EXPLORING THE EXPERIENCES AND PERCEPTIONS OF STUDENT NURSES' RELATIONSHIPS WITH THEIR COMMUNITY MENTOR; A HERMENEUTIC PHENOMENOLOGICAL STUDY

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Abstract

The NMC (2018) differentiated between practice supervisors and academic assessors as the basis of a new mentorship model. This separation of roles was intended to facilitate greater transparency in the discussion of the student competence. The contention of this thesis is that the relationship that occurs between a practice supervisor or mentor and a student nurse in community settings is an intensive 1:1 relationship that is unique and differs from mentorship in hospital settings.

Exploring student nurse perceptions and gaining insight into their experiences of this 1:1 mentoring relationship privileged the student voice and may potentially illuminate how student-mentorship relationships could be improved, learning enriched, and consequently the quality care delivered might be enhanced. A hermeneutic phenomenological framework consistent with the interpretive paradigm was adopted. Data was collected by use of audio diaries and semi structured interviews.

The main findings from the research suggested that student nurses thrived by being provided with structure: Information, explanation of (likely unfamiliar) daily routines and procedures, coupled with structured reflection were highlighted as significant elements in achieving a structured learning experience. Having a sense of belongingness, feeling included and respected also served as significant precursors to a positive learning experience. The use of personal capital – and in particular ‘common ground’ served to ‘scaffold’ the development of positive learning experiences: For instance, ‘common ground’ might include factors as diverse as demographic similarities, living in the same geographical area or demonstrably sharing a similar work ethic. Crucially, it appeared necessary that the mentor appeared as a credible role model who demonstrated

trustworthiness, empathy and served as an exemplar of good practice. In combination these factors appeared to form the necessary conditions to facilitate enriched learning experiences.

Mentorship is fundamental to student nurses' clinical experiences in any setting and is instrumental in preparing student nurses for their role as competent and confident practitioners. This thesis identifies therapeutic insights which may potentially enhance community-based mentors' teaching and students' learning practices, which in turn may subsequently enhance the delivery of patient care.

In memoriam

This thesis is dedicated to my mam, Joan, and in the memory of my nana and granda, Emily and Wardle. Thank-you for my work ethic, independence and for your unconditional love. Happy memories and the aim to make you proud has kept me going throughout this research journey.

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Author's declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas, and contributions from the work of others.

Ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee / University Ethics Committee.

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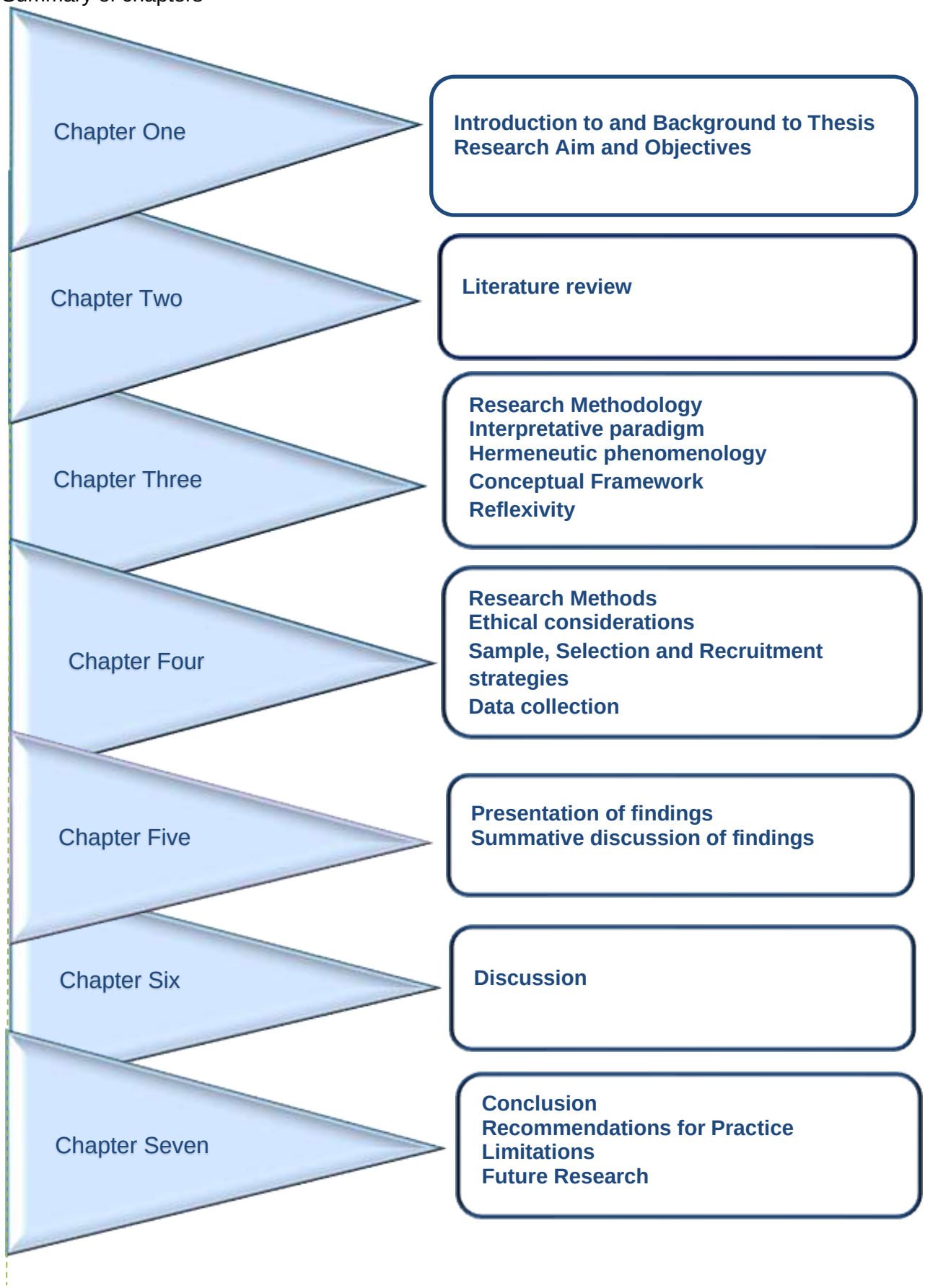


Chapter One: Introduction and background to the thesis

1.1 Introduction

The purpose of this chapter is to introduce the study. It will discuss the study context, define, and explain the development of mentorship, explore the importance of mentorship to student learning, and identify how the relationship between a student and a mentor in the community is unique. The chapter will be summarised by clarifying how my research interest in mentorship evolved with the community nurse and student nurse 1:1 relationship. The chapter gives insight into my rationale of how this interest led to the focus of the study in carrying out this research. The chapter concludes with an outline of the thesis structure by explaining the framework.

1.1.1 Study context

The Nursing and Midwifery Council (NMC) is the regulator for both the nursing and midwifery professions in the United Kingdom and nursing associates in England. The Nursing and Midwifery Council are an organisation that aim to protect the public by setting out standards, holding a register, quality assuring education and investigating complaints.

