to be an underlying acceptance and understanding of what this level is, which also includes ‘being
at the right stage' without actually articulating what it is. It is therefore necessary to interpret what this means. Regardless of meaning, it is an expected level that will enable the student to progress further.

There is a sense that the student should be able to progress their skills further so that they can develop the skills to manage a larger group of patients or service users. This includes the student being able to manage a small caseload, having good knowledge, act professionally and communicate between teams. Performing to a certain level then encompasses being able to manage a group of patients and provide nursing care, demonstrate the ability to make decisions relating to care provision, delegate duties and work within a multidisciplinary framework.

“But there are certain things, it doesn’t matter where you work, you should have reached a certain standard, so your expectations of a [final placement] student are to communicate appropriately, certainly to act professionally... they should definitely have a certain level of behaviour.” (M05)

“At the final placement of a student, expect them to be managing a group of patients under supervision because obviously, within a space of time, they’re going to be doing that without supervision.” (M03)

In ‘polishing the rough diamond’ there is a reliance on students being more independent in the final placement and this contributes to ‘being’ fit for practice. This relates to the mentor having to do less with their student. There is an expectation that students should require minimal supervision and not need guidance all the time. High levels of student dependency are not expected. This seems to be the expected norm and there is a sense of astonishment when students deviate from this expected norm.

“I had to give her quite a lot of guidance, far more than you would normally expect to give.” (M05)

“That was quite shocking as far as I was concerned. He was just not proactive at all. He had to be told all the time what to do.” (M14)

So what degree of independence is expected at this stage? There is an expectation that the experience students have had up to this point would have prepared them for being more independent. This preparation should have equipped the students to carry out fundamental skills with confidence. There is also an expected level of trust in that the student should be trusted to make care management decisions and take the lead.
“She did not perform to [final placement] standards....she needed a lot of support in just basic things really, from frequency of observations to paperwork to just about every aspect really and very unsure of herself, no confidence...I wouldn’t have insisted upon me working with her 100% of the time and I would not have expected to have to watch her every move. I would expect that when students get to [the final placement] they would be taking their own patients, would be taking a fair amount of responsibility and certainly accountability for their actions.” (M12)

“She would wait for direction rather than taking the initiative and saying ‘this patient needs so and so now’.” (M10)

It is interesting that whilst there are expectations in terms of the level of a student’s performance, there is acknowledgement that the standards expected are high. Does this then mean that these final placement mentors have higher expectations of what being fit for practice is? This nuance of being different to other mentors will be discussed in greater detail later. There is nevertheless an agreement that expectations should be high.

“I do expect quite a lot from them, but I make it quite clear as soon as they start.” (M18)

“I think sometimes my expectations of students are high but then, why shouldn’t they be?” (M16)

Expecting a lot does not relate to knowing specialist skills or knowing everything. Having high expectations relates to the transferable skills that a student should carry with them into registered status. These transferable skills are skills learnt in previous placements that are then brought to the final placement. This would appear to suggest that a degree of adaptability is required. There is general recognition that different student’s function at different levels, in different environments and there is no indication that students are expected to be able to function perfectly in a particular speciality.

“You know I don’t expect people to know everything because you don’t, but there are certain things you need to know.” (M14)

“It’s about applying the theory and their previous practice in other practice areas, and saying ‘well that fits there and I can use that skill there’. you have to learn to adjust and fit. She didn’t seem to be able to transfer those skills.” (M19)

“You have some nurses and they’ll do really well in an acute area but you have others who are excellent nurses but they are not good in an
However, to enable the polishing of practice, there is a common understanding that students should have the skills that would enable them to function ‘safely’ in any environment related to their field of nursing. This notion of safety manifests as the ability to demonstrate common principles that remain constant regardless of the type of placement; for example, the essentials of nursing care. It would seem that if these principles are inherent, the student should be able to adapt to most environments.

In looking at these particular experiences, and the expectations that mentors had of their students, the level of expectation appears to increase suddenly as the student reaches their final placement. In answering the question posed, it would seem that the meaning attached to this final placement is the performance of ‘being’ like a registered nurse. Mentors expect their student to be able to perform.

4.2.2 The whole package
A sense of expecting a student to be fit for practice also emerged as an expectation. The nuances that underpin this interpretation can be found in mind map two (appendix one). What then does being fit for practice mean to these mentors and is it about anything other than the performance? ‘Being’ the whole package emerged out of the text as an essential meaning of ‘being’ fit for practice. This whole package represents what the student should look like in the metaphorical sense. Knowing what the whole package looks like seems significant in underpinning mentors’ decisions when determining their students’ capacity to nurse. Nuances of the text indicate an expectation, and indeed a belief, that in being a whole package, students should have the right knowledge, attitudes, behaviours and skills. Only then are they fit for practice.

4.2.2.1 The right knowledge
In terms of knowledge there is a general consensus that being ‘bright’ is important. However, it appears that being bright academically does not necessarily equate with an ability to function effectively and knowledgably in 

*acute area but they would do really well on a rehab area or in the community, but you can tell that they've got it all there." (M04)*
practice. In addition, having the knowledge does not automatically mean there is the ability to actually apply it to practice.

“She knew a lot of the words and that kind of stuff, but she couldn’t process things...She was very good academically, she had no problems, she had high scores in her essays. She just couldn’t do the physical, the ‘doing’ side of it and that’s what was frustrating because I couldn’t show her, she just couldn’t see the connection.” (M10)

“The written work was up to standard, so the knowledge was there but it’s putting it into practice and I don’t think he’d actually managed to do that.” (M11)

It would seem generally that the students’ ability to apply theory to practice was poor, and that the two were in fact noticeably separate. This was also the case where students had demonstrated academic success. Whilst students were able to demonstrate that they did have some knowledge academically, they were not able to make the links between the theory and their practice, which appears to be a cause of much frustration.

“I think the theory and the practice is still very separate unfortunately!” (M18)

“They couldn’t discuss basic care, if they can’t do that, how do you go on to discuss more specialised, and this was a specialist area where things had to be done!” (M15)

Having a breadth of knowledge is an indicative part of the whole package. There is in fact a sense of astonishment at lack of knowledge exhibited by some of the students, as there was with taking in knowledge and comprehending it. Having a breadth of knowledge would also seem to impact on the notion of polishing practice. This expected breadth of knowledge seems to encompass nursing theories, concepts, and care provision. Again, as with the levels of supervision, there is reliance that on reaching their final placement, students have a certain level of knowledge to build on. It would appear that some students have specific problems in the final placement, for example an inability to identify and discuss ethical issues relating to their patient group. Others battle with relating policy to their practice, and some students appear unable to demonstrate their knowledge of anatomy and physiology, and how this underpins practice.

“It was quite noticeable that she was actually not taking in the bigger issues and the ethical issues.” (M04)
“It was their clinical knowledge that let them down. Very early on in the conversation, you realised their level of A&P knowledge was virtually non-existent. When you asked them just simple A&P, it just wasn’t there. They couldn’t underpin decisions with policy or A&P; there was nothing to underpin their practice.” (M15)

Medicines management is raised as a particular concern with some students being unable to manage medicines safely. It is generally accepted that students are expected to be one hundred percent accurate with their basic drug calculations, but this was often not the case.

“Her maths was absolutely shocking, unbelievably bad and very dangerous. I couldn’t pass her because her calculations were just so appalling.” (M12)

“It was mainly her whole approach to patients and the drug error and the calculations, that she couldn’t do basic calculations. Yet the theory when she was in the classroom, she passed the theory of it quite well. But in practice, to get her to work out a simple 1000mls over six or eight hours took quite a long time.” (M08)

What then encompasses this ‘accuracy’? There must also be a ‘whole’ in terms of medicines management. The ability to calculate medicines safely would appear to be one layer. The other layers relate to the use of correct policies and processes of administering medication. There must also be an adequate level of knowledge and understanding of medication.

“The other thing was we took her on drug rounds and her knowledge of drugs was poor for someone who would be responsible for administering drugs. She knew the procedure and could follow the procedure to the letter but her knowledge of the drugs themselves was poor.” (M16)

“He knew very, very little about medication.” (M14)

“She just didn’t really know the basics of how to administer drugs, if we asked her to write some notes it would take five or six rough attempts before they even started to resemble anything like we thought was acceptable.” (M02)

The notion of ‘gaps’ in knowledge is also apparent; knowledge that should underpin care delivery. Gaps are expressed in terms of global gaps or specific gaps.

“The whole global knowledge wasn’t there, she couldn’t hone in on specifics and retain what to do with an acute event, what were the first actions she would take despite I know she’d been taught that.” (M16)
“When you asked them just simple A&P, it just wasn’t there. When you wanted to discuss things and say ‘this is happening to your patient, why are we doing it in this way, how have you seem it done?’” (M15)

Where expressed, this gap was seen as being too big. Where this was an issue it would seem that students were unable to fill the gaps and therefore not develop further. There is some consensus that mentors should not be expected to have to fill that perceived gap.

“...but they just had so much to learn because for whatever reason, I don’t know how they got as far as they got, they just had nothing to look back on.” (M15)

“It was that big a gap! It was huge and I’m surprised that he got through academically.” (M18)

4.2.2.2 The right attitudes and behaviours

A further part of the whole package relates to the student’s attitudes and behaviours. A great emphasis is placed on these in determining the capacity to nurse. Possessing certain ‘qualities’ appear to be important and include ‘being sweet’, ‘well meaning’, ‘pleasant’, ‘smiling’, ‘a lovely girl’ and ‘nice guy’, indicating that generally these students were ‘nice people’.

“Basically it was a very nice student. It was very difficult, they actually worked very well. Everybody liked them... They were very, very nice, always pleasant, always smiling, never miserable, never unhappy. You would just love to have them in your ward team.” (M15)

“She was a lovely girl. She was genuinely a nice girl who practically probably could make a good nurse.” (M03)

However a perception exists that it may have been these qualities that took precedence over competence in previous placements and that where this may have been the case, students progressed because they were nice people. This is nonetheless deemed as an inappropriate, sole reason for progressing and it does evoke some emotion.

“Nursing, because it’s a caring profession people [mentors] think ‘oh they’re so nice to the patients, how can they fail them?’ But it’s not about that really... I didn’t just let somebody through because I thought they had a nice smile; they had to come up to standard. You have to be tough!” (M11)

“As for me, what do I think fitness for practice is? Well it’s certainly not the student who makes cups of tea and is nice to everybody!” (M17)
This gives an impression that there is a perceived difference between mentors in how much importance is placed on these qualities, and indeed a difference between those who place more emphasis on qualities and those who see qualities as less important.

Whilst there is a general acknowledgement that ‘being nice’ in particular is a positive attribute to possess, when faced with a student who is failing to perform to the required standard, for some other mentors, it is difficult to put this subjective measure aside. There is a strong sense that judgements about competence or performance could be clouded by a student ‘being nice’ and getting on well with the team. However the student must be able to do the job of a registered nurse rather than just be nice.

“Well he was a nice guy but that was it. He couldn’t do the job.” (M18)

Being a nurse involves behaving in a certain ‘way’. This ‘way’ is professional which encompasses responsibility, accountability, conduct, behaviour, working as a team, being able to adapt and willingness to develop. An overarching belief exists that being professional is down to attitude; having the ‘right’ attitude. What then is the ‘right’ attitude? Wanting to be ‘there’; wanting to be a nurse and adhere to professional nursing requirements is elemental. It is about putting patient first.

“Attitude does answer to a lot, their attitude to adapt and be flexible and in this clinical placement. It should be everyone’s attitude that they want to be a nurse. I still think they should have the attitude that they’re going to be a registered nurse and understand the importance of that and I don’t think they do necessarily.” (M09)

“I think that’s [attitude] fundamentally very important, but I don’t think they come into nursing with the idea that that is the most important thing; that a patient comes first and what you do and what you say is the most important thing.” (M11)

Seemingly, it is easier to express and determine what is meant by the ‘wrong’ attitude. The wrong attitude is more readily expressed in terms of ‘bad’ behaviours such as arriving late to work or not turning up for work. Additionally, whilst manifesting as ‘behaviour’, the way in which a student conducts him or herself with others appears to be indicative of their attitude. Behaviours such as talking over a patient and being over familiar with patients and team members are seen as unprofessional and inappropriate.
“The main problem that people seemed to be reporting back was that she communicated inappropriately with patients.... it was reported that she was quite inappropriate with the patients and becoming over friendly with them...To act professionally; not to speak over patients...they should definitely have a certain level of behaviour” (M05)

“Somebody who is unprofessional, maybe a bit over familiar with the team, talking over the patient to somebody else, not focussing on the patient at all.” (M06)

“Being a little bit more generous with her own information to the patients and being generous outside the workplace with the patient’s information.” (M04)

Engaging and being proactive in learning and acknowledging limitations are also important in being the whole package. There is a general consensus that it is more important for the student to ask for support then to try and manage alone. This includes being able to acknowledge limitations and accept mistakes. Students who felt they could go it alone were seen as unsafe. This again is related to attitude.

“That scares me that you’re prepared to jump in with an answer to something that you have no knowledge about rather than put your hands up and say ‘I don’t know’.” (M09)

“She made a mistake and the mistakes I saw her make were minor things really but she would say ‘it wasn’t me’ or ‘it wasn’t my fault’ or ‘nobody told me’... couldn’t accept her mistake.” (M12)

“If you’re not afraid to say ‘I don’t know, please help me’ then you’re fit for practice. But if you’re arrogant and you think you know it all, that’s dangerous, because you’re more likely to make mistakes and cover them up.” (M17)

In looking at the requirements of the whole package, it is also necessary to really question whether or not the student is the right person. This notion of the right person strongly relates to whether or not the student has the right attitude. If they do not have the right attitude then it would seem that they are not the right person, and therefore not fit for practice.

“It’s everything; it’s the whole person...So it’s not just looking at one thing it’s looking at everything, making the ‘nurse package’. It’s an old fashioned thing really isn’t it? You have to be a caring person. You can’t just say, I could be a nurse, it’s a whole person. It’s to do with the person isn’t it? I suppose you’ve either got it or you haven’t got it. I don’t think it’s something you can teach.” (M04)
“Is it an attitudinal thing? Is it a behavioural thing?... Or is it a knowledge base? ...If it's a behavioural thing then the sort of question mark is should this person be here? And if it is an attitudinal problem then I suspect they shouldn’t.” (M07)

4.2.2.3 The right skills

Having the knowledge and displaying the right attitude and behaviours are parts of what it means to be fit for practice. A student must also possess the right skills. It would appear that ‘good’ communication skills are a common indicator of being a whole package and therefore being fit for practice. The understanding of ‘good’ communication skills encompasses being able to communicate well with everybody, showing the ability to receive different types of information and convey information to a variety of people in different ways. It is about connecting with people.

“You’ve got to be able to communicate, you’ve got to be able to get on with people, to have a rapport with people, parents, children, families and friends...being able to communicate well with everybody” (M01)

“The ability to engage with people, to understand and to work with them.” (M07)

“You could be an excellent nurse skills-wise, you know, doing your dressings, doing your drugs and theoretically could be fine but you might not have any people skills – you may not actually connect with the patient you know, you go in, do your dressing, come out, you go in you do your drugs you come out – it’s that sort of thing. It’s the person who goes and actually engages in conversation with the patient and doesn’t do everything autocratically; they actually discuss things with the patient, talking together; there’s that rapport.” (M04)

From the mentor perspective, for most of these students, their problems with communicating were not subtle, but appear to be related to fundamental deficits in the ability to communicate effectively both verbally and in writing, and they weren’t able to show improvement.

“She could pick up she was worried about the patient but she couldn’t articulate what was worrying.” (M16)

“She didn’t listen to the patients when they were asking for things.” (M01)

Further skills are highlighted as being fundamental. It would seem that part of being a whole package is being able to use initiative in identifying issues and acting upon them. Should a student have these skills at this stage or is it
something they can develop? There appears to be two levels to this. There is some assumption that the student should already possess these skills on entering the final placement so that they could develop further. But this is also about the capacity to use initiative and act appropriately. However, it looks as though these students were not always able to use their initiative with general nursing issues, or with the patients in identifying health concerns. Is this then a standalone skill or part of something more? Using initiative and identifying issues is seen as part of the skill of managing care. Being able to stand back, look at the wider issues of care delivery, and identify how these issues are to be addressed, is seemingly fundamental. Students should be able to hone in on identifying actual or potential problems; know about their patients, identify who is most at risk, and know the appropriate course of action.

“The initiative wasn’t there; she couldn’t see that the patient had a problem with the blood pressure and what would you do with it afterwards.” (M10)

“She couldn’t hone in on the specifics and retain what to do...She couldn’t name the sickest patient on the ward after four and a half hours on the shift and this is someone we want to be taking charge of the ward. I wouldn’t want her in charge.” (M16)

“Simple things like they look at the patients that they are going to be looking after, the person that they’re working with, make a plan, go round and talk to those patients, communicate with the person they’re working with and understand what they can or can’t do and get to grips with the sort of goals that they need to achieve for that day.” (M06)

Knowing what is happening and looking at the wider issues requires organisation, which mentors comprehend as being able to understand processes and make connections. It would appear that where this skill had been developed, the ability to prioritise care could improve. However, there is a general feeling that students were not able to prioritise care effectively and were disorganised in their approach to managing care.

“You need to stop that, stand back and look at the bigger picture and then think how you are going to address it, how you are going to organise it slightly different, you know, are you going to ask that carer if she’s had a break, those kind of issues without running around and doing everything yourself because you can’t do it.” (M09)

“They’ve got to understand what’s going on in the background...You’ve got to understand what else is out there – I know there’s this phrase ‘the bigger picture’, but its true isn’t it, we do need to see it bigger than it is for you; you’ve got to see what connects with what and what the implications are...What is her observation of the situation?” (M04)
This aptitude to problem solve is seen as another essential component. Here again, it is more than being able to problem solve, it is about having the capacity to develop these skills further. This means that on observing a situation, the student should be able to take information on board, then analyse and make sense of that information. It is this ability to articulate a course of action in a logical manner that seems important.

“To start to see the connections between what’s happening physiologically with your patients, and then taking the logical steps to sorting out those problems.... At the end she still hadn’t made that connection on how to take that step of looking after the patients that step further.” (M10)

The ability to preserve patient safety is seen as a skill. Preserving patient safety means, on encountering a situation, the ability to recognise the next steps, the ability to think and act fast, to observe and organise. It also encompasses the skills to assess for actual and potential risks to safety.

“She wasn’t aware of the patient deteriorating, ‘what’s the next step, what do you do then?’ You need to think fast and act fast, get things moving really quickly because you’re the one who’s key.” (M08)

“She’d washed the patients, she’d done the medicines on those patients and she’d got the paperwork up to date on those patients...I said ‘is this patient at risk of pressure sores...in your clinical judgement, is this patient at risk of pressure sores and are they on the right mattress? But she couldn’t give me an answer.’” (M16)

Being fit for practice is about more than performing skills in isolation. Some students were good at performing skills but were only able to do so in isolation. There had to be some form of reasoning in terms of what they were doing and why.

“It’s somebody who can think, and somebody who say well...who can reason. If you can think and you can reason on your practice, that for me that is very important. You may not be the best at doing bandages or making beds, or keeping the sluice clean, but if you can reason. If you can reason, if you can think on your toes, if you can problem solve ....then you’re fit for practice.” (M17)

The skills to manage care are about completeness, making sure everything is completed, including all relevant documentation and care. Students who failed because of their inability to manage care were incomplete in being able to deliver the whole package and manage care effectively. As highlighted in
section 4.2.1 there is an element of trust involved in that mentors had to be able to trust that care was completed. ‘Completeness’ relates to the safety of the care the student delivers.

“Sort of things like documentation; she did it but she never did it completely – there were always gaps in whatever she did. I never felt that she actually fulfilled a ‘pathway’...she hadn’t done the...bits and pieces so there was never completeness about her.” (M04)

“Care wouldn’t be given or wouldn’t be done or perhaps wouldn’t be recorded or documentation wouldn’t quite match what was going on.” (M03)

Some interesting comparisons are apparent in relation to the student’s performance of skills and a health care assistant’s (HCA) level of performance, indicating that the right skills are different skills. These comparisons indicate a criterion against which students are measured. This may suggest that the mentors had to know what constituted a good HCA and what constituted a poor HCA in order to judge whether or not the student was performing at a level higher than a HCA. This may also indicate a form of norm referencing.

“I’ve seen better health care assistants which is worrying isn’t it?” (M16)

“I mean just generally he wasn’t just functioning as well as a health care assistant. That’s how poor the standard was.” (M18)

“I think she would be very good as a health care assistant, excellent health care assistant.” (M04)

Where students had previously been health care assistants or were carrying out health care assistant work in addition to their student role, there is a sense that the student had difficulty in separating the two roles or detaching themselves from the HCA role in order to advance up to the level of a registered nurse. This is a cause of concern from the mentor perspective.

“If they’ve been a care assistant for years and years and years; they’re the harder ones to actually get them to understand the transition from carer to practitioner and the implications that it brings with it.” (M09)

“She couldn’t take it from the step of being a fantastic health care assistant to that of being a staff nurse. She just couldn’t take that step.” (M10)

“I think she had difficulty letting go of that health care assistant role and the lack of responsibility. When she did her health care assistant work on bank I think she was very happy because she was a health care
4.2.3 Challenging pre-understandings

To summarise the mentor perception of ‘being’ fit for practice, it is clear that they have a vision of what they believe it to be. Mentors understand the final placement as being a period of time where the rough edges are polished off a student’s practice. Yet the extent to which this can be facilitated is reliant on the student possessing the skills and abilities of a registered nurse who is ‘not quite ready yet’. If a student is not at this level in the final placement the transition to registered status will be hampered and they may struggle to meet fitness for practice requirements by the end of that placement. The final placement is seen as a time where they, as mentors, help the student to polish their practice in order to fulfil this vision. This vision appears to underpin decision making and influence the way in which they made judgements on their students in the final placement.

The vision is not only a culmination of a comprehensive baseline knowledge to underpin nursing care and decisions, the right professional attitudes and behaviours towards the role and care situations and a range of transferrable physical, nursing and care management skills, but it includes an element of being the right person. Ultimately the nurse is the person people turn to in a crisis. It is about being the whole person, the right person, delivering a whole package of knowledge, attitudes, behaviours and skills. All elements are perceived as equally important and there was a sense that compromise or compensation of one element for another was unacceptable. In all cases, there was something missing from this whole package. Mentors had an understanding of all the components of ‘being’ fit for practice in order to make a sound decision. It is this whole package that makes a student fit for practice at the point of registration. It is an understanding of what it means to be fit for practice that contributes to the mentors’ decision to fail a student at this stage.

An interesting question arises as to whether or not being the whole package is something you can teach? Despite engaging in three years of nursing education, it appears that not all aspects of the whole package can be learnt.
It therefore seems that there is only so much that a mentor can do to help the student in their quest for registered status. There is a strong belief that it is ultimately the student’s responsibility to demonstrate their fitness for practice. It appears that it is important to know when to draw the line with their students. After taking account of the deficits in a student’s knowledge, attitudes, behaviours and skills, a decision has to be made.

**Figure five: Summary of dialogue & questions answered in section 4.2**

The meanings underpinning mentor expectations of ‘being’ fit for practice; ‘polishing the rough diamond’ and being the ‘whole package’, have challenged the pre-understandings summarised in section 2.9 particularly in relation to mentors’ understanding of their role and their decision making. Figure five summarises the dialogue with the text in relation to the research questions
and the additional questions that were answered in this section. It also summarises the triggers for the additional questions.

At the outset of this study, there was minimal appreciation for how mentors’ expectations of final placement students provided criteria for judging students at that stage. Mentors were clear about what they expected. More significantly, there is now a greater admiration for the extent to which mentors were not willing to compromise on their vision of a student who should pass the final placement and be allowed to enter onto the professional nursing register.

4.3 The consequences of failure

There is a sense of consequence that emerges out of the text; these are seen as the consequences of failure. These consequences are multifaceted but relate to ‘doing nothing’ and the ‘personal price’. Doing nothing can be grouped into two significant representations of the mentor experience. Mentors perceive the failure to act in terms of a failure to address a student’s deficits and a failure to challenge the student, as the primary reasons for students reaching this final stage and failing. The second representation of the mentor experience is the sense that mentors had to pay a substantial personal price in failing the student. This personal price relates to the emotional responses to having to fail the student. These emotions were felt both physically and psychologically.

4.3.1 Doing nothing

In the early readings of the text there was a sense that mentors had tried to reason why and how their student had reached the final placement. The nuances that underpin this interpretation can be found in mind map three (appendix one). Other than the students’ performance in the final placement, it was necessary to question mentors’ perceptions about how they thought the student had progressed. So how had this happened?

Being faced with a student who is failing in the final placement is unexpected. A number of questions arise as to how this could have happened and how this situation happened. There is a clear sense of astonishment and surprise.
expressed at how a student could reach the final placement and be performing at a level lower than expected.

“You wonder how they got that far...It didn’t seem possible that someone could get so far in their training, demonstrating so little.” (M15)

“I was very surprised that someone could get that far in their training and it not being picked up...How did she get that far? (M16)

“Oh my goodness! How did this student get as far in the course and how did this actually happen?” (M17)

Questions relating to how this situation occurred are posed to try and rationalise how the student had been allowed to progress. There is clear concern that the students’ problems had not been addressed; a strong sense of ‘doing nothing’ surfaces, particularly as, in general, there was often little evidence that there had been problems previously.

“I said to myself, ‘how did he get through to that stage?’ What has happened before, why wasn’t it picked up, why now? How do you allow someone to progress?” (M13)

“Nobody had ever said that this had been an issue before.” (M05)

Questions of ‘how’ this situation occurred are also reflected in feedback given by students. There seemed to be some misunderstanding expressed by students who asked similar questions about how they had been passed up until this point. From the mentor perspective it would appear that students were not always aware of deficits in their practice and did not understand why they were now failing. Whilst there was no evidence to suggest that students had not been told verbally their deficits, there was no written evidence to indicate that they had.

“It was like ‘well why are you thinking of questioning me about this’.” (M08)

“You can imagine that their response is quite defensive and the fact that ‘what’s wrong, I’ve got this far and now you’re telling me I’m not good enough’.” (M18)

“They didn’t realise. They’d got through; they’d been signed off by everybody.” (M15)
4.3.1.1 A failure to act

One of the significant perceptions and understandings about how this happened relates to a failure to act. This failure to act is seen as having a consequence for these final placement mentors. Suppositions are made that students may have had issues throughout all of their previous placements. A belief exists that the problems students were having in their final placement were not new and that the problems had probably been present from an earlier stage in the course. There is a clear sense that previous mentors had failed to act on the students deficits in practice. The notion that the student had problems throughout the course is shared.

“They hadn’t actually failed anywhere but there’d always been issues... It was evident that there were problems right from the beginning so I don’t know really why that wasn’t addressed...I would imagine there had been issues all along.” (M11)

“I just think there may have been something trickling from the first [placement] that’s been tracking all the way through...I think if they get to this stage, then there’s been a problem along the way.” (M04)

“They were not applying things, and that just didn’t happen overnight... They’d obviously been like this from day one.” (M15)

There is a further perception that the students had not been told about their deficiencies in previous placements; that whilst they had had their individual skills ‘signed off’, these students had not received sufficient feedback to guide them on their development as a whole. There is a sense that students needed to be told what they have to focus on in subsequent placements and not see them as separate learning experiences. Previous feedback therefore appears to have been insufficient.

“But if you’re not told you have a problem then how can you deal with it really?” (M03)

“...but students say they don’t get feedback Or ‘what sort of feedback are you getting?’...’None’. ‘What do you mean none? Don’t you ever get’...’no’.” (M15)

Suggestions indicate that this may be because there is a fear of actually telling the student what their deficits are. Or, that it is too difficult to do so. There is a sense that some previous mentors may ‘opt out’ of addressing a student’s deficits because of a fear of confrontation.
“I think a lot of mentors get worried about giving feedback and they concentrating on ‘yes, you’ve done a blood pressure, you’ve done a temperature!’” (M06)

“I just think it’s a hard job that most people opt out of doing” (M03)

There is a further belief that if students had known, and previous mentors had clearly documented the student’s deficiencies, the student may not have reached their final placement with such severe deficits in their practice. Either subsequent mentors would have had the evidence to fail the student due to lack of progression or the student would have been able to address their deficits sooner.

“How’s the student supposed to know if there’s anything wrong unless you tell them...Sometimes what’s written down is not necessarily what’s been happening.” (M10)

“I’d love to have known who it was that passed them, because they weren’t doing them any favours at all. It wasn’t picked up and they didn’t work on it and hence they didn’t complete.” (M15)

A perception exists that problems with students’ performance or knowledge had not been addressed previously. This resulted in the student failing to meet the required standard in the final placement and is seen as hindering the students’ progress. Effectively, there is a suspicion the student’s shortfalls were being passed on to the next placement. Regardless of whether the student should have been failed earlier or deficits highlighted earlier there is a more general sense that something should have been done about it.

“I think it should have been dealt with really early on...I felt that nothing had really been done about this gentleman.” (M11)

“One of my biggest worries is that why people are getting to the stage that they miss out on their last placement is because nobody has actually addressed it before.” (M03)

“But I wish someone had picked this person up a lot earlier.” (M15)

There is a certain amount of supposition that these students had been given more time in the hope that they would improve or that they would be better in their next placement. This could be seen as giving the student the benefit of the doubt.

“Well, it transpired, I was told, that there had been issues all the way through for her as a student and at each stage it was felt well ‘next time it will be better, she’s learnt from this – improve next time’ and
obviously it didn’t. It just went on and on until she got to her management placement.” (M12)

“I asked my colleague this, who passed her .... and she said that she felt that because she still had two [placements] to improve and she thought she would give her the benefit of the doubt. I think that’s probably what a lot of people thought.” (M01)

This ‘passing the student on’ continued until the student had reached their final placement. There is a thought that if this attitude existed in the final placement, mentors would pass students thinking that they would have the opportunity to develop during their period of preceptorship once qualified. Conclusions are drawn that if students’ problems are not identified and dealt with as students, they take these problems with them into their roles as registered nurses and into the preceptorship period.

“I think with the final placement not all mentors really think about the implications of passing them because still on occasions you hear it said that I know when they’re qualified they’ll go through a period of supervision and have preceptors and what have you so they’ll have that time to develop.” (M05)

“Then does the problem move on when they’re doing their preceptorship? If there’s a problem in a student’s training, there’s a problem when they’re qualified. You can guarantee if a student has been a problem in one area it may follow that there’ll be a problem in another.” (M11)

The concept of just enough to progress is also evident. This appears to include doing the bare minimum, slipping through or coasting through the course. The failure to act seems to be the reason for the student being allowed to do the bare minimum or coasting.

“They get away too easily with doing the bare minimum to get through.” (M09)

“And I think some placements do just let them slip through, I think they do.” (M18)

“Maybe he’d been able to coast through whatever placements he had had; and they’d have found it very difficult.” (M07)

Another element of just doing enough relates to students scraping or muddling through the course with low marks. The students had not done anything to justify a fail but had not really developed sufficiently either. This indicates a notion of the student not being bad enough to fail rather than being good
enough to pass. This was despite having had negative comments written in their practice assessment documents without anyone actively doing anything to address these documented concerns. This may be reflective of a presumption in favour of passing the student. ‘Just scraping through’ does not necessarily mean that the student was able to bring everything together at the last minute. There is some sense of previous mentors ‘scraping’ a pass together for the student.

“They’re alright, they’re not dangerous, but they’re not great.’ You know they’ve scraped through. They’re not bad enough to fail but...it’s not going to take much to tip them over the other side. I just think that it’s too easy to float through.” (M18)

“Gone from ward to ward; just about scraped through. It was as if they thought well he’s just okay....Actually they’d only just passed him and they’d written quite negative comments about him.” (M11)

“I do feel that’s what a lot of people do because they think they can just about justify passing them. She’d actually scraped through lots and lots of placements...I’ll give her the lowest possible mark that will send the right signals”. (M03)

The failure to act is further reflected in the responses received from the university link. When informing the respective universities of the students’ failings there is the impression that the link lecturers were often unsurprised by this news. On occasion, link lecturers and personal tutors had been aware of existing problems but were unable to do anything because the students had ultimately been passed in practice. There had been indications of the students having problems, but that previous mentors had not done anything formally to address these problems or fail the student. These problems therefore continued unchecked until this final stage.

“They [the university] all said they ‘knew it was going to happen, it should have happened earlier’.“ (M03)

“I mean they [the university] also had concerns about his performance, so there must have been concerns previously. They understood my concerns, they weren’t surprised.” (M18)

“Interestingly when we spoke to [their university], they’d identified it and they said that they’d been expecting this virtually from the start of the programme, but the call never came. And they said they were surprised this phone call didn’t come much, much sooner.” (M15)
4.3.1.2 A failure to challenge

A common assertion seems to exist that the most significant reason for these students reaching their final placements with such deficits in their abilities, is a failure to challenge them earlier on in their course. The students' knowledge and skills had not been questioned in sufficient depth to challenge their thinking and the students hadn’t been developed. They therefore continued practicing at the same level without being tested sufficiently.