The register records all nurses and midwives who are qualified to practice their profession within the United Kingdom (UK). In addition to holding the register the NMC (2018) also sets standards for the education, training, conduct, performance and ethics of all nurses and midwives. When setting standards, the NMC collaborate with those on the register, the

public, employers, those involved in education and training, and nursing and midwifery students NMC (2018).

NMC standards were originally set by the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) in 1999, which was implemented and republished by the NMC in 2002, with minor revisions to update them in line with the new nursing and midwifery register in 2004. Once the NMC standards are set and released, they are reviewed at least once within a 5-year period. The NMC published standards for the preparation of teachers of nursing, midwifery, and specialist community public health nursing in 2004. In 2005 the NMC also considered a separate project, which was the fitness to practice at the point of registration.

1.1.2 Definition and Development of Mentorship

Although mentioned in Greek mythology, Pellat (2006) suggested that Florence Nightingale may have been the first nurse mentor (although the basis for this claim is unclear). Mentoring is considered to be the oldest form of knowledge transfer (Stephenson, 1998). Historically, in farming and hunting cultures, neophytes were surrounded by adults who served as mentors and ensured that the knowledge was passed down through generations (Csikszentmihalyi & Schneider, 2000). Gardiner (1998) proposed that *"Mentoring involves primarily listening with empathy and learning (usually mutually) professional friendship, developing insight through reflection, being a sounding board, encouraging"*.

In 2006 the NMC published new standards for mentors and practice teachers to aid support for learning and assessment in practice: These replaced those previously published for the preparation of teachers of nurses, midwives, and specialist community public health nurses (NMC 2006). Consequently, the NMC Circular 17/2007 made clear the requirement for programme and clinical placement providers where to implement these standards (made mandatory on 1st. September 2007). This included the requirement for mentor, practice teacher, and teacher programmes to have gained NMC approval prior to accepting students onto such programmes (Nettleton and Bray, 2007). In the UK, formal mentoring for nursing students came with the introduction of Project 2000 (UKCC, 1986). With a shift of nursing education into higher education, registered nurses in clinical practice were given greater responsibility of being mentors to student nurses.

The NMC (2008) defined a mentor as someone who facilitates learning, supervision, and assessment of students in a practice setting. However, the mentor's role goes further than the teaching of knowledge and skills and implies role-modelling professional behaviours, the instilling of leadership qualities, alleviation of student anxieties and practically supporting students in their learning (National Institute for Health and Care Excellence [NICE], 2012; Royal College of Nursing [RCN], 2013). The NMC established detailed outcomes for mentors in 2007 and in 2010, challenged UK nurse educators to respond to changing priorities, developments, and expectations within healthcare. Nurses are required to develop knowledge, skills, and behaviours that meet the standards of the NMC, therefore ensuring they are prepared to meet the challenges presented, improve health and wellbeing, and improve the quality of standards working in the diverse roles, including as a healthcare practitioner, educator, leader, and researcher (NMC, 2010). Mandatory

standards for learning and assessment in practice were set in 2015, and the NMC mandated that students should learn to the highest standards of knowledge and skills underpinned by clear professional values before becoming an NMC registrant (NMC, 2015).

In 2016, a major review of all NMC education standards for nurses and midwives introduced a new framework for education, which included the new approach to student supervision and assessment. The standards framework for both nurse and midwifery education are presented in five categories: *Learning culture, Educational governance and quality, Student empowerment, Educators and assessors*, and *Curricula and assessment*.

Set standards for learning culture were aimed at ensuring that only programmes where the learning culture is ethical, open, and honest, and conducive to safe and effective learning, whilst respecting the principles of equality and diversity were approved. This standard aimed at ensuring students were supported and supervised in being open and honest with people in accordance with the professional duty of openness. These aspirations were for a learning culture that is transparent, fair, and impartial, and nurtures good relationships between individuals (such as practice supervisors and assessors) whilst being non-discriminatory. In introducing the educational governance and quality standard, the NMC (2015) expected that education providers comply to all legal and regulatory requirements, which included optimising the safety and quality of learning environments, whilst taking into account the diverse needs of, and working collaboratively with, service users, students, and all other stakeholders. Providing students with the information and support they require in all learning environments and enabling them to comprehend and adhere to pertinent local and national governance processes and policies was inherent in this standard.

The NMC (2015) introduced a further student empowerment standard aimed at facilitating students to be empowered and provided with the learning opportunities required to achieve the desired proficiencies to fulfil their programme outcomes. The aspiration was that students would be empowered and supported in becoming caring, resilient, reflective, and lifelong learners. In accordance with the NMC Standards for student supervision and assessment, it was suggested that students be assigned and have access to a nominated practice assessor for each practice placement and be supervised and supported in practice learning in accordance with their own individual learning requirements (NMC 2015).

NMC Standards for education and training (NMC, 2018) required that theory and practice learning, and assessment be facilitated effectively and objectively by an appropriately qualified and experienced professional with the expertise required for their educational and assessor roles. Policing and quality assurance of these aspirations were to be approved and monitored by education institutions in collaboration with practice learning partners. The NMC considered that these new standards (collectively) provided the basis to ensure that nurses were trained to higher-level skills, and these sentiments were echoed in recommendations from the Council of Deans of Health, (Clark, Casey and Morris 2015, Glasper 2017, NMC, 2018). The NMC (2018) standards for curricula and assessment, if comprehensively implemented:

- enabled nursing and midwifery students to achieve the outcomes required to practice safely and effectively in their chosen area.
- ensured that assessment was fair, reliable, and valid; and,
- enabled students to demonstrate they have achieved the proficiencies for their programme.

The NMC (2018) created new standards of proficiency for registered nurses. These standards were defined in two sets. The first of these was '*Future Nurse: Standards of Proficiency for Registered Nurses',* which specified the knowledge, skills, and attributes that students were required to demonstrate in order to successfully qualify as registered nurses. The second set offered an educational framework - *Realising Professionalism: Standards for Education and Training*. These requirements were aimed at solidifying the standards required for providing nurse education and training (NMC, 2018a). Once again, quality assurance of these aspirations was to be approved and monitored by education institutions in collaboration with practice learning partners (Everett 2019).

There are various definitions of mentorship, and in extensive nursing literature there is apprehension regarding the inter-changeable description of the term's 'mentor', 'practice supervisor' and 'practice assessor'. Shardlow (2012) and Jones-Berry (2018) for example identify the complications regarding the terminology used relating to learning and teaching within professional education. Shardlow (2012) highlights the complexity in four dimensions. These are: the current use of a variety of terms such as 'practice educator' and 'practice assessor'; the varying use of terminology across health and social care disciplines; an international inconsistency in the interpretation and application of terminology; and the element that all of this is intensified by the theoretical assumptions engendered by terminology.

Although complexities around terminology are a consideration, the assessment of competence and fitness to practice has been included within the role of the registrant supporting a student on Pre-registration programmes for more than a decade. It is anticipated the following definition simplifies the complexity of the role and is evident in what a mentor's role is. The principal role of a mentor/practice supervisor/practice assessor is that of professional practice. Mentorship/practice supervisor/practice assessor is a relationship in which an individual nurtures professionally defined knowledge, skills, and values in another, which result in a judgement being made as regards to the mentee's competence **(**Bailey-McHale and Hart 2013).

The introduction of the role of practice supervisor was articulated in the NMC Education Standards in 2018 (NMC 2018). Changing the way in which students learn while they are on practice placements, the new NMC Standards for Student Supervision and Assessment (2018) stated that students should participate proactively in their own learning, taking some responsibility for their own development (RCN 2018). Coaching represents one model of practice supervision aimed at supporting student empowerment. In March 2019, the coaching approach to learning was trialled on four wards within the local NHS Foundation Trust. Advocates of coaching suggested that correct application should allow students to be proactive in taking responsibility for their own learning in a non-traditional environment. The NMC claimed in the new *Standards for Student Supervision and Assessment* (2019) that those students who actively participate in their own learning could be facilitated to recognise solutions to any practice-based difficulties in a safe learning environment. These new standards stepped away from a more traditional form of mentorship and distinguished between the roles of practice supervisor and practice

assessor. The advocated coaching approach mirrored these changes (in contrast to a traditional 1:1 mentoring role) and in doing so allowed for larger number of student nurses to be supervised by a registered nurse, who might change daily. The practice assessor effectively became the sign-off mentor, meeting with students regularly to evaluate their progress, review feedback and focus their forward learning plan in order to ensure that learning outcomes are achievable and completed in a timely manner. The RCN (2021) suggested that initial findings from similar approaches demonstrated enhanced student development consequently leading to more competent and better prepared qualified practitioners.

The NMC (2018) mandated that all NMC registered nurses, midwives, nursing associates (as well as other healthcare professionals) were able to participate in supervising students. Practice supervisors can consequently contribute to the student's practice assessment documents in addition to the practice assessments they undertake independent of the practice assessor (NMC, 2018). The NMC further required that the practice assessor must be a registered professional on the same part of the NMC register as their allocated student.

1.1.3 The importance of mentorship to student learning

As students spend fifty per cent of their programme in clinical practice (NMC 2018), it is essential that they have positive learning experiences. Although figures in the main are inconsistent, they do indicate that the cost to healthcare providers for mentorship training ranges between £49,500 and £71,500 per annum (Robinson et al. 2010). Regardless of these significant costs, Health Education England (HEE) (2012) highlighted the necessity

of mentoring insofar as it plays an invaluable role in the development of a student. Similarly, Wilkes (2006) suggested that the relationship between the student and mentor remains fundamental to facilitating student development. However, Wilkes (2006) also emphasised that mentors required sufficient skills and qualities to make the student-mentor relationship work. It is therefore imperative that students learn and develop appropriate qualities and professional values from motivated and enthusiastic role modelling-mentors (Ayfer and Hatice, 2006, Delvin *et al*. 2014, Parandeh *et al.* 2015).

Research and debates on what constitute good mentorship generally recognise that not every nurse has the essential skill and capability to ensure that learning outcomes conducive to student nurse education are met (RCN 2009, Norman 2015, Bachmann, Groenvik, Hauge and Julnes 2018). Suggested personal qualities key to high standard learning experiences and supportive engaging relationships variously include the skill to simplify learning and the commitment to engage in student nurse education (Dickson, *et al.* 2015, Robinson *et al*. 2012, RCN 2019).

To improve student nurse education, in particular the experience of clinical placements, Willis (2012) proposed that it is crucial that students and mentors work in collaboration with regard to a supportive student-mentor relationships, which should in turn lead to the enhancement of patient care. Robinson *et al.* (2012) asserted that whilst there is an increasing emphasis on community nursing within preregistration curricula, this changing balance was not matched by an increase in the numbers of potential community mentors, resulting in difficulties in accommodating the increased demand for student placements. These authors reported that this challenging lack of capacity often resulted in the lack of

individual enthusiasm towards mentoring. Learning opportunities may consequently be diminished, and students may find relationships more stressful by not feeling like a respected team member (Murphy *et al*. 2012).

Felstead (2013) suggested that students find it difficult to challenge mentors' behaviours in relation to their lack of enthusiasm and engagement within the relationship, which inevitably affects their performance. Reasons for not challenging may include the need to feel a sense of belonging and acceptance (Levett Jones *et al.* 2009). Steven *et al.* (2013) identified that newly qualified nurses reported that students are highly influenced by senior staff in the placement setting. Whilst this influence may be found throughout nursing fields and placement areas, it could be argued that, where students are in close proximity with their community mentor, such influence could potentially be amplified (Rowan and Barber 2000).

Nettleton and Bray (2008) asserted that whilst there is a professional requirement for registered nurses to be involved in developing students, this requirement is imposed, and some mentors may feel that they have no choice in the matter rather than being pressurised into mentoring. Whilst others view mentoring as a supportive and vibrant relationship, it is vital that attention should be paid in assuring compatibility between mentor and student (Barker 2006). As Feldmen (1999) stated, although these relationships can have positive dimensions, many become dysfunctional, causing detrimental consequences. The RCN (2009) highlighted that if the nursing profession is supported by skilled and motivated mentors, nurses will develop the required skills during practice to deliver high quality, competent and compassionate care. Exploring student nurse perceptions and gaining insight into their experiences of this 1:1 mentoring relationship, would offer the students a

voice to illuminate how student-mentorship relationships could be improved to enrich learning, which is envisioned to consequently enhance quality care (Gillen 2012, Price 2013, Williams 2012). The RCN (2015) mentorship document acknowledges the limitations to mentoring inasmuch that not every nurse has the ability and aptitude to make certain that learning outcomes are met. The success of the mentor: student nurse relationship relies upon practitioners who show an interest in and have a yearning to support student nurses' learning and assessment. Such practitioners are the ideal favoured role models, and as such there is a tension with mentorship being a required role that registrants are expected to assume at 18 months – 2 years post qualification. Paradoxically, restricting mentorship roles to the interested / motivated workforce would risk a diminution of the availability of community placements and weakening of peer support systems and resilience (Ball 2017).

1.1.4 Community mentorship

To recap, the introduction of the role of practice supervisor arguably marked a move away from more traditional models of mentorship. A range of role designations and individual expectations within mentoring and supervision relationships now exists. However, Duncan (2019) suggested that for nurses working in community locations these differences lacked clarity and increased uncertainty at a time of change. Due to the close proximity in which a practice assessor and a student nurse work together in the community in this 1:1 relationship, it is essential to understand the environment in which learning often takes place. As the practice supervisor and the student nurse travel together in the car to visit patients in their own homes, it is essential to recognise that the 1:1 relationship between the student nurse and the practice assessor in the community remains the same regardless of

changing terminology. As these changes in terminology changed during the course of this research, for the sake of brevity and clarity the terms practice supervisor and mentor will be simply and collectively referred to as mentor.

1.2 What makes nursing in the community different?

A simplistic way to explain the nature of community nursing is that nursing takes place outside of a hospital setting and the main differences between hospital and community nursing derive from the differing environments. Hospital environments are (relatively) controlled and contained, whereas in the community nurses visit patients in their own homes, and this means the patient is very much in control of each visit. Nursing in the community often means that a nurse has to rely on their own abilities to problem solve and assess potential risks, not only for themselves but also for their patients. When leaving a patient's home, a community nurse must assess whether it is safe to leave their patient alone or with their carer, whilst a nurse working in a hospital environment is able to hand over to another nurse at the end of their working day: Consequently, they can reasonably assume that their patients are in safe hands (Bhardwa 2014).