“I think some mentors do not push the students...It was almost as though they had been frozen, they hadn’t developed. All the extra bits that a nurse needs to know, for some reason, they really hadn’t been developed.” (M15)

“He didn’t gain anything, he didn’t improve as he went on, he wasn’t tested enough. I don’t think that their understanding is tested enough throughout the whole three years.” (M18)

“They’ve not been motivated enough...He’d not been challenged really or questioned about his knowledge.” (M09)

There is an apparent perception that the students had been allowed to practice at the level of a health care assistant rather than being challenged to develop their skills further. This relates to the tasks usually assigned to a health care assistant.

“Because she was so good doing the blood pressure, the pulse, and she was good at writing it down, you know the basic health care assistant’s role. She was excellent at doing that. I think people had just let her carry on doing that, and that’s what I’ve found. They don’t challenge them and didn’t actually challenge her to start thinking on her feet.” (M10)

A suggested reason for this is that mentors are too ‘nice’ to their students, and therefore they do not challenge the students sufficiently. It is however unclear whether being a ‘nice’ mentor in conflict with being a good mentor.

“Some of the [mentors] are lovely and they’re nice and they look after the [students] but they don’t actually challenge them.” (M03)

“They’re [mentors] such nice people that they’ve, they just don’t challenge them [the student] to start thinking with their brains and seeing where they need to go and making connections”. (M10)

It appears that part of the failure to challenge is the failure to expose students to a range of experiences and give them the opportunity to manage them. It is questionable whether the students had been given the opportunities to
participate in order to develop their skills and confidence, particularly with medicines management.

“When you spoke to them about experiences they hadn’t been involved. So if you’d say, ‘I expect you’ve seen a few catheters by now’ no they hadn’t. ‘I expect you’d helped people to do this’, no they hadn’t.” (M15)

“I find that by the time they’ve come to me I’m hearing, well I haven’t done medications that much, I haven’t done this I haven’t done that and I’m really surprised.” (M09)

In addition, there is an observation that the students had not learnt what it was like to deal with many situations or manage them. There appears to be a culture of not allowing students to participate because it is quicker for the mentor to do it themselves.

“Allowing you to experience with guidance, because a lot of people say ‘I haven’t got enough time for you, for that, let me do it’ and take the situation away from the student. The students don’t get the opportunity to experience things that are uncomfortable...The student doesn’t actually physically learn what it feels like to be in that situation.” (M10)

“When they qualify isn’t enough, all of a sudden they’re expected then to be working as a registered nurse looking after patients, a lot of them have not had a great deal of experience.” (M11)

This ‘opportunity’ also relates to the appropriate level of the opportunity that will enable the student to become a qualified nurse. There is an understanding that students can only become a nurse with experience and they must be enabled to develop these skills earlier on in their course. A lack of exposure to difficult circumstances for example appeared to render the student unable to deal with difficult situations. Additionally students should be supported and be allowed to make mistakes and learn from them. Being a student is seen as a chance to practice dealing with these situations before they have to deal with them alone. There is an identified need for positive risk taking where the student’s development is concerned.

“I think it is important to say to the student, we are going to expose you to some fairly difficult situations; you’ve got to think about how to manage them.” (M06)

“If a student has a problem with a certain situation you keep putting them back into it and supporting them until they get it, you’ve got to face it...Get used to it in a safe environment before you have to go and do it out there.” (M04)
“Give students more stuff to do, get them more involved under supervision...People are very afraid of risk taking...But it is about positive risk taking as long as your patient is not in danger, but you’ve got to give the student that autonomy.” (M17)

However, instead of being involved in activities that registered nurses have to perform and situations they have to manage, there is a perception that these students may have been left to get on with tasks or been used as part of the staffing numbers. These tasks are associated with personal care or tasks usually performed by health care assistants, this was despite the perception that the students do actually want to participate, want to be challenged and learn about being a registered nurse.

“They’re [the students] not always working under supervision and they’re supposed to be supervised in practice but they’re not and end up working with health care assistants on a shift because the ward is busy, they’re short staffed.” (M11)

“Previous people they had worked with let them get on because it saved them doing the basic work and all of the little bread and butter, they could do under supervision...I can only assume that previous people they had worked with let them get on because it saved them doing the basic work...acting as another pair of hands”. (M15)

There is an opinion that inconsistencies exist in what mentors expect of students and this may have contributed to the failure to challenge trend. It appears that different mentors do have different expectations of what student nurses should be doing and that they often perceive things differently. There is in fact at times an admission to having different expectations. There is however little evidence to suggest that anything was done to address these inconsistencies at the time.

“All mentors are different, they have different expectations.” (M15)

“It’s quite strange...you’ve got different expectations.” (M02)

“My expectations are different from another nurse...Because you’re all individuals aren’t you and I think that’s the trouble.” (M09)

There is also some indication that expecting less of a student relates to having lower standards, and therefore if a student had less expected of them in previous placements, they would have difficulty performing to higher standards in the final placement.

“So I might assess a student and I expect them to know this, this, and this. Someone else might expect them to know something a little bit
less. If someone has got less standards than you...then they’re going to expect a lower standard than what you are." (M18)

The failure to challenge raises further questions about how the student is prepared up until this point. In looking at the skills required in the final placement and at the development of management skills, which traditionally is the focus of the final placement, there is a suggestion that the development of management skills is left too late. There is a belief that the development of care management skills should start much earlier, at least that the whole of year three should be the period when students develop into being a registered nurse.

“I do think it’s not just about the final placement, I think it needs to be about year three. I do think year three as a whole needs to have the same kind of momentum. I think it should be across the whole of year three and not just at the end. I think we should be telling people; ok you’re in year three, right at the beginning and not the last.” (M17)

“It shouldn’t be something that’s left until the last placement...And that’s frustrating because surely some of that should have been done, but it’s not happening. I think it should be more seamless...the basics should be there already, but the students aren’t doing that from the word go.” (M10)

There is one further interesting perception that arises out of the text and that relates to the system within which the student is educated. There is the view that a student should not really progress to the final placement and then fail, and therefore there has been a failure in the mentoring system. This is seen as being unjust. However, because there is still learning that must take place in the final placement, there may still be the chance that a student will fail.

“If a student is failing at [the final placement] then something has gone wrong somewhere in the system. They shouldn’t have been able to get that far because it’s not fair to them.” (M12)

“But at the same time I felt that the system had failed him...I don’t think it was 100% his fault. I do feel that the system had let him down.” (M14)

“You should never get to that last placement and then be told you’re not fit to practise....for people to say well actually we’ve been waiting for someone to fail her almost and nobody would they kept passing her practice I think is a bit daunting...I believe they have been failed by a system” (M03)
It would seem that if mentors do not challenge their students sufficiently or include them in the appropriate range of experiences, then it was not entirely the student’s fault if they were not fit for practice. There is a sense that mentoring practices and processes be reviewed as a result of this systems failure.

“I would be looking very closely at the mentoring process and what has gone on if someone has got to the final placement.” (M15)

4.3.2 The personal price
Throughout the reading of the text, the feelings associated with the experience are one of the strongest indications of ‘being’ that emerges. The nuances that underpin this interpretation can be found in mind map four (appendix one). What effect did these feelings have on the mentor? The decision to fail a student in their final placement is one that stirs up many emotions and personal feelings. It would appear that there is a cost to making this decision, not necessarily in terms of financial cost, but in terms of a perceived personal price. Reflections on personal feelings focus on the belief that this decision had somehow been left until final placement and on the unpleasant physical and psychological feelings and emotions that resulted from this experience. It should be noted that the meaning of ‘personal price’ in making the decision to fail is more about the emotion with which it is expressed than the time dedicated to reflecting on it in the interview. The insights provided into this meaning of being a mentor who fails a student at this stage are open and sincere.

Being faced with having to fail a student in their final placement is unexpected and results in feelings of disquiet that this decision had been left for the final placement. The decision had been left to them to make. These feelings indicate a sense of shouldering the burden of responsibility.

“It should have happened earlier...she should have done it earlier and not left it for me!” (M01)

“I feel that it’s kind of all been dumped on me and I’m picking up the pieces!” (M09)

“Why should I be the one that brings down the knife?” (M04)

There is also an impression that, on occasion, some final placement mentors are required to assume the mantle and feel that they may have been chosen
to fail the student. Consequently, there is a sense that a reputation develops as a result of being willing to act in terms of failing a student, and that this reputation can lead to being chosen for the purpose of a willingness to fail.

“They knew that it would be me who failed her and I was a bit cross really because it wasn’t my job... ‘let’s send the failing students to you because you’ll either sort them or fail them’...People know they can rely on you!” (M03)

“I became ‘unchosen’ and I did feel word gets around you know, that somebody’s failed a student and I did feel that was the case.” (M04)

“Our reputation has gone before us. I’ve had the [Practice Development Nurses] come up to me and say to me in the past, ‘We send you the students that we know should be failing because we know that you will pick up those students and fail them. And it’s frustrating that that’s what we’re used for!” (M10)

Being left to make this decision resulted in feelings of disappointment and anger. Feelings of anger are primarily directed towards previous mentors for not failing the student or acting upon concerns in previous placements.

“I think that I was just disappointed. I would have thought that they would have picked up on certain things. So I was disappointed I’d say more than anything.” (M18)

“Nobody had actually failed her on anything...I think I was mostly angry with previous mentors.” (M05)

“And it just made me really angry that people had given them the false hope that they were doing ok, to get so far. I felt quite angry, they’d let them down.” (M15)

“I was angry as well, I was angry at, I was angry at the system, and I was angry with him [the previous mentor].” (M14)

At times, the anger seems to be mixed with feelings of sorrow and empathy towards the students. This may demonstrate that there was some understanding of what it might feel like for the student.

“Although the proof was there, I would have felt the same, I would have felt devastated.” (M04)

“Looking back at it I wondered whether he was just scared, but looking back I realised just how out of his depth he was.” (M07)

There is a genuine emotion of feeling bad for the student, which is associated with the impact the decision will have on the student’s life and career. Feelings of empathy towards the students are evident indicating that is must
be difficult for the student as well as the mentor. This empathy is particularly evident because it is the final placement. Again there is a sense of the burden that this decision holds.

“It was immensely difficult and horrific for the student...and it made a huge impact on what she did with the rest of her set so that was incredibly difficult.” (M03)

“I was really angry because you do feel for students...this girl had wasted three years of her life doing this, and then to tell her she wasn’t going to pass.” (M05)

“But I felt bad because it was his whole career and you’ve got to think of all of that. It doesn’t mean that you should just let it slip.” (M14)

Feeling bad for the student appears to encompass the notion of fairness. There is a belief that leaving the decision to the final placement is unfair and that students do not deserve to be treated in this way because they had invested their time and resources in getting to this stage. The issue of fairness seems to compound the decision to fail and adds to the emotional complexity of the decision. There is certainly no indication that there was a desire to fail a student. This could be one of the reasons for failing to fail a student in their final placement.

“I didn’t want to fail her! So I was trying to help her to improve and do things that she needed. I didn’t want to have to fail her because I had got to know her as a person!” (M01)

“I feel very sorry for her as I know she tried ever so hard, nobody could have worked harder!...You can’t help but feel sorry for her really. She clearly so desperately wanted it...her life depended on her passing this placement and she would do anything she could to pass it....you can’t help but be affected by those issues!” (M12)

The nuance of destruction or destroying confidence is also apparent, particularly in relation to failing in the final placement. Again, as with failing overall, it was certainly not the intention. There seems to be a tension here between making the decision and still wanting to protect the student from feeling completely demoralised.

“It’s not that you ever want to fail a student [in their final placement]. This was her life that I was about to destroy, is how I saw it, and I don’t want to go about destroying people’s lives at all.” (M16)

“I didn’t want to destroy her confidence as a person completely at all. I wanted to give her confidence and enable her to move on and what I was hoping was that she would say ‘perhaps nursing isn’t for me but
there are other things I could be very successful at'. But that didn't happen.” (M12)

“I tell you what, I could have failed him on more than I did! But I didn't want to totally demoralise him.” (M14)

The physical and psychological personal cost emerged as being a significant meaning associated with the phenomenon. The feelings and emotions felt throughout the process of failure are overwhelming. There is a sense of trying to remain personally detached from the situation but this was not possible.

“If you had that student with you for twelve or however many weeks and you developed a good relationship with them, and they are not coming up to fitness for practice standards, then I guess the issue becomes, how do you step back?” (M07)

“I just tried to support everybody really and tried not to get emotionally involved but it was particularly when we had to say look you have failed, that was quite hard after.” (M02)

“I tried very hard to be detached and think of her as any student.” (M12)

In questioning whether the personal cost was so for all, it is clear that it was. This was a distressing time and can only be described as being dreadful!

“I felt awful...It was horrendous; it was horrendous for all of us. I think to fail is quite a horrendous thing!” (M14)

“I felt very uncomfortable in telling her that she was failing...It was horrible though! It was horrible, I hated it. It was just a horrible, horrible feeling!” (M10)

“I didn't like doing it, it was a horrible thing. I felt comfortable with the reasons I was doing it but I didn't feel comfortable doing it. I felt very uncomfortable!” (M04)

This terrible feeling seemed to have lead to experiences of guilt. Guilt links in with failing the student at this late stage, and failing them at this stage thinking that they had been let down by a system. The guilt also comes into play when, as described above, the consequences for the student at this late stage are considered.

“I felt guilty because I kept thinking well I'm not perfect either.” (M06)

“Yeah, you feel guilty that he might have wasted three years...That isn't my fault, that's how I had to look at it. It's not my fault that he's not competent at his job basically, so that's how I had to see it.” (M18)
There is no doubt that being a mentor in this situation is hard and it was painful. There is a sense that it feels like a cruel initiation to failing students and it creates a lot of hard work, despite any efforts the student may have made. Psychological manifestations of stress and worry are shared as is the apparent surprise at the amount of stress the situation caused. This may indicate that there was little awareness of the experience until they had been through it.

“It was the first time that myself and the other Sister have come across a student that we have had to fail, and I've been qualified ten years and I've been a mentor about seven years and I've never had to fail a student.” (M08)

“What was very significant about this particular incident was the amount of stress.” (M17)

“Very stressful because I was worried! Should I really be getting myself this stressed?...It was upsetting!” (M01)

Physical manifestations of the experience are also shared. These include sleepless nights, exhaustion and affects on functioning generally.

“Well I think it could have some comeback on me psychologically, definitely. I had many sleepless nights prior to the final assessment and throughout the whole of looking after her”. (M12)

“At the end of her placement I was exhausted! I lost a lot of sleep.” (M16)

“I just felt ill all the time and I wasn’t sleeping at night and I woke up feeling ill and I didn’t want to come into work, not because of the student but all because of the situation...Even just thinking about it now I remember always feeling ill.” (M06)

The feelings are mainly in the main unpleasant and there is a real sense that the experience results in physical unease and discomfort.

“I think the whole process was quite uncomfortable, it sort of just gave you an unsteady feeling in your stomach.” (M18)

“I was actually being torn apart quite apparently by it.” (M04)

“As an experience it left a really bitter taste in my mouth.” (M07)

The experience of failing a student in their final placement was new and this was a common feature, and as highlighted above, it was unexpected. Whilst there has been preparation in terms of a mentorship preparation course there
is a sense of ill preparation for having to make the decision to fail a student in their final placement.

“You read it in theory but in practice it’s a different thing.” (M08)

“I had mentored students in the past of course; I had never had a student that was not expected to pass. Not really [anything that can prepare you]. There’s plenty of literature about failing students and I’d only done my course, part of my degree a few years ago, within about three/four years prior to this so it was relatively fresh in my mind really.” (M12)

“It’s really difficult; although I’ve done my [mentorship course], I’ve really not had that many students, he was probably about my fourth as being mentor...you’ve got to resolve it there and then and be articulate enough to say this is why I’m doing it which in itself can be quite challenging.” (M09)

In questioning the notion of feeling prepared for the decision it would seem that previous experience has minimal baring on how failing a student can make you feel. Whilst the number of years experience as a mentor varied, the nuance of self-doubt or self-questioning unifies the experience. This self-questioning may suggest that a reflective nature is required. Questioning self abilities as a mentor resulted in concerns that there was something wrong with the quality of mentorship being offered as opposed to the quality of the student being assessed. Questions relating to ‘being unreasonable’, ‘imposing my own standards’, ‘being too harsh’, ‘is it me’, for example, are common.

“I have never failed anyone at so late a stage and I was concerned, maybe it was me, maybe I was looking for things I shouldn’t be looking for...I don’t think I was being particularly harsh...They [colleagues] were still questioning whether I was right to fail her because they don’t like to fail. The qualms were self doubt rather than about her care.” (M16)

“You think it’s, you know, am I being too harsh, am I?...You keep questioning yourself, saying was I too harsh. Could I have done things differently? You question yourself. Does somebody know something that I don’t?” (M14)

“So when I’m thinking ‘I’m not sure about that’ I have to think well is that just me, my rules and values, or am I trying to impose how I think someone should behave on somebody else.” (M12)

Self-doubt seems to be compounded by the fact that the student had passed up until this point which resulted in more uncertainty and questioning the decision further. It would seem that it is more difficult to make the decision if this is the case.
“I kept thinking well I’m not perfect either...and I’m thinking well I’m not that brilliant at some of these things and I’m assessing her and maybe she’ll say I’m really bad, and that was one of my worries that she was going to say ‘well I’ve seen [my mentor] and she didn’t do this properly.’” (M06)

“That was the end of it and was left feeling, oh my God, what have I done? – you question yourself all the...did I support them?...As a mentor you do your best but maybe that’s not good enough either.” (M04)

This self-questioning points to a perception that that ‘I’ve failed’, or ‘I am a bad person’ particularly where there is the attitude that it is up to the mentor to ‘get’ the student through. This internal battle of not wanting to be seen as ‘bad’ but wanting to fail the student adds to the complexity of the decision and to the personal price of having to do so.

“You do feel as though you’ve failed as well if you fail somebody, because you’re set a task to try and support somebody and you haven’t managed to do that.” (M11)

“Or, ‘well I’ll be the bad person if I fail the student; I’ll be responsible for them’. Again it’s assumption and I think for me I don’t think I am a bad person. I don’t look at it like that.” (M13)

“How do I fail a student on [final placement] on everything they’ve ever passed before? That’s a huge issue...It could be that I’m not judging them correctly, there’s always that, and assessing them properly...It reflects on you as their mentor...The last thing you want is for the student to turn round and say I don’t want you to assess me, I don’t think you’re capable.” (M09)

All things considered, the ‘personal price’ associated with the meaning of failure from the mentor perspective appeared to require “Blood, sweat and tears” (M03).

4.3.3 Challenging pre-understandings

In summarising the consequences of failure from the mentor perspective two nuances emerged as being significant to those mentors who experienced having to fail a student nurse in their final placement; doing nothing in terms of the failure to act and challenge the student, and the personal price paid in making the decision.

In terms of the failure to act and challenge the student, it is clear that there are feelings of initial shock and disbelief that the students could have progressed
to the final placement stage. There are nevertheless beliefs as to how students reach their final placement with deficits that result in a fail at the final stage. Concerns relating to a failure to address problems earlier on in the course, to students being allowed to do the minimum, to the failure to challenge students and expose them to appropriate learning experiences, and problems relating to allowing students to practice the HCA role rather than the nursing role are evident. A belief also exists that the development of management skills is being left too late. This culminates in the perception that there is a systems failure where a failure to act and challenge has resulted in a mentor having to fail a student in their final placement.

Pre-understandings identified at the outset of this study (section 2.9), particularly relating to a reluctance to fail students in practice and the student-mentor relationship, have been challenged and questioned. ‘Failure to fail’ is a significant issue in terms of mentors not failing students in practice. Yet whilst the existence of this phenomenon cannot be denied, and that this might still be the case, it is suggested that the ‘failure to act and challenge’ poses a threat to fitness for practice that equals the threat of failure to fail. Furthermore, it is proposed that the failure to do something about a student’s deficits and the failure to challenge students and expose them to all the ‘things’ that a registered nurse does poses a greater threat, particularly if a mentor ‘scrapes’ the student through their assessment, or gives them a borderline pass. Perhaps if students were exposed to more appropriate levels of practice and challenged more earlier on in the course, reaching the expectations of the mentor in the final placement may not be as difficult a task and mentors might be able to ‘polish the rough diamond’ as expected. This does however need further investigation.

When considering the personal price, it is clear that failing a student in their final placement is a particularly stressful experience that can at times result in physical and emotional distress. Whilst there can be some feelings of empathy towards the student, the situation leaves mentors feeling angry that this decision had been left to them to make in the final placement, a decision that should have been made earlier. They did not want to fail their student, which often resulted in them experiencing anxiety and guilt with having to do so. Self-doubt emerges as a price they had to pay, which often resulted in
mentors struggling internally with reflections on their own mentoring practice, and on the decision to fail.

The personal price is certainly attached to the meaning of failure from the mentor perspective and it is certainly the most emotive meaning emerging out of the text, and on listening, is the one that is easiest to ‘hear’. Here, pre-understandings are challenged. Through reading the literature and through reflection on a personal experience it was evident that mentors find it difficult to deal with the ‘personal’ price of failing students and that this may deter them from doing so, and there is some empathy with this perspective. Yet there appears to be a general assumption that mentors should just get on and fail students more often without a true understanding or appreciation of the personal price. Figure six summarises the dialogue with the text in relation to the research questions and the additional question that were answered in this section. It also summarises the triggers for the additional questions.

Figure six: Summary of dialogue & questions answered in section 4.3

Prior to carrying out an interpretation of the mentor experience there was some personal uncertainty as to what makes this group of mentors different from those who fail to fail, particularly when these mentors emphasised the
difficulty of failure at this final stage. It is hoped that the meanings attached to ‘failing’ in the final placement and self realisation will begin to illuminate this uncertainty.

4.4 The act of ‘failing’ in the final placement
The meanings connected with the act of ‘failing’ in terms of making the decision to fail a final placement student, can be grouped into two significant representations of the experience. A subjective dimension of failing the student exists, and there are perceived barriers and enablers to supporting and indeed failing students in their final placement.

4.4.1 The subjective dimension
In questioning how mentors make the decision to fail, the subjective dimension of failing a student in their final placement radiates fervently. The nuances that underpin this interpretation can be found in mind map five (appendix one). The key nuances here relate to the role that intuition played in this decision, the perceived need to evidence the decision, and the questions asked if there were any doubts about the decision to fail.

4.4.1.1 Intuition and alarm bells
Subjective concerns relating to student performance generally appear to have been highlighted quite soon after the student arrived onto their final placement. There is a sense of ‘knowing’ something was amiss early on even before any substantive evidence had been gathered.

“Within just a few minutes dialogue you would realise that they didn’t have it...It was so obvious so soon.” (M15)

“After the first week I knew there was going to be some problems with him.” (M09)

“Quite quickly, not just myself but members of the team realised that she wasn’t up to the standard that we would normally have in the final placement.” (M06)

This ‘knowing’ relates to early intuitive feelings about the student. Intuition appears to include knowing that things were not right, despite not knowing what it was at the early stage. It seems as though intuition was generally based on a ‘feeling’, a feeling that made them have concerning thoughts about the student. These feelings often came about because of the way in which the
student did, or did not behave or act. Intuitive feelings are aligned with instincts, and some importance is placed on these instincts. It would seem that instincts about a student are used in the same way as instincts about patients with professional judgements about care situations.

“But there was just something about this one. The nursing intuition, I just picked this one up.” (M01)

“You kind of get a feeling for somebody when they walk through, like that initial assessment.” (M02)

“You do have to have a bit of an instinct as well; you have to have a bit of second sight. Some come up and you just know what a wonderful nurse, you know she’s going to do really well.” (M04)

“I think you have to go on your instinct as well as your professional knowledge.” (M09)

The metaphorical alarm bells that ring indicate a ‘sixth sense’ that seems to unite the experience. These alarm bells appear to relate to lots of small issues rather than one big incident.

“There were lots of alarm bells ringing...There were so many little issues that the big picture was ringing alarm bells very early on.” (M16)

“You get little alarm bells don’t you as soon as you see something...in a nurse you do see”. (M18)

“I don’t know what it is but the alarm bells are ringing.” (M05)

These feelings, instincts, and alarm bells connect to knowing what it is to be a nurse. The use of intuition is born out of the experience of nursing, and the norms and standards expected of a competent and professional registered nurse. Whilst it could be acknowledged there could be variations in these accepted norms because of local differences in working, it is interesting to note that regardless of the locally accepted norms, it is the deviation from these norms that raise concerns.

“Like if you’re working with even trained staff then you can tell if they’re right or not for the job....you get to know as you go through nursing.” (M01)

“You know, being in a job quite a long time you recognise when people are not to the standard that you would expect, that you would like.” (M08)
“We’ve got norms, we train nurses to do certain things in certain ways. We’ve got norms that we follow and then they break those norms and you think ‘something isn’t right.’” (M17)

However, despite relying on early intuition, there is a conscious sense of not relying on intuition alone. There are concerns that intuitive feelings have to be justified. In attempting to provide objective evidence of the subjective intuitive feelings, there is an acknowledgement that the practice assessment documentation should be used to do so. This does not always appear to be an easy task though.

“Whatever the problem is then it will fall into that assessment grid somewhere.” (M05)

“When you’re faced with the forms and the criteria assessment, there’s nothing about ‘do you have a feeling about this person that isn’t quite right?’ It was very, very difficult, very, very difficult! (M12)

“You’ve actually got to match those elements...Sometimes it’s quite difficult...It’s making sure that anything you feel about a situation, your perception, or your gut feeling, that you can actually match it back against the [practice assessment document] and you’ve got to otherwise there is no proof. (M04)

It would seem that use of intuitive feelings should not be ignored, but should be trusted. There is an impression that it is not possible to make these feelings dissipate. As long as some justification is evident in accurately maintained records and documentation, then instincts should be trusted.

“You can’t teach ‘gut feeling’. It’s what you do with it, certainly if it’s a negative gut feeling, what do you do to make it positive or do you ignore it and hope it goes away? ...you have to work it in with whatever you’re doing... then matching it up to the document...So you’ve actually got to match those elements into the document.” (M04)

“If you have a gut feeling, go with it. Go with it, access help from the practice educator/link lecturer, bang at their door. Keep records. Record keeping is essential and keeping an eye on the most obvious things.” (M17)

“I think just to go with your gut feeling, go with your gut feeling, as long as you do all your paperwork and your interviews.” (M08)

Even though there is a sense that intuitive feelings should be trusted, mentors do become more observant of their student as a result of these thoughts and feelings. This results in mentors working more closely with their student, which again goes against mentor expectations of being able to trust the student to
work more independently. It is difficult however to pick up whether or not it is only intuitive feelings that trigger the mentor to observe the student more closely. It is also not possible to say whether or not this closer observation lead to mentors picking up on issues that they might not have otherwise noticed had they not been observing their student as closely.

“It can often be subtle underlying things that you feel something isn’t right but you really would have to work with that student for perhaps 100% of the time to really pick up a pattern.” (M05)

“We think, something isn’t right but we’ve got nothing to base, nothing tangible to base it on. When one person comes along and you think, that’s a bit strange, this person doesn’t do that or they didn’t act in a certain way, we observe certain behaviours or listen to the way people speak, we get some sort of attitude permeating through” (M17)

“When you first meet somebody, you don’t know them but your instincts tell you…but my instincts often prove me right. I would always wait until there was something definite but your instincts often tell you to keep a closer eye and that’s when you pick things up”. (M05)

Once difficulties were acknowledged there is a sense that it is important to continue supporting the student and give them the opportunity to develop and progress so that they could move on. Here, action planning was used to facilitate these developments and writing action plans with the student is seen as a further way of justifying and evidencing the decision to fail.

“I suppose I had an ideal in my mind what I’d expect of a student and I’d always been like that, try to help them, encourage them, motivate them.” (M11)

“I wanted to give her confidence and enable her to move on.” (M12)

“We started an action plan. We met with the student and action plans were done and then we set another time for a meeting but she hadn’t improved or done anything from her action plans the second time so then it was done over again and I did a timetable with her to do her learning and things by and she just didn’t.” (M01)

With justifying the decisions to fail comes the notion of never assuming a student can or cannot perform a skill or demonstrate knowledge. It would appear that nothing should be taken for granted. Just because expectations of the final placement student exist, it is still necessary to check the student’s capabilities and knowledge from previous placements. The student must prove their abilities and where they are not able to do so this will provide some objective evidence to complement the more subjective intuitive feelings.
“He needed to prove to me that he could look after a patient properly first and there was never any evidence of that. They need to prove first of all that they can come and do a drug round, know about the documentation, know about the early warning scores, know about patient safety and get involved with the multi-disciplinary team.” (M11)

Ensuring the decision to fail is not made alone provides further justification. This seems to provide further more objective evidence. There is a very strong sense of a team approach to the decision and there is generally good communication between colleagues in relation to the students. Feedback from colleagues is generally valued because the problem often existed outside the one to one mentor student relationship.

“She had an associate mentor...to back me up as well...who was agreeing with what I was saying so it was evidence base....I wouldn't have ever failed her without consulting some of my colleagues.” (M04)

“Everybody is asked about their opinion....We do that and get feedback from all the support workers and nurses so it's not just qualified staff feeding back, it's everybody.” (M02)

Patient feedback is also viewed as paramount, and influential in the decision to fail their student. Patient concerns are listened to, and it would seem that where patient feedback is negative or where they complained about a student, then this is taken very seriously and it certainly contributes to the decision to fail.

“When the patients don't want somebody looking after them for a reason then there has got to be something that's not quite right.” (M01)

“When it gets to the point when the patients comment on it you think, definitely ‘right’.” (M05)

“Normally when I am working with a student I will always ask the patients and the staff I am working with, ‘how do you find the student, what do you think of their manner and their whole approach?’ The patients, they didn’t say anything positive about her, just that she had a very abrupt manner.” (M08)

4.4.1.2 Subjective questioning

Having used objective measures and processes it would still appear that subjective questioning comes into play. Subjective questions relating to ‘would I want the student looking after me’ seem to unite the experience, particularly where doubt about the decision exists.

“I’ve always thought would I want this person looking after me?” (M19)
“Is this the care that I would expect somebody else to give to me?” (M03)

These questions were very clear in addressing whether or not the student had the required knowledge and skills to care for them competently. Questioning the quality of the overall care provided by the student and whether this was the level of quality they would expect as a patient is evident. Without exception, there is agreement that in order to pass the student, one should be willing to be cared for by the student. There are strong feelings about these criteria.

“I just think, if I was lying in bed and this nurse was nursing me, would she go to a doctor and say I had a problem, would she report things accurately, would she ring the right alarm bells if something was happening?” (M04)

“I would not want someone of her calibre looking after me and that’s how I have to see it.” (M16)

“At the end of the day, I want to be treated by somebody who’s safe. And I won’t pass someone who I feel I don’t want to be looked after by.” (M10)

This type of question did further extend to having the student look after relatives, questioning whether there could be trust in the student to provide appropriate levels of care to one’s own family. Where shadows of doubt do exist, these questions seem to provide the unequivocal answer. If there is no wish for the student to be providing nursing care to a family member then the student is seen as not being fit for practice and therefore the student had to fail.

“I believe what goes around, comes around. You pass a student who’s not fit for purpose, not fit for award, you will be looked after by that person at some point, or somebody that you really love and care about will be looked after by that person.” (M17)

“She’s going to be a professional, she’s going to be a qualified nurse and if I hadn’t have wanted my family to be nursed...she shouldn’t be qualifying and that was really my overriding feeling.” (M04)

“The bottom line....if there’s any unease about the students, is would you want this person looking after one of your relatives? And if they say no, then that is the fitness for practice issue.” (M07)

Doubt about the decision also seems affected by comments from colleagues. Where discrepancies with colleagues’ views do exist, it would appear that
colleagues are challenged as to whether they would be willing to work alongside the student? Additionally, such questions were used to ascertain if colleagues would interview the student. Interestingly, where these questions were used, the answer was generally ‘no’. This tends to spark an emotional response, and a sense of disbelief is evident. There is a belief that if you are not happy to work alongside a student once qualified, then they should not pass their final placement. You have to be happy to work alongside them and be willing to employ them.

“Would you employ the student?...‘No?’...‘well why are you passing them?’ But it helps them to say ‘this could be a colleague on my ward actually’”. (M17)

“Several of my staff challenged me about failing her. I just threw it back at them ... ‘next month she qualifies, in six weeks time someone phones in sick and the bank give you her as your second trained member of staff how would you feel?’ And they went ‘we don’t want her’. They [colleagues] were unhappy about me failing a student so late in the day yet they didn’t want her as a staff nurse as their back up.” (M16)

In attempting to provide further justification for the subjective dimension of the decision, great emphasis is placed on professional judgement and questioning the student’s safety as a practitioner, putting safety at the forefront of the decision to fail. Will the student be safe and are they capable of practicing safely? The student has to be safe to be fit for practice. Questions of student safety are paramount. Safety relates to the student’s ability to practice and make decisions independently.

“Would this nurse be able to work independently and make decisions? If they can’t work fairly independently towards the end and make decisions and be proactive...They need to be that now because that’s what they’re going to be doing in a month’s time. Personally speaking, I don’t think he would have been safe as a registered nurse.” (M11)

“What they did, they did very well, I just felt not at all safe letting them do anything on their own without any supervision.” (M15)

“Obviously, the primary concern is safety with patients in the future” (M12)

The nuances associated with the subjective dimension of assessment and the decision to fail is addressed by the will to ensure subjective feelings about a student can be evidenced. This provision of objective evidence to supplement
subjective judgment is done as an alternative to ignoring the intuitive feelings which are valued a part of the professional decision to fail.

4.4.2 Perceived barriers and enablers
Throughout reading the text, nuances arose that suggested a negative undercurrent to being a mentor faced with this decision in the final placement. The nuances that underpin this interpretation can be found in mind map six (appendix one). Yet they were able to make this decision. This resulted in questioning the text to ascertain what are the barriers and enablers to making the decision to fail in the final placement. A number of perceived barriers to supporting and failing students appear to exist. These barriers seem to influence beliefs about an apparent mentoring culture. Workload and time, and attitudes toward the mentoring role can act either positively or negatively as barriers or enablers to making the decision to fail.

4.4.2.1 Workload and time
Increased workload and insufficient time have a notable effect on how mentorship is provided to students. Being a mentor is seen as a big undertaking alongside the day to day workload and there is a sense that increasing workloads and insufficient time limits the ability to provide the standards of mentorship required.

“This environment here is so hectic, so busy and the clientele of the ward has changed. It’s very, very demanding, we don’t have enough time.” (M13)

“You know you really ought to try but obviously we were really busy ourselves and we’ve got units to run.” (M02)

There is a general view that mentoring a student increases workload significantly, and there is a lot of pressure put on mentors because they have to meet their mentoring responsibilities as well as their nursing responsibilities. There is also a feeling that mentors do not have enough time to provide effective mentorship, despite having the skills to do so, because they do not get relieved of any other responsibilities in order to support student nurses.

“It does slow you down if you have a student. For certain aspects of the day you are that bit slower when you have a student because you’re teaching them if you’re doing your job right.” (M15)
“I think most of them [mentors] have got the ability, but whether they have the time is another question. Regardless of whether you’re altruistic and how you do it, they do take time and sometimes that’s difficult.” (M19)

Supporting a student that is failing seems to have a particular impact on workload, and it is seen to be easier to have a ‘passing’ student. Having an increased workload because a student is failing seems to cause much frustration. It would seem that having a failing student is the last thing a mentor needs.

“When you work on a really busy ward the last thing you need is students giving you grief!” (M05)

“It is so much easier having a student that’s passing and fantastic! It’s so much easier, but it’s just one of those things!” (M10)

“You’ve got everything else going on around you and you’ve got a student who is challenging you...It’s a lot of explanation, making sure that you’ve done everything; crossed your T’s and dotted your I’s, and it is more work. It’s my working hours that are an issue and demands on me which reflects on my management.” (M09)

There are also concerns that an overburdened workload could lead to students not being assessed properly and to the situation being ineffectively managed. This suggests that in a busy environment, students may be able to ‘hide’ if they are busy ‘doing’, but as suggested above, this ‘busy doing’ is usually associated with the tasks carried out by a HCA. It is therefore suggested that time and workload could contribute to a failure to act and a failure to challenge.

“The wards are so busy that on a busy ward you can muddle through and not be assessed properly. Staff nurses have enough on their plate without having to fail a student”. (M16)

There is a general view that from a management perspective, time to support students is not seen as a priority when considering workloads. There is a sense of passion about providing effective mentorship but there is a view that this time should be allocated within the mentor workload and that it should be protected.

“They [mentors] don’t have the time or the resources to be able to put in for the student...I think that time needs to be protected and at the present moment in time, there’s no way time could be protected on here because it hasn’t been built into the system and that’s something that need to be built in really.” (M10)
“Staff ought to be allocated time to mentor properly and they’re not so people are coming in on their days off, coming in and staying late and missing lunch breaks to actually do this mentoring with students. I actually think it should be seen as a priority in clinical areas and it’s not always!” (M03).

It appears that in order to further assist with workload and time pressures, knowing more about the student before they arrive to the placement would be advantageous. Not knowing about the student and having minimal information about the difficulties or issues with the students’ performance meant that there was minimal opportunity to plan and prepare for the student. Getting a feel for what the student is really like prior to the placement seems to be important.

“She’d come to us having passed all her previous academic work….had no report on what she’d done on her other wards. Hadn’t had any feedback from her tutors to say that there were any problems that she needed to work with.” (M10)

“I felt she shouldn’t have got this far without me knowing that perhaps there had been problems along the way. We have no access to any previous evidence of what they’ve done and there’s no sharing of this. It’s not just small things; it’s the whole thing you just need to get a feeling about the student.” (M04)

A suggested process by which this could be expedited is apparent. There is a call for better communication between mentors where more detailed feedback is provided to subsequent mentors. There is a perception that knowing more about the student’s progress and their experience so far, for example, would help inform the planning of learning experiences, and hence reduce the time getting to know the student once they arrive. It is about having knowledge of the student’s progression.

“I think that progression stuff would be really, really fantastic.” (M19)

“…..to say ‘during the last placement they had some gaps in their knowledge or skills…concentrate on this while they’re with you’.” (M04)

“Just a little hand-over sheet whereby the student and their mentor write down overall opinions, points to be developed as a priority in the next placement.” (M06)

The idea of receiving information from previous mentors is however presented with some caution. There are some concerns that this may influence mentors from the start and that judgement may be clouded. There is a perceived risk that students may not always be treated fairly. Despite this however, there is
a general consensus for advocating the receipt of more information. Where student portfolios have been used to document a student’s progress, these have been positively received.

“I think it's working a lot more because they've got more evidence; everything they've gone away to do, they have to reflect on it, they've got it there so it's easier.” (M09)

“I think certainly from the way things have changed...students are going to bring portfolios with them so we’re actually going to have that information I’ve wanted on that last placement and I do think that will help. Just to have that background you'll actually save yourself a lot of...you'll perhaps be able to hone in on certain things early on, get them out of the way, try and resolve any issues. Yes, I think that will be a positive.” (M04)

Again though, with the portfolios, there are concerns about the quality and meaning of the information included within them. It would seem that the usefulness of the portfolio is dependent on the information within it; it has to be meaningful. In making comments more useful there is a call for the information to include justification for why the student progressed at the level they have and why they needed to focus on something in particular. The comments should be as objective as possible and not open to different interpretations.

“The information is there as long as what people put is meaningful... ‘they were pleasant to work with, love nursing and hope they do well in their career’ What is that telling me? You would hope there would be something in their comments to indicate why they’re only giving them just a pass mark, or why they are doing so well.” (M15)

“Write down what they feel the student needs to develop on in their next placement. Sometimes what's written down is not necessarily what's been happening.” (M10)

“What you can say is ‘this is what you need to focus on in your next placement. That usually is the bit that’s missing when you go to the next placement. It’s ‘forget what’s happened before, it’s a fresh start’” (M19)

In addition to receiving more written information, it would appear that the opportunity to talk to previous mentors would be a welcomed development. This is seen as another way of facilitating more effective management of time in mentoring practice. Having the opportunity to discuss the student’s performance with previous mentors is proposed as a useful medium through which a meaningful discussion about the student could take place. This does
not mean to argue with or check up on previous mentors’ decisions, but to have a discussion about the students’ performance elsewhere. This does not appear to be the current advocated practice. There are some strong feelings about the need for this development particularly in relation to ‘failing’ in the final placement.

“I would really have loved to have rung the practice area, in fact I probably would have done...going back to find out who had actually passed them. I would want to ring the person who’d signed the previous practice assessment.” (M15)

“I could go back to their previous mentor and to say why did you pass them on that? I would like to go back to their mentor and discuss it with them.” (M09)

“Have communication with people who have passed the person before...especially if we have any doubts...there should be some contact between that mentor and the previous one.” (M14)

4.4.2.2 Perceived attitudes towards the mentoring role
A strong belief exists about the extent to which attitudes affect the quality of mentorship. Despite the view that being a mentor is not an easy role, there is sense of optimism throughout the text that points to enthusiasm and positivity about being a final placement mentor. The role is seen in a positive light; it is taken seriously and is seen as fundamental in being a nurse. It would seem that there has to be an inner ‘want’ to carry out the role capably.

“It’s not an easy role I think but it’s a role we’ve all got to do.” (M03)

“I really, really like it [being a mentor]. It’s good for me because it keeps me up to date...it makes me think about new things and I have to actually learn it because I have to pass that knowledge on.” (M09)

“Yes I do enjoy it and I’m not going to have a career change now.” (M04)

Negative perceptions about others’ (other mentors) attitudes also exist. There is a general view that not all mentors appear to appreciate the importance of their role and that they are fifty percent responsible for ensuring that qualifying students are fit for practice. There is a strong belief that not all nurses want to be mentors or want to teach and assess students in practice. This it seems can have a significant impact on the assurance of fitness for practice.
“What they are doing is a massively important role and when you say things at mentor updates like it’s 50% practice and 50% theory you can see their faces and sometimes I think they’ve forgotten that and think gosh it really is important!” (M05)

“When I did my training, the people who taught the students were the people who wanted to teach the students. Whereas now it has to be everybody, everybody has an obligation to mentor. Unfortunately not everybody wants to.” (M15)

Despite not knowing who the previous mentors were, there appears to be an assumption that some other mentors cannot be troubled to invest in mentoring students effectively because it is easier to pass a student. Not being ‘bothered’ to mentor properly is an identified barrier to effective mentorship.

“Some people, they want to come in, do their job and then away and they’re not bothered.” (M15)

“One person said to me why did you bother you might as well have just passed her.” (M03)

“Hope that she gets a mentor that’s not going to pass her just because they can’t be bothered to fail her because you have to do a lot of work.” (M01)

Wanting to be questioned by a student and wanting to challenge and question the student in return is indicative of a positive attitude. However there is a belief that not all mentors have the skills to do so because they do not know the answers themselves. They therefore do not like to be questioned by the students, and so avoid challenging their students for fear of not being able to demonstrate the required knowledge or skills themselves.

“Mentors don’t like to be put on the spot. They don’t want somebody to watch them, they don’t want somebody to question them, because they themselves have perhaps not updated...You can’t ask them [the student] as a mentor if you don’t know it yourself and that is the issue.” (M15)

“They need to be sure of their own practice. You can’t criticise anyone else unless you know that what you are doing is right and you have to be confident with what you do and comfortable with what you do.” (M16)

The lack of knowledge and skills is seen to impact on the student’s development. Therefore, it would appear that a student’s development is dependent on their mentor’s knowledge, skills and standards and therefore mentors need to be up to date with their own practice.
“People who are not practicing at the right level or have the right knowledge or the right skills impact on their students.” (M03)

“I guess it comes back to….the practice standards of the practitioner.” (M07).

“I think sometimes I don’t think mentors are always current.” (M19)

It would appear that having the right attitude towards the role also involves wanting and being able to act as a good role model. Students learn from what they see, yet it is often difficult for them to distinguish between what is a good or bad role model. However, there are concerns that students develop incorrect practice because of their observation of poor role models.

“Some of our colleagues who are very bad role models.” (M17)

“Students are not that intelligent to know when things are done well so copy that...Students just see a role model. So then they do something, they might pick up your good traits, your bad traits, or a mixture. Then that poor student goes somewhere else and works with another person, who says, what are you doing it that way for?” (M15)

“Everybody is a role model, whether it’s a bad one or a good one. If you’re trained then people are observing you and copying you and that is one of my concerns.” (M03)

Generally however there is a sense that attitudes towards mentorship are positive and there is an acknowledgement that there are mentors who are very supportive and challenge their student appropriately. There is however a sense that the mentoring culture, of which attitudes are crucial, needs to be developed further. In particular, being open in the mentor-student relationship needs to be fostered, one where students are coached and enabled and concerns are discussed. There is a sense that this open and enabling relationship may be feared by some.

“Gradually you coach them along and they come out of themselves and they become very good, approachable students who go on and qualify and become really good staff nurses.” (M08)

“To develop the ability to find out if they don’t know...to develop within them a desire to continue learning and continue developing.” (M07)

“Communication, support, feeling that they could come to you, raise any issues....I think it’s being approachable so they can actually feel they can come to you and discuss things.” (M15)
There is however anxiety that some mentors lack the experience to be able to deal with concerns in relation to their student’s performance, suggesting that not all mentors are equipped to manage the difficult situations. This could impact on the student getting to their final placement without having their shortfalls addressed. There is also a feeling that more junior mentors find mentorship and failing students difficult because they themselves are trying to consolidate their practice. There is a sense that ‘experience’ of mentorship cannot be replaced; this is experience of dealing with difficult situations rather than the number of years of experience. It would seem that training and preparation cannot replace experience of the negative side of mentorship.

“They’re trying to support students and learn their job as well and probably are not as good as they could be. I think they would struggle in fact to fail somebody because they haven’t got that type of experience.” (M11)

“I think someone without my experience would have been worried about failing definitely, especially someone so late on. I think that’s where some of the junior staff are, perhaps when they’re still finding their feet; they’re new to the ward or new to mentoring I think they would struggle to pull up a weak student because they’re not confident in what they’re doing and their practice.” (M16)

“But when it’s a negative experience they think, ‘what do we do now?’ I don’t think they are equipped, I don’t think that they are trained or that it is in their psyche at the time. I think they just get through and muddle through.” (M17)

Having a lack of experience is seen as having an impact on attitudes towards the development of the sign-off mentor role. Experience does not mean time served, but rather as the involvement in making mentoring decisions. It is felt that mentors do need experience in making difficult mentoring decisions. However, as discussed above, it may still not be possible to prepare mentors for the ‘personal price’ of failing a student in their final placement.

4.4.2.3 The future sign-off mentor role

There is apparent trepidation about the development of the sign-off mentor role, primarily in relation to it being seen as a one-mentor decision. Attitudes towards the role indicate that it will be a daunting process for some. Of particular concern is the notion that all the emphasis is placed on the final placement and the decision to fail the student will be left to the one mentor in the final placement. There is a belief that this will increase the stress placed
on the final placement mentor and there is a further nuance of fear emanating through.

“To leave it up to a mentor to test them on their whole knowledge for that stage, which is basically what you're doing, is a bit tough going.” (M18)

“I do also think it will open a can of worms because I think people will say well I didn't see them in their first year or their second year, why do I have to sign them off in this final placement as fit to practise”. (M03)

“I feel that it shouldn't just be one person taking that responsibility and it shouldn't just be that one person taking that responsibility for signing them off. But if we shared the responsibility I think the fear of it would be less”. (M10)

This apprehension and uncertainty about the sign-off mentor role seems to relate to it being a relatively new concept at this point. There are indications that some mentors are worried and may be beginning to panic because they do not feel that they know enough about the role. There is also some anxiety about the repercussions of this sign-off decision with concerns that it might return to trouble the mentor.

“But if there is an inquiry, whether it will come back to haunt the sign-off mentor I don't know. I suspect with what I've seen within the health service culture and to some extent the university culture it probably would do.” (M07)

There is however a clear belief that this move will make mentors more responsible and accountable for their decisions to pass or fail a student in their final placement. Additionally, it is perceived that the sign-off mentor developments will make mentors think more carefully about progressing a student and allowing them to enter the professional register.

“I think the role of the sign-off mentor has woken people up to their responsibility as gate keepers. I think it’s going to make mentors a lot more accountable and I think the sign-off mentor process has made more people aware that’s it about professionalism.” (M17)

“I think it’s good that you are going to have to put your pin number down and you're going to have to sign people off.” (M03)

“I think it is good that there’s sign-off mentors now, it will make the person think a bit more, the mentor before signing off people.” (M01)

Whilst positive attitudes towards the sign-off mentor role do exist, having lived the experience of failing a student in the final placement, advice is clear. Sign-
off mentors will need a lot of preparation, education and ongoing support to make the fitness for practice decision and justify it.

“I do believe people who are going to be the one signing the student off, they need a lot of support.” (M14)

“There is a lot to learn....with the sign-off mentor, we need to make sure that we know what we are doing, if we are going to be the last one.” (M13)

“We have got to look how we are going to support them [sign-off mentors] and how we are going to record, and how they are going to make their decisions.” (M15)

**4.4.2.4 Levels of support**

The level of support received in making the decision to fail a student in the final placement can also be seen as either a barrier or an enabler. Receiving the right level of support is seen as crucial in the decision to fail. In general it would seem that teams were by and large supportive of the decision,

“I think we’re quite a supportive team here anyway, so any support I’d need, I’d got from my own colleagues that I work with.” (M18)

“I think it was one of those things that I felt that my staff supported me because they understood.” (M04)

 “[The deputy sister] was really good because she went through it all with me and she came to the final meeting with me so she was there as much as me.” (M01)

There are however calls for more support from managers, suggesting that whilst support exists at ground level, managers need to be more supportive of the mentor particularly where failure is indicated. This is also evident in giving mentors protected time, as discussed in 4.4.2.1. It would seem that managers need to enable the process more readily rather than create barriers.

“The organisation itself has to take some responsibility for that...I think you rely on support...I would certainly get support myself from my matron. I do think you need a supportive manager who understands the process. That manager needs to empower staff.” (M15)

“Persuading people who were often very senior to give an account of where the student’s not doing or not talking or not listening or not communicating well was really difficult.” (M06)

There is a view that the most important type of support is that provided by the university. Reflecting back on the experience and support received at the time, differences in the levels of support emerge as being inconsistent. There
is some sense of disappointment at the level of support received from university links. Where this was the case there was a need for more commitment from the university link. Contacting university links and getting responses from them appeared difficult at times. This lack of commitment and support did at times result in feelings of being at fault.

“In terms of dealing with the university at the time, I felt like I was doing something wrong. I will say that the university did not make it easy for me and almost like that I was the one on trial!” (M19)

“I do think at the time...there just was no university support and I think that’s what made it so hard and I would say that the university was not happy that I had failed her.” (M03)

“It was very hard to get hold of her placement facilitator...She had a personal tutor – I couldn’t get hold of her half the time either. I found that was more difficult because I was feeling unsupported”. (M04)

There is an impression that some experiences were particularly bad where university links would not arrive to scheduled appointments or where threats of appeal against the decision arose. This did lead to a loss of faith in the system. This added to the stress of the situation.

“To get comments like ‘you can’t do that’, ‘he will appeal and he’s got grounds to appeal and he will get through’. We don’t need to hear that. And we lose faith so what’s the point?” (M13)

“I kept independent records of everything that had occurred to supplement. I had documented it....I gave all of this information to the tutor...What happened subsequently, my documents disappeared, they didn’t appear at the exam board and the exam board overturned my decision. Which I can’t begin to tell you how angry I was... link lecturer was accountable for pretty shoddy practice...But that’s why it was so profound, we had followed the procedure, we’d documented everything, everything was signed and dotted and it didn’t go anywhere.” (M07)

Again, reflecting back on the experience there is a general view that there is a need for a stronger university presence in practice, particularly where failure is identified. This is a physical presence to give support in decision making rather than electronic or telephone support. There is nonetheless an acknowledgement that the university link’s workload is a factor contributing to the lack of presence in practice and that at times the situation is beyond their control.

“It was the university I needed a bit more support from...they’re not as visible as they should be; I still feel they should be more visible in the
workplace...I don't blame it on the university it's just they haven't got the time to keep coming to us.” (M04)

“I met up with the practice educator but I also liaised closely with the personal tutor...I don’t think I got a lot of support to be honest with you. I didn’t want ‘ring me if you need me’, I wanted presence.” (M13)

“You’d call in clinical support, however clinical support covered hundreds and hundreds of students so you couldn’t say, well look, I want you to come a work a shift or two shifts, they couldn’t.” (M15)

There are however instances where there is a belief that the university link was supportive of the decision and situation. In some cases university links, be they practice educators, link lecturers or personal tutors, did in fact provide support and this would seem to have been adequate to meet the need. Early involvement from the university is seen as key to ensuring the process of failing a student is supported. This nuance of partnership working is paramount.

“We had the support from the school...Straight away the school realised that there were issues as well and so they set out an action plan and helped us with that.” (M16)

“I thought there’s no way, called the university straight away. Well, but I mean they were excellent! So they were very supportive to my concerns really.” (M18)

“[The Practice Educator] was very, very helpful; very supportive...she didn't even say 'in my opinion she shouldn't pass'. And I hope she agreed with me. [The Practice Educator] was very good; she met up every week or every two weeks with us.” (M12)

Despite this actual experience there is a perception that other mentors believe the university will not support the decision to fail students in practice. It seems that historical experiences where mentors had followed all the correct processes to fail their student, but the university did not support this, have created a culture whereby there is no point failing the student because the university will not support the decision. It would seem that this perspective has transferred to new mentors and they have been influenced by these beliefs.

“I certainly think the mentors need to know that students do fail because they used to think, ‘oh the university don’t like to fail, they just get them through’. I think sometimes... there’s a mix in the message that they don’t hear about it...And also that mentors will be supported in that process.” (M17)
“I think also that the feeling that the university are out to get the mentors that want to fail the students is still there too.” (M19)

“I think [universities] need to change the ethos because the problem you get about being unsupported somehow translates to the new mentors. And I think that’s because they’re influenced by the old mentors…it would be sad for those that are already there that have got a wealth of experience to still have that negative….I think it’s changing.” (M19)

There is a recognition that this culture needs to and is in fact starting to change, indicating that some universities are trying to increase their levels of support. Having reflected on the experience and been involved in mentoring practice since failing their student, there is now a unified sense that the associated universities will in fact support mentors who fail their students in practice if a fair process is followed. There is a belief that processes and support received from university links have improved and practices are changing. This appears to have resulted in a greater confidence in the support now received.

“I have got a lot of faith in the university because they’re all very keen. And I think the university role has changed as well and I feel I can depend on them, knowing that they will help and support.” (M13)

“I think the understanding between the university here, now, with the support system works so much better than what happened obviously when this was happening….I think it’s different now” (M03)

“Processes are different now in terms of how the university supports students and in terms of supporting the mentor. That’s changed over the years” (M19)

Despite some identified improvements in the levels of support there is one area that still appears lacking, the opportunity for debriefing. Having the opportunity for debriefing in terms of talking about the experience of failing a final placement student and discussing the difficulties encountered, would be greatly valued. These mentors want to be able to have the time for reflection on their experience.

“I just talked to my colleagues on the ward because I think at the time certainly the university didn’t offer any counselling or anything and it definitely helped. I do think we should make it a standard where we do have a process of going back and debriefing.” (M05)

“I tell you what would be good, some time to have some group for people to go. Some group where people can actually discuss difficulties they have with students and how they can resolve it...and
maybe if as mentor we could have a self help group!….Reflection time.” (M14)

In fact it would seem that participating in this study was the first opportunity that there was dedicated time to reflect on and discuss the experience in depth. This experience was valued and facilitated a dialogue about the experience.

“I’ve actually been able to talk about it [now].” (M14)

“Yes it [this interview] has helped talking about it.” (M12)

A valued component of the debriefing would be the opportunity to discuss what happened to the student after leaving the final placement where the student failed. Knowing the outcome of the efforts put into the final placement would be appreciated as often it appears that mentors do not know what happens to the student once they leave their placement.

“I think that people should know who’s passed the programme, who’s graduated and who hasn’t. I think it’s only fair because mentors don’t hear that.” (M17)

“I’m not aware of what has happened, of whether she has passed or not. Yeah I would like to know.” (M08)

“I mean I don’t know the ins and outs of it because you don’t tend to know what happens to students after they’ve left, which would be nice sometimes to find out. You know, to know how the whole process works, what you did actually…you don’t tend to hear the full story”. (M18)

In light of the difficulties and responsibilities of making fitness for practice decisions, there is a strong belief that the decision to fail a student or to progress them onto the professional register should in fact be a joint decision between the university and practice. Whilst there is an acknowledgement that there is currently a 50:50 responsibility, two separate decisions are being made and there is minimal communication between the two parties. There is a strong belief that separating the decision into two halves is incorrect. It seems that a joint decision would be fairer because it would be made from a wider perspective.

“I think a joint decision as to whether that person is fit to go into practice would be much more rounded view and I think a much more fair view… You do need the whole picture to make an informed decision and I think for practice it would be so much better...But I think
at the end it should be a joint communicated decision. ...We separate the sign off completely which is just crazy." (M03)

“There should be a very close knit network between the tutors and the mentors. Especially in the last year and if there is any little doubt from the school, the school should also discuss it. I think that we need far more communication.” (M14)

4.4.3 Challenging pre-understandings

In looking at making the decision to fail, or the act of ‘failing’ in the final placement, it is clear that the meanings attached to the act of making the decision are complex. The professional judgements in terms of the subjective dimension attached to making the decision are valued by this group of mentors and they feel that it is not possible to ignore the subjective element of assessment. The subjective dimension involved in making the decision is powerful. It would appear that it is almost easier to deal with the objective components of the assessment, whereas justifying the subjective aspects of using intuition and subjective questioning is more complex. In fact there is a sense that the pressure to justify the subjective dimension is immense. This is shown by the emphasis placed on the subjective aspects of the decision to fail.

The perceived barriers and enablers to making the decision to fail in the final placement encompass the problem of workload and time, perceived attitudes to mentorship and views about the support required to make the decision. There is an apparent need for the opportunity to debrief following the decision to fail so that mentors feel more valued and can attach some meaning to the experience. There are also calls for a joint ‘sign-off’ decision, one that encompasses a more rounded approach involving communication between a university representative and the final placement mentor.

Pre-understandings (section 2.9) relating to decision making and subjectivity in assessment, clarity of role and responsibilities, conflicting and competing role demands, and preparation and support have been challenged or confirmed by the horizon of the act of ‘failing’ in the final placement. Writers emphasise the need for objective assessment, but the extent to which mentors in this study valued subjectivity as an essential and unavoidable part of the assessment process was surprising. Whilst some previous anecdotal
awareness of the subjective questions that mentors ask of their student’s performance existed, here again the extent to which these questions are used to contribute to the decision to fail, or to challenge any doubts about the decision was also surprising. Could these questions then indicate that it is possible for a student to pass their final placement despite concerns relating to ‘would I want the student looking after me or my relatives’, ‘would I be happy to work alongside them’ or ‘will they be safe’? It is disconcerting that the practice assessment document has somehow to be ‘used’ to justify the subjective dimension, which indicates that some form of manipulation of the documentation is necessary. This suggests that the documentation is too vague and open to interpretation and does not allow for the inclusion of professional judgements. If a document that is designed to offer objectivity is open to the level of interpretation and manipulation indicated by mentors, could it be argued that the document itself is not fit for purpose?

The description of an inhibiting mentoring culture that does little to address poor attitudes to mentorship, poor role models, and mentors who do not possess appropriate knowledge or skills, reaffirmed some of the pre-understandings that existed prior to commencing the study. However, this new understanding adds to the debate by suggesting that this negative culture contributes to students reaching the final placement and then failing. It would however appear that these mentors separate themselves from that culture and see themselves as being the ‘good’ mentors. This separation and perception of self is an interesting phenomenon which results in questioning whether only ‘good’ mentors in this sense are able to fail students. Or are there ‘good’ mentors who have positive attitudes to mentorship, are good role models and do possess the knowledge and skills but are still unable to fail students?

This interpretation has further compounded the understanding of the support final placement mentors need when faced with failing a student and how this support needs to come from a range of sources. There is now more appreciation of the difficulties some had in terms of the lack of support they received, yet it is encouraging to know that since the experience of failing their student, mentors feel that support they receive from their university link is improving. It is however questionable how long it will take to change the perception that failure will not be supported. In addition, whilst there is
personal agreement that the 50:50 theory practice split is fair, the way in which the fitness for practice decision is made in the final placement could now be open to challenge.

Overall, interpreting and presenting the horizon of the act of ‘failing’ in the final placement illuminates how the decision to fail is made from a different perspective thus further revealing an understanding of being a mentor who fails a student in their final placement. Figure seven summarises the dialogue with the text in relation to the research questions and the additional question that were answered in this section. It also summarises the trigger for the additional question.

**Figure seven: Summary of dialogue & questions answered in section 4.4**

<table>
<thead>
<tr>
<th>Research question: How do mentors make this final fitness for practice decision?</th>
<th>Answer: ‘The subjective dimension’ As well as the objective measures in the practice assessment documentation, there is a significant subjective dimension to the decision. This includes the use of intuition and subjective questioning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research question: What is it like to be a mentor who fails a student in the current mentoring system?</td>
<td>Answer: It is not always easy being a mentor who fails a student in the final placement. It takes time and additional work. It is a decision that involves intuition and the ability to recognise when something isn’t right. It is being a mentor in an often negative mentoring culture.</td>
</tr>
</tbody>
</table>

Original research questions

Additional questions as a result of engaging in a dialogue with the text

Trigger: A negative undercurrent to being a mentor faced with this decision in the final placement. Yet they were able to make this decision.

Question: What are the barriers and enablers to making the decision to fail in the final placement?

Answer: ‘Workload and time’, and ‘attitudes toward the mentoring role’ can act either positively or negatively as barriers or enablers to making the decision to fail.
However, whilst an understanding of what makes these mentors different is beginning to emerge, there is still that ‘something’ relating to the ‘capacity’ to fail that escapes this whole understanding of being. It is hoped that the horizon of self-realisation will reveal what this might be.

4.5 Self realisation

The text revealed a real sense of the capacity to fail or overcome the barriers associated with making the decision to fail. This sense of triumph over adversity resulted in a more in depth questioning of the text; how do mentors overcome the barriers associated with the decision to fail in the final placement? Self realisation is the resulting horizon that certainly encompasses the true meanings of what it is to be a mentor who fails a pre-registration nursing student in their final placement. Realising a sense of what it means to be professionally responsible and accountable, and recognising self growth and development, highlights an apparent reflective nature of the mentors in this study. It is hoped that the following will provide an enlightening climax to understanding ‘being’ in this lived experience.

4.5.1 A sense of professional responsibility and accountability

In questioning how mentors are able to overcome the barriers the sense of a professional responsibility and accountability emerged. The nuances that underpin this interpretation can be found in mind map seven (appendix one). What then does professional responsibility and accountability mean when considering the ‘mentoring’ role as opposed to the ‘nursing’ role? A strong sense of what this actually means to those concerned emerges out of the text. This includes feelings of duty to others and the profession, and a consideration of the consequences of the decision; these moral and ethical considerations do share parallels with the ‘nursing’ role.

It would appear that a sense of moral duty is felt by the final placement mentor. This duty extends to students and to patients through the decisions made about the students. When considering students it seems that a duty of care exists to enable the student to improve and develop, if the student does not improve then duty of care exists to tell the student they are not fit for
practice and cannot be a nurse, but should seek a different career choice. This is seen as a moral obligation.

“It’s my moral duty, it’s my moral duty....She’d be good at something else. That’s my moral obligation to show her that...I say if you’re not fit to be a nurse, it’s ok and you can go off and do something else.” (M17)

“But you feel you’ve got a responsibility and a duty of care. And also you want to make sure, give them the best learning opportunities.” (M13)

Whilst there is acknowledgement of this duty of care towards students, it is clear that the ultimate duty of care is towards the people to whom they are providing care. There is a sense of public protection in not allowing a substandard student to progress onto the register.

“At the end of the day it’s the client that counts and you cannot just pass somebody who is not up to standard....We have a responsibility to the public, we have a responsibility to the public and that’s a must!” (M14)

“I’m thinking well I’m actually protecting people.” (M18)

Passing an incompetent student is seen as doing the public a disservice. It would appear then that the decision to fail a student in the final placement is not about the mentor themselves, or their student, it is about protecting the public and vulnerable people from harm. It is a selfless decision.

“I have got a very strong personal view that you are not doing the public, or it could even be a member of your family, you’re not doing anyone a favour, by letting somebody who is substandard pass...I don’t think you’re doing yourself, your colleagues, certainly the public who are using your service any favours.” (M15)

“I don’t think she would act in the best interests of the patients so I had no qualms with failing her.” (M16)

“That was it and we didn’t want to be responsible for putting somebody out there...no way!” (M02)

Feeling responsible therefore was paramount. There appears to be some supposition that other or previous mentors who have not failed students lack awareness of this feeling of professional responsibility. This indicates that they may be more concerned about the effect the decision has on them rather than the public. There must therefore be some notion of responsibility for future standards of care.
“I do have an issue with having unsafe people out there in practice, which really does concern me. If you’re letting somebody through who is unsafe you’re not actually helping anybody.” (M03)

“I am responsible for what comes out... So if they’re not fit for practice then they’re not.” (M17)

“This can’t go on, you can’t qualify because you’re not up to scratch; you know it’s our responsibility. It is our responsibility to send people out there with the correct calibre really.” (M04)

There are some thoughts that in allowing the student to progress to this point, other mentors negated their professional responsibility by opting out of making the decision to fail the student. There is a feeling that this responsibility is not always taken seriously and students are passed in practice because it is easier to do so. There is an impression that the responsibility for the student’s lack of competence should be put at the feet of previous mentors rather than solely on the student because they failed to face up to the issues.