Winsome (2007) asserted that nursing in the community setting is diverse, stimulating, and challenging. Community nurses are expected to be autonomous practitioners, nursing and making decisions about their patients in practice whilst (most often) working alone. Community-based nursing practice concentrates on promoting and maintaining the health of patients and their families, preventing, and minimising the onset or progression of disease, and improving quality of life of the individuals they

care for. Community nursing has a claim to uniqueness in that, in addition to providing care for patients and their families, it also focuses on groups, communities and populations. To successfully work in the community may demand that a nurse has a sophisticated understanding of some foundational theoretical concepts and their underpinning values of nursing practice.

In contrast, Bhardwa (2014) suggested that, clinically, there is little difference between the settings of hospital and community, as community nurses are increasingly visiting patients with more diverse and complex conditions, acutely ill patients and those with multiple long-term conditions. On this basis there is perhaps far more synergy between the conditions that nurses in the hospital and community nurses deal with as more and more care is being moved to the community. Bhardwa (2014) did however highlight the variation involved in being part of an extended team, as nurses working in a hospital environment are able to consult team members in their vicinity immediately, and that often includes members of the multidisciplinary team working alongside them on hospital wards. However, whilst nursing in the community does imply a relatively high level of autonomy, nurses often do not have easy access to other health professionals.

Whilst the above literature does discuss some differences of working as a community nurse, my reflexive insights and experience of working in the community as a student, a nurse, and a nurse mentor, as well as many years working in acute hospital environments, are able to offer some illumination as to what makes nursing in the community different to working in acute hospital settings. In this authors view, these differences are stark. In terms

of their working day, nurses working in a hospital environment arrive on the ward or department ready to start their shift with requisite equipment at hand to use at their disposal. For a community nurse, a morning journey to work often starts with making sure that any equipment required is calibrated and fit for purpose. This may include multiple bags containing essential equipment, for example a bag for each of the following: observations, dressings, catheter care and palliative care. The nurse is responsible for making sure that equipment required is also prescribed, ordered, and delivered, if necessary, to the patient's home. As community nursing is facilitated by driving from one patient's home to another, a community nurse must ensure they have business insurance to drive their family car during working hours, and that the car is fit for purpose, which includes checking sufficient fuel levels for the day ahead. Community nurses drive and work in often adverse weather conditions, in busy urban areas during high levels of traffic or, in contrast, long drives to remote areas.

Nurses in the hospital environment arrive on the ward or department areas and greet their patients having had a handover from the nursing staff who have cared for them during the preceding shift. In contrast, community nurses arrive at patients' homes not knowing what they will be faced with. Gaining entry into patients' homes is often troublesome, involving door codes, key entry systems or patients not able to answer the door. Time constraints and the sheer volume of work are burdens when trying to locate a housebound patient who does not answer the door, and can entail contacting the GP surgery, family members, hospital admissions and, as a last resort, the police. If patients live in rural areas where Wi-Fi and mobile phone signals are not always available, nurses cannot rely on contacting team members to assist them in challenging situations. Whilst patients are always

prioritised, community nurses are often required to decide priorities under pressure and autonomously.

Once inside a patient's home, the community nurse remains a guest in their home for the duration of the visit. Whilst a general risk assessment is carried out for all patients, risk is dynamic and personal risk assessment is paramount as lone working in patients' homes is often unpredictable. In a qualitative exploration, Merritt and Boogaerts (2014) considered the concept of power (as articulated by participants) in relation to both the nurse's role and the patient's role in the community. Participants in this study suggested that whilst the community nurse may have autonomy in making nursing decisions, patients also have the ultimate choice as to how to live their lives. Participants understood the autonomous role of the community nurse (in relative comparison to hospital settings) insofar as community nurses lead and manage services and have greater levels of decision making. One participant asserted that nursing in the community entailed more opportunity to be autonomous, to use inventiveness, and apply creativity in solving problems and adapting environments (in relative contrast to hospital settings). On the other hand, participants also referenced the power of patients as community nurses are guests in patients' own environments. With patients' inherent power over visits, expectations came into play which meant that visits ought not to interrupt patients' daily routines, favourite TV programmes, talking on the telephone, smoking whilst procedures are being carried out, as well as patients declining requests to put pets in another room, as a few examples. With heightened emotions (and for an almost infinite variety of reasons) family, and friends of patients at home can often be unpredictable as power differences change. Nolan and Dellasega (1999) asserted that the interaction with patients' relatives is one of the most

challenging, complex, and demanding responsibilities for community nursing staff. In relation to hospital settings, Holmgren *et al.* (2013) suggested that relatives are assigned a specific code of conduct as they are perceived as visitors in a nurse's working environment. However, in contrast, as a lone worker in the community, where a nurse is a visitor in the patient's home and not in control of the working arena, a nurse must risk assess each situation on an individual basis each time they visit.

Infection control presents a further challenge that community nurses are faced with when nursing patients in their own home. Whilst hospital environments are predominantly safe, clean, and deemed hygienic (notwithstanding the recent Covid-19 pandemic), with soap, hot running water and surgical trolleys in abundance, patients' homes, and some of the conditions in which they live in are not. Aseptic technique is a challenge when soap, sanitation of hot and clean running water and disposable paper towels are not readily available.

Where medication is prescribed in a hospital environment is subject to careful storage protocols, community nurses must assess whether the patient is capable and competent in ordering and administering their own medication, or if assistance is required. This especially presents a challenge during palliative care and at the end of life, as a community nurses must assess whether it is safe to prescribe, deliver and securely store controlled drugs in a patient's home – to which family and friends have access.

Moving and handling equipment in hospital environments is generally readily at the disposal of nursing staff and patients: initially, at least, this may not be the case for patients being nursed at home. Whilst there is a loan equipment service, equipment must be ordered and await delivery. Delivery can often take a week or more, depending on the location of the patient's home and specific delivery days in that area. Community nurses, therefore, often may need to be resourceful and creative in their practices, for example, improvising drip stands from wire coat hangers and hanging them from picture rails. In palliative and end of life nursing, there are often times when equipment does not arrive before patients die at home.

1.3 What makes learning in the community different?

Given the differences arising from contrasting nursing contexts as outlined *above*, it would arguably follow that student nurse placements in community settings would be expected to present distinctive learning challenges. Iersel *et al.* (2016) noted that many students begin their nurse education with a lay person's perception of the profession, and that this is often shaped by the representations made by the media. Perceptions develop with subsequent placements in various settings, and these clinical experiences facilitates students' orientations towards their future career direction. Students are said to prefer being placed in a hospital placement due to the acute nature and level of advanced technology that is used to care for patients. The acute care setting is assumed to be exciting, challenging, and stimulating due to the nature of the fast-paced work environment and training in practical skills. Fewer students are reported to perceive elderly care as appealing, and perceptions of community nursing care can fluctuate widely, with the prevailing view being that it is generally unattractive due to the chronic disease care profile, (alleged) diminutive technical

skill, intense workload, and untrained workers. However, conversely, the view is that it presents both challenging and meaningful opportunities because of the vast variety of roles, in addition to the opportunity to work independently adds appeal to many (Iersel et al. 2016).