“And it scares me that people don’t take that responsibility seriously because at the end of the day it’s not the student who’s at fault, it’s you the staff nurse who’s at fault because you haven’t taught that person properly.” (M10)

“Why didn’t you all do something and why don’t you feel equally responsible as I did at the time? I don’t know if people are aware of their responsibilities and I don’t think they are until something starts to go wrong. I think you’ve got to have a bit of responsibility for saying what you’re going to do about this student who’s failing... I just think it’s a hard job that most people opt out of doing” (M03)

As well as feeling a huge amount of responsibility for the quality of future care, there is a sense of accountability for what might happen in the future. There are concerns about the likely implications of allowing an incompetent student nurse to qualify and about what might happen in the future. There is some fear of being held accountable for the student’s future practice if an incompetent or unsafe student is knowingly allowed to progress onto the register.

There is great appreciation and acknowledgement of the level of accountability and responsibility required. The act of contemplating the future consequences of assessment decisions is a practice that seems to unite the experience. There is an apparent nuance of the fear of reprisal.

“It’s a question of how accountable the person’s going to be in the future if something happens... as far as I understand this and I have
read some things around it, the accountability is going to go with the practitioner always.” (M07)

“Something awful was going to happen in the future if we didn’t do something...You’re accountable...I think there needs to be more accountability and responsibility.” (M03)

“You think what the implications would be if you passed that student and she could be out there practicing now!” (M05)

There is also a sense of wanting a competent future workforce. There is anxiety that if these students are allowed to register then they will have a detrimental effect on standards of care. Questions are often asked about the possibilities of students making errors once qualified. There is a belief that if unsafe students are allowed to progress onto the register there could be a risk of having to work with that individual in the future. This indicates a perception that ‘what goes around comes around’.

“Because they don’t know what they’re doing, they’re going to be a danger. They’re just a walking time bomb and a disaster just waiting to happen... they will become the qualified nurses, they will probably stay local, they become part of your workforce. If you don’t fail them then it’s your own fault in a way, what you get back” (M15)

“You cannot sign somebody off qualifying as nurse and then thinking oh my God, is she going to be ok or is she going to be another Beverley Allitt and I’m afraid that comes into it doesn’t it. These things happen and I think you shouldn’t really lose sight of it either.” (M04)

Whilst there is an appreciation that anyone can be competent at the point of registration and then go on to cause harm through an error at a later stage, there is the perception that if there is any doubt about the decision then the chances of future harm is increased. This likelihood of harm seems apparent in the decision to fail. There is also a perceived threat of ‘seeing’ the student involved on a disciplinary hearing in the future.

“We are not having that we find in two year’s time that something major’s happened and we are getting looked at so we just thought, no, no matter what!” (M02)

“I had nightmares of seeing her on a disciplinary hearing or something.” (M12)

There is a sense of having to live with the decision to pass a student when their practice is questionable, indicating that there is an element of conscience and ethics involved in the decision. Additionally, as well as protecting the safety of others, the decision to fail an unsafe student is about protecting ‘self’
from the possibility of feeling guilt in the future. It would seem necessary to question whether or not the decision can be ‘lived’ with.

“I feel for myself and for my own conscience and so does the other Sister, that we definitely did the right thing by not passing her from a safety point of view.” (M08)

“I think if we’d just let him go that would have been on my conscience and I think for me personally, if I’m going to pass a student, I want to feel that there’s never any come back on me. What if their actions resulted in a death?” (M11)

“I’d feel dreadful, and that what I was thinking about before the final meeting. What would I do if she’d gone out into practice and she’d done something wrong which had ended up death or something, then I’d feel responsible for that because I’d let her through.” (M01)

Ultimately, morally and ethically, there is the belief that the decision to fail was the right one. It appears that making the decision to fail in the final placement necessitates taking a professional view rather than a personal one. Doing something to prevent future harm is seen as the right thing to do. Here again, the sense of fear emerges; a fear of making the wrong decision.

“Professionally I felt it was the right decision...I think it’s right, as much as it’s difficult for the student.” (M19)

“I had two lots of feelings really, you feel bad for the student but you also feel good that you are doing the right thing...You know you’ve done the right thing and it did make me think that you’d have to fail a student again if the need arose.” (M05)

“I believe I made the right decision but it’s very frightening because it could be the wrong decision....I felt that with the information I had available to me, and what I observed myself of her, that I made the only decision I could make at that time.” (M12)

As well as protecting the student and patients, there is an overpowering sense of obligation to protect the nursing profession from incompetent and unsafe practitioners. It is with emotion that the meaning of being part of the nursing profession is reflected on. It would seem that failing to fail an incompetent student is putting the profession into disrepute. Upholding the standards of the profession is seen as moral. There is a real sense of pride in being a registered nurse and not wanting disgrace the profession by allowing an incompetent student to progress on to the professional register.

“Morally, I couldn’t see how I could pass that student, in my heart, and know that I was upholding the profession.” (M16)
“You’ve got to uphold the profession....To be a registered nurse...it’s an enormous sense of pride; I’m proud to be a registered nurse or belong to the register and to uphold the standards...It’s a difficult one to put into words really without being emotional about it. I happen to belong to a profession that I’m very proud of, and I want that profession to have standards.” (M09)

4.5.2 Personal growth and enlightenment

Thus far, the presentation of the meanings associated with being a mentor who fails in the final placement, has shown a negative undercurrent as to how difficult the experience was. However, in questioning the extent of this undercurrent, it would seem that there is a bright glimmer of positivity emanating out of the text in relation to how the decision to fail a student at this stage affects the mentor in terms of self and their practice. The nuances that underpin this interpretation can be found in mind map eight (appendix one). Despite the difficulties encountered and the personal price paid, there is a real sense of professional and personal growth. Whilst this positivity could not be felt at the time, upon reflection, the experience is now viewed as a learning experience that has resulted in ongoing self development and enlightenment as a mentor.

“...learning that I’ve learnt a lot.” (M10)

“It was a huge learning experience.” (M06)

“So I actually felt that the whole process was a learning experience for me....It was quite enlightening!” (M18)

Some personal ‘good’ has come out of the experience indicating that it has been of personal benefit to these mentors. There are now no feelings of regret, but there is a sense of being pleased or glad in some way to have been through the experience because of the resultant learning that has taken place. In addition, it seems as though this learning has empowered mentors to have influence.

“So it has been a very good experience for me although it was a bad one. I have learned a lot from it, I’ve learned a lot.” (M14)

“For me it was a very good learning experience...I was kind of quite pleased that I have experienced that.” (M02)

“It was positive and I’m glad I had the experience when I had it so then I was able to use it to influence things.” (M06)
Of particular note is how much appreciation there now is of the responsibility involved in failing a student at this stage. Having reflected, it is now seen as a big decision to have to make and it requires a lot of responsibility. This level of responsibility was not fully realised until faced with a failing student. In addition there is a raised consciousness of the extent to which being a final placement mentors means being a gatekeeper to the profession.

“I think it has also made me more aware...it also made me realise the responsibility I had.” (M14)

“Once you’ve gone through an experience like that you do everything by the book because you realise...and it did make me realise how important it was.” (M05)

“I hadn’t really appreciated how much of a gate keeper I was!...I don’t think mentors understand that.” (M17)

In terms of how this experience impacted on mentoring practice and decision making there is a subtle nuance of being a ‘better’ mentor. Being a ‘better’ mentor it seems unites the experience. Practices such as being more watchful, being more alert and aware, and challenging the student more are all indicative of this ‘better’ mentorship.

“It probably has made me more aware, I think I do observe students and be more questioning, I’m questioning of them because I don’t want a student just to do something.” (M08)

“I wouldn’t say ‘oh that was awful before I’m not going to do it again’. In fact it’s probably made me a better mentor.” (M18)

“It’s changed me in how I am and what my expectations are. I’m a lot more challenging which is a good thing – it’s made me better at my job.” (M03)

Being more responsive to issues earlier on and dealing with them in a timelier manner can also be attributed to learning in terms of the process of failing a student. Skills of interpreting and using the assessment documentation also appear to have improved.

“I think my experience made me more determined in a way that if I had a problem to deal with it very, very quickly. I always thought I did that but it would alert me even more now.” (M11)

“It makes you a lot more aware and it does make you read the criteria and interpret them as they were meant...I think it did make me a lot more cautious and it made me a lot more aware of the processes.” (M05)
“From that experience...I started to pick up on stuff straight away. I made sure all my students had a good experience and made sure that I was there on the ball.” (M19)

Being a ‘better’ mentor raises the question about previous practice; were they ‘bad’ mentors before? This is probably not the case, because had they been ‘bad’ mentors previously, they probably would not have failed their student. Being a better mentor seems more about having increased confidence in mentoring practice and in making the ‘fail’ decision, rather than questioning self in terms of ‘am I making the right decision’, ‘am I a bad mentor’ or ‘is it me’? This learning has resulted in greater confidence with the decision to fail a student in the final placement should it arise again. In addition, there is a greater acceptability of failing a student, even at this stage. It would appear that, if faced with similar circumstances in the future, there would be less hesitation in making the decision to fail.

“I would have no hesitation in having another one, no hesitation at all” (M16)

“...it is ok if you need to fail somebody, to fail them...It has given me that confidence knowing that it is o.k. and you don’t have to pass everybody and we shouldn’t be passing them if they shouldn’t be.” (M02)

“I’m sure of myself...now, if I encountered somebody like that again I would fail them again. I would have more confidence to say ‘you’re still not achieving’... I feel confident in that.” (M09)

With this increased confidence and experience, comes the self-assurance to be able to support colleagues in their decisions to fail a student. There is now the feeling of being able to offer this advice because they now know how it feels because they have been through it. There is a real sense of ‘knowing’ in terms of the difficulties and the stress and knowing that it is a difficult decision to make.

“I do think it does help having had that experience because I do know how awful it is having to fail a student and I can say to the mentors it’s probably one of the hardest things you’ll ever do but then it’s hard to know you’ve passed somebody you know you shouldn’t have passed as well.” (M05)

“That’s what I say to mentors; ‘I know how it feels, it is frustrating but you’ve got the power to make sure.” (M17)
This personal knowing what it feels like gives the impression of being a survivor in terms of having survived to tell the tale! Perceptions of what it requires to be a survivor of the experience are clear and are born out of the learning that has taken place. They have learnt what it is to be a mentor who fails at this stage. However these perceptions indicate that being a mentor who does fail a student in their final placement requires something different, something that puts these mentors in a different category to other mentors.

4.5.2.1 Having the strength
A perception seems to exist that it requires a certain amount of strength or toughness to fail a student in the final placement, and this strength or toughness is inherent in those who do fail. It is this necessity to be strong that seems to set these mentors apart from those who do not fail. This strength could be described as having the emotional strength to overcome the personal price and feelings associated with that price. It could also be described as professional strength in terms of making a professional decision that protects the public. This may indicate that those who do not fail a student in this final stage lack the hardness to do so.

“But there’s no one strong enough to stand up and say ‘no’” (M17)

“I think sometimes it takes somebody quite tough to actually fail somebody and I appreciate that...I know perhaps I’m tougher than some” (M11)

“It takes a lot for someone to say ‘no’” (M08)

It would appear that the notion of bravery is attached to strength and hardness. Being brave seems to relate to overcoming the negative associations with the decision to fail, which includes the consequences for self and the student, the reputation for being ‘the one who fails’ and overcoming the perceived barriers to making the decision. Had other mentors not been gallant enough to do something about their student? Taking this back to the failure to act it would seem that there is a perceived lack of bravery in terms of acting to challenge the student, highlighting concerns or failing the student.

“No one else had been brave enough” (M16).

“I think it needs a little bit of bravery to step up and say actually this isn’t working.” (M06)
Possessing this virtue of courage is seen as fundamental in failing a student at this stage. It is seen as easier to pass a student than to face up to the decision to fail. Furthermore, a perception exists that the reason previous mentors failed to act on their students deficits is because they lacked the courage to either challenge their students or fail them. It would appear that taking the easy option of passing the student when they should have been failed is seen as a cowardly act.

“...so much easier to have found a way of scraping [the student] through.” (M03)

“Talking to other colleagues, the reason he passed his other, the majority of his other placements was because someone had bottled it and not failed [the student] before.” (M07)

Having the courage to fail is seen as putting all the negative feelings and doubts aside, and making the 'right' decision. This decision is right when it is made to protect patients from harm and uphold the standards of the profession, regardless of the consequences for the mentor and the student. It would seem that failing a student is something that is feared more widely amongst mentors for a variety of reasons, and this fear seems to impact greatly on the ability to challenge the students and to fail them if necessary. Having been through the experience, these mentors have learnt that ‘failing’ the student is now seen as something not to be feared. It would seem that the experience has now been de-mystified. Failing a student in the final placement should therefore not be seen as something to be feared. The fear can be overcome by having the courage to make the right decision.

“I think mentors should have the courage of their convictions.” (M19)

“Don’t be afraid to fail” (M16)

“I do tell people to not be afraid to fail students.” (M03)

It would seem that despite the difficulties, doubts and deliberation, failing a student in the final placement was an enlightening experience that has resulted in personal and professional growth as a mentor. This experience and the associated feelings, has a lasting effect and it is an experience that is memorable.

“It had a very profound effect...It still has quite a deep impact upon myself.” (M07)
“I think it does stay with you for a very long time and you feel bad that you’ve failed the student” (M05)

“A lot of students are really super, but it’s the one that may stick in your mind. You forget the hundred you’ve passed, and you remember the one or two that you’ve failed.” (M15)

Whilst it would appear that experiences of mentoring students have generally been positive the experience of failing a student in their final placement is remembered most vividly. Being a mentor who fails a pre-registration nursing student in their final placement is an experience that is not likely to be forgotten.

4.5.3 Challenging pre-understandings

In summarising the horizon of self-realisation there is now a greater understanding of the meaning of the experience as a whole. This horizon of self-realisation has challenged the pre-understandings identified at the outset of this study particularly in relation to the clarity of role and responsibilities and a reluctance to fail students in practice (section 2.9).

This horizon has however challenged pre-understandings in a different way. Throughout the interpretation questions arose relating to what makes these mentors able to fail a student in their final placement when they are faced with the personal onslaught of feelings, emotions and doubts, and how at times they were able to make the decision despite feeling isolated. There were no preconceptions about what makes these mentors different or what sets them aside from those who do not fail. It would however appear that there are perceived differences. Figure eight summarises the dialogue with the text in relation to the research questions and the additional questions that were answered in this section. It also summarises the trigger for the additional questions.

In relation to a sense of professional responsibility and accountability for final placement decisions, mentors feel that they have a duty of care for their students, future patients and to the public in general. They consider their decision in terms of the consequences of allowing an incompetent student to enter the professional register, and have a moral obligation to protect the public and to uphold the integrity of the nursing profession. In terms of how
This experience has impacted on being, there is a sense of personal growth and enlightenment. These mentors now know how it feels and they have grown in terms of their mentoring practice and confidence, and are more enlightened as to what it really takes to fail a final placement student. They are not making the decisions for themselves; they are putting their own feelings aside and are being true to the ideals of their profession, and in doing so they demonstrate courage and bravery. It is posited that it is this courage and bravery that sets these mentors apart; it is having the courage and bravery that is the true essence of being a mentor who fails a pre-registration nursing student in their final placement.

Figure eight: Summary of dialogue & questions answered in section 4.5
4.6 The emerging horizon of understanding: Chapter summary

A text developed as a result of interviewing nineteen mentors who have failed a pre-registration nursing student in their final placement has been interpreted. The interpretation of the text detailed in this chapter focused on the mentors’ being in this experience. The meanings attached to this being were presented under the global horizons of mentor expectations of being fit for practice, the consequences of failure, the act of ‘failing’ in the final placement and self-realisation. These four global horizons united the mentor experience as a whole, but included the nuances and meanings associated with the individual parts (or experiences) detailed in the text. Figure nine summarises how study objectives are addressed by the parts of the emerging horizons. The emerging horizons illuminate being and there are key messages associated with this being that can be taken forward.

Figure nine: Summary of how study objectives are addressed by emerging horizons

As a result of engaging in a hermeneutic dialogue with the text detailing mentors’ experiences of failing a pre-registration nursing student in their final placement, a new emerging horizon has developed and an understanding of being the mentor has emerged. Part of this being is knowing the purpose of the final placement and knowing the purpose of being the final placement mentor. The final placement is time where mentors should focus on the
honning of the student's nursing skills in preparation for registered status. To these mentors, this final placement is about polishing the rough diamond. Here, being is also about knowing what it is to be fit for practice which formed the mentors’ expectations of a final placemat student. Determining fitness for practice is about ensuring that the student is able to deliver a whole package of knowledge, attitudes, behaviours, and skills that make them a registered nurse. It is about knowing the difference between a registered nurse and a HCA. Knowing the whole package and polishing the rough diamond contribute to addressing why mentors fail students in their final placement.

The interpretation illuminated the concept of ‘doing nothing’. There is a perception that doing nothing about addressing a student’s shortfalls contributes to the student reaching their final placement and then failing. Doing nothing includes a failure to act on students’ deficits and a failure to challenge students, in terms of testing them and exposing them to appropriate learning experiences. Failing to act and challenge the students is seen as being as significant as the failure to fail. ‘Doing nothing’ contributes to gaining a deeper understanding of the culture associated with the phenomenon.

The findings presented in this chapter clearly show the personal price involved in being a mentor faced with the decision to fail. The decision to fail in the final placement is complicated by the personal price mentors had to pay in terms of the negative feelings associated with the experience. The emotive nature of the decision to fail resulted in feelings of anger, guilt, disbelief, disappointment, physical and emotional stress and self-doubt, yet these mentors were able to overcome or manage these feelings in order to make the right decision. This ability to overcome the personal price is significant in terms of being. The personal price addresses how mentors feel about failing a student at this final stage.

The concepts of intuition and subjective questioning reveal a subjective dimension to determining fitness for practice in the final placement. These concepts are significant in terms of being and contribute to understanding how mentors made their decision to fail. These feelings are not however taken lightly and contribute to a bigger picture of assessment that also encompasses objective observation and feedback from others. Awareness does exist about
the importance of being able to justify this subjectivity and, ultimately, it is underpinned by questions of safety.

A deeper understanding of the culture and subjective reality is also revealed. The perceived barriers and enablers identified above indicate that a lack of time, increased workload and poor attitudes towards the mentoring role impacts on the mentors' decision to fail the student in their final placement. The barriers and enablers do appear to result in the historical conditioning of mentors and this impacts on being in terms of the ability to make the decision to fail. It would seem that if mentors focus on the positive and enabling aspects of the mentoring culture then they are more likely to provide effective mentorship despite the perceived barriers, and are more likely to make the decision to fail.

Professional responsibility and accountability emerges as a significant reason why mentors fail students in their final placement, and impacts on the ability to overcome the personal price associated with the decision to fail. Findings illuminate being in terms of feeling a professional responsibility and accountability for the fitness for practice decisions made as a mentor. There is an identifiable need to do something to protect standards of care and uphold the integrity of the nursing profession.

Despite the negative aspects of the experience, personal and professional growth and enlightenment is evident, and this contributes further to understanding what it is like to be a mentor faced with the decision to fail in the final placement. Findings above indicate that, having lived the experience, the decision to fail is one that should not be feared, but it is a decision that requires courage and bravery. This is significant in terms of overcoming the difficulties associated with failure and contributes to a deeper understanding of the subjective reality of being a mentor in this situation.

The global four horizons presented in this chapter underpin a new fused horizon of understanding and form the underlying meanings of a new horizon of understanding the experience as a whole. It is worth acknowledging that whilst there were initially nineteen individual experiences, the interpretation unites these different horizons, connecting them together (Dhalberg et al,
2008) into a new horizon of understanding. The multiple realities of the experience of failing final placement students share commonalities regardless of the organisational context in which they were encountered, i.e. there did not appear to be any variance in the experience that can be attributed to differences in organisational context or location.

The key messages to take into the next chapter are the importance of knowing the purpose of the final placement, knowing the meaning of fitness for practice and appreciating the subjective dimension of determining fitness for practice. There is also a need to acknowledge how mentors were able to overcome the personal price by demonstrating the virtue of courage and by acknowledging their professional responsibility and accountability. In addition there are messages associated with the ability to make the decision regardless of the barriers associated with the culture of mentorship. The next chapter will focus on expanding these horizons further by synthesising the meanings attached to being with pre-understandings and current horizons formed by the literature. A new, fused understanding of the experience will be presented.
Chapter five: Understanding ‘failure’: an expanded horizon

5.1 Introduction
An initial discussion of the phenomenon of failing to fail students in practice was offered in the review of the literature (chapter two) and a pre-understanding relating to how this phenomenon influences the mentor’s decision making was presented in figure one. Until now, research and commentary primarily refers to the fact that mentors are reluctant to fail students in practice, and the nursing literature continues to focus on the phenomenon of ‘failure to fail’. Lankshear (1990), Watson (2000) and Scanlan et al. (2001) alluded to the reluctance to fail students in practice and the notion of failing to fail was significantly heightened when Duffy (2003) reported on the findings of her study. The debate over mentors failing to fail students in practice continues (Rutkowski, 2007; Cassidy, 2009a; Middleton & Duffy, 2009) with Gainsbury (2010a, 2010b) commenting on the fact that this appears to be the norm for reasons mirroring Duffy’s (2003) report. In addition, the phenomenon of failing to fail and assess incompetence appears to span across the international arena in nursing (Luhanga et al. 2008a; 2008b) and across professional boundaries, for example, in occupational therapy (Iliott, 1996); social work (Cowburn et al. 2000; Sharpe, 2000); and in medicine (Dudek et al. 2005).

Before continuing, it is necessary to highlight the parallels that exist with other professions as it would appear that the difficulties associated with failure cross professional boundaries, yet there are fewer examples of how mentors or practice assessors have overcome these difficulties and why they felt able to do so. Cleland et al. (2008) for example have identified similar issues associated with failure to fail in medical education. After collecting data from focus groups with medical educators, it would seem that parallels can be drawn with failure to fail with nursing mentors. They key issues identified by Cleland et al. (2008) include attitudes towards the student (which includes the additional difficulties of failing a student who is liked); attitudes towards failing
a student (particularly the negative outcomes for the student, and balancing this with a duty to protect the public); normative beliefs and motivation to comply (specifically the views of other colleagues and perceived pressure from the university to pass the student); self-efficacy beliefs (reflecting experiences of questioning self and their own performance); skills and knowledge (including not feeling clear about expected standards), and environmental constraints (reflecting time constraints).

Finch (2009) carried out a study looking at why practice assessors have difficulty with failing social work students. Finch (2009) found that practice assessors found it difficult to fail social work students because of the emotions that the situation raised; a lack of support from the HEI and from colleagues; doubt about the assessment process; and difficulties associated with managing the complexities of the practice education role. Furthermore, it is interesting to note that some social work practice educators internalised the student’s failings as their own failing and often did not recognise their role as a gate keeper (Finch, 2009). Participants in Finch’s (2009) study share experiences with the mentors in this current study.

Parker (2010) mirrors some of Finch’s (2009) findings having looked at practice failure in social work, identified as placement breakdown, by analysing student narratives. Here, issues associated with power imbalance between the student and the practice teacher was identified by the students. Whilst this current study did not address student perceptions, it is possible to see that mentors did not want to completely demoralise their students which may indicate that they have some concerns relating to the power relationship.

Equally, Basnett & Sheffield (2010) conducted a study looking at the impact of the decision to fail on the practice educator with professional identify and well-being emerging as major themes. Basnett & Sheffield (2010) found that their participants experienced physiological and emotional signs of stress which is reflected in the nursing context, and that they used their professional identity as a strategy to judge student performance. This included a duty to uphold professional standards and safeguard vulnerable service users, which is again reflected in the findings from this current study.
Mann (2010) further acknowledged the difficulties that those assessing social work students in practice have in failing students and that more students fail their theoretical work than fail practice, reflecting research carried out by Hunt et al. (2011). It is interesting to note that there was a higher failure rate in year one of the course, and students were less likely to fail in year three (Hunt et al. 2011). Hunt et al. (2011) therefore provide further evidence of the phenomenon of failure to fail. The studies highlighted above indicate that the negative aspect of failing students in practice may indeed transcend these professional boundaries.

There are however mentors that do fail students in practice, yet no other studies have been identified that focus solely on mentors who have failed students in their final placement. Therefore, throughout, since this thesis has focussed on the phenomenon of being a mentor who has failed a pre-registration nursing student in their final placement, this experience is being looked at differently for the first time. It is being examined in a way that focuses on the meanings mentors attach to ‘failure’ in the final placement.

Nineteen participants’ reflections on their experience were transcribed to develop a text that was interpreted using a process of hermeneutic dialogue to illuminate understanding. The meanings attached to the experience resulting from this hermeneutic dialogue with the text were presented in chapter four. Four horizons that unite the experience of failing a pre-registration nursing student in their final placement were offered, as were the nuances and meanings attached to these horizons emanating from the text. Gadamer (2004) suggests that in understanding an experience, it is necessary to “seek out those elements that we have found in our analysis of experience in general” (Gadamer, 2004 pg. 352). This chapter therefore focuses on the element of ‘failure’ in the mentors’ experience. It is presented from their perspective in terms of how they made sense of this failure and how they understood it, and not on the external forces acting on human behaviour. The ensuing discussion will be presented in three sections relating to the principal objectives of the study which were to:

\[12\] I.e. the mentors involved in this study
1. Explore why the mentor failed the student and interpret how the mentor made this decision about students’ fitness for practice in their final placement
2. Elicit how the mentor feels about failing a student at this stage
3. Develop a deeper understanding of the subjective reality and meanings of the historical conditioning and culture in relation to the phenomenon.

Mercer et al. (2008) postulate that in order to gain understanding it is necessary to make connections between the experience and pre-understandings. Therefore, this discussion critically examines the experience of being a mentor who fails a student in their final placement and relates to an expanded and shifting horizon as a researcher adopting Gadamerian principles. This shift in horizon is a result of reflecting on how the pre-understandings formed by the literature have been challenged, confirmed or enlightened by this horizon. It is posited that there is a need to understand the meanings mentors attached to failing if the whole experience is to be fully understood. This expanded horizon relates to understanding the why and how of failure\(^\text{13}\) (section 5.2), conquering the feelings associated with failure\(^\text{14}\) (section 5.3), and understanding failure\(^\text{15}\) in an inhibiting mentor culture (section 5.4). Figure ten summarises where the emerging horizons reflected on in chapter four have shifted to form the expanded horizon of understanding.

This discussion is not meant to present a worldview which demands that the world must change, but rather it provides a unique insight into the power and importance of this experience of failure and the meanings attached to it. By the end of this chapter the reader will have a greater insight into the experience of failure from the mentor perspective. Suggestions for future practice and research based on this new horizon will be presented in chapter six.

\(^{13}\) ‘Failure’ in this sense refers to the mentor’s decision to fail the student

\(^{14}\) ‘Failure’ refers to the mentor’s decision to fail the student and feeling like a failure themselves

\(^{15}\) ‘Failure’ here again indicates the decision to fail the student and the failure to act
5.2 Understanding the why and how of ‘failure’

This section will address the first principal objective of this study, in that it will detail why the mentors failed their student and how they made this decision about students’ fitness for practice in their final placement. In looking at why mentors failed their student, the interpretation of the experience presented in sections 4.2.1 and 4.2.2 highlights their understanding and perception of the part they play in providing the last few ‘tweaks’ to a student’s practice, and what being fit for practice actually means to them, i.e. the elements or parts they believe makes a student fit for practice. In knowing what these elements or parts are, they make a decision based on the absence of these.

In terms of the how the decision to fail was made, subjectivity in the assessment and decision making process emanated most strongly and this is evident in section 4.4.1. The subjective nature of how the decision was made related to intuition and self-identified signpost questions.
It is posited that in understanding why and how mentors in this current study made the decision to fail in the final placement, the pre-understandings associated with failure to fail will begin to be challenged.

5.2.1 Providing the last few tweaks

It would appear that part of understanding why mentors failed students at this stage is the expectations they attach to their own meaning of the part they play in the final placement. They see the student as nearly being a qualified nurse so they had clear expectations of their students’ competence upon entering their final placement and throughout the final placement, expectations that would allow them to facilitate their student’s progression to being fit for practice by the end of the final placement. The notion of helping the student to put the last few tweaks to their performance is a unanimous expectation. Furthermore, findings indicate, that from their experience, these expectations are more marked at this stage than at earlier stages in the pre-registration nursing course, which could leave expectations set earlier in the course open to question.

The actual purpose of the final placement has been discussed by Baillie (1999), Hardyman & Hickey (2001), Rush et al. (2004), Anderson & Kiger (2008) and Luhanga et al. (2008c). In addition, NMC (2004a) guidance, recommends that all student nurses have a period of practice at the end of their course to help consolidate their practice in order to help them prepare for their role as a registered nurse, and are clear that prior to entry to the register students should be able to manage the delivery of care services (NMC, 2004a), and this is reflected in the new NMC (2010) standards for pre-registration nursing education, published after the completion of the research.

Baillie (1999) looked at the preparation that adult branch nursing students required in their final placement and raised concerns about the preparation students had received. Students who participated in Baillie’s (1999) study valued the opportunity to manage a group of patients to allow them to be involved in all aspects of the patient’s care, including delegation and problem solving. Yet her small scale study found that ward managers’ expectations of the level of management skills held by newly qualified nurses were not fully
met. This indicates a mismatch between expectations and reality. Whilst the final placement has traditionally focussed on the development of care management skills, the development of these skills is still of particular concern to the mentors in this current study. Whilst students in Baillie’s (1999) study valued the importance of developing management skills, there is no indication as to whether or not they were in fact performing at the right level in order to actually develop their management skills. Students’ inability to perform at the right level to develop management skills is evident in this current study’s findings.

Anderson & Kiger (2008) reported on a small study evaluating the experiences of ten student nurses undertaking their final placement in a community setting, and these findings appear to reflect those published by Baillie (1999). Though Anderson & Kiger’s (2008) study focussed on student nurses’ perspectives it does provide some insights into the purpose of the final placement and mentor expectations of these students. The key concept arising out of Anderson & Kiger’s (2008) study related to “feeling like a real nurse” (Anderson & Kiger, 2008 pg. 445) in that they expected to be allocated a patient caseload, to be trusted by the registered nurses, to be using their initiative and making nursing care decisions, to be making judgements, and discussing care as part of an interdisciplinary team. Here, student expectations reflect the expectations of mentors in this current study, particularly in relation to care management and taking on a caseload. In addition, taking on a caseload in order to develop into a registered nurse, was also seen as important in Middleton and Duffy’s (2009) findings from focus groups with 12 community mentors.

Anderson & Kiger (2008) also argue that being able to work with increased independence is important in the final placement, and this is reflected by Luhanga et al. (2008c) who further identify that student capability can vary significantly and some students may require more supervision than others. It is interesting to note that mentors in this current study cited problems with the capability to work independently as being one of the reasons for failure.

In terms of providing the last few tweaks to improve practice and develop into a registered nurse, mentors in this study made attempts to differentiate between the skills required to be a nurse and those congruent with the health
care assistant role. Findings from an earlier study presented by Gray & Smith (1999) suggest that the emphasis in the final placement should be on “learning skills that distinguish them from auxiliaries and that bring them closer to their goal as a staff nurse” (Gray & Smith, 1999 pg. 643). Gray & Smith (1999) followed 17 pre-registration nursing students through their three year course analysing their progress in terms of their skills development and journey to registered status. They appear to suggest that it is the ‘basic’ skills that are inherent in the HCA (auxiliary nurse at the time) role, and more ‘technical’ skills that warrant the title of a nurse. However, in this current study, mentors did not see the skills required to be a nurse as being ‘technical’, but rather the skills were more related to advanced communication skills, organisation, problem solving and skills relating to broader care management. It is therefore suggested that the mentors’ understanding of the final placement have developed since Gray & Smith (1999) carried out their study. This view of being more than a HCA, and comparing a student to a HCA was important to the way in which mentors in the current study attached meaning to their understanding, yet this does not seem to have emerged as strongly in other studies elsewhere.

Overall, these mentors saw their role in the final placement as being to put the finishing touches to a student’s practice rather than having to teach fundamental skills that should have been learnt previously, a notion reflected by Rittman & Osburn (1995) who see it as “providing the finishing touches prior to their [the student] entering the real world of practice” (pg. 217). However, the evidence provided by Rittman & Osburn (1995) was based on one preceptor’s journal of supporting a student in their final six week practical experience and is therefore questionable in terms of its trustworthiness. In their, arguably more robust study of twenty-two preceptors16 carried out in the USA, Luhanga et al. (2008a; 2008b; 2008c) also found a similar understanding of the final placement, with one preceptor commenting that their role in the final stages of the course was to “smooth the edges” (Luhanga et al. 2008c, pg. 260).

16 In Luhanga et al's (2008) study, preceptors carry out a comparable role to mentors
The expectations of final placement students outlined in this current study are shared universally between participants; there is no evidence to suggest otherwise. This therefore implies that their expectations are reasonable and credible. Mentors viewed this final placement as being the student’s last opportunity to demonstrate that they were in fact able to practice as a registered nurse, a registered nurse that is capable of managing nursing care and service delivery. The notion of ‘becoming a qualified nurse’ was discussed by Holland (1999) in terms of learning how to be a nurse and this seems to be a concept that has lost focus with the current focus on competencies and skills (NMC, 2004a). Perhaps there should be a move to acknowledging that this final placement is about ‘becoming’ a registered nurse, which seems to reflect the expectations of mentors in this current study. This transition and learning to ‘be’ a nurse emerges strongly. It would seem that learning to be a nurse complements the necessary acquisition of knowledge, attitudes, behaviours and skills.

Other studies do not seem to capture the nuances of how these expectations are formed. However, in this current study, whilst there is understanding of expectations imposed by the curriculum and by the NMC, for these mentors, there is a sense that expectations formed by their own professional experience, norms and values appear more meaningful to their mentoring practice. Studies (highlighted above) seem to have focussed more on the purpose of the final placement in terms of what the final placement is for and on the skills students should be developing during this time. What is missing from the literature is how mentors see themselves as part of this process, i.e. the part they play in the final placement.

Section 4.2.1 provides further illumination to how these mentors see their role in providing the last few tweaks here and there. Part of their role is seen as challenging their students even if this means exposing them to difficult situations. It seems as though they see their role as helping the students to become a nurse rather than teaching them to nurse, which is a subtle but importance nuance. It is suggested that in order to understand the meaning of ‘failure’, it is necessary to know the part that final placement mentors play in this process. This should be central to the development of the student-mentor relationship in the final placement. The role is about facilitating and promoting
the transition to ‘being’ a ‘registered nurse’. This further links with the concept of failing to challenge students earlier in their course in that if students have been treated like health care assistants they may inevitably struggle to make the necessary transition. The interpretation of the experience presented in section 4.2.1 challenges current pre-understandings about the final placement in that there is a need to focus more on the part that mentors play in preparing students for the nursing profession, rather than focussing wholly on student attainment of skills.

5.2.2 Knowing the whole package

Probably the most obvious part that mentors played in this final placement was to determine fitness for practice. ‘Fitness for practice’ is a term used to suggest that student nurses have fulfilled the key criteria relating to clinical practice, theoretical knowledge and professional behaviour that have been set by the NMC and the curriculum (UKCC, 1999, 2001; Duffy, 2003; Hughes, 2004; NMC, 2004a; 2006; 2008a; 2010). Yet the literature review highlighted that the intricacies of assessing clinical competence to ensure fitness for practice are well documented (Lankshear, 1990; MacLellan, 1996; Bradshaw 1997; Bradshaw, 1998; Brown, 2000; Redfern, et al. 2002; Watson, 2002; Watson et al. 2002; Carr, 2004; Dogra & Wass, 2006; Bray & Nettleton, 2007; Price, 2007; Bradshaw & Merriman, 2008; Luhanga et al. 2008a) and mentors have historically found it difficult to assess student nurse competency (Dolan, 2003; Kneafsey, 2007; Price, 2007).

Duffy (2003) highlighted the dearth of research addressing the criteria that mentors use when assessing a student’s competence. However, in a study exploring the use of assessment strategies, McCarthy & Murphy (2008) found that their participants focussed on the assessment of practical skills, and they further questioned the interpretation of the criteria used to assess students. The problem with identifying criteria used to assess students remains, as does the call for more research into focussing on how mentors interpret competence (Cassidy, 2009a). In an extensive review of the literature, Cassidy (2009a) concluded that there is little evidence suggesting that mentors consistently assess competence in terms of a ‘holistic assessment’ and proposes that a definition of competence remains intangible. The
research surrounding the criteria that mentors use remains minimal, particularly in relation to how mentors fail students in their final placement.

The interpretation of the experience presented in section 4.2.2 does challenge these pre-understandings. Mentors in this study do in fact articulate how they interpret competence which is expressed in terms of looking for the whole package, and this unites the experience across mentors. Being a whole package emerged as being a meaning attached to what it is to be fit for practice, and this informed the way in which mentors determined fitness for practice. Being a whole package is more than being able to meet individual criteria or skills. They see it as a cohesive combination of knowledge, attitudes, behaviours and skills that unite together to form a whole, professional nurse. This unity must be complete for the final placement student to make the transition to qualified nurse.

In looking in more detail at what these mentors expected of their student in order to be deemed fit for practice revealed issues associated with knowledge, psychomotor skills, care delivery management skills, problem solving abilities, the ability to make decisions and demonstrate independence, professional behaviours and attitudes, to be proactive in their (the student’s) own development, and communicate effectively verbally and in writing. These issues could either occur in isolation or in combination, but whatever the case, it was the absence of the whole package that raised concerns about fitness for practice.

**5.2.2.1 The parts of a whole package**

In giving further illumination to the why of failure, it is necessary to look at the meanings mentors attach to the whole that they expect. Their expectations of their student’s level of knowledge came from their understanding that the student had passed both in theory and in practice up until that point. However when judging the student’s level of knowledge, it was with a sense of surprise that mentors could not believe their students had passed academically as they were unable to apply the knowledge to practice. This reflects a theory practice gap defined by Gallagher (2004) as a variance between what is taught in nursing and what is practiced.
The inability to link theory to practice resonates with Duffy’s (2003) findings in that students were found lacking in their ability to apply their theoretical knowledge to practice situations, and that students are more likely to fail theoretical assessments than practice assessments. Hrobsky & Kersbergen (2002) also revealed that students who had failed in practice had done extremely well in their theoretical assessments, though their study was based on the experiences of four preceptors. More recently, Hunt et al. (2011) reported on a survey of 27 HEIs in England, and found that failure rates for theoretical assessments were higher than failure rates for practical assessments at a ratio of 5:1. The findings from these other studies reinforce the expectation of the mentors in this present study in that knowledge cannot be the only basis upon which the fitness for practice decision should be made.

There are instances in this study where mentors are suggesting that the lack of knowledge might not be a result of inability. Findings indicate that some students were able to develop and demonstrate knowledge when encouraged, supported and challenged by the mentor. It could therefore be suggested that an ability to develop knowledge, demonstrate this knowledge and apply it to practice, is a signpost of fitness for practice. Likewise, the ability to develop students has to be a necessary attribute of all mentors, but this was lacking at times from the perspective of the mentors in this current study.

Parts of a whole package, also relate to the attitudes and behaviours exhibited by the student. These included qualities (such as being a nice person), professionalism, working as a team, being able to adapt, willingness to develop and learn, acknowledgement of limitations, wanting to be a nurse and putting the patient first. Some of these affective measures were identified as criteria in an exploratory study of the formal written comments made by mentors in an attempt to ascertain their assessment criteria (Brown, 2000). Brown’s (2000) conclusions indicated that ‘focus on learning’, ‘being themselves’, ‘working as a team player’ and ‘interpersonal effectiveness’ were used by participants as their criteria for assessment. ‘Quality and effectiveness of communication’, ‘future learning needs’ and ‘future performance’ (Brown, 2000 pg. 412) were identified as being less significant. The former four criteria do dominate the feedback given to the students according to Brown’s (2000) findings, and feedback appears to be heavily
biased in favour of these criteria. This could indicate that mentors in Brown’s (2000) study were concerned primarily with what the students had done rather than on what they needed to do to improve and develop. Interestingly, mentors in this current study were as concerned about their student’s future performance as they were about their current performance.

A further exploratory study carried out by Webb & Shakespeare (2008) looking at judgements about mentoring relationships identified that their participants used the criteria of ‘enthusiasm’, ‘assertiveness’ and ‘self confidence’ when assessing their students. In addition, Webb & Shakespeare (2008) allude to the complexity of assessing attitudinal aspects of performance, and they also indicate that their participants identified attitudes as being difficult to assess, which supports earlier findings (Lankshear, 1990; Duffy 2003), particularly if students were exhibiting poor professional attitudes. However neither of these studies focuses solely on the act of failing students. Whilst findings from this current study acknowledge that assessing attitudes and behaviours is complex in terms of the range of attitudes and behaviours, mentors did not appear to suggest that they were difficult to assess, though it would appear that attitudes and behaviours may be more problematic to evidence. Perhaps this could be one of the reasons for the failure to fail. Having the right persona and attitudes of a registered nurse in the final placement was seen as central to the student’s development towards registered status and this has not been the sole focus of discussions in the recent literature when considering failure. It is this being ‘professional’ that underpins the understanding of the right attitude (section 4.2.2) to be fit for practice, and it is the lack of this professional attitude that is seen as a risk and therefore a reason for failure.

Behaviour also constitutes a part of the whole package. In looking at the importance of behaviour in terms of how it underpins the mentors understanding of the ‘why’ of failing, the way in which a student behaves can have a significant impact on the fitness for practice decision. Mentors in this study suggest that there is a correlation between poor behaviours as a student nurse, and poor behaviour as a registered nurse, and they reflected on the consequences of this. The problems a student has with their behaviour during their pre-registration course and the impact this can have on patient care once the student has qualified, are highlighted in the Colin Norris Report (Cantrill et
al. 2010). Colin Norris, a registered nurse at Leeds teaching hospital, was convicted of the murder of four patients and the attempted murder of a fifth in 2002. Cantrill et al. (2010) found that Colin Norris’ behaviour during his training was ‘aggressive’ and ‘unacceptable’ (Cantrill et al. 2010 pg. 24). It could therefore be suggested that even if a student’s level of knowledge is acceptable, the way in which they behave is a greater risk to patient safety. In light of the difficulties in evidencing attitudes and behaviours, this exemplifies the need to ensure that there is more focus on understanding the meaning of attitudes and behaviours and how they impact on fitness for practice. In summarising the Colin Norris Report, Cantrill et al. (2010) found that he was a polite, average student who was able to prioritise and coordinate care, and communicate well, yet he was found to be unsafe.

Whilst mentors in this current study were clear about the required knowledge, attitudes, behaviours, and skills in terms of their understanding of fitness for practice, it would appear that they were also clear about their limits of what constituted fitness for practice. Furthermore, it is interesting to note that they were not willing to compromise one part for another. It would seem that if a student’s knowledge was minimal but did not compromise safety and the student showed the willingness and capacity to learn further, then this constituted a pass. Equally, with skills, if as a minimum their skills were not compromising the safety of patients or colleagues, but needed refining or developing, then this would be considered as adequate, which was reflected in terms of the minimal requirements for attitudes and behaviours. However, attitudes and behaviours appeared ultimately to underpin their judgement of a student’s fitness for practice. This reflects part of a discussion by Hrobsky & Kersbergen (2002), whose limited sample indicated that there is a relationship between unsafe skills performance and poor attitude. It could be suggested that this highlights a shift in the minds of some mentors, as Lankshear (1990) had previously found that mentors felt unable to fail students purely because of attitudinal problems. Findings from this current study may further support this shift in thinking as there was a general sense that if the student’s attitudes and behaviours were found wanting in the final placement, then this was a fitness to practice issue and an indication of failure.
The part of the whole package that relates to the required level of skills and the assessment of these skills seemed to prove less complex for the mentors in this study. Their reflections do however reveal a perception that the skills requirements in the final placement are quite different to earlier placements. Mentors identified deficits in a range of skills which in the final placement appear to relate to care management skills, including psychomotor, interpersonal, critical thinking, problem solving, processing information and decision making. There are few studies to make comparisons with in this area, however Duffy (2003) did comment on findings showing that third year students were found lacking in terms of their psychomotor skills. This is despite the fact that psychomotor skills seem easier to assess than critical thinking, attitudes and behaviours, as identified in the findings of this current study.

It is evident from this current study that there are several aspects of the ‘whole package’ that mentors who fail final placement students are looking for. However it can also be postulated that failure to fail may occur when only one aspect of the ‘whole package’ of knowledge, attitudes, behaviours and skills is evaluated as being unsatisfactory, as this is seen as being acceptable. A mentor may pass a student who requires more supervision by justifying that there will be a period of support and preceptorship post qualifying to address this one area.

5.2.2.2 Safety of the whole package

Whilst mentors identified knowledge, attitudes, behaviours and skills as being the important parts of the whole package, it would appear that each of these is further underpinned by the notion of safety. These mentors appear to view safety as the foundation of fitness for practice. Unsafe student practice has been defined as “any act by the student that is harmful or potentially detrimental to the client, self, or other health professional” (Luhanga et al. 2008c pg. 258). Three studies, two carried out in America; Rittman & Osburn (1995) and Hrobsky & Kersbergen (2002), and one carried out in Canada; Luhanga et al. (2008c), provide some insights into the phenomenon of the unsafe student. In addition, Scanlan et al. (2001) posed questions relating to how many incidents equal unsafe clinical practice, whether it is one incident or a pattern of practice that constitutes unsafe practice, and the types of
incidents that are unsafe compared to practice that indicates a fail. It should however be acknowledged that as these studies were carried out outside the UK, the system of mentorship differs in that the preceptor recommends a ‘pass’ or ‘fail’ to the nursing faculty (Higher Education Institution) rather than directly making the decision to fail the student.

Rittman & Osburn (1995), report on a hermeneutic study of one preceptor’s (equivalent to a mentor in the UK) experience of mentoring a student in the final stages of their pre-registration course. Whilst it should be acknowledged this study relates to one participant and therefore the transferability and trustworthiness of these finding could be questioned, the findings are interesting from a hermeneutic perspective. Rittman & Osburn (1995) identify a concept of ‘assessing dangerousness’ and discuss the meanings associated with it, which they suggest is essential in mentoring students. They posit that this involves attentive watching and listening, looking for four ‘hallmarks of dangerousness’, which include incomplete care, inability to prioritise and organise care, not being able to report care, observations or problems. ‘Dangerousness’ is further described as “the student's failure to critically question her practice and to show an alertness to the possibility of making an error” (Rittman & Osburn, 1995 pg. 220). However, the type of deliberate dangerousness displayed by Colin Norris and Beverley Allitt (Clothier, 1994), for example, who have deliberately killed patients does not seem to appear within the horizon of understanding of Rittman & Osburn (1995), Scanlan et al. (2001) or Luhanga et al. (2008c). Such dangerousness would fall under the umbrella of “poor attitude”. Findings from this current study identify what could also be termed ‘hallmarks’ as identified by the study participants (section 4.2.2). These include incomplete care, inability to articulate care provision, not reporting problems associated with patients, inaccurate medicines management, inappropriate and ineffective communication, poor attitude and unprofessional behaviours and an inability to acknowledge limitations. However, the term ‘dangerous’ was only used in relation to poor maths and arrogance (section 4.2.2). The term unsafe was more readily used and did not appear to have such dramatic connotations as the term ‘dangerousness’. However when considering the notion of causing ‘future harm’, findings suggest that the concept of danger could have been considered by these mentors.
In addition to Rittman & Osburn’s (1995) study, Hrobsky & Kersbergen (2002) examined four preceptors’ experiences of mentoring students’ unacceptable clinical performance, i.e. students who had failed their final practice experience. From their small study, Hrobsky & Kersbergen’s (2002) identified three concepts including hallmarks of poor clinical performance (“red flags”), preceptors’ feelings and the liaison faculty’s (link lecturer) role (the latter two will be discussed further below). The extent to which Hrobsky & Kersbergen’s (2002) findings can be transferred is questionable; however there are some similarities with the findings from this current study. Red flags identified by their participants included students who did not ask questions, students’ apathetic attitude towards nursing and unsatisfactory skills performance. Whilst the former two red flags were identified early in the placement, the latter was a safety concern that reinforced the preceptors’ initial feelings and observations about their student. ‘Red flags’ identified by Hrobsky & Kersbergen’s (2002) participants are reflected in the concerns highlighted by mentors in this current study, particularly in relation to student attitudes and the extent to which students were not proactive in their learning.

Luhanga et al. (2008c) also discussed safety in a way that appears to be an extension of Rittman & Osburn’s (1995) and Hrobsky & Kersbergen’s (2002) findings. Here, in a mixed methods study they interviewed 22 preceptors who had experience of supporting ‘unsafe’ students. Their findings exposed a process of “promoting student learning and preserving patient safety” (Luhanga et al. 2008c pg. 259). A category of ‘hallmarks of unsafe practice’ was identified underpinned by four subcategories, which include the inability to demonstrate knowledge and skills, attitudinal problems, unprofessional behaviours and poor communication skills. These hallmarks are similar to the indicators of unsafe practice given by mentors in this current study. However, whilst Luhanga et al. (2008c) do offer a discussion of the subcategories underpinning hallmarks of unsafe practice, they do not always provide participant responses to substantiate some of these, and therefore it is difficult to identify how some of the subcategories were identified. However, it is argued that Luhanga et al’s (2008c) findings do resonate with experiences of mentors in this current study where they appear to identify hallmarks of being
unsafe. This indicates a possible transferability of the findings from both of these studies in terms of hallmarks of unsafe practice.

Participants in Duffy’s (2003) study also identified what constituted unsafe practice. To them, unsafe practice meant the student doing something that was a direct risk to a patient’s physical safety, doing something that lacked insight and knowledge, unprofessional behaviour, poor technical skills. Yet despite acknowledging an understanding of what constituted unsafe practice, mentors in Duffy’s (2003) study indicated a willingness to pass unsafe students as long as they did not pose a direct risk to patients, whereas mentors in this current study were not willing to do so. Here the risk could be indirect or relate to self or others in general.

In addition, the interpretation of the experience provides some answers to Scanlan et al’s. (2001) questions relating to unsafe practice (identified earlier in this section), in that it appears difficult to quantify how many incidents point to unsafe practice because participants did not indicate that the number of incidents was indicative of failure. In looking at whether or not a single incident is grounds for unsafe practice, there were no reports of any one single incident that resulted in a student failing, but rather is was a culmination of smaller issues, the identification of which may have been as a result of one incident. In considering the type of incident, mentors did not identify one type of incident, but did suggest the reasons constituting a failure related to a combination of poor knowledge, attitudes, behaviours and/or skills.

Ultimately therefore, it is contended that in understanding the why of failure from the mentor perspective, there must be a clear threat to the safety of patients, self or other colleagues. The threats can take the form of poor knowledge, attitudes, behaviours, or skills. It could be argued that if one of these is found lacking then the student in not whole package and therefore they are unsafe. However it seems to be more often a combination of issues and to fail on one aspect would indicate that a student was grossly lacking in that area. The meaning mentors attached to safety underpins the meaning of a student who is fit for practice; ultimately, the student must be perceived to be safe in order to make the transition from student to qualified nurse.
5.2.3 The subjective nature of ‘how’

Pre-understandings identified at the outset of this research (figure one, section 2.9) indicated that subjectivity is a factor influencing the mentor’s role in making fitness for practice decisions more widely, in that subjectivity can influence mentors when assessing students. In this current study, the meanings mentors attached to the how of failure indicates that they were influenced by subjective thoughts and judgements. The subjective nature of failure in the final placement was a powerful influence on these mentors. The interpretation of mentors’ reflections in this current study indicated that subjectivity encompassed having instincts about the student, feelings that something wasn’t quite right or intuitive feelings about students, and the feeling that metaphorical alarm bells were ringing (section 4.4.1). Additionally, subjective questioning was used, particularly when there were feelings of doubt about the decision (section 4.4.1). It appears that in order to understand failure in the final placement there is a need to appreciate and accept the subjectivity of intuition and subjective questioning. Intuition may identify or draw attention to a problem with a student’s performance, but the task then is to look in more detail at the problem and produce evidence to support a fail or pass. This will lead to a diagnostic process.

A strong sense of how intuition influenced the participants’ decision is evident in the text. This intuition underpinned ‘knowing’ in terms of the mentors knowing that something was not quite right with their student, particularly early on in the placement. Initially, these feelings were often personal and subjective in nature and not based on any specific evidence. Mentors in this current study ‘knew’ there was something wrong with the student.

In looking at how knowing is developed, Carper (1978) wrote a seminal paper discussing ways or patterns of knowing that are not necessarily empirical in nature. Carper (1978) discussed four ways of knowing; empirical (laws and theories), aesthetic (perception, understanding others’ experiences, empathy), personal (knowing self, self-actualisation) and ethical (respect for human life, doing the right thing, moral dilemmas), and identified that these ways of knowing are interdependent on each other. Carper (1978) further suggests that there is a subjective component to the art of nursing and Johns (1995) posits that intuition is central to the aesthetic way of knowing.
These ways of knowing (Carper, 1978; Johns, 1995) do nonetheless refer to ways of knowing the nursing situation in relation to patients, and were not related to knowing how to fail a nursing student. However it is argued that this knowing could be transferred to the mentor situation. In discussing the art of nursing Austgard (2006) defines ‘art’ as a metaphorical representation of ‘something of excellent quality’ (pg. 12), and therefore it could be suggested that there is an ‘art’ to good mentorship in terms of knowing that something is not right with a student.

When considering decision making in nursing in general, intuition is defined as “understanding without rationale” (Benner & Tanner, 1987 pg. 23). This appears to be reflected by Thompson & Dowding (2002) who suggest that whilst a number of definitions of intuition exist, a general consensus implies that it is “a process of reasoning that just happens, that cannot be explained and that is not rational” (Thompson & Dowding, 2002 pg. 10-11). This appeared to be so in this current study where mentors were not always able to clearly define what constituted these initial intuitive feelings of concern about their student’s performance, but this intuition was a trigger to observe the student more closely.

The meanings mentors attached to intuition, including alarm bells or a feeling that something was not right, share some parallels with the findings from Webb & Shakespeare’s (2008) study. This is supported by a mentor’s direct quote in that making a judgement encompasses “how you feel yourself” (Webb & Shakespeare, 2008 pg. 568). Webb & Shakespeare (2008) further indicate that decisions are made in relation to how the mentor perceives a student, which further supports the notion of subjectivity in the decision making process. It could be suggested that the feelings and instincts described by mentors in this current study are in fact their perceptions of the student rather than something more concrete. These perceptions do nevertheless contribute to the overall assessment of the student. It is asserted therefore that subjectivity remains integral to mentors’ decision making relating to their students.
When discussing the care of patients, one of Benner's (2001) participants shared their experience and indicted that they did not “always know how to legitimise” that something was not right with a patient (pg 32). In addition, the same participant discussed a colleague who commented that a patient “just wasn’t right” (pg 32). Comments made by mentors in this current study relating to ‘something not being quite right’ or having a ‘gut feeling’ also reflected findings from a study looking at the application of decision making concepts by nurse practitioners in general practice (Offredy, 1998). Likewise, intuition was used by Offredy’s (1998) participants but they were unable to explain why they had these general feelings about the condition of their patients. Generally this leads to closer observation of a patient to look for some evidence for the concerns. The gut feelings experienced by mentors in this current study are reflected in discussions about nursing practice more generally, with early research suggesting that nurses have gut feelings about their patients’ condition before they worsen for example (Pyles & Stern, 1983). This could be mirrored with the experiences interpreted in this study where mentors had early gut feelings about their student who then went on to fail. Here too, the negative gut feelings often resulted in closer observation of their student. This does however raise the question, what if there are no negative intuitive feelings about a student? Could this result in an unsafe student slipping through because they were not observed more closely? Is it then important to have the necessary intuitive grasp of the student mentor situation?

It would seem that mentors in this current study had an “intuitive grasp” (Benner, 2001 pg. 32) of their situation because they are the experts of mentoring students. It would appear however that this intuitive grasp identified by Benner (2001) related to experts in practice who had longevity of experience and Benner (2001) suggests that it is not possible to have intuitive grasp without “sufficient background and experience” of comparable situations. Paley (1996) further debates the link between being an expert and having ‘intuitive grasp’ and appears to suggest that having intuitive grasp is not solely limited to experts. Benner’s (2001) notion could be challenged with the findings from this current study in that those mentors who had less experience of mentoring students did appear to have an intuitive grasp of the situation with their student, despite the fact they did not have previous
experiences of failing pre-registration students. The level or amount of intuitive grasp was not addressed or measured in this study, and ‘sufficient background and experience’ were not used as selection criteria. However there is pressure for nurses take on the role of mentorship quickly post qualifying. Rovithis & Parissopoulos (2005) do not appear to support Benner’s (2001) requirement that having intuition is a result of comparable situations. Rather they posit that the use of intuition occurs as a result of previous knowledge, skills and practice. The knowledge, skills and practice in the case of mentors in this study related to mentoring students and knowing what a passing student looked like and therefore recognising what a failing student looked like.

The relationship between intuition and experience in clinical decision making continues to hold credence (Smith et al. 2004; Banning, 2008; Smith, 2009). In considering the use of intuition amongst experienced intensive care nurses, King & MacLeod Clark (2002) concluded that intuitive elements of decision making should be recognised in conjunction with more analytical and objective components of decision making. It would seem that the use of intuition is inherent in nurses’ decision making in relation to their patient care, and there is support for recognising the use and importance of intuitive judgements (Hams, 2000; McCutcheon & Pincombe, 2001; Rovithis & Parissopoulos, 2005). In an extensive review of the research pertaining to clinical judgement in nursing, Tanner (2006) suggests that intuition can be characterised by feeling concerned about a situation in practice, and this concern results from recognising a pattern. In addition, Tanner (2006) suggests that these patterns may occur in isolation or be amalgamation of different patterns according to the situation. With the findings from this current study, it would appear that the pattern recognition related to mentors’ expectations and understanding of what it is to be a student nurse who is performing at the ‘right’ level at that final stage. Here, however, it was more the absence of the expected pattern that raised concerns and made mentors feel apprehensive about their student. It could therefore be suggested that this group of mentors used not only an intuitive process of reasoning, but complemented this with an ‘analytic process’, described by Tanner (2006) as that which occurs when there is disparity between expectations and reality. With these mentors, intuition can
be seen as an alert system that sets in motion a rational and more objective process of pattern testing.

The use of intuition appeared to come into play in the early stages of the placement and usually within the first three weeks but more often than not, in the first week of the final placement. This early identification of concerns seems to be reflected more widely with Scanlan et al. (2001) suggesting that it could take up to three weeks to identify that a student is failing in practice and Hrobsky & Kersbergen (2002) noting that their participants recognised ‘red flags’ early on in the experience. Luhanga et al (2008c) also observed that their participants had recognised signs of unsafe practice early in the practice experience, and whilst they did not attribute this early identification to intuitive feelings about the student, participants usually had concerns about attitudes or behaviours. In looking at the findings from all of the studies identified above it would appear that problematic attitudes are more likely to raise concerns early on in the placement, regardless of the institutional context within which the research was carried out.

Participants in this current study were nonetheless conscious that they did not fail the student on intuitive feelings alone, but rather they observed the student more closely to gather further evidence to support or refute their intuitive judgement. Having intuitive feelings about their student prompted these mentors to act based on their knowledge and understanding of what is required of a newly qualified nurse (King & Appleton, 1997). Welsh & Lyons (2001) in fact call for this holistic approach to decision making in practice, one that encompasses both empirical evidence based knowledge and intuitive knowledge. Whilst the literature surrounding the use of intuition is based on research looking at patient care situations, it is contended that there are parallels with the use of intuition in contributing to decisions made in terms of failing students in their final placement. It is therefore suggested that intuitive feelings experienced by mentors should not be ignored, but rather reflected on as part of the decision to fail a student. Using intuition results in improved clinical judgement and should therefore be promoted (Rovithis & Parissopoulos, 2005; Smith, 2007; Lyneham et al. 2008).
The propensity for asking subjective questions relating to self, particularly if mentors were uncertain about their decision to fail their student seems to further underpin the meaning of failing in the final placement. This process of questioning or narrative thinking (Tanner, 2006) could be seen as a pattern of reasoning used to justify the decision to fail. Mentors asked what appeared to be four signposting questions adding another layer to the subjective nature of the decision. These questions related to the student caring for them or their family, working alongside the student and trusting that the student would be safe. Arguably these could be seen as definitive ‘red flag’ questions for unsafe practice building on findings from Rittman & Osburn (1995), Hrobsky & Kersbergen (2002) and Luhanga et al. (2008c). The interpretation presented in this current study indicate mentors had to be able to answer ‘yes’ to these signpost questions in order to justify passing their student. It would appear that if the answer to such questions is ‘no’ then this casts doubt on the student’s fitness for practice. Such questions have emerged in previous research findings, though anecdotally a prejudice exists that these questions are often promoted by those preparing and supporting mentors in practice. It could however be suggested that asking these questions are in fact a form of critical thinking or reasoning, or a way of processing the justification for failing. This is evident in the current findings where mentors were able to articulate why their student failed. Hence, answering ‘no’ to the subjective questions must be followed by further questions about why. Engaging in this type of subjective questioning demonstrates that these mentors reflected on their decision in a meaningful way. Whether mentors would have asked these questions had the student met or exceeded their expectations is unclear. However it is worth noting that the trigger for reflection often relates to a perceived failure or error in practice (Tanner, 2006).

Cassidy (2009a; 2009c) questions the subjective nature of mentors’ judgements in terms of the trustworthiness and dependability of the decision and called for research that addresses the truthfulness, reliability and honesty of assessment, though he does assert that subjectivity does have a part to play in the credibility of assessment strategies, by referring to the notion of ‘valid subjectivity’ (Cassidy, 2009c pg. 34). Valid subjectivity requires mentors to provide multiple sources of evidence and a decision trail to legitimise their decisions (Cassidy, 2009c). This is arguably the process that should follow
the intuitive feelings about a student. Whilst it is acknowledged that there is a need for more research into the subjective nature of assessment, mentors in this study have been honest in how they used subjective criteria in the assessment of fitness for practice in the final placement, therefore adding to the understanding of the experience. It would seem that using multiple sources of evidence to provide an audit trail can legitimise or validate subjective decision making (Hrobsky & Kersbergen, 2002; Cassidy, 2009c). In identifying how intuition played a part in the decision to fail and how signpost questions were used, mentors in this current study actively looked for a way in which to authenticate their subjective measures. They combined their subjective evidence with evidence from observations of performance, reports from other colleagues and at times, from patients. It is argued therefore that they employed ‘valid subjectivity’ rather than ‘invalid subjectivity’ (Cassidy, 2009c pg. 34), associated with giving the benefit of the doubt (Cassidy, 2009c).

5.2.4 Summary
In summarising why mentors fail their students and how they make their decision, it is clear that there are meanings to ‘failure’ in terms of failing a student in their final placement. ‘Failure’ encompasses knowing the part they as mentors play in the final placement, a part that facilitates the student’s transition into registered status. They are there to add the last few tweaks to the student’s practice and this is informed by their expectations that a final placement student is nearly a registered nurse. Understanding this ‘failure’ also means being able to identify the composite elements of being a nurse and being fit for practice, and the absence of any one of these elements adds further understanding to the meaning of ‘failure’ in the final placement.

‘Failure’ in the final placement requires an ability to recognise when subjective judgments influence the decision to fail. Pausing to reflect on questions asked about what you want from a student caring for you or for others can give some justification for ‘failure’. ‘Passing’ is about safety and the absence of threat, and therefore ‘failure’ is about being unsafe and posing a threat to self or others. ‘Failure’ means having to reflect on the why and how of the decision in order to verify that it is in fact the right decision.
5.3 Conquering the feelings associated with ‘failure’
This section addresses the second objective of the study relating to how the mentor feels about having to fail a student at this final stage. One of the most frequently cited reasons for failing to fail a student are the personal feelings associated with the decision. Feelings of fear, guilt, personal failure, lack of confidence, anger, anxiety, concerns of appeal against the decision, are associated with failing students which have often led to ‘failing to fail’ a student (Duffy & Scott, 1998; Fraser, et al. 1998; Scanlan, et al. 2001; Boley & Whitney, 2003; Duffy, 2003; Hawe, 2003; Dudek, et al. 2005; Sharples, et al. 2007; Luhanga et al. 2008a; 2008b; Webb & Shakespeare 2008; Middleton & Duffy, 2009; Gainsbury, 2010a, 2010b).

Mentors in this current study also experienced a range of feelings (section 4.3.2) similar to those described above. However the interpretation of the mentor experience presented in sections 4.5.1 and 4.5.2 indicates a sense and almost a need to conquer these feelings in order to fail the student. Being able to conquer these personal negative feelings signifies the difference between being able to fail a student and failing to fail a student. It is suggested that being unable to conquer these feelings is what prevents other mentors from failing students in practice. Meanings attached by mentors to the ability to conquer the feelings associated with failure are a sign of having courage and bravery, and understanding what it is to be a gatekeeper to the nursing profession. These meanings will provide some challenges to the pre-understandings relating to the decision to fail.

5.3.1 Having courage and bravery
The negative and at times distressing feelings associated with failing a student in the final placement were shared among mentors in this study and therefore united the mentor experience as a whole. A real sense of anger and frustration was evident particularly in relation to a perceived personal price paid in making the decision to fail (section 4.3.2). The negative feelings associated with failure seem to be historically aligned with the notion of failure to fail.