From a student perspective, clinical placements are both stressful and rewarding, but also viewed as the most important part of nursing education. Regardless of the perspective on specific clinical placements, clinical placement experiences may positively influence nursing students' attitudes towards various clinical settings. Graduate nurses maintain that they are highly likely to apply for nursing roles in settings where they have experienced positive learning during their undergraduate clinical placements. It is therefore vital to facilitate positive learning environments in all clinical settings used in nursing education, with community settings being no exception.

Few nursing students are said to choose community nursing as a future profession. Students often have a limited and mistaken view of community care, underestimating the complexity of nursing due to it having less visibility than within acute care. Providing students with specific curricular content and employing a structured approach to preparation for work placement could help build a more positive perception of community care, leading to more students seeing/choosing community care as a desirable field of work. Philibin *et al.* (2010) suggested that, as community nurses work in patients' personal environments, they acquire broader expertise than nurses who practice in a hospital environment. Community nurses also care for a broader range of patients in terms of age

and health issues. They are reported to differentiate themselves as generalists in comparison to other types of nurses due to the diverse emphasis of the nursing care they provide. Philibin *et al.* (2010) concluded that students find this appealing due to the variation of nursing, which facilitates the opportunity to make many of the profession's traits their own.

When providing care in a patient's home, students often work together with a community nurse. This method of guidance can offer students many advantages, for example 1:1 tuition, however this also creates more dependence on the quality and motivation of the mentor (Robinson *et al.*, 2008). The defined work environment of the community often means that community nurses have a limited, often restricted, amount of time to spend with a patient in order to deliver the care that is required. Kloster *et al*. (2007) proposed that these time constraints have an impact on learning for both students and mentors. Community nurse mentors may report feeling powerless in their lack of ability to give necessary attention to their student, as they have to balance their clinical and mentoring responsibilities. Time constraints and the interaction that patients have with students increases a nurse's and mentor's work pressure, which can consequently lead to students reporting work pressure and the lack of time to provide care as adverse factors when learning and working in the field of community nursing.

Baglin and Rugg, (2010) suggested that the impact of this time constraint upon students is such that they feel they are offered scant opportunities to explore various approaches, and this inhibits the development of clinical skills. Clinical skills and procedures are typically performed more quickly by a qualified community nurse, and the role of the students can

become diminished to that of an assistant at best and an observer at worst. Delivering nursing care in a patient's own home holds both positive and negative implications. Negatively, Kloster *et al.* (2007) reported that students often perceive the relative absence of control over the physical environment, and the consequences this has for the ergonomic and hygienic conditions in which nursing care takes place. In the positive aspect, students perceive the patient's own home as an atmosphere-enhancing element to community nursing in that it can contribute to the more personally meaningful and long-term nurse-patient relationship over time. Students reported that the level of autonomy in the management of care within a wider multidisciplinary team, the enhancement of professional communication, and the knowledge and the insight gained in the nursing profession were positive aspects of community nursing experiences (Illingworth *et al.*, 2013).

In contrast to learning in an acute setting, a patient's home presented a more sporadic and opportunistic learning environment: Students typically do, however, develop an awareness of the chances offered to them in a position of an autonomous community nurse. The diverse care, the independent position of the community nurse with great respect to the patient and the patient's home environment are appealing factors in taking on community nursing roles. Students consider community placements to be crucial in their nurse training as these experiences offer them greater levels of responsibility, teach them to build longer-term nurse-patient relationships, and aid self-confidence as a result of delivering nursing care independently during home visits. It is recognised, therefore, that the perceptions of community-based learning differ somewhat when students are provided with the opportunity to provide nursing care autonomously, as it has a positive influence on their experience of learning opportunities. The role of an effective mentor is essential, for the

reason that the mentoring interaction is typically more intensive in community settings as opposed to acute nursing environments. Structured work schedules typically present challenges in balancing clinical work pressures against mentoring responsibilities. Iersel (2016) suggested that on completion of community placements, students frequently reported that they had accrued enriching life experiences that facilitated an openness to the real world of community-based practice. Alongside this, they had also gained a rich understanding of nursing patients from a variety of cultural groups that differ from their own, all of which contributed to their direction for future employment.

1.4 Background and rationale for the study

To recap, the Nursing and Midwifery Council (NMC) (2008) defined a mentor as 'someone who facilitates learning and supervises and assesses students in a practice setting'. The NMC (2015) stated that students must learn knowledge, skill, and professional behaviour to the highest standard before becoming an NMC registrant. As students spend fifty per cent of their course in clinical practice, it is essential that students have constructive learning experiences. The relationship between the student nurse and mentor is fundamental to facilitating student development is (Wilkes 2006). However, Wilkes (2006) stated that although mentoring is fundamental successful learning, it is critical that mentors have the right skills and qualities to make the student-mentor relationship work. Feldmen (1999) identified that not all mentorship experiences are uniform and positive dimensions as well as dysfunctional elements may result in detrimental consequences. Many authors e.g., RCN (2009) identify the link between positive learning and socialisation and eventual delivery high quality, competent and compassionate care. By exploring student nurse perceptions and gaining insight into their

unique experiences of 1:1 mentoring relationships, the intention is to privilege the student voice and perhaps illuminate how student-mentorship relationships could be improved, thus potentially enriching learning and consequent quality of care (Gillen 2010, Price 2013, and Williams 2012).

Over the course of this research changing terminology and shifting role definitions have proved problematic, particularly the distinction drawn between practice supervisors and assessors. The NMC (2018b) suggested that effective supervision during clinical practice placements can facilitate autonomy in students' learning towards safely achieving professional competencies. The NMC (2018b) mandated that all NMC registered nurses are equipped to supervise students, and therefore students can be supervised by additional registered health care professionals, taking away the 1:1 relationship. By comparison, practice assessors were intended to act as role models. This relationship, potentially, may not be an exclusive 1:1 relationship and student nurses may not have the same assessor during an 8-week clinical placement. The constant element in community placements, however, is that students will experience an intensity in the 1:1 relationship brought about by occupying the same communicative space as they travel to and from visiting patients in their own homes. This intense close proximity working arrangement may be at odds with the usual work patterns of community healthcare professionals who frequently work alone. The relationships as described here are under-researched (especially from a student nurse perspective), and this research intended to illuminate the student voice and gain insights into how these relationships influence or impact on learning.