Arguably the most significant research that gives insight into the feelings associated with failing a student is offered by Duffy (2003). Words including
“horrendous”, “anger”, “traumatic”, “draining”, and “sadness” (Duffy, 2003pg. 38 & 39) were used by participants in her study addressing the phenomenon of failure to fail. Through Duffy’s (2003) discussion it is possible to get a real sense of the feelings associated with failure from the mentor and lecturer perspectives. It was clear that mentors felt unprepared for dealing with these emotions, and perhaps this unpreparedness rendered them unable to make the decision to fail. These negative feelings and emotions unite mentors’ experiences in Duffy’s (2003) study with the experiences of mentors in this current study. The interpretation of mentors’ feelings in this study (section 4.3.2) details how they too felt it was a ‘horrendous’ and ‘awful’ experience. They also felt the anger of the situation and anger towards previous colleagues, but add that this made them feel ‘unchosen’ because the decision had been ‘left to them’ in the final placement. This is also true where mentors were specially selected because of their reputation for being someone who would fail a student. It was this sense of feeling ‘unchosen’ that really stands out in terms of the price they had to pay particularly when listening to the experience. This feeling of being ‘unchosen’ has negative connotations of developing a reputation for the ‘one’ who fails, the ‘one’ who students do not want to be mentored by, or being excluded from the ‘nice’ mentors who will pass the students. Further insightful detail is given (section 4.3.2) about the physical and psychological effects of the decision to fail, which is not reflected in Duffy’s (2003) findings. It is interesting that there does not appear to be any significant difference in the emotions felt by more experienced mentors compared to the emotions felt by less experienced mentors and this is reflected elsewhere (Duffy, 2003; Webb & Shakespeare, 2008).

However, what mentors in Duffy’s (2003) study do not indicate in any significant detail is how they dealt with these feelings or what it takes to overcome them in order to fail. Duffy’s (2003) findings seem to focus more on the processes and external factors that affected how mentors felt about the decision. For example, for one participant, feelings of guilt arose because the student had reached the third year of their course, and therefore in taking the student’s personal circumstances into account, they failed to fail an incompetent student (Duffy, 2003). Other studies also reflect these feelings associated with failure. Luhanga et al. (2008a; 2008b) for example, reinforce the humanistic component in terms of guilt, shame, disappointment and not
wanting to make the decision. It should be acknowledged that mentors in this current study did consider the consequences for their student and did empathise with what the decision would mean for the student, but this did not deter them from failing their student. However, whilst they did feel guilt because the student had reached their final placement, their feelings of guilt were associated more with the possibility of allowing an incompetent student to enter the register and go on to cause harm, than guilt because of failing the student. This is despite not ‘wanting’ to fail their student. This indicates that mentors in this current study considered the wider horizon of their decision to fail.

Associated with the personal feelings experienced by mentors who fail is the concept of the student-mentor relationship. The pre-understanding identified relating to the student-mentor relationship (figure one, section 2.9) that develops over the course of a placement, has further been reflected on and questioned in terms of how it affects the decision to fail a final placement student. Watson et al. (2002) appear to suggest that the building up of a relationship with a student over time can result in the introduction of bias into the assessment. In addition, whilst Duffy (2003) does not specifically identify the student-mentor relationship as a category on its own, her findings do appear to suggest that knowing the student and the consequences of the outcome of their assessment, impact on the mentor’s decision to fail the student. The interpretation carried out in this present study does also allude to the effects that getting to know a student has on the decision to fail particularly in relation to how it made mentors feel, however this did not appear to deter this particular group of mentors from making the decision to fail. Therefore the only conclusion that can be drawn relating to the student-mentor relationship is that having a good relationship with the student can make the decision more difficult. Webb & Shakespeare (2008) highlighted this challenge in terms of the amount of emotional labour involved in the mentor student relationship. The emotional labour involved in failing a student in the final placement is illustrated by the meanings attached to the personal price mentors paid (section 4.3.2). It appears that the intensity of this emotional labour increases significantly with the failing nursing student scenario.
The issue of what it then takes to conquer these negative personal feelings remains elusive in the literature to date, however it is argued that the interpretation presented in section 4.5.1 begins to illuminate this phenomenon. Johns (1995) suggests that the outcomes of nursing decisions are variable depending on the nurse themselves. In this current study the decision to fail was dependent on the mentors themselves. The words of ‘courage’ and ‘bravery’ are used to denote mentors’ perceptions and understanding of what it takes to overcome these negative personal feelings. Therefore perhaps, the decision to fail in the final placement depends on the degree of courage exhibited by the mentors themselves.

In looking at research to date relating to mentors’ experiences of ‘failure’ in practice, the terms ‘courage’ or ‘bravery’ are rarely found. Luhanga et al. (2008a) do pass a fleeting mention to bravery in that their participants perceive the decision to fail as ‘an act of bravery’ (Luhanga et al. 2008a pg. 8). However this is not supported by direct participant quotes so it is difficult to judge the extent to which this is Luhanga et al’s (2008a) understanding or their participants’ understanding. In this current study the mentors’ understanding is clear.

Duffy (2003) does not specifically use the terms ‘courage’ or ‘bravery’ in her report, but in reading the participants’ responses it is possible to extrapolate that failing a student would require the virtue of courage or bravery. Banks & Gallagher (2009) provide some useful insights into what courage means in the professional lives of nurses, and suggest that it is necessary in order to deal with everyday fears. It takes courage to stand up to the norms of a particular organisation or culture and do what is right, which may result in fear or anxiety (Banks & Gallagher, 2009). Fears attached by mentors in this study to failure in the final placement are associated with being labelled as ‘unchosen’, ‘being blamed’, fear of ‘appeal’ and the ‘consequences’ of failure, fear of the ‘time’ it takes, of the ‘emotions’, and in fact fear of challenging their own practice and expectations in the ‘is it me’ scenario. They see failing a student as something that is feared and yet they encourage others not to fear failing a student (section 4.5.2). Therefore, for them, failure in the final placement means standing up to the feelings associated with the experience and having the courage to fail because it is the right thing to do, even when it goes against the
cultural norms and apparent culture of failure to fail. “Courage is needed in response to the danger of conformism” (Gadamer, 1986 pg. 65) and therefore in advocating for future patients, standards of care and the nursing profession, and speaking out about their students when others did not, mentors in this study required and certainly demonstrated courage (Banks & Gallagher, 2009). Furthermore, it is suggested that failing an incompetent student in their final placement can be seen as moral because it is directed towards a good end (Banks & Gallagher, 2009).

Banks & Gallagher (2009) further suggest that if professionals demonstrate cowardice by failing to intervene when there is a threat to patients or colleagues, then this will result in harm rather than benefit. These mentors believed that if they did not intervene by failing their student there would be a threat to future patients and colleagues. It could therefore be posited that the interpretation of the mentor experience indicates that they saw the failure to act and allowing incompetent students to progress to the final placement as being cowardly. The emotion with which mentors discussed their anger and disappointment at the scenario with which they were faced could further signify this notion of cowardice on the part of previous mentors. A sense of personal satisfaction at doing the right thing emerged, further indicating that these mentors felt they were brave.

5.3.2 Being a gatekeeper to the profession
Scanlan et al. (2001) suggested that failing students is sometimes believed to be an uncaring practice because, for nurses, caring is a fundamental principle. This view was further presented by Duffy’s (2003) participants who seemed to reflect on the ‘caring profession’ aspect of failure in that they viewed failure as an uncaring practice which seemed to go against their ethos as a nurse. Scanlan et al. (2001) did nonetheless posit that it may be more caring to fail a student than allow them to progress, but do not however elaborate on this point further. Equally, Luhanga et al. (2008a) add to this debate by highlighting their participants’ acknowledgment that as part of a caring profession, they are reluctant to fail. There is an interesting predicament here. Findings from previous research seem to indicate that it is uncaring to fail a student because mentors care about the student and see ‘failure’ as being hard on the student. What then about the patients to whom this student will be
providing care? Do they see passing an incompetent student as being caring towards the patient? The interpretation of the mentor experience in this present study indicates the opposite. In failing the student they perceived themselves as caring for the student in protecting them from making mistakes in the future, caring for the public in protecting them from incompetent practice, and caring for the future standards of the profession. Whilst participants did not want to fail their student, the associations made with the ‘caring profession’ in terms of caring for the student was not an overall determining factor. Here, the being part of a caring profession is seen as gatekeeping standards of care and practice.

Having reflected on the experience, mentors in this study appeared to attach the importance of being a ‘gatekeeper’ to the meaning of conquering the feelings associated with failure, and this further illuminates their understanding of failure in the final placement. The decision to pass or progress a student who is not fit for practice would have serious implications (Luhanga et al. 2008a; 2008b), and it is suggested that these implications relate to safety and standards of care. The interpretation of the experience demonstrates that for these mentors the consequences for the public and the profession outweighed the negative consequences for the student and even for themselves. Whilst Duffy (2003) did not directly explore the consequences of incompetent students progressing onto the register, she did highlight that her participants had concerns about incompetent students progressing onto the register, and these concerns also appear to relate to safety and standards of care. Mentors in this current study were not prepared to allow this to happen, acknowledging that if a student has problems with care delivery as a student and these are not addressed, these problems will continue once they qualify as nurses. The relationship between having problems as a student and having problems as a registered nurse are evident in the case of Colin Norris, where concerns were highlighted in relation to his attitude and behaviours during his training and these continued once he qualified (Cantrill et al. 2010).

Whilst mentors were not specifically asked to define their role as a mentor in the final placement, when interpreting the text it is clear that they had an overwhelming sense of purpose as a gatekeeper in the final placement, particularly when assessing the student and making the ‘failure’ decision. In
terms of a definition of mentorship and what being a mentor means to individuals, earlier studies show that there was a significant amount of role confusion and difficulty in defining the role. Watson (1999) discussed this concept and posited that mentorship means different things to different people, and that whilst the mentor role was accepted in the practice environment, staff and students tended to make their own assumptions about the function of the role. This is reflected in earlier work (Cameron-Jones & O’Hara, 1996) where mentors did not give priority to the assessment tasks associated with their role, despite the fact that they were required to assess students. These and similar issues were referred to in later research where mentors again did not either recognise the importance of their assessor role, did not give it priority or did not discuss their assessment responsibilities (Gray & Smith, 2000; Neary, 2000; Chow & Suen, 2001). More recently, Bray & Nettleton (2007) found that their participating mentors were still struggling with the conflict that arose as a result of having to be a mentor and an assessor. Furthermore, they found that the recognition of the importance of the assessment component of the mentor role remains poor. However, this poor recognition did not come across in this current study. Mentors were clear that their role as assessors and decision makers was central to determining fitness for practice. Although they possibly did not see it at the time, they now acknowledge that they are gatekeepers to the profession, and if they allowed a student who was not fit for practice to progress onto the register then they were themselves negligent. It is not possible to ascertain whether this understanding of being a gatekeeper is a result of rationalising their decision to fail post event to help them ‘live’ with their decision. Furthermore, this raises the question whether the gatekeeper role is only recognised and prioritised when faced with the decision to fail a student.

Middleton & Duffy (2009) highlighted concerns that their participants had in relation to their accountability, particularly with regard to them being held accountable by the NMC for their assessment of student nurses. Participants in this current study also shared these feelings of concern, yet they equated their accountability as a mentor with their accountability as a professional, supporting earlier suggestions made by Chambers (1998). There was a strong feeling of appreciation for the NMC code in that they felt accountable for their acts and omissions in their role as an assessor of fitness for practice.
The interpretation of the experience in this current study does however indicate a perception that not all mentors feel this level of accountability and perhaps this is why the student had been progressed to the final placement.

Despite any difficulties experienced by these mentors, they saw their role as an assessor as an important part of their professional responsibilities as a nurse. This could suggest that the perceptions of the role of a mentor, particularly in relation to the assessment responsibilities, may be starting to change and mentors may now be starting to place more importance on their assessment of fitness for practice. A dichotomy does however exist in that the NMC code (NMC, 2008b) states that “you must facilitate students and others to develop their competence” (pg. 3) yet there is no mention of assessment decisions. Hrobsky & Kersbergen (2002) propose that accurate assessments are crucial when they underpin professional registration intended to protect the public from unsafe practitioners, a point reinforced by Gosby (2004) who suggested that public protection is reliant on the quality of the judgement made by the mentor. Despite the failure of the NMC to mention assessment decisions in the NMC code (NMC, 2008b), in failing their student in the final placement these participants demonstrated how the NMC code (NMC, 2008b) can be translated to the mentor role. This is evident in making the care of people their first concern, protecting those in their care and in the wider community, being open and honest, acting with integrity and upholding the reputation of their profession.

5.3.3 Summary
This expanded horizon of understanding shows that whilst failing a student in the final placement is enveloped in an array of emotions and feelings, mentors can conquer these feelings in order to make a moral decision that they felt was right. It should however be acknowledged that conquering these personal feelings is not an easy task. Being a mentor who fails a student in their final placement requires courage, courage that allows the mentor to triumph over the convention of failure to fail.

It almost seems necessary to question who the ‘failure’ is about. Is it about the student? Yes, to a certain extent it is, because it is the final placement
and could mean that the student cannot register and therefore there are consequences for the student. Is it about the mentor? The mentor will be affected personally by the decision because it is an emotive decision to make, but it is only ‘about the mentor’ in terms of their role in protecting future standards of care and the profession. Or, is it about the patient? Without doubt, mentors saw and understood ‘failure’ as being about the safety of the patient and this helped them to conquer the personal negative feelings and thoughts associated with ‘failure’. The failure may also however be about the system and other mentors that allowed the student to progress to this stage.

Until they had experienced ‘failure’ participating mentors were unsure if it was acceptable to fail a student in their final placement. It took this experience to recognise that that it was. It is this sense of courage and being a gatekeeper that empowers mentors and gives them the permission to fail their student. It gives them the authority to say that it is acceptable to fail a student; a message that they want to convey to other mentors. It is argued that until now, there has been little appreciation for the amount of courage and bravery required to fail a final placement student, and it is suggested that these virtues should be promoted, recognised and respected.

5.4 Understanding ‘failure’ in an inhibiting mentor culture

Gadamer (2004) discusses culture ("bildung") and the way in which it identifies the “properly human way of developing one’s natural talents and capacities” (Gadamer, 2004 pg. 9). Pre-understandings formed from the literature revealed that a perceived culture of failure to fail appears to exist more widely, as does the perception that it is too difficult and time consuming to provide effective mentorship or to address a student’s problems. In addition, there is a widely acknowledged perception that the support mentors receive from both within their organisation and from partnering universities is less than optimum.

The experiences interpreted in this current study indicate that the present culture of mentorship can in fact lead to the situation where a student is found to be failing in their final placement (sections 4.3.1, 4.4.2 and 4.5.2). The meanings attached by these mentors to understanding failure in this inhibiting mentoring culture focuses on comprehending the failure to challenge and
failure to act, being motivated in the mentoring role, and on the realisation of support. This section addresses the third research objective relating to the subjective reality and culture underpinning the experience.

5.4.1 Comprehending failure to challenge and failure to act

The interpretation of the text generated from mentors’ experiences revealed two threats to ensuring a workforce that is fit for practice at the point of registration; the failure to challenge and the failure to act. Mentors identified that their students ‘had not been challenged’, ‘hadn’t been involved’, or had not been exposed to ‘difficult’ situations so had not learnt how to deal with them. In addition there was a perception held by some that their student had been allowed to ‘coast’, or had ‘scraped through’, had been carrying out ‘the basic health care assistant role’ and had been used as ‘a pair of hands’ to offset against staff shortages. In comprehending this notion of failure to challenge, mentors saw this as a factor contributing to the final placement failure experience.

The horizon of failing to challenge student nurses identified in this current study has received minimal attention in terms of research focussing on mentors, though early findings presented by Cameron-Jones & O’Hara (1996) revealed that in future, mentors would need to become more challenging in terms of how they mentor students. However, this does not seem to have occurred widely because mentors in this current study were concerned that their students had not been challenged earlier on in their course. The concept of challenging means exposing students to ‘difficult situations’ and getting them ‘involved’ in a range of activities expected of a registered nurse. Mentors felt that students need to be exposed to difficult situations and learn from them in order for their practice to develop, but also suggest that some mentors are being over-protective of their students. However, as identified in section 2.3.2 Gray & Smith (2000) suggested that the over-protective nature of mentorship is a characteristic of a poor mentor.

The failure to challenge and expose students to a range of experiences has been equated with having poor mentoring skills (Gray & Smith, 2000). Conversely, exposing students to challenging experiences can be seen as providing positive mentorship to students (Cassidy, 2009c). Mentors in this
current study demonstrate a perception that some mentors ‘do not like to be put on the spot’ and are ‘not practicing at the right level’ themselves, which arguably could also denote poor mentoring skills. It would also seem that the reluctance to challenge students is underpinned by feeling threatened or that mentors fear having their own knowledge questioned. They also identified that a reluctance to challenge students may be due to mentors feeling threatened. This is reflected in Pearcey & Elliott’s (2004) findings where their participating students discussed mentors feeling uncomfortable if they challenged or questioned their mentors too deeply.

From the student perspective, it would appear that when students are denied the opportunity to practise, this has a significant impact on their development (Löfmark & Wikbald, 2001), and there is some disparity in the exposure to learning opportunities experienced by students (Lewin, 2007). Therefore there could be some credence in the mentors’ perceptions revealed in this present study that the failure to challenge students earlier on in their course did contribute to the final placement failure. Andrews & Chilton (2000) do however posit that students do not always invite challenge from their mentors because they see it as being safer, but this does contribute to a learning environment that is less inspiring and motivating. Furthermore, Andrews & Chilton (2000) suggest that students, who are more questioning and more readily invite challenge, are often not accepted and become ostracised, and students therefore conform and the culture continues. In looking further at the student experience, it would seem that students reluctance to invite challenge or to challenge practice is still apparent. Levett-Jones & Lathlean (2009) reported that their participants were reluctant to ‘rock the boat’ for fear of being alienated or not belonging to the team, and conclude that conformity and compliance are learnt behaviours influenced by the nursing culture. This fear resulted in some student nurses being willing to participate in poor standards of care in order to be accepted by the nursing team (Levett-Jones & Lathlean, 2009). It would also appear that nurses do not generally recognise how important it is to challenge students because they have not been socialised into a culture that supports challenge (Andrews & Chilton, 2000). Could this learned behaviour of conformity and not challenging practice then be transferred into mentoring practice? It could be surmised that this culture evident in nursing practice contributes to the failure to challenge in mentoring
practice. It should however be acknowledged that mentors in this current study did not really discuss this phenomenon in any great detail in terms of the meanings attached to their experience. Nevertheless, they did stress the importance of students being proactive in their learning and how this is part of demonstrating fitness for practice.

Being used as ‘a pair of hands’ is another significant meaning that these mentors attached to the failure to challenge students in practice. Again from the student perspective, it would seem that they perceive this to have a negative impact on their learning and progression and this is not a new phenomenon. Students in Baillie’s (1999) study felt that they were being counted in workforce numbers and their learning needs were being neglected as a result, and O’Callaghan & Slevin (2003) further reported on students being viewed as ‘extra help’. Mentors in this current study acknowledged this as still being a real issue which was reflected in the level of performance exhibited by their students. In fact there are reports of students being removed from valuable learning experiences because they were required as “a pair of hands elsewhere” (Bradbury-Jones et al. 2007 pg. 345), a scenario also reported earlier by Lloyd-Jones et al. (2001). This resulted in their supernumerary status being compromised. Webb & Shakespeare (2008) further identified that students’ supernumerary status is being ignored, and findings from this current study would suggest that this continues to happen in some cases.

In addition to the issue of failing to challenge students, the interpretation of the experience in this study suggests that there is a distinct failure to act earlier in the student's course. This failure is not restricted to the failing to fail scenario as discussed above, but is congruent with the failure to address student weaknesses. Participants were clear about the fact that their students’ performance problems should have been addressed earlier, and had these problems been addressed, then the student would have entered the final placement with the expected level of knowledge and skills or have been failed earlier. This resonates with Duffy’s (2003) findings where the issue of mentors failing to address students’ problems early in the placement experience was highlighted. Whilst it is clear that findings from this current study support this
phenomenon, they further add evidence as to the real consequences of the failure to address a student’s deficiencies earlier on in the course, i.e. failure in the final placement.

The act of passing the students’ problems on to future placements by giving them the ‘benefit of the doubt’ is also reflective of the meanings attached to the failure to act. Giving the benefit of the doubt was given significant attention in Duffy’s (2003) research which included the notion of borderline status and how if a student was on the borderline of a pass or fail, their assessment would go in favour of passing the student. Here, some comments made by participants in Duffy’s study, for example, “she wasn’t that bad …No, not enough to fail her” (participant 30M, Duffy, 2003 pg 64), resonate with those made by mentors in this current study who used words including ‘they’re not dangerous, but they’re not great’ or ‘they’re not bad enough to fail’.

It would seem therefore that although mentors in this current study were discussing their perception of what other mentors think and do, this perception could be corroborated by findings from Duffy’s (2003) study. This borderline status, as discussed by Duffy (2003) and alluded to by mentors in this current study, remains an area of concern, yet there has been minimal research into this area.

Mentors in this current study understood this failure to act to mean that previous mentors had shunned their responsibilities; they perceived that some mentors ‘opt out of doing’ something about their student. This may be reflective of a nursing culture that according to Cooke (2007) is too casual in addressing problems of incompetence in some nurses.

The type of mentor that opts out or fails to act could be identified as ‘avoiders’ or ‘dumpers’ because they avoid and renounce any responsibility for their students (Darling, 1985), which is supported by the perception that the decision to fail had been ‘dumped’ onto these final placement mentors. Findings from this current study suggest that students had not necessarily been told that their knowledge or practice had been lacking because they had passed to this point. Mentors were clear that students should be told of deficiencies in their practice to enable them to address these issues and
stressed the importance of constructive, honest feedback. However Clynes (2008) highlighted the difficulties of giving negative feedback, including feelings of guilt, fear of negative feedback affecting reputation, fear of hurting the student’s feelings, or fear of the feedback affecting the student mentor relationship. Yet Clynes & Raftery (2008) define feedback as a process which should be interactive in nature, and a process that enables students to gain insights into their own functioning. In their review of the literature, they discuss the benefits to the students in terms of motivation, self-esteem and development. However, in reality Clynes & Raftery (2008) found that feedback was often left too late in the placement for the student to make any significant improvements and that feedback often does not provide clear guidance on skills development. This was evident from the current mentors’ experiences where comments written by previous mentors did not reflect the learning needs of their student and only on two occasions were any concerns about students documented. This lack of written feedback and guidance is reflected elsewhere (Brown, 2000; Webb & Shakespeare, 2008), despite the fact that feedback does help students to develop (Glover, 2000). This indicates a need for mentors to have sufficient development in the intricacies of providing effective and comprehensive feedback.

Failing to challenge a student or failing to act on a student’s deficiencies could in fact link with the virtue of courage and bravery as discussed above (section 5.3.1). It is also suggested that mentors consider the virtue of courage and bravery if they fear challenging a student or fear acting upon concerns they have about a student’s competence.

5.4.2 Wanting to mentor

In developing pre-understandings at the outset of this study it was clear that much had been written about attitudes towards mentorship. It was clear that wanting to be a mentor and being satisfied with mentorship depended on the extent to which mentors have control over their workload, and the extent to which mentors are committed to the role (Atkins & Williams, 1995). Additionally, positive mentor attitudes and behaviours promote learning (Cahill, 1996; Pearcey & Elliott, 2004) and have been attributed to being a good mentor (Wilkes, 2006). The relationship between high levels of commitment and ensuring fitness for practice has never been denied (Atkins &
Williams, 1995; Phillips et al. 1996a; Twinn & Davies, 1996; Wilkes, 2006) however there have been suggestions that having experiences of mentors who are motivated and enthusiastic is rare (Gray & Smith 2000). In fact low motivation in mentors has led to students’ disillusionment with the nursing profession (Pearcey & Elliott, 2004; Pearcey & Draper, 2008).

The interpretation of the mentors’ experience in this current study indicates that motivation and commitment to the role in terms of wanting to be a mentor is an essential meaning attached to understanding failure in an inhibiting mentoring culture. Mentors were concerned about the motivation of colleagues to undertake the mentorship preparation course and become a mentor. There is a sense that some mentors are ‘not bothered’ and want to do the job of mentoring and assessing students ‘as quickly as possible’. In addition, it is felt that these mentors are ‘bad role models’ for students. This is despite evidence that positive role models can have a positive effect on students’ learning in practice (Perry, 2009). There are also concerns that all nurses have to be mentors rather than those who ‘wanted to teach’ and it would seem that linking mentorship to career progression is not favoured.

This has also been acknowledged by Watson (2004) who concluded that linking a mentorship course to requirements for promotion has a negative impact on the motivation of mentors to carry out their role. In addition, choosing to be a mentor is a theme highlighted by Nettleton & Bray (2008) where their participating mentors saw the role as being ‘expected’ and a role that they have no ‘choice’ but to take on. From the interpretation of the experience in this current study, it would seem that the lack of motivation for being a mentor and not choosing to take on the role are inherent in the current inhibiting mentoring culture.

It would also appear that wanting to be a mentor is influenced by the organisational culture within which the mentoring takes place. It seems as though there is a failure of employing organisations to recognise the time and emotional labour involved in ensuring students are fit for practice, particularly when the student is failing in the final placement. There are no significant studies that measure the actual amount of time required to mentor a student in the final placement, particularly if the student is experiencing problems relating to their fitness for practice. However judging by the interpretation of mentors’
experiences in this study and what they had to do in order to support their student, provide evidence for their decisions, and ensure that the student received appropriate and timely feedback to provide them with the opportunity to develop, it is evident that the amount of time required to fail a student is significant. It would be easy to see why time constraints could result in some mentors passing an incompetent student onto the professional register.

Issues associated with the lack of time due to increased work pressures are not new. Work pressures can have an effect on the decisions mentors make in relation to their student’s competence (Watson, 1999) and it can often be difficult to identify time to dedicate to supporting and assessing students in practice (Pulsford et al. 2002). In an extensive review of the literature, Erich et al. (2002) found that the most commonly cited problem with mentorship from the mentor perspective was the lack of time to carry out the role and the extra burden that mentorship placed on their time. Furthermore, congruent with findings from this current study, Kenyon & Peckover (2008) highlighted the time consuming nature of working with students and the constraints this placed on the role in terms of mentors meeting their other obligations. It would also seem that changes in workforce configuration and responsibilities have impacted on nurses’ abilities to role model practice (Allan et al. 2008), though issues associated with workforce configuration did not emerge from the interpretation presented in this current study. However, the experiences interpreted in this current study do appear to be united with findings from other studies where mentors were unable to undertake their role effectively because the time to undertake the role is not recognised (Nettleton & Bray, 2008).

Time and workload continue to be cited as having an impact on the quality of mentoring practice (Clynes & Raftery, 2008), yet there is little evidence to suggest that processes have been developed to tackle these issues. Webb & Shakespeare (2008) discussed findings that reflected the problems of not spending sufficient time with students. It appears that some mentors may take over tasks from their students because it saves them time, but this is to the detriment of student learning (Webb & Shakespeare, 2008). Additionally, students in Webb & Shakespeare’s (2008) study commented that they would have liked more time for feedback, indicating that they are not always given enough time. Good quality feedback is vital to the development of knowledge,
skills, attitudes and behaviours. The findings from mentors' reflections on their experience in this current study suggest that time and work pressures are still of concern when supporting failing students in their final placement (section 4.4.2). Therefore it is argued that the one hour per week protected time recommended for sign-off mentors (NMC, 2008b) may be insufficient to promote the validity and reliability of the sign-off process and to meet the demands of confirming fitness for practice in the final placement.

In addition, O'Driscoll et al. (2010) reported on findings suggesting that the changes to workforce configurations has meant that managers are less able to support mentoring activities, which has in turn increased the pressures on mentors who are already having difficulty in balancing all the demands on their time. It would seem that students are increasingly learning bedside care activities from health care assistants because mentors are unable to find the time to do so (O'Driscoll et al. 2010). This could further exacerbate concerns raised by mentors in this current study in relation to their students reaching the final placement and performing at the level of a health care assistant. The findings from this current study add to the debate by demonstrating the consequences of not spending sufficient time with students. Mentors want to spend more time with their students.

Wanting to be a mentor is also associated with it being a worthwhile role and an important role in terms of protecting the public and the profession. Early studies indicated that in order to ensure that mentorship is seen as a worthwhile and attractive role, managers needed to recognise and support the role (Watson, 1999). Yet Watson (2000) suggested that there was a lack of investment from the employers to ensure that mentors received the appropriate preparation and support. This support from employers includes giving mentors the time to attend mentor preparation sessions, yet it would seem that these sessions are often not attended because of staff shortages (Pulsford et al. 2002). Hutchings et al. (2005) further identified that mentors were poorly prepared for their role and indicated that managers were not always able to release staff to attend mentor training or updating. This lack of support is apparent in this current study where mentors questioned the extent to which their colleagues were up to date with their practice.
Atkins & Williams (1995) appear to suggest that issues surrounding competing demands in the mentoring role can be overcome by a commitment to providing effective mentorship. Mentors in their study felt a significant sense of satisfaction in carrying out their role and this was despite the conflicts in their role responsibilities; conflicts associated with a lack of time, increased workload, responsibilities for their patients and colleagues. However, Atkins & Williams’ (1995) did not focus on mentors who had been involved in failing students so it could be argued that this satisfaction and commitment relates to the situation where students are performing well and passing in practice.

The literature does tend to focus on the factors inhibiting mentoring practice, yet despite recognising that these issues do exist, mentors in this current study still found the motivation, first by trying to support their student and then to fail their student. They did invest time in working with and supporting their student and giving them opportunities to develop. It is therefore suggested that wanting to be a mentor should encompass both the positive aspects of providing ‘support’ and having the opportunity to ‘coach’ the next generation of nurses, and the negative aspects of the role which encompasses the difficulties of addressing students’ deficiencies and failing them if necessary. Wanting to be a mentor is about having that ‘fundamental feeling’ of wanting to teach and make judgements about fitness for practice that enables failure in an inhibiting mentoring culture. Whilst this current study did not specifically focus on motivation and attitudes, the findings clearly show how being motivated, committed and having the right attitudes towards mentorship can result in overcoming the obstacles associated with an inhibiting mentoring culture.

5.4.3 Realisation of support

The reflections provided by mentors in this current study highlight the realisation of the importance of support when failing a student in their final placement. The levels of support received during this experience varied from receiving no support as identified by the mentor who failed a student ten years ago, to level of support that were seen as ‘excellent’ with mentors whose experience occurred more recently. These levels of support relate to how university link (link lecturers or practice educators) supported the mentor through their experience of failing their student.
The lack of support received by mentors has been discussed for the past ten years (Watson, 2000) and it continues to be an issue. Pulsford et al. (2002) and Duffy (2003) identified that mentors required more support from the university links, yet the lack of support provided by university staff when failing students continues to be criticised in the literature (Allan et al. 2008; Kendall-Raynor, 2009; Middleton & Duffy, 2009; Gainsbury, 2010a) with suggestions that there are insufficient numbers of university staff to support mentors and practice learning (Hutchings et al. 2005). Furthermore, Allan et al. (2008) and O’Driscoll et al. (2010) identified that lecturer presence in practice is in fact dwindling. The text generated from this study identified mixed experiences in terms of how participants were supported by university staff. It appears that those who failed students more recently had a more positive experience with university staff than those who failed students a number of years ago, and it is suggested that this may be contributing to mentor perception of the support they will receive. This lack of support has been cited as one of the reasons for failing to fail (Duffy, 2003; Gainsbury 2010a). However there is minimal evidence to indicate the numbers of mentors who have tried to fail a student and have not been supported; it would be interesting to know this national picture. In addition it is not known whether support is the most influential factor or whether it is the personal or cultural aspects that inhibit the decision the most. Nonetheless, the belief that mentors will not be supported appears to ‘translate to new mentors’ and they are ‘influenced by the old mentors’ This belief appears to be inherent in the mentoring culture and may in fact be a factor inhibiting failure in the final placement.

Whilst findings from this study do not refute the assertion that a lack of university link support exists, they do suggest that in some areas mentors are in fact receiving improved levels of support when failing students. There is however a perceived need to provide a ‘process of going back and debriefing’ to allow mentors time to ‘talk about’ their decision and to hear ‘the full story’ of what has subsequently happened to the student, and this resonates with other research findings (Pulsford et al. 2002). In her recommendations, Duffy (2003) also called for mechanisms to allow for debriefing of mentors following a failed assessment. Furthermore, Kneafsey (2007) highlighted the importance of discussion and reflection to facilitate the development of
decision making, giving the opportunity to experience and relate theory to practice, and to develop skills in the assessment of clinical competence. This does not however appear to have materialised in all areas.

In further considering the support required by mentors, the interpretation of the experience highlights concerns relating to the sign-off mentor role. Whilst the mentors in this study were not officially sign-off mentors as the first sign-off mentors came into being in the summer of 2010, their role reflected that of the sign-off mentor. They were therefore able to make comparisons and express concerns relating to their experience. Concerns expressed by participants in this study reflect those highlighted by Middleton & Duffy (2009), who suggest that the education and support of sign-off mentors requires an increased focus. Furthermore, sign-off mentors will require the support of their organisations and increased support from their university link lecturers, particularly as mentors are currently unable to perform their mentoring role effectively for a variety of identified reasons (Nettleton & Bray, 2008).