As a registered nurse with a background in community nursing, now teaching predominantly pre-registration nursing students at a university in the Northeast of England,

my curiosity for this research developed from both a personal and professional perspective. Whilst I mentored students in the community as a community staff nurse, I was aware that some students asked to spend time with other mentors rather than the person allocated. Their rationale for this often varied, although my observation was that requests were largely driven by the desire to be taught with enthusiasm. It was an observation I could not ignore, as often I would hear for myself some mentors complaining about having to have the next student and wanting someone else to take on the responsibility. Mentors often discussed together the amount of extra time it took in patients' homes when teaching a student, that they did not have a connection, and that they felt less knowledgeable when teaching degree students. Now as an academic teaching the nursing students who join community teams during community placements, I started to reflect upon the perceptions that the students may have about mentor relationships in the community and what made them gravitate towards some mentors and not others. Being a community mentor enabled me to have my own perception alongside that of my colleagues, from a mentor's perspective. These reflections began my thought process, which evolved in response to my professional experience as a registrant and an academic involved in teaching student nurses. Mentoring relationships are exceptionally different in the community in comparison to the acute setting of a ward, being that both mentor and student are together for the whole of their working day, including in car journeys traveling to and from patients' homes, and thus I began to think about how the 1:1 relationship in the community may be perceived differently by the student. Although I had been a student nurse and embarked on a community placement, I had only my perception of being a student. By acknowledging that perceptions differ and that each 1:1 relationship between a student and a mentor in the community is unique, led to numerous questions about how students may feel about working in such close proximity with their mentor for prolonged periods of

time. The numerous questions I had encouraged an emerging personal interest in the desire to investigate insight from the student's perspective by exploring the lived meanings of their here and now. This then became a focus for this doctoral research. This research has added significance as it is evident within the literature (and from my own personal experience as a community practitioner and nurse academic) that not having positive learning experiences often results in detrimental consequences to learning outcomes. This research therefore aimed to develop understandings from a students' perspective of the lived experience of intense 1:1 student-mentor relationships within a community placement.

1.5 Research aim and objectives

Aim:

To critically explore and generate an understanding of student nurses' lived experiences and perceptions of being in a 1:1 mentoring relationship during community placements.

Objectives:

1. To explore how students negotiate and manage the intensity entailed in the exclusive 1:1 nature of community placements.

2. To critically investigate students' perceptions of mentorship style and how this subsequently influences student learning with a community mentor.

3. To explore what students perceive to be the characteristics of a positive mentoring relationship.

Chapter Two: Literature review

2.1 Introduction

2.1.1 Conducting the literature review.

Study Aim:

To critically explore and generate an understanding of student nurses' lived experiences and perceptions of being in a 1:1 mentoring relationship during community placements.

Specifically, this study seeks to understand, from the student's perspective, the 1:1 relationship between a student nurse and their community nurse mentor whilst undertaking their 8-week community placement in the 2nd year of their undergraduate nursing programme. Parahoo (2006) proposes that the aim of the literature review in any given study is to enhance knowledge and understanding of the subject area and support the research activity of the intended study. Therefore, a critique of the existing literature, research, and theory pertinent to the research aims is discussed in this chapter. The literature informing and focusing this research has been drawn from nursing, educational and social research. This is manged by focusing on the identified research aims.

Integrative reviews use more than one search strategy to enhance the quality of the review and minimize incomplete and biased results (Parahoo 2006). Within this research two search strategies were used. The search was undertaken using a combination of the following key words: Student nurse, community, mentor, professional relationships, and experiences. The use of student nurse community mentor relationship as a key term enabled a broad search ensuring a wide capture of relevant papers prior to a more selective

search using the 1:1 relationship between a student nurse and their community nurse mentor.

Search strategy 1: Electronic databases were searched for research publications (initially between 2011 and 2016) and more recently up to 2022. This included Medline, CINAHL Web of Science and Pub Med. Individual databases: British Nursing Index, DARE, Cochrane Library, Joanna Briggs Institute, and EThOS. A manual search was conducted from the reference lists of the identified articles. To focus on the most recent publications and to identify any new emerging data the search was limited to material available between 2011–2022. Inclusion criteria identified data that addressed the aims of the study. This was achieved initially by reviewing the titles and abstracts. Any titles collected that did not meet the eligibility criteria were excluded. Studies that met the inclusion criteria were reviewed and organised (see Appendix two and three).

The inclusion criteria are to consist of:

- Literature between 2011-2022
- In English
- Literature related to the criteria. Broadly these key areas reflect Student nurse, community, mentor, professional relationships, and experiences.
- Journal articles, seminal texts and policy

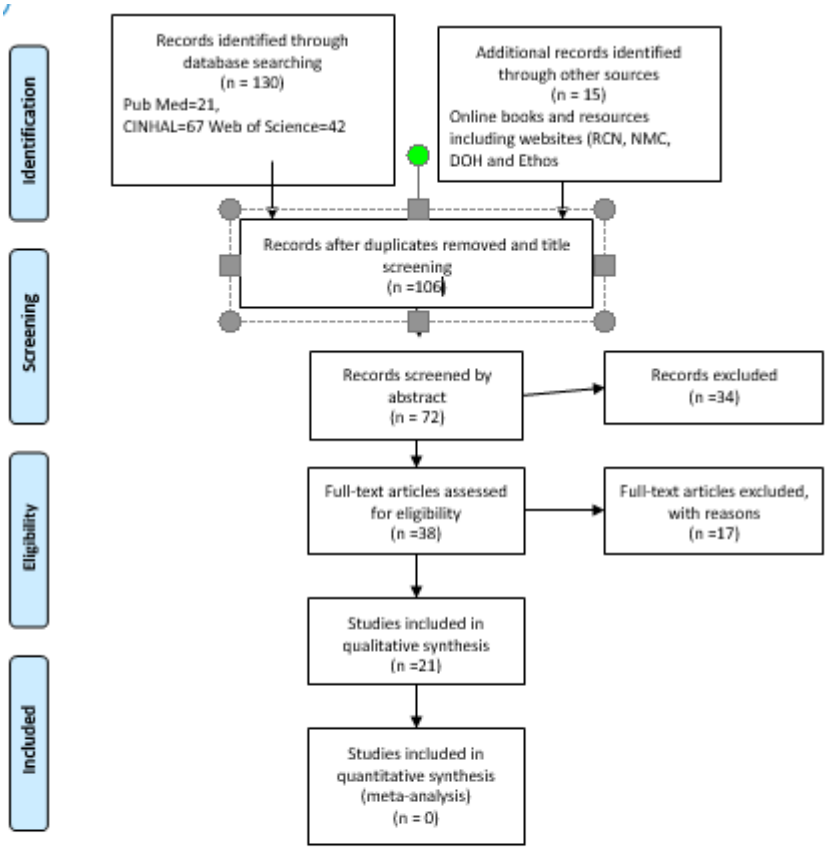
Exclusion criteria related to any studies that did not give insight into student nurses' lived experiences and perceptions of being in a 1:1 mentoring relationship during community placements. This included acute clinical areas.

Search strategy 2: This involved hand searching reference lists of retrieved articles in order to find relevant literature not previously identified, including grey literature. Grey literature

is documentation types that includes government, academic, business, and industry materials in print and electronic formats that are protected by intellectual property rights. Examples of grey literature can include conference abstracts, presentations, proceedings; regulatory data; unpublished trial data; government publications; reports (such as white papers, working papers, internal documentation); dissertations/theses; and patents and policies [Parahoo 2006).

The initial literature search identified n=130 articles: PubMed n=21, CINAHL n=67, Web of Science n=42. Additional resources identified as grey literature, n=15 including government policies and Ethos. Following screening of the titles and removing duplicates (n=106), articles remained. Abstracts of the remaining articles were reviewed, and, if they did not adhere to the aims of the study, they were excluded (n=34). Full text articles were then assessed for eligibility (n=38) and n=17 was excluded in alignment with inclusion/exclusion criteria identified. The total selected to be included in the study was n=21. (See Figure 1 PRISMA)

Figure 1 PRISMA of search



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement.* Med 6(7): e1000097. doi:10.1371/1000097

For more information, visit www.prisma-statement.org.

Although a developing interest in the 1:1 relationship of a student nurse and community mentor was evident, there was a limited knowledge on this topic from an educational perspective. The initial literature review is referred to by Ravitch and Riggan (2012) as topical research and aims to establish what existing research exists and was conducted with a focus on the research aim. This was to facilitate a stepped approach, whereby an initial literature review contextualises the subject of investigation and supports the rationale for the research. By doing this, the search identified a gap in the current body of knowledge of

the student nurse and community nurse 1:1 relationship from the student's perspective, which this study aimed to address. Reviewing research and literature remained constant during the course of this study.

Figure two illustrates a mind map created to organise my thoughts regarding the elements involved in the student-mentor relationship. It highlights the direction of my primary research focus.

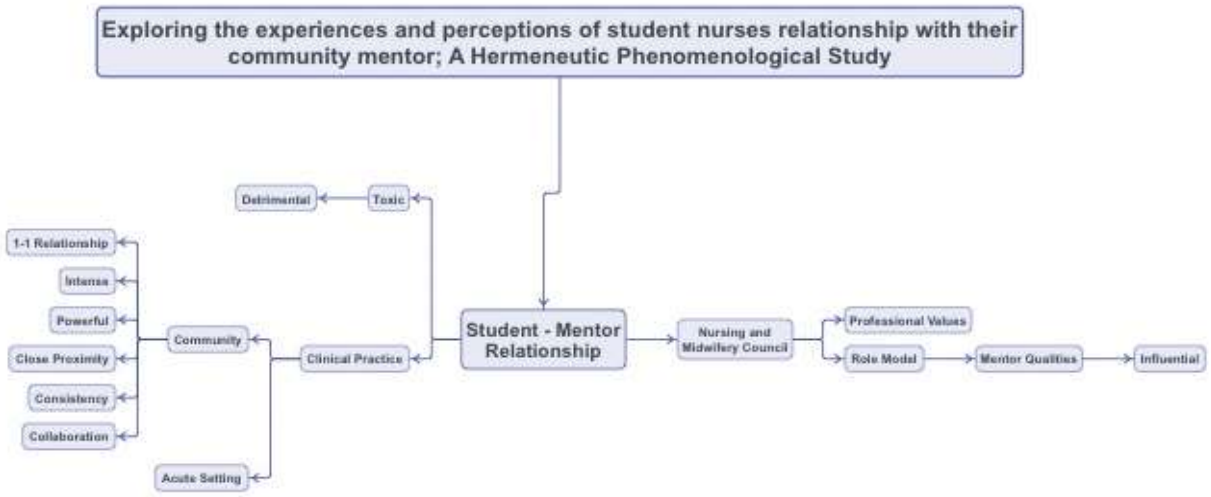


Figure 2: Mind map of primary research focus

A full-text search was performed to find articles from databases CINAHL, Web of Science, Medline, PubMed, and DoH, NMC and RCN websites. Keywords were sought using search term combinations on student, nurse, mentor, qualities, professional relationship, 1:1 relationship, experiences, perceptions, and community. To view a more detailed process, please see appendices one and two. The data reduction commenced by assessing each article for its relevance to the study aims. Key themes then emerged, and then the following stage of analysis was to identify sub-themes. These sub-themes were then analysed and synthesised. For each individual piece of data, any duplications were

identified, highlighted if the article met the study aims, and reached consensus of significant items. Figure 2 highlights key themes with additional sub themes that were identified. These are Clinical Education, Mentoring in Acute Placement Areas, Mentoring in Challenging Contexts, Environmental Issues, Mentorship from the Mentors Perspective and Characteristics of a Good Mentor.

To systematically assess the trustworthiness, relevance, and results of the literature the procedural steps of a Critical Appraisal Skills Programme (CASP) Tool was utilised. UK based studies that researched students and mentorship were utilised. I considered the validity of each study, and whether the study design and methodology were appropriate, to whether it was worth continuing with the appraisal. During appraisal, consideration was given as to whether the study aims were clear, and whether the study was designed to meet the outcomes. Attention was given to the participants that were recruited and the methods used to collect data. Findings were evaluated and critique given throughout the appraisal of each study. My appraisal of findings showed that substantial consideration has been given to the role of the student nurse and the mentorship experience in research literature. Most of the studies focus on the training of clinical mentors to support students in the clinical environment. Literature reviews have explored the development of clinical education (Pollard *et al*. 2007), mentors' views of assessing student nurses (Cassidy *et al*. 2012) and the qualified nurses' experiences as mentors (Omansky 2010). On reviewing the literature, no literature explicitly examines student nurses and their relationship with their mentor. Thus, there does appear to be a gap with no studies specifically focusing on community placements and the student nurse- community nurse 1:1 mentor relationship from the student's perspective. As this is the area I wished to research, this thesis intends to fill that gap.

Yoon *et al*. (2013) maintain the quality of student productivity begins with quality mentorship characteristics, suggesting that exploring these characteristics may clarify the qualities of good mentorship. Community mentoring may also be particularly important given patients live longer with more long-term conditions; thus, the community nursing workforce requires support (RCN 2013). As Wilson (2014) stated, nurses adhere to principles of compassionate care by displaying profound concern for professional values. She highlights that an enhanced understanding of the mentor perspective can provide a foundation for practice development in nurse education. However, in contrast, I feel an enhanced understanding of the student's perspective in relation to the student nurse-mentor relationship in the community will provide a foundation for practice development in student learning. Although extensive mentorship research has been carried out, it appears that no single study exists which specifically focuses on the student nurse- community mentor 1:1 relationship from the student's perception, which does seem to indicate that my study has originality.

I was conscious whilst analysing the data and study findings emerging during analysis of the data, pertinent literature had to be revisited to inform this analysis and the development of the thesis.

2.2 Mentoring

The following diagram shows themes that emerged from the initial literature search.