The interpretation of the mentors’ experience in this current study suggests that the final decision about the student’s fitness for practice, particularly if this is a ‘failure’ decision, is a very ‘difficult’ decision to make. Mentors are united in their belief that this should be a ‘joint communicated decision’ between the mentor and a university link (be that the link lecturer, practice educator or personal tutor) to make it a ‘two person’ decision in order to provide a ‘more rounded view’. This would allow for ‘more communication’ of concerns and/or positive feedback between the two partners. A more formal arrangement or ‘tripartite’ system has been recommended previously (Duffy, 2003), yet whilst the majority of the participants in this current study acknowledged that they were either supported or that formal arrangements for reporting concerns to the university have improved, they felt that this formal arrangement could be taken further. Developing these more open lines of communication about the student would help them to feel more supported when making fitness for practice decisions in the final placement.

**5.4.4 Summary**

In summarising the meanings mentors attached to understanding failure in an inhibiting mentoring culture, the culture relating to the experience of ‘failure’ in
the final placement has been expounded. It is clear that the subjective reality suggests a less than favourable culture of mentorship. The perspective revealed is a negative one of a culture that reflects the failure to challenge students and expose them to experiences that will facilitate their transition to registered nurses. The culture of failing to challenge and failing to act early in a student’s programme of education identified in this study has some parallels with the “uncoupling of education and practice” identified by O’Driscoll et al. (2010 pg. 217) in that there is an apparent lack of focus on promoting a culture of education in practice; a culture that could help to rectify the failure to act and failure to challenge. This may in turn impact on the failure to fail scenario. It should be noted that failure to challenge was not directly addressed as a concept in itself in this current study, and it therefore requires further investigation.

This expanded horizon of understanding also indicates that wanting to be a mentor and being committed to ensuring fitness for practice underpins a positive culture and having positive attitudes is necessary in overcoming the barriers associated with time and support. In understanding failure, mentors were able to reflect on the support they received and make recommendations for making future sign-off decisions based on their experience.

Notwithstanding, the participating mentors in this study did demonstrate a positive culture of challenging their students and acting in terms of their decision to fail. It is proposed that it is the ability and willingness to challenge students that sets these mentors apart from those who fail to fail. It is a testament to them that they were able to fail a student in their final placement despite the constraints placed on them by their workload, time, and the inhibiting culture in which they function as a mentor.
5.5 Challenging prejudices leads to a reformed horizon: Chapter summary

Understanding can never be complete and it is always subject to modification when new evidence emerges (Gadamer, 2004). Notwithstanding this notion however, this research has revealed a new fused horizon of understanding about the multiple realities of being a mentor who fails a pre-registration nursing student in their final placement at this moment in time. These multiple realities are united regardless of the organisational context in which they were encountered. Furthermore, the meanings attached to the experience are mutual regardless of the time that has elapsed since experiencing ‘failure’.

The focus of this chapter was on understanding failure in terms of being a mentor who has failed a pre-registration nursing student in their final placement. In understanding the why and how of failure, the part that mentors play has been further illuminated. Until now, there has been much focus on the purpose of the final placement, but less on the mentor understanding of their role, and this has particular implications for the sign-off mentor role. The mentors’ role in the final placement is one of a facilitator to registered status, in that they should mould the student and help them to put the last few tweaks to their practice before they register as a nurse who is fit for practice. It is clear that their focus was on helping the student to ‘become’ a nurse rather than teaching them about nursing, and in doing so challenge the student. This has emerged more strongly than in previous literature. This understanding of the role is formed by expectations of the student which have developed as a result of professional experience, norms and values. This understanding is generally absent from other studies.

The notion of the student demonstrating a unified whole package of knowledge, attitudes, behaviours and skills in order to be deemed fit for practice is clear. It would seem from previous studies and commentary, that mentors may pass a student who was found wanting in one of these areas because they would have more time to develop. In addition, it has been highlighted that mentors will pass students as long as they do not pose a direct threat to the patient. However, in this current study, the threats extended to self and colleagues, and the threat could be either a direct threat
or a possible threat in the future. This explicates the criteria mentors use to assess students in their final placement that focuses on safety, an understanding which has been absent from previous literature.

Whilst the subjective nature of assessment has been discussed in previous literature, the understanding of this phenomenon has been further expounded in this study. Intuition and subjective questioning clearly feature in the decision to fail a student in their final placement. Despite any reservations about the subjective nature of assessment, intuition and subjective questioning can be recognised as patterns of decision making adopted by these mentors. There is however recognition that these subjective judgements should be either supplemented by more objective observation and assessment.

Being able to conquer the personal feelings associated with failure is what sets these mentors aside from those who fail to fail. Whilst an array of negative feelings and consequences have been identified by previous authors and shared by mentors in this current study, it is having courage and bravery that help to overcome these feelings. This has seldom been identified and discussed in literature to date. It takes courage to overcome the fears associated with the decision to fail, particularly when the phenomenon of failure to fail appears to be the accepted norm.

Previous literature highlights ‘failure’ as being an ‘uncaring act’ according to the participants of those studies. However ‘being caring’ should extend past the student to caring for the patients, standards of care and the nursing profession. ‘Being uncaring’ should therefore mean it is uncaring to pass an incompetent student. The consequences for the public and the profession should outweigh the consequences for the student. The importance of being a gatekeeper to the nursing profession should be emphasised and the assessment aspect of the mentor role must be prioritised.

It is clear that an inhibiting mentoring culture exists. This culture appears to foster a failure to challenge students and act upon their deficits. It would seem that students are being used to supplement the HCA workforce and therefore are able to coast through the course until they are faced with a mentor who is willing to challenge their knowledge and practice. In addition, there appears to
be a perception that students are judged on whether they are bad enough to fail, rather than on whether or not they are good enough to pass. This, it is suggested, fuels the problems associated with the notion of a borderline pass.

It is apparent that attitudes towards the mentoring role are not always optimal. Mentors should want to mentor students rather than it being a requirement of career progression. Attitudes from an organisational perspective appear to further support this inhibiting mentoring culture in terms of the time taken to mentor student effectively. Issues associated with time and workload remain. Overcoming time and workload constraints requires commitment from mentors and employing organisations.

Support for the mentoring role is crucial, yet it is variable and this is a recurring theme throughout the literature. However, it is clear that mentors would benefit from more support particularly when concerns are identified and debriefing following the failure scenario should be the norm. Furthermore, there is an apparent need to change the way in which the final sign-off decision is made. Making the final fitness for practice decision a decision that is shared between the sign-off mentor and the personal tutor, who has known the student throughout the course, is the suggested approach in order to promote a more reliable decision making process.

To conclude, the discussion presented in this chapter focussed on understanding the why and how of failure, conquering the feelings associated with failure, and understanding failure in an inhibiting mentoring culture. Pre-understandings relating to this expanded horizon have been challenged, confirmed or viewed differently which has resulted in a reformed horizon of understanding. It is submitted that this new understanding presents new knowledge about the mentor experience and offers a different way of looking at the phenomenon. Chapter six will further illuminate this new understanding by revisiting the parts that formed this new understanding, showing how the parts interrelate, summarising the new knowledge and making suggestions for future mentors, managers and educators, NMC policy makers and researchers.
Chapter six: Pausing the hermeneutic spiral: a return to the whole

6.1 Introduction
This thesis focussed on being a mentor who fails a pre-registration nursing student in their final placement in order to understand this experience of failure from their perspective. Having interpreted the experiences of nineteen mentors and having developed an expanded horizon of understanding their experience, it is now necessary to pause this engagement in the hermeneutic spiral of understanding, in order to summarise what can be learnt at this point in time. This final chapter ties together the parts that make up the whole of the phenomenon under study. This chapter is particularly important as it not only reflects on the study, but offers knowledge for the future. The knowledge and consequent suggestions are especially pertinent with the move to an all graduate nursing profession (NMC, 2010), and an increase in what will be expected of new nursing registrants from 2015; they will be expected to have a higher level of autonomy, critical thinking and knowledge (Longley et al. 2007).

In order to summarise the impact that this study may have on future mentoring practice, key findings will be revisited and presented in relation to the study aims and pre-understandings in order to clarify new knowledge. Suggestions for future mentoring practice will be offered to highlight the practical application and implications of the new knowledge and understanding. This will be followed by a personal reflection on the process of conducting this study in order to identify the strengths and limitations of the study. Finally, a concluding statement will be presented.

6.2 Revisiting key findings and identifying new knowledge
The aims of this study were to explore why the mentor failed the student and interpret how the mentor made this decision about students’ fitness for practice in their final placement, elicit how the mentor feels about failing a student at this stage, and develop a deeper understanding of the subjective reality and meanings of the historical conditioning and culture in relation to the phenomenon. This thesis has focussed on these aims throughout. It began in
chapter one with a reflection on the motivation for carrying out this study (section 1.2), which was both personal and professional. The study context was presented and key definitions associated with mentorship, fitness for practice and the final placement were summarised. Pre-understandings associated with mentorship were identified in chapter two as a lack of clarity of role and responsibilities (section 2.3), issues associated with decision making and subjectivity in assessment (section 2.4), the reluctance to fail students in practice (section 2.5), the impact of the student mentor relationship (section 2.6), conflicting and competing role demands (section 2.7), and the importance of mentor preparation and support (section 2.8). A conceptual framework of these pre-understandings was presented (figure one, section 2.9) and gaps in the literature were reflected upon. This reflection resulted in the development of seven research questions highlighting the need to understand the experience of final placement ‘failure’ from the mentor perspective.

This interpretive, hermeneutic study underpinned by Gadamerian principles (Gadamer, 2004) (detailed in chapter three) allowed mentors to reflect on their experience of failing a pre-registration nursing student in their final placement. An interpretation of a text formed by mentor reflections on their experience resulted in the emergence of four horizons of understanding which were presented in chapter four. Whilst the interpretation was presented as four emerging horizons that united the experience of the nineteen mentors; the essence of each experience was preserved by including direct quotes from the text (chapter four). The emerging horizons were then synthesised with the pertinent literature to interpret the meanings associated with the horizons more deeply and arrive at an expanded horizon of understanding (chapter five).

6.2.1 A return to mentor perceptions and understanding
The interpretation of the experience revealed the first horizon to be the mentor expectations of being fit for practice (section 4.2.1). Mentors were expecting to receive a metaphorical ‘rough diamond’ that they could polish and allow to sparkle. In reality however they received a student that was unable to demonstrate the necessary knowledge, attitudes, behaviours or skills to progress to being a registered nurse. It was this understanding of being a
whole package of knowledge, attitudes, behaviours and skills (section 4.2.2) that informed what it is to be fit for practice. Being this whole package was seen as necessary in order to make the transition from student to qualified nurse. This horizon challenged pre-understandings relating to role confusion and a reluctance to fail students in practice. These mentors had clear expectations of a final placement student and what it is to be fit for practice. They were not willing to compromise on any part of the whole package.

The second horizon that united the experience related to the consequences of failure from the mentor perspective (section 4.3). A perception exists that some previous mentors are often guilty of ‘doing nothing’ to act upon the students’ shortcomings in terms of failing the student or identifying areas of weakness and acting upon them, which meant that the student was allowed to progress to this final stage (section 4.3.1). Doing nothing also encompasses a failure to challenge students earlier on in their course and the failure to expose students to experiences that will allow them to become a registered nurse. This perceived failure to act and challenge meant that there was often little the mentor could do in the final placement to retrieve those shortcomings and therefore the student failed their final placement. Furthermore, the personal price paid by these mentors in having to make this decision to fail their student in the final placement is clear (section 4.3.2); there is real anger, frustration and emotional distress experienced as a result of the situation. This horizon challenged pre-understandings relating to a reluctance to fail students in their final placement and the student-mentor relationship. The revealed experiences indicate that a failure to challenge students earlier in the course is as big a threat to the assurance of fitness for practice as the phenomenon of failing to fail. In addition, whilst there is no doubting the pressure this situation puts on the student-mentor relationship and on mentors themselves, mentors were able to overcome the feelings associated with the personal price and this begins to set them apart from those mentors who fail to fail.

A third horizon uniting the experience of failing a student in their final placement relates to the act of ‘failing’ in the final placement (section 4.4). Intuition, gut feelings about the student and metaphorical alarm bells highlight the subjective dimension of the decision (section 4.4.1), as does the use of subjective questioning particularly when faced with doubt about making the
decision to fail. Failing in the final placement is also influenced by perceived barriers to making the decision and factors that enable the decision to fail (section 4.4.2). Workload and time can impact significantly on the decision to fail, as can attitudes towards the mentoring role and the amount of support a mentor receives. This horizon challenged pre-understandings associated with decision making and subjectivity in assessment, clarity of role and responsibilities, conflicting and competing role demands, and preparation and support. This horizon stresses the importance that mentors place on the subjective dimension of their decision. It is clear that an inhibiting mentoring culture exists and this contributes to students reaching the final placement and then failing. There is also a perceived general apathy towards the mentoring role demonstrated by some mentor colleagues which is seldom addressed. In addition, there is a need for debriefing following the decision to fail and participating mentors recommend that the sign off decision should be a joint decision between a university representative and the sign-off mentor.

The final horizon that unites the experience pertains to self-realisation (section 4.5). These mentors have a strong sense of professional responsibility and accountability in relation to the fitness for practice decisions they make (section 4.5.1). Their duty of care extends to the student and to future patients and they feel that failing to fail an incompetent student is doing the public a disservice and putting the profession into disrepute. This experience has remained close to them and despite the trauma of the experience, they feel as though they have grown personally and professionally, and they are enlightened by the experience (section 4.5.2). They now realise what it means to be a gatekeeper to the profession and there is recognition of the courage and bravery required to make this difficult decision. This horizon has provided the greatest challenge to pre-understandings identified at the outset of the study, particularly in relation to role and responsibilities and a reluctance to fail students in practice. Throughout the interpretation of the text questions relating to what then makes these mentors different continued to arise. These mentors feel a personal and professional responsibility in their role as a mentor to protect the public and uphold the integrity of the nursing profession. In fact they see it as their moral obligation. Courage and bravery is the essence of what makes these mentors different.
6.2.2 A new horizon: New knowledge

Previous research looking at the mentor experience has primarily focussed on the mentor role and responsibilities, the mentor experience of mentorship generally, the student-mentor relationship, the support and development mentors receive, their perception of situations or on the phenomenon of failure to fail (chapter two). This was the first study to date focussing specifically on the actual mentor experience of failing a pre-registration nursing student in their final placement. It is therefore contended that this study brings new knowledge to the fore. This new knowledge is particularly relevant to the sign-off mentor role and will contribute significantly to their future development.

An expanded horizon of understanding the mentor experience of failure was developed and achieved by revisiting and challenging pre-understandings in light of the interpretation of the experience (chapter five). This part of the study illuminated the experience in terms of understanding the why and how of failure, conquering the feelings associated with failure, and understanding failure in an inhibiting mentoring culture.

The pre-understandings associated with the student-mentor relationship and decision making and subjectivity in assessment were challenged by understanding the why and how of failure (section 5.2). In terms of the student-mentor relationship, mentors were aware of their role within that relationship. Whilst the purpose of the final placement has been discussed (Rittman & Osburn, 1995; Baillie, 1999; Gray & Smith, 1999; Holland, 1999; Hardyman & Hickey, 2001; NMC, 2004; Rush et al. 2004; Anderson & Kiger, 2008; Luhanga et al. 2008a; 2008b; 2008c) there has been little written about the mentor’s understanding of their role within that final placement. Findings from this current study show that they were there to provide the last few tweaks (section 5.2.1) or finishing touches to a student’s practice and help them by challenging their practice so that they were prepared for registered status. This was seen as the focus of the relationship in the final placement.

Whilst pre-understandings highlighted the difficulties of assessing competence (Lankshear, 1990; MacLellan, 1996; Bradshaw 1997; Bradshaw, 1998; Brown,
2000; Redfern, et al. 2002; Watson, 2002; Watson et al. 2002; Dolan, 2003; Carr, 2004; Dogra & Wass, 2006; Kneafsey, 2007; Price, 2007; Bray & Nettleton, 2007; Bradshaw & Merriman, 2008; Luhanga et al. 2008a) and a lack of clarity in the criteria mentors use to do so (Duffy, 2003; Cassidy, 2009a) the findings from this ‘Gadamerian’ study show that it is possible to mitigate against these difficulties by having a clear understanding of what constitutes competence or fitness for practice. Knowing what fitness for practice ‘looks like’ enables mentors to identify what is missing i.e. the absence of the whole package (section 5.2.2). This understanding informs the criteria used to assess competence and enables decision making.

The decision to fail is also influenced by the subjective nature of assessment. This subjective dimension can be difficult to deal with particularly as such strategies have been questioned in the past (Cassidy, 2009a; 2009b). However, appreciating how subjectivity can enhance assessment decisions in the final placement (section 5.2.3) means knowing what to do with subjective feelings and intuition, rather than trying to ignore them in favour of objectifying assessment. It is this understanding of why and how the failure decision was made that brings new knowledge to the current understanding of how and why mentors make the decision to fail in the final placement.

Pre-understandings highlighted a reluctance to fail students in practice and uncertainly in terms of role clarity. These pre-understandings were challenged by a discussion of the ability to conquer the feelings associated with failure in the final placement (section 5.3). The literature focuses very much on the problems of failing students and on failure to fail (Lankshear, 1990; Duffy & Scott, 1998; Fraser, et al. 1998; Watson, 2000, Scanlan et al. 2001; Boley & Whitney, 2003; Duffy, 2003; Hawe, 2003; Dudek, et al. 2005; NMC, 2005; Scholes & Albarran, 2005; Rutkowski 2007; Sharples, et al. 2007; Luhanga et al. 2008a; 2008b; Nettleton & Bray, 2008; Webb & Shakespeare 2008; Kendall-Raynor, 2009; Middleton & Duffy, 2009; Gainsbury, 2010a, 2010b; Hunt et al. 2011) but pays little attention to how these problems are overcome by mentors who do fail. Having courage and bravery (section 5.3.1) and an understanding of what it is to be a gatekeeper to the profession (section 5.3.2) may distinguish mentors who do fail from some mentors who chose not to despite having concerns about a student’s competence, yet this has not been
discussed in the literature. It is however recognised that this study did not involve mentors who might have but did not fail a student. It takes courage to make a decision to fail, a decision that is right, a moral decision, despite the student progressing to this point. It is the virtue of courage that embodies the spirit of being a mentor faced with failing a student in their final placement, and this adds new knowledge to understanding mentoring in the final placement.

In looking at how the pre-understandings associated with preparation and support, and conflicting and competing role demands were challenged, it is clear that understanding failure in an inhibiting mentoring culture is important. Issues surrounding the act of challenging students in practice has been previously discussed (Cameron-Jones & O'Hara, 1996; Andrews & Chilton, 2000; Gray & Smith, 2000; Löfmark & Wikbald, 2001; Lloyd-Jones et al. 2001; Duffy, 2003; Pearcey & Elliott, 2004; Bradbury-Jones et al. 2007; Lewin, 2007; Webb & Shakespeare, 2008; Cassidy, 2009b), but the impact that the failure to challenge and act can have on the student reaching the final placement and failing has until now been neglected. The horizon of failing to challenge and failing to act (section 5.4.1) should be seen as a threat comparable with the perceived ‘failure to fail’ culture.

‘Wanting to mentor’ challenges pre-understandings associated with conflicting and competing role demands, a theme that is apparent throughout the mentoring literature, particularly in relation to mentors’ attitudes towards their role, their motivation for becoming a mentor and whether or not they chose to do so (Atkins & Williams, 1995; Cahill, 1996; Phillips et al. 1996b; Twinn & Davies, 1996; Pearcey & Elliott, 2004; Watson, 2004; Wilkes, 2006; Nettleton & Bray, 2008). However it would appear that motivation and enthusiasm towards the role is sporadic (Gray & Smith 2000; Pearcey & Elliott, 2004; Pearcey & Draper, 2008). Time and workload continues to impact on these attitudes, but these are not new phenomena (Atkins & Williams, 1995; Watson, 1999; Erich et al. 2002; Pulsford et al. 2002; Hutchings et al. 2005; Allan et al. 2008; Clynes & Raftery, 2008; Kenyon & Peckover, 2008; Nettleton & Bray, 2008; Webb & Shakespeare, 2008; O'Driscoll et al. 2010), however rather than focussing on the negatives, findings from this study show how wanting to mentor and being committed to mentorship (section 5.4.2) further mitigates failure as being too time consuming.
The culture of support (section 5.4.3) that mentors receive also continues to be an issue (Watson, 2000; Pulsford et al. 2002; Duffy, 2003; Hutchings et al. 2005; Kneafsey, 2007; Allan et al. 2008; Nettleton & Bray, 2008; Kendall-Raynor, 2009; Middleton & Duffy, 2009; Gainsbury, 2010a; O’Driscoll et al. 2010), and whilst findings from this current study do acknowledge that in some areas levels of support are improving, it would still seem that there is a way to go before mentors feel fully supported. There is a need for all parties involved in the education of pre-registration nursing students to realise how much support is required and recognise how important it is. Understanding failure in an inhibiting mentoring culture adds new knowledge to what is required to change the culture of mentorship to one where students must be challenged more, where mentors and educators must act together to address concerns and make decisions about a student’s fitness for practice. The mentoring culture needs to recognise and embrace what it takes to fail a student nurse in practice.

The parts discussed above make up a complex whole of being a mentor who fails a pre-registration nursing student in their final placement. It is suggested that there is now a greater understanding of what it is to be a mentor in this situation; an understanding that explicated failure in the final placement from the mentor perspective. Figure eleven summarises the composition of this new knowledge and a new fused horizon of understanding and indicates how it relates to the study objectives. It shows how the emerging horizons of understanding were reformed by reflection and synthesis, how the horizons are linked to the study aims and are now incorporated into the new understanding of the whole.

This thesis further adds to the wider body of literature by providing an innovative methodological approach to explicating an understanding of experience. This thesis provides guidance on the practical application of Gadamerian principles (Gadamer, 2004). It is hoped that the hermeneutic spiral for interpreting and understanding experience (figure four, section 3.4.3) and the phases of analysis for interpreting text (table six, section 3.4.3) will provide future researchers with inspiration when considering research underpinned by Gadamer’s (2004) philosophy. It is now pertinent to take
lessons from this new understanding and new knowledge and apply it to our present situation (Gadamer, 2004).

Figure eleven: The composition of a new horizon of understanding

A NEW FUSED HORIZON OF UNDERSTANDING
Being a mentor who fails a pre-registration nursing student in their final placement means having the courage to make this difficult decision despite personal feelings, and in spite of a mentoring culture that often fails to challenge and fails to fail students. It is about making a decision for the greater good, one that is moral and right, and in doing so advocating for future patients and standards of care, and gatekeeping the nursing profession.
6.3 Suggestion for future mentoring practice

As discussed in chapter three, constructivist researchers have a practical interest in the phenomenon being studied (Clough & Nutbrown, 2002). In addition, Dahlberg et al. (2008) suggest that research findings should be practiced in order that the knowledge is made clear. However, Paley (2005) purports that presenting concrete recommendations from phenomenological studies is not congruent with the philosophy as the aim of such studies cannot be to generalise. As the purpose of this thesis was not to present a single truth about the mentor experience (Gadamer, 2004) it is necessary to remain modest and suggest what could or may be possible (Paley, 2005). Therefore suggestions can be made as a result of this new found understanding of the mentor experience. The conclusions that can be drawn at this stage point towards a reality as experienced by the nineteen mentors in this study, but it is a reality that has messages for the wider nursing mentoring community in light of the move to an all graduate nursing profession (NMC, 2010). These suggestions are for the future of mentoring practice, including the practice of individual mentors, future NMC mentor policy, suggestions for nurse educators, and finally, there are suggestions for future research.

6.3.1 Mentors

Todres (2008) suggests that qualitative research, such as that presented in this thesis, can facilitate ‘practice relevant understanding’ and that it is the ‘play’ between what is unknown and what is known that can develop ‘judgement-based practice’. In terms of individual mentors, whilst it is not appropriate to generalise recommendations in terms of what they ‘will’ experience when faced with failing a student in their final placement and how they ‘will’ deal with the situation and associated feelings, it is posited that this new found understanding of ‘being’ may allow other mentors see the experience differently. Whilst they grapple with the conflict between what is familiar to their mentoring practice and what is unfamiliar (Todres, 2008), this thesis may allow them to see why and how it is possible to make the decision to fail a student in the final placement despite a mentorship culture more predisposed towards failure to fail, and despite the personal price involved in the decision. Reading about the experience and the learning that occurred may also guide other mentors in looking at their own mentoring practice and
decisions differently. They may themselves wish to question their understanding of what makes a student fit for practice, question their own professional responsibilities and accountability for upholding the standards of the profession and protecting the public, and question for whom they are making the final decision. This new horizon of understanding may even provide other mentors with the courage and empowerment they need when faced with making this difficult decision to fail a student nurse in their final placement.

The Standards to Support Learning and Assessment in Practice (NMC, 2008a) provide mentors with the guidance of what is required in their mentoring role with regard to establishing effective working relationships, facilitation of learning, assessment and accountability (including accountability for confirming that students have met or not met the NMC competencies), evaluation of learning, creating an environment for learning, context of practice, evidence based practice and leadership. However, to supplement this guidance and to enable mentors to think more carefully about their assessment decisions, in summary it is suggested that final placement mentors:

- **Understand** their role in being a gatekeeper to the nursing profession by considering the consequences of their decision (section 5.3.2)
- **Reflect** on their own understanding of fitness for practice and determine expectations of a final placement student in terms of knowledge, attitudes, behaviours and skills. Ascertaining what these expectations are based upon (sections 5.2.1, 5.2.2)
- **Challenge** students and expose them to a range of experiences that will allow them to transition to a registered nurse. Consider how these challenges can prepare them for registered status (section 5.4.1)
- **Reflect** on the knowledge, skills, behaviours and attitudes demonstrated by the student and determine whether or not the deficits compromise safety. If this is the case, failure should be considered (section 5.2.2)
- **Reflect** on any intuitive or subjective feelings they have about a student and whether or not these are valid. Question from where these
intuitive or subjective feelings arise and provide evidence or examples (section 5.2.3)

- **Consider** for whom they are making the decision to fail. Is it about them, the student or about patient safety? The safety of patients should be a priority. This decision should be linked to professional responsibility and accountability outlined in the NMC Code (NMC, 2008b) (section 5.3.2)

- **Establish** the characteristic or ‘hallmarks’ of unsafe practice and observe for these characteristics. These should be linked to knowing what it is to be a registered nurse and to the knowledge, attitudes, behaviours and skills expected of a registered nurse (section 5.2.2)

- **Consider** failing a student if they would not want to be looked after by them, not want their family being cared for by them or not want to work alongside them. Evidence or examples from practice where the student does not meet these expectations should be provided (section 5.2.3)

- **Be reassured** that it is possible and acceptable to fail an incompetent student in their final placement. It is possible and acceptable to fail a student nurse in their final placement if they are deemed to be unsafe. This decision is to be made based on the evidence and observations of the student. A student should not be considered fit for practice merely because they have reached the final placement and they have passed up until that point (sections 5.3.1, 5.3.2)

- **Consider** what ‘passing’ and ‘failure’ mean: ‘Passing’ is about safety and the absence of threat, ‘failure’ is about being unsafe and posing a threat to self and others. These should be considered when determining a student’s fitness for practice. It is suggested that mentors discuss the meanings of ‘passing’ and ‘failing’ with colleagues so that there is a mutual understanding of the concepts (section 5.2.4)

- **Have** the courage and bravery to make the moral decision to fail in order to protect the public and uphold the integrity of the nursing profession. Courage is required to overcome the negative aspects of making the decision to fail in the final placement. The decision to fail must be right and should be considered as a moral decision (section 5.3.1)
6.3.2 Policy makers, nurse managers and educators

Whilst it is acknowledged that this research focussed on the experiences of nineteen mentors in the South East of England, this study is significant as there are few other empirical studies of its kind upon which to draw. This thesis does therefore have suggestions for policy makers, including the NMC, for nurse managers within health care organisations, and educators from within higher education institutions. These suggestions are particularly pertinent as the new graduate nurse (NMC, 2010) will ‘look’ quite different and will be expected to work differently in comparison to current new registrants.

- **Supporting the gatekeepers:** More support and time should be given to sign-off mentors to allow them to deal with shortfalls in a student’s practice and to test and challenge the student appropriately before making the sign-off decision. Nurse Managers should monitor how this is being implemented within health care organisations. The time taken to fulfil the sign-off mentor role should be taken into consideration when allocating workloads. Managers may wish to consider the importance placed on this gatekeeping role within their organisations by raising the profile of sign-off mentors (sections 5.4.1, 5.4.2)

- **A joint sign-off decision:** There is a need for a joint fitness for practice decisions whereby the sign-off mentor engages in an open and ongoing dialogue with a link from the HEI who has known the student throughout their course. A joint decision between the mentor, HEI link and personal tutor should be considered. Nurse Managers could also be involved in this process (section 5.4.3)

- **HEI link:** The HEI link needs to ensure that they are ‘present’ in supporting mentors through the whole process of failing a student in practice and acknowledge the real difficulties of making the decision to fail (sections 5.3.1, 5.4.3)

- **Debriefing following the decision to fail:** There should be clear systems in place for debriefing mentors following the decision to fail. This could be provided by Nurse Managers or by the HEI link (section 5.4.3)

- **Mentoring the mentors:** Mentorship should be offered to those mentors who lack the confidence to deal with difficult assessment
decisions to allow them to reflect and learn from their mentoring practice. In addition, new mentors should be supported in the early stages of their role by Nurse Managers and the HEI link, or through other roles including practice education facilitators or practice educators. This would help to ensure that what mentors have learnt during the mentor preparation course is being transferred into practice (section 5.4.3)

- **Expectations:** Educators should provide more clarity on what is expected in the final placement so that mentors and students know what is expected at that final stage (sections 5.2.1, 5.2.2)
- **Developing care management skills earlier:** With the move to an all graduate profession, students should be exposed to greater challenge on care management skills earlier in the course (section 5.4.1)
- **Guidance on challenging students:** Mentor preparation courses should include a greater emphasis on challenging students and equip mentors with the skills to do so. There should be a greater emphasis on coaching mentors to challenge and question their student’s knowledge, attitudes, behaviours and skills (sections 5.3.1, 5.4.1)
- **Inviting challenge:** Students should be encouraged and guided to invite challenge to prevent them from 'coasting' through the course (section 5.4.1)
- **The inhibiting mentoring culture:** There is a need to address the culture of mentorship that inhibits good mentoring practice (sections 5.4.1, 5.4.2, 5.4.3)
- **Choosing to be a mentor:** Consideration should be given to introducing a system whereby nurses choose to be a mentor and undertake mentor preparation. Nurse Managers should consider their processes for selecting nurses for mentorship preparation. Nurses should be selected to be mentors based on their motivation for the role and their understanding of the responsibilities involved. Nurse Managers should promote the mentor role as one to be respected and one that is given extra credence within health care organisations (section 5.4.2)
6.3.3 Researchers

Conducting this study has allowed for reflection on further research that is needed in order to address some of the issues highlighted throughout this thesis. It is argued that it is necessary to expand the body of literature with research that is trustworthy in terms of its methodological application and in terms of its findings. With the move to an all graduate nursing profession, findings from this study support the need for research into the following areas which are listed in a suggested order of importance:

- **Failure to challenge:** Explore how mentors challenge students in practice in order to prepare them for becoming a registered nurse. This could include looking at how students are challenged at different levels. An observational study may be useful to explore this issue.
- **Inviting challenge:** Explore the extent to which students invite challenge from their mentors and the extent to which students are encouraged to do so. This could lend itself to a case study design including questionnaires, focus groups and a review of placement preparation documentation.
- **Mentor decision making:** Further investigation into the patterns mentors use to make their assessment decisions in practice, particularly in relation to the subjective and intuitive dimension of assessment. This would be useful for the next generation of mentors. A mixed methods approach using a series of questionnaires and focus groups could be useful to develop a framework for future mentors.
- **The nurse lecturer role:** In light of lecturers knowing there were problems all along, further explore the lecturer role in assuring fitness for practice particularly when they have concerns about a student, despite them being passed in practice. This has some similarity with Duffy’s (2003) recommendations. There is a need to understand the dilemmas nurse lecturers face by being a professional working in an academic institution. It would be necessary to interview nurse lecturers to fully understand these dilemmas. This could also be applied to other health and social care professional groups.
- **The current system of mentorship:** Evaluate the current system of mentorship in ensuring fitness for practice at the point of registration.
This should include evaluating the implementation and impact of the sign-off mentor role. This would require a large scale survey of mentors, managers, educators and students which should include attitudes towards the mentoring system in light of the changes in health care and nursing education.

- **Borderline students:** Congruent with Duffy’s (2003) recommendations, further exploration into the phenomenon of borderline status i.e. students being ‘not bad enough to fail’ rather than being ‘good enough to pass’. This should include an exploration of the meaning and understanding of borderline status and how feedback is used to identify any concerns and guide future mentors and students’ future development. This could initially be carried out using a questionnaire design and include mentors and educators in the sample. Focus groups and interviews could be used to follow up responses to the questionnaires.