Figure 3: Literature review themes

2.2.1 Clinical Education

Department of Health (2013) propose that it is the responsibility of all involved in delivering healthcare to facilitate clinical education. However, the literature is unclear over who ought to take the lead role for undertaking this responsibility or what the role entails. Literature presents an array of individuals thought to contribute to positive learning environments for students, including the lecturers employed by the university, specialist and advanced healthcare practitioners, ward staff, and the clinical educator (Pollard *et al.* 2007). The subject of mentorship has been researched for decades and consistently reports good mentorship is essential in successful education in the clinical environment, since mentors offer support (Earnshaw, 1995), contribute to reduced stress levels and improve

learning opportunities (Demir *et al.*, 2014), assist in linking theory to practice (Spouse, 2001) and provide a major role in students' professional development (Felstead, and Springett, 2016). With scant literature to support the use of mentorship from the perspective of student nurses, Earnshaw (1995) conducted a study to explore mentorship. The study aim was clear in looking to explore the views of mentorship from the student perspective. The relationship between the researcher and participants were not discussed, nor was it explicitly stated how the researcher recruited a predominantly female convenience sample of 19 third-year student nurses. However, they were invited to complete a structured survey relating to their personal experiences of mentorship. Ethical considerations and data analysis were not discussed, yet the study reported a 58% response rate. However, this percentage is misleading with such a low number of participants, which consequently highlights a limitation to the study in that of the 19 students who were invited, only 11 completed the survey. Following analysis Earnshaw (1995) asked the question who are the best mentors? Another limitation is that with such low numbers it is difficult to generalise the findings. The summary of the study reported that students generally valued the support from their mentors, although this is a difficult point to advance based on such poor data collected from just 11 participants. To allow for in-depth exploration from the 11 students' views of their mentor and in adherence to phenomenological research, it would have been beneficial to use semi-structured interviews during data collection.

The definition of mentorship described by Lee (1989) cited in Earnshaw (1995) covers elements such as being a teacher, encourager, and experienced provider in everyday routines. Therefore, this is feasibly more consistent with student nurses' experience of mentorship. The position of supporter emerged as a key role from the participants. Numerous students found the mentor role reduced stress by assisting with placement

orientation and giving them a sense of belonging. The mentors were found to provide emotional support in addition to supporting students to develop their clinical competence. Mentors were found to have facilitated the role of socialization as they disseminated professional behaviour and ward routines.

From students' perspective, having a mentor allocated seemed to have various advantages. These included a feeling of belonging, which was then influential in creating a feeling of security for students within the team. The security appeared to have come from having a person to answer questions. The students applauded the notion that their mentor welcomed them and made time to assist in settling them in when they first arrived on the ward. Mentoring was commonly valued from the student's perspective for supporting them in that mentor served numerous roles, including the position of role model in addition to the facilitator of a socialising agent. In short, mentors can play a significant role in mitigating against stress. Stecker (2004) proposed that stress is a significant psychosocial aspect that affects a students' state of wellbeing and academic performance. She also proposed that nursing students endure more stress than students who study any other health-related subject. Giordana and Wedin (2010) similarly reported that mentors support students and assist in reducing stress and anxiety whilst improving confidence in their clinical practice. A further study conducted by Demir *et al.* (2014) explored the effectiveness of a mentoring programme for first-year nursing students and their techniques of coping with stress. This study of the mentoring programme improved students' internal position of control and active coping with stress during their nursing programme. The study was conducted between 2010 and 2011. The sample was a purposive sample, and therefore any students who wished to take part self-selected to do so. Data collection was through various participant information documentation, mentoring assessment forms, a position of control

scale, and the ways of coping inventory. Students stated that the situation that caused them the most stress was their nursing programme was in relation to the status of achievement, the uncertainty of what their future held, economic problems, familial and friendship problems, issues with academic staff and problems relating to accommodation. The participants reported in the study findings that when they discussed these issues with their mentor, this facilitated the thinking about and making plans to solve their issues and was a way they coped with stress.

The notion of a theory-practice gap influences the approach to preparing professionals for their future roles. With ever-increasing prominence on work-based teaching and learning supervisor is one of the many tactics designed to support students and healthcare professionals. Spouse (2000) investigated both nursing and midwifery students in England and found effective support from mentors in clinical practice radically increased the students' ability to adapt to clinical settings and learn whilst in clinical placements. Spouse (2000) suggested without such support students were left struggling to find something to do. The longitudinal study conducted by Spouse in (2001) used a constructivist/naturalistic philosophy and investigated circumstances that influenced professional development. This small naturalistic, longitudinal study used a sample of eight nursing students who were undertaking practice placements. A multimethod approach to data collection was used to investigate how preregistration nursing students acquired their professional knowledge in the clinical environment. The most significant influence that emerged from the findings was found to be that of effective mentorship. Moll (2013) suggested that without theory it is difficult to think and talk about clinical practice, and without clinical practice theory has no meaning. As novice professionals begin clinical placements, they are equipped with appropriate theoretical knowledge but have not seen it applied to practice. They require

support and guidance from effective, experienced, and knowledgeable mentors to relate this knowledge to their practice (Moll 2013).

Felstead and Springett (2016) suggested that numerous individuals are positioned to influence nursing students, including untrained healthcare assistants, academic staff, patients, peers, and, specifically, clinical nursing staff such as mentors. In addition to actively influencing students' learning, the NMC (2008) state that mentors are considered experts in a field of clinical practice and spend time with the student supporting and guiding their professional development.

Felstead and Springett (2016) used a qualitative approach based on interpretative phenomenological analysis. All female adult nursing students from all 3 years of the BSc nursing programme were invited to participate and, through convenience sampling, 12 Pre-registration nursing students volunteered. To allow in-depth exploration of the student's experiences, data were collected by individual face-to-face non-structured interviews. The findings referred to experiences of role modelling mentors in clinical practice. Some explicitly referred to their mentors as 'role models', which supports the view that students model their own practice on the individuals who they most closely relate to. Mentors were said to influence student development in various ways, as some students explained that their experiences allowed them to learn how "not to" perform in practice. Students implied appreciation of the essential elements of the mentoring relationship, namely respect, trust, and appreciation of each other. As nurse mentors are a major influence on students' professional development, it is vital for mentors in clinical practice, formally allocated or otherwise, to be able, prepared, and forthcoming to role model professional attributes.

Brown *et al.* (2012) reported the findings from the qualitative component of a mixed methods study which explored the role of the mentor in clinical practice with regards to student nurse professional socialisation. Mentors were interviewed to distinguish the areas where the support of a mentor was essential in the students' development of a professional identity. A convenience sample was used, which took advantage of participants that were available in relation to location, time constraints, and access to students and mentors. A semi-structured interview was used to collect data in order to encourage free-flowing conversations while still allowing the discussion to remain focussed. The findings revealed the role that the mentor plays in the development of professional socialisation. Specifically, supporting student nurses with the concept of the professional role, which included reducing role conflict, fostering social responsibility, strengthening occupational identity, acquisition of knowledge and skill, and acquisition of professional values, assimilation into the organisation, and professional role modelling.

2.2.2 Mentoring in Acute Placement Areas

The idea that nurses are ‘created’ on the wards and not in the classroom supports the notion that student nurses ought to learn as much from the clinical placements as they do in the classroom, as they relate theory to their practice (Midgley 2006). The exploratory quantitative study conducted by Midgley (2006) aimed to establish the perceptions of pre-registration student nurses’ learning in a hospital environment during clinical placements. For the purpose of the study, a questionnaire was used to attain quantitative data. The questionnaire strategically presented a list of predetermined statements that were closed-ended, allowing a high-level degree of structure which ensured comparable results to facilitate the analysis. For the purpose of the study, appropriateness criteria were

established to ensure the sample population was relevant to the research question, but recruitment