- **Supernumerary status:** Explore the extent to which supernumerary status is being promoted and fostered, and the extent to which students are actually being used to complement staffing numbers. This would require a survey of students, academics and mentors to gain a full picture of this phenomenon and the extent to which it impacts on student development and the mentor’s ability to ensure that student learning opportunities are maximised.

### 6.4 A reflection on strengths and limitations

Reflection is said to be a fundamental part of the phenomenological act and in being self-aware, the researcher is promoting research that is methodologically and ethically valid (Dahlberg et al. 2008). Furthermore, self-awareness requires the researcher to remain connected with the intention of the research (Dahlberg et al. 2008), being part of the experience is what makes us ourselves experienced (Gadamer, 2004).

In reflecting on the strengths of this study, the major strength rests in its focus on the mentor experience as perceived by mentors who have failed a student in their final placement. The majority of previous research focusing on mentors appears to either have an underlying agenda or is carried out in order
to evaluate an aspect of the mentor role, however researchers rarely focus on just asking the mentors about their experience. This is the first study to look solely at the mentors who fail students in the final placement; it looks at it from their perspective and focuses on what the experience means to them. Looking back on the personal experience described in section 1.2, there is now a greater sense of personal understanding of the mentor experience. This new understanding that developed out of interpreting the experiences detailed in chapter four can now be shared with others. It is therefore contended that this study will have a significant contribution to the current body of literature.

The strengths of this study are further inherent in the reflexive nature of the way in which this study has been carried out. There have been some challenges throughout this study but it is felt that the implementation and reporting of the study findings has remained true to the intention of the research and the participants who generously offered their time to share their experiences.

The first challenge related to the research process as there was a need to remain true to Gadamerian principles (Gadamer, 2004). The early stages of the study involved much reflection on the decisions made in relation to the research process that would be used to elicit the mentor experience. This was fundamental in ensuring openness in demonstrating how the study has been accomplished. This, it is argued, strengthens the trustworthiness of the study findings.

Being conscious of assumptions and pre-understandings so as not to lead the participants during the interviews was a challenge during the early interviews, but being aware of these assumptions and pre-understandings facilitated openness to what the participants were saying. The first couple of interviews were also a challenge because of being a relatively novice researcher and being too focussed on the process of the interview created concern that something important would be omitted from the discussion. However this soon changed upon the realisation that it was up to the participant to reflect on what was important to them. More competent facilitation skills developed which allowed for more open discussion and more effective engagement with
the participants. Becoming more familiar and comfortable with the reflective guide used in the interviews also contributed to this ability to be more spontaneous with the way in which questions were asked and comments were made (Dahlberg et al. 2008). Rather than making assumptions about their world, this open dialogue allowed participants to ‘voice’ what was important to them and therefore the focus was on their experience, not on the literature or on pre-understandings. It is this listening to the participants that strengthened this study.

The interpretation of the experience was particularly challenging as engaging in a dialogue with a text at this level was a new experience. This was a confidence issue. But as the texts were read a number of times this confidence developed, and there is now a belief that a true understanding of the mentor experience has been gained. In addition, caution was applied to ensure that the interpretation was not influenced by forcing previously formed prejudices onto the interpretation. Self scrutiny questions (see section 3.6) as recommended by (Dahlberg et al. 2008) were used throughout the interpretation to ensure that understanding developed despite any prejudices. This also facilitated the act of challenging pre-understandings and developing a new understanding about the experience. In presenting the experience, attention was paid to ensuring it was a true account of the mentor experience. There was openness to what the text was saying, rather than being subconsciously influenced by expectations of what the experience was like because of the prejudices that had developed prior to the study. This openness to the experience adds strength to the study.

The research was rewarding in that the participants found this process beneficial as it allowed them the time and opportunity to reflect on their experiences. Whilst there were no direct benefits in terms of helping the participants make their decision to fail the student, they appreciated the opportunity to reflect on their experience with someone who was willing to listen. They found the process helpful in terms of reflecting on what, if anything, they would do differently in the future and how they could support colleagues faced with having to make a similar decision. Giving mentors the opportunity to reflect on what was significant to them strengthens the study.
In reflecting on the limitations of this study, the main limitation relates to the geographical location in which the study was carried out, although the purpose of this study was not to generalise. This study was limited to London and the South East of England primarily for ease of accessing participants and for resource reasons. In addition, there may be some concerns about the sample size of nineteen mentors and how this could be representative of a population of mentors who have failed students in their final placement. However, it is contended nineteen participants gave sufficient insights into the experience to gain a good understanding of the experience. In addition, in light of the rhetoric surrounding failure to fail and a lack of information regarding the numbers of mentors who do fail students in practice, it is not currently possible to judge the representativeness of the sample. The purpose of this study was not to generalise the findings in order to describe what other mentors faced with the decision to fail will experience, it was designed to gain a greater understanding of what mentors had experienced to elicit what can be learned from them.

One further limitation relates to the philosophical principles used to underpin the study and the process developed to articulate how the experience was interpreted and understood. The chosen philosophy is less traditional in nursing research, so it was necessary to develop a process that would elicit the necessary information to meet the aims of the study and address the research questions. The processes used could therefore be questioned as they have not necessarily been used in this way previously. However, through justifying and articulating the philosophical principles, and demonstrating their application throughout the study, this limitation has been minimised.

A final limitation relates to the evolution of understanding. Whilst all participating mentors shared common horizons and experiences at the time of the study, it is recognised that should a different group of mentors be interviewed at a different time, further or new insights into the experience might develop (Morse, 1989). It is recognised that some recommendations rest on assuming that these mentors who fail a student in their final placement are different to those who do not, but this study only focussed on those who do fail.
In addition, if the text was interpreted by a different researcher at another time different horizons of understanding might develop as a result of that researcher’s pre-understandings about the experience (Geanellos, 1998a; Moran, 2000). The strengths and limitations of this study are summarised in table ten.

**Table ten: Summary of strengths and limitations**

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<thead>
<tr>
<th>Strengths:</th>
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<tr>
<td>First study that just asks mentors about their experience of failing nursing students in their final placement, and allows them to lead that discussion</td>
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<tr>
<td>Significant contribution to existing body of literature</td>
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<td>Reflexive nature of the study promotes openness and trustworthiness</td>
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<tr>
<td>Implementation and reporting of the study has remained true to the philosophical principles underpinning the study</td>
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<tr>
<td>Implementation and reporting of the study has remained true to the study participants</td>
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<td>Listening to the participants rather than making assumptions about their experience</td>
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<td>Engaging in a hermeneutic dialogue with the text and remaining open to what the text was saying rather than being influenced by prejudices</td>
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<td>Mentors given the opportunity to reflect on what was significant to them</td>
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<tr>
<th>Limitations:</th>
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<tr>
<td>Geographical location</td>
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<tr>
<td>Unfamiliar research process</td>
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<td>Evolution of understanding</td>
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</tbody>
</table>

**6.5 Concluding statement**

By adopting a philosophy that aims to explicate understanding (Gadamer, 2004) this thesis expounds an understanding of the experience of failure from the mentor perspective. In reflecting on their experience of ‘failure’, mentors articulated why they failed their student and how they made this decision about the student’s fitness for practice in their final placement. Failing a student nurse in practice is undoubtedly a difficult experience, and there are numerous negative feelings associated with this experience that result in physical and emotional distress. Yet this group of mentors were able to make the decision to fail despite working in an inhibiting mentoring culture. In doing so, they gave themselves to their profession. They deemed it necessary to fail their final placement student despite the personal cost to both themselves and their student.
“For every profession has something about it of fate, of external necessity; it demands that one gives oneself to tasks that one would not seek out as a private aim....fulfilling one’s profession wholly....includes overcoming the element in it that is alien to the particularity which is oneself, and making it wholly one’s own. Thus to give oneself to the universality of a profession is....to make one’s profession wholly one’s concern.” (Gadamer, 2004 pg.12)

The interpretation of this experience indicates that the decision to fail should not be about the mentor and how it affects them as individuals. It is a decision that requires mentors to give themselves personally to their profession; a philosophical notion with practical application.

In conclusion, being a mentor who fails a pre-registration nursing student in their final placement means having the courage to make this difficult decision despite personal feelings, and in spite of a mentoring culture that often fails to challenge and fails to fail students. It is about making a decision for the greater good, one that is moral and right, and in doing so advocating for future patients and standards of care, and gate keeping the nursing profession.
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Appendix one: Mind maps created in empathic reading of the texts

Mind map one: Mentor expectation of being fit for practice – Polishing the rough diamond
Mind map two: Mentor expectation of being fit for practice – The whole package
Mind map three: The consequences of failure – doing nothing; a failure to act and a failure to challenge
Mind map four: The consequences of failure – the personal price
Mind map five: The act of failing in the final placement – The subjective dimension
Mind map six: The act of failing in the final placement – Perceived barriers and enablers
Mind map seven: Self realisation – A sense of professional responsibility and accountability

- Being held accountable
- What might happen in the future?
  - Disciplinary proceedings
  - Detrimental to care
  - Working with them in the future
  - Problem waiting to happen

- Accountable for future
- Duty of care
  - Responsibility for quality of care
  - Best interests: patient, student
  - Doing the public a disservice
  - Protecting the public
  - Responsibility to the public
  - Moral duty

- Negating responsibility
- Opting out
- Easier to pass

- Other mentors
  - Moral and ethical
  - Consequences
    - for student
    - for future patients
  - Guilt
    - for self
  - Future harm on their conscience
  - Live with the decision

- Blame for lack of competence
- Professional view not personal
- Have to do something
- Uphold the profession

- Protect the profession
- Maintain standards
- Proud to be a registered nurse
Mind map eight: Self realisation – Personal growth and enlightenment
Appendix two: Permissions to conduct the study

ASSESSMENT OF WHETHER A PROJECT SHOULD BE CONSIDERED AUDIT, SERVICE DEVELOPMENT OR RESEARCH

Name: Sharon Dvilly
Contact address: 58 Northern Rd, Aylesbury, Bucks. HP19 9QY
Telephone number: 01296 589 272
Email: dvillysa@isbu.ac.uk
Mobile: 07718379474

Title of the study: ‘Failing final placement pre-registration adult nursing students’

Please write a brief paragraph describing your study:

There has been much discussion about the fitness for practice of final placement adult nursing students over recent years. Key to fitness for practice is the role played by the mentor who teaches, supports and assesses the student in clinical practice. Much of the literature looks at the mentors role, experiences of mentorship or failing to fail students. This study will focus on mentors who have failed final placement adult nursing students so that we can learn more about the issues surrounding fitness for practice at the point of registration, and the processes and experiences that mentors encounter when failing this particular group of students.

The aim of this study is to explore, interpret and develop a shared understanding of mentor’s experiences of failing final placement adult nursing students. It will be carried out using qualitative methods and be supported by Gadamer’s philosophical Hermeneutics. It is anticipated that between 20-30 nurse mentors will be interviewed for approximately 1hr 30 min.

It is anticipated that this research will increase our understanding of what it really means to be fit for practice. It will also help us to understand why some mentor’s who are involved in assessing fitness for practice feel that a student who has completed a three year programme is now not fit to enter onto the professional register.

This study is being carried out for my PhD studies at London South Bank University.

RESEARCH ETHICS COMMITTEE OPINION

Recommend full ethics review
Treat as audit or service development

Signature of research ethics committee chair or vice chair: ____________________________ Date: 24/6/07

23 AUG 2007
Received by Ethics
Thank you.
The following reply has been provided by Hilary Tulloch, Business Support Coordinator.

I have read the guidance but I am not clear as to my way forward. Can you therefore please clarify the following questions:

1. Will this approval/decision from UCLH cover my research elsewhere in the NHS? 
   YES

2. Do I have to complete a full NRES application or not? If not, what is my next step.
   NO

3. Do I have to apply to the other two Trusts or just contact their R&D department? 
   According to your guidance they should not require a site specific assessment

You will need to contact their R & D Department and explain the Decision.

I hope this helps.

Regards

Queries Line
National Research Ethics Service (NRES)  
National Patient Safety Agency
2nd Floor, Block A
50 Eastbourne Terrace
London W2 6LG

Website: www.nres.npsa.nhs.uk
Email: Queries@nationalres.org.uk

Ref: 041/01

**

This reply may have been sourced in consultation with other members of the NRES team.

***

This email and any files transmitted with it are confidential. If you are not the intended recipient, any reading, printing, storage, disclosure, copying or any other action taken in respect of this email is prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately by using the reply function and then permanently delete what you have received.
Mrs. S. Black,
58 Northern Road,
AYLESBURY,
Bucks
HP19 9QY

2 May 2008

Dear Sharon,

Research project: Failing final placement pre-registration nursing students: the mentor experience

Thank you for your application for ethical approval and for your response to the reviewers’ comments.

I am pleased to confirm that approval has been given by Chair’s action on behalf of the LSBU Research Ethics Committee.

I wish you every success with your research.

Yours sincerely,

Mark Harris
Deputy University Secretary

c.c. Professor Ros Edwards, Chair, LSBU Research Ethics Committee
Hi Sharon
I am sorry I seem to have missed an entire week, including returning your emails. I spoke to the assistant director of nursing who was in agreement with me that your work around finding some proactive approaches to helping staff deal with failing students would prove useful all round and has no objection to your interviewing staff. Her only concern was that the staff could not be identified in any way and that they are made aware of this, which I am sure is a moot point. One charge nurse who approached me on a study day, seemed like a good starting point his name is and I suggested might like to contribute to some work you were starting to which was more than happy to help, works on our .

Again apologies for the lateness in replying.

I am pretty free after Monday, if you want to catch up

Regards
Dear Sharon,
Thank you for your email and further to our discussion I am happy for you to carry out your research and access mentors within the Trust.

Regards

-----Original Message-----
From: Sharon Black
Sent: 04 December 2007 17:27
To: 
Subject: RE: Advise please

Dear ,

Good to meet with you yesterday and discuss my study with you. I need to provide evidence that you are happy for me to carry out this study in your Trust, so could you please send me an email indicating this.

Thanks for your support
Sharon
Hello Gurch 

Re: Sharon Black 

This proposal is under the auspices of LSBU and has been approved through their procedures, there has been a check with NRES and everything appears to be in order. It has been checked by IHR ethics committee. This does not need to go to UREC. 

My only stipulation is that the appropriate Head of Department gives approval for her staff to act as participants and the University is anonymised in any publications. 

Please pass this onto to Sharon and I wish her well with her research. 

Best wishes 

[Name] 

[Title] 

[Phone Number]
Mrs S Black
58 Northern Road,
Aylesbury,
Buckinghamshire.
HP19 9QY
27th August

Dear Sharon

Letter of access for study: To explore, interpret and develop a shared
understanding of mentors experiences of failing pre-registration nursing
students in their final placement.

Thank you for inviting the [REDACTED] Trust to participate in your project. This letter confirms your right of access to
conduct an interview with a member of staff at the [REDACTED] Trust. This right of access commences on 1
September and ends on completion of the study, unless terminated earlier for any
reason.

Due to the fact that you are interviewing staff you do not require an honorary contract with the [REDACTED] Trust. You are
considered to be a legal visitor to the premises. This does not entitle you to any
payment or access to other benefits provided by the NHS.

While undertaking the service evaluation within the [REDACTED] Trust, you will be accountable to the Faculty of
Health and Social Care at London South Bank University. However, you are required
to work within the policies and procedures of the [REDACTED] Trust which are available to you on request, and the
Research Governance Framework. You are also required to work in line with the
Health and Safety at Work etc Act 1974 and other health and safety legislation,
taking reasonable care for the health and safety of yourself and others while on

All information regarding staff must remain secure and strictly confidential at all
times. You must ensure that you understand and comply with the requirements of the
NHS Confidentiality Code of Practice (http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf) and the Data Protection
Act 1998. Unauthorised disclosure of information is an offence and may lead to
prosecution.

Where any third party claim is made, whether or not legal proceedings are issued,
arising out of or in connection with your right of access, you are required to co-
operate fully with any investigation by this NHS organisation in connection with any
such claim and to give all such assistance as may reasonably be required regarding the
conduct of any legal proceedings.

While you are on Trust premises please carry some form of ID, ensuring that you are
able to prove your identity if challenged. The
NHS Trust accepts no responsibility for loss or damage to personal property.

We may terminate your right to access immediately or by giving seven days written notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive / prejudicial to the interests and / or business of this organisation or if you are convicted of a criminal offence.

NHS Trust will not indemnify you against liability incurred as a result of breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action being taken against you.

I would like to take this opportunity to wish you every success with your study and hope you enjoy your time with the NHS Trust. If you have any queries please do not hesitate to contact me.

Yours Sincerely
10th September 2008

Ref:  

Ms Sharon Black
58 Northern Road
Aylesbury
Bucks
HP19 9GQ

Dear Ms Black

Re: Falling final placement pre-registration nursing students: the mentor experience

Ref:  

The above research study has been reviewed by the Trust's R&D Lead Director and confirm that the Trust will provide management approval for this study.

I must remind you of the declaration that was signed in Site-Specific Information form. This explains your responsibilities as a researcher including adherence to the principles of the Research Governance Framework, Good Clinical Practice and the Data Protection Act.

Trust Management approval is on-going and dependent upon completion of satisfactory annual reports when requested. It is a condition of management approval that you inform the Trust R&D department of any amendments to the protocol, changes to the project end date and that you submit a final report on completion of the study.

This letter also confirms that indemnity will be provided for you by the Trust for the above study.

I wish you every success with the study

Yours sincerely

[ Signature ]

Research & Development Lead Director
From: Anne Murray [Anne.Murray@bucks.ac.uk]  
To: Black, Sharon Vivien 3  
Cc:  
Subject: RE: Mentorship research  
Attachments:  

My sincere apologies Sharon, I have received approval from the Chair of our Ethics Committee and thought I had duly replied to you immediately. I should have checked my e-mails because although I may send them sometimes they don't get sent.

This is to confirm that you may approach [redacted] staff for your research.

We wish you well with your study.

Kind regards
Appendix three: Participant information and consent

Participant Information Sheet

‘Failing final placement pre-registration nursing students: the mentor experience’

1. Invitation

You are being invited to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish.

There has been much discussion about the fitness for practice of final placement nursing students over recent years. Key to fitness for practice is the role played by the mentor who teaches supports and assesses the student in clinical practice. This study aims to focus on mentors who have failed final placement pre-registration nursing students so that we can learn more about how they feel about it, what we can learn from it and what we can truly understand about what it means to fail a student at this stage?

2. What is the purpose of the study?

The aim of this study is to explore, interpret and develop a shared understanding of mentor’s experiences of failing pre-registration nursing students in their final placement. It is being carried out as part of my PhD studies at London South Bank University.

3. Why have I been chosen?

You have been chosen because you are a qualified nurse mentor and you have experiences of being involved in failing a pre-registration nursing student in their final placement. You have been identified by your practice educator/education lead as being involved in this process.

4. Do I have to take part?

Your participation in this study is entirely voluntary and it is up to you to decide whether or not you wish to take part. I will describe the study and go through this information sheet, which has been given to you. I will then ask you to sign a consent form to show that you agree to take part.

5. Can I withdraw from the study?

You are free to withdraw at any time without giving a reason. This will not affect your position in your organisation and any information already given will not be used in the study.

6. What will happen to me if I take part?

If you are willing to participate, I will come to meet with you at a mutually agreed location at a time and date that is convenient for you. You are being asked to participate in an interview of between 1-2 hours which will be digitally recorded to allow for analysis at a later stage. I will take notes throughout the interview again to help me with my analysis. You will be asked to talk freely about your experiences of being involved in failing final placement pre-registration nursing students. This interview will be more of a conversation about your experiences to ensure that I fully understand what you are saying. After I have analysed our conversation I will send you a summary of the key themes that I have identified from the transcript of your
interview. If you would like to see the entire transcript then you can contact me to send it to you.

7. Are there any risks or disadvantages of taking part?

It is not anticipated that you will suffer any risks or be disadvantaged in any way during this study. If however the discussion of your experiences unveils some emotions previously un-dealt with, I will try to give you appropriate points of contact where you can go for further support.

8. What are the benefits or advantages of taking part?

It is unlikely that you will gain any personal benefit from participating in this study. However, the information that you share during the interview will help to develop greater understanding of the experiences of failing final placement pre-registration nursing students. This may help to develop support for mentors in the future, develop assessment processes and guide students as to what they need to be able to do in order to enter onto the register. You may however gain some benefit in terms of having the opportunity to discuss and reflect on your experiences with someone who is willing to listen.

9. Will the information I give be kept confidential?

All information received from you will be handled in a confidential manner and your responses will not be identifiable. However should you disclose any incidences of unsafe practice that I am duty bound to report, I will discuss this with you before doing so.

10. Where will the information be kept and who will have access to it?

All the information will be stored in a locked filing cabinet and on a password protected computer in an environment locked when not occupied. Only myself and my supervisor will have direct access to the information and any reference to your responses will be coded. The information will be held until completion of the PhD study and until the necessary papers have been written.

11. What will happen to the results of the research?

The results will be written up and presented in my final thesis. Parts of the study will be published in professional journals and presented at conferences.

12. Who can I contact if I have any concerns or questions?

If you have a concern about any aspect of the study, please contact myself in the first instance. If I am unable to allay your concerns you can contact my Director of Studies or my 2nd supervisor. If you wish to make a complaint you will be guided to the LSBU complaints procedure.

13. Contact details

Sharon Black
PhD Student
Faculty of Health and Social Care
London South Bank University
blacks3@lsbu.ac.uk

Professor Joan Curzio (Director of studies)
Professor of Practice Development
Faculty of Health and Social Care
London South Bank University
020 7815 5901 / 020 7815 6126
curziojl@lsbu.ac.uk

Dr Louise Terry (2nd Supervisor)
Senior Lecturer
Faculty of Health and Social Care
London South Bank University
terrylm@lsbu.ac.uk
Consent Form

‘Failing final placement pre-registration nursing students: the mentor experience’

Name of Participant: ..................................................................................................

Please tick

☐ I have read the attached information sheet for the above study and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions

☐ The investigator has explained the nature and purpose of the research and I believe that I understand what is being proposed

☐ I know that the interview will be digitally recorded

☐ I understand that my personal data and involvement in this study will be kept confidential

☐ I have been informed about how the data will be used and how long it will be kept

☐ I understand that I am free to withdraw from the study at any time

☐ I hereby fully and freely consent to participate in the study

Participant’s name: .....................................................................................

Participant’s signature: ..............................................................................

As the investigator responsible for this study I confirm that I have fully explained the nature and purpose of this study to the participant named above.

Investigator’s name: ..................................................................................

Investigator’s signature: ............................................................................
## Appendix four: Selected extracts from research diary to demonstrate reflection and decisions

### 12th October 2006
Read more literature to identify gaps and compiled a list of the key themes from the literature allowing me to become more focussed on the topic. Identified the need to look at the mentor experience as well as the student experience......focus should be on the mentor. Looked more in depth at the major pieces of work carried out on the subject. Still trying to pinpoint exactly what to look at and how to do it!!!!

### 2nd November 2006
Reading has indicated that there have been a number of studies looking at the mentor and student experiences using interviews and questionnaires. There is little evidence to suggest what mentors actually expect students to demonstrate in terms of evidencing their competence before the practice placement document is signed i.e. are mentors actually observing students and questioning them, taking the students word for it or really testing their knowledge. This has enormous accountability issues. I have progressed a little in terms of rationale for a methodology. Provision of evidence is really important in terms of fitness for practice as is the methods used to assess students practice, therefore look at what and how teaching, assessment, learning and teaching are carried out.
I have lots of questions regarding a suitable methodology, data collection methods etc. Do I pick a particular area or speciality and stay there? Do I look at specific skills or a specific point of the programme?

### 11th December 2006
Have continued to try and narrow things down. Looking more at the title, question, aim.
I need to Consider what are the behaviours mentors would judge and expect for each level of competence?
- What would mentors expect students to demonstrate?
- Consider critical Thinking – Carl Thompson, Dawn Dowding
10th February 2007

1. Ontological question
   - How things really are?
   - How things really work?
   - Therefore what is the real experience, what is it and what does it mean?

2. Epistemological question
   - What is the nature of the relationship between the knower and what can be known?
   - Can know what it is like and what it means
   - Bond exists

3. Methodological question
   - How can I go about finding this out?
   - I have to ask them

Answers

1. - These are multiple realities but these experiences can be shared and be common between individuals
   - Knowing the reality is dependent on those individuals experiencing it
   - These realities can change depending on the individuals past or future experience and on social/cultural variations/influences

2. - There is a link between me and the subject because of my experience i.e. I know that students fail and know about mentorship. I know what the literature says, but don’t know what it is really like for mentors and what they think/feel about the experience
   - I am part of the process

3. I need to ask them, mentors, about their experiences and what their values are because I can’t make assumptions because I don’t know!
   - I need to be able to check with them that I understand what they are saying.
   - Do they experiences things differently or are there commonalities? What can I learn about it? I need to understand the experience and learn from it.
   - Individual commonality

   Need to know this in order to gain consensus of what it is really like

   Must nonetheless be trustworthy

   This will give me the knowledge but it might change in light of new experiences/changes in practices or policy

NB I want their voice to be heard and I want them to be empowered through my interpretation, findings and understanding.
**October 2008**

Whilst recruitment has been slow, I have commenced data collection, have carried out 7 interviews and have three more agreed but need to confirm dates, have four more names to contact. I think that my skills have developed significantly. Looking back I now focus more on what the participant is saying rather than, as in the first interview, thinking that I must write much more down! My confidence has also grown. I do however need to improve my transcribing skills!

I have started writing my 'methodology' chapter, but I have a long way to go. I need to make sure that I use terminology congruent with philosophy. I still have difficulties getting started with my writing.

I need to stay focussed and make sure I manage my time!

---

**March 2009**

**Initial themes:**

1. No surprise
2. Left to me
3. Fitness for practice
4. Scraped through/benefit of the doubt
5. Personal feelings/anxieties
6. Sign-off mentor/role reflections
7. Professional responsibility
8. Processes
9. The student
10. What happened before and after
11. Support
12. Systems failure
13. Decision making
14. Ethics
15. Blame
16. Culture
17. Intuition

**Global themes:**

A. What it means to be fit for practice
B. Making the FFP decision
C. Using intuition
D. Getting to the final placement: a systems failure
E. Personal feelings
F. Professional responsibilities
G. Mentoring culture
H. The need for support

*Consider the interpretation of these not just the description*

---

**November 2009**

I am still finding the writing challenging - I seem to have written myself in circles - Am feeling increasing self doubt about my abilities!

What are the big messages, personal messages that the mentors are saying? What is fitness for practice for them? What about their pre-understandings of what ffp is and what they brought to that experience? What is it about the student that makes them fit for practice?

- don’t have to include everything....must get across the essences, the big messages.
- **re-organising/ restructure** the labels and put in **nuisances** and **messages**, reformat the mind maps
- think about key two or three key messages for each of the three main
sections
- getting a sense of visiting and revisiting the text
Their views dominate over mine- challenge and dig deeper and unpack

4th March 2010
Confusion on where to start with thesis!
Methodology
1. Evidence why I haven’t used the positivist approach
2. Be more explicit i.e. about not using ethnography...i.e. not being able to
observe the mentoring relationship, and having to wait for a student to fail
3. Talk about and separate the subjectivity/objectivity debate NB: leave these
comments for now, i.e. put them aside and concentrate on the discussion
Discussion
1. Specify the three key understandings that have informed the new horizon
2. Key pieces of literature—not necessarily lots of it i.e. papers looking at role
conflict and confusion: these mentors are clear about their role, their role is to
protect the public and the nursing profession
Recommendations - Add....need further research to look at how mentors
deconstruct the ‘intuition’ and alarm bells feeling, warning signs & how they
work with them etc.

3rd June 2010
Have not really progressed much in terms of writing but have been looking at
the literature for my discussion chapter

Writing and voice – needs to be slightly tentative, my understandings at this
time, ongoing thinking not ‘this is the way it is and the world must change’ -
‘This work indicates’ - ‘These conclusions can be drawn at this point’ - The
reality about this one study, these messages are from the greater community-
SUBTLETY of the words- Don’t write like have moved beyond the research,
need to write more like I am still embedded in the research- Handle with care
and consideration- Make Gadamer explicit in the discussions using
‘Gadamerian; language

Horizons/discussion 1. Mentors do fail students 2. This was a profound
experience and they have become better mentors as a result 3. Failure to
challenge and act may lead to failure in the final placement- Remember,
discussion should include what fits as well as what doesn’t fit- Discuss failure
to fail research i.e. Gainsbury (2010) then say, “but there are mentors who do
fail”- “This is our understanding of that process”

Literature review- Summarise pre-understandings at the end of the literature
review1. Reluctance to fail 2. Personal feelings and doubts influencing the
decision 3. Support to fail students
29\textsuperscript{th} July 2010
Synthesis starting to show in discussion chapter but need to use the same phrases throughout to provide continuity. Otherwise you get different nuances. Leave them for the minute and start trying to put the whole thesis together to get overall picture.

Is there a presumption of passing? Relook at the text.

Need to think about the “fused horizons”, they aren’t being seen clearly in the discussion, what am I trying to say? I need to ensure that failure to challenge is an horizon though this must be presented as the mentors perspective as this was not tested as such.

Needs to have continuity from results to discussion. Use same headings OR use the fusion of horizons headings.

There will be one final fusion of horizons by the end of the discussion chapter.

I have fused the mentors horizons together in the results chapter and in the discussion chapter I will/am exploring these in light of the literature. I think a new horizon will emerge at the end of the discussion chapter to take into the final chapter.

Were there any students who seemed great/nice etc then turned out to be failing?
Should mentors rely on their alarm bells sounding?

- Use the same phraseology-same labels-being consistent in the words I use
- Need to transmit a clear message
- Looking to the future
- Presumption in favour of passing
- Literature review- showing the holes and showcasing
- Testing horizons with the literature
- End of discussion chapter
- Carry out a mapping of whole thesis to ensure there is consistency

7\textsuperscript{th} October 2010
Produced first draft of thesis and submitted in September 2010. This was more difficult and time consuming than I first anticipated. I felt that there was still a lot of work to do, but also felt a sense of achievement that I have a full draft together.

Time is the usual factor but I am trying to remain focussed. I am still also struggling at times to get my head around the nuances and subtleties of the correct ‘writing style’. This is probably the thing I struggle most with.

Failure is a huge theme. These mentors refuse to be failures in their mentoring. They will not fail the profession/public. They demonstrate courage....consider cowardice, courage, recklessness.

This epitomises the transition from traditional training to the professionalism of the all graduate profession.
Pull out some of the "narratives" or "understandings". What is the moral of the story?

Failure to support a student who would become a nurse with the right support is a systems failure.

**Introduction and review of the literature** — critique a bit more in terms of commentary versus evidence. Revealing how sparse it is "sparse", "limited". Making reference to the results — refrain from revealing results early on (pg 15) i.e. less detail on results when outlining chapters. I give a limit for the literature search then reference earlier studies. More discussion about authors confusing methods & methodology etc.

**Findings** - Presentation of material need to pull out feelings in terms of phenomenology more. There is a sense of them being let down, the buck stops with me, we have to make this better.

- look at Gadamerian studies to see how they use the terminology. Use more Gadamerian terminology
- **Being** – “being a final placement mentor, mentors do not want to be a failure. Being a failure in this sense means failing the profession and the public rather than being a failure themselves because the student failed. Being a failure from all aspects, mentors who will not fail their profession or patient safety

- Discuss cowardice, recklessness, courage. Is failure a concept or a value?
- do we help the student to ‘become’ a nurse?

**12th October 2010**

In analysing Plato’s Lysis, Gadamer explores the nature of the conversation. He alludes to the ‘art of dialectic’ and of ‘guiding a person in thoughtful discussion’

Thought- Change presentation of the findings. Consider revising narrative.
- Consider the meaning of failure from the perspective of what a failing student looks like and in terms of what failure means to the mentor and make sure this is presented from the internal view of the mentor.
- Being a mentor who fails the student [at the end]: concentrate on the feelings, how it feels etc; concepts of courage and bravery
- Culture and context within which they are being in a mentoring culture (Gadamer asserts that we must look at the context of the situation)

**Need to make sure I look and interpret the meanings of the words, not just describe.....the common ground which provides an indication of the ultimate truth.**
November 2010

Question
Are the parts everything to do with the experience i.e. meanings, literature etc and the whole is the experience? Dahlberg et al 2008 suggest that the different parts, the meanings, particularities and uniqueness are related to each other and to the whole of the research.

Articulate clearly what the parts are and what the whole is. Articulate in the analysis what it is to be a mentor who....?values – is it this that underpins what it is to be a mentor.....?

For me, being a final placement mentor who fails a student at that stage requires: courage, understanding of what it is to be FFP, an understanding about who the decision to fail is for, understanding of the consequences of passing a student who should fail, requires an amount of soul searching.

- Compromising values and beliefs about the profession, the role
- Think about values, beliefs, courage, strength

Whilst being in that sense does not affect the decision to fail, the decision is not seen as one being ultimately about self. Whilst the decision is seen as impacting on the student – the notion of protecting future standards of care in terms of that decision is of paramount importance.

Who is the decision about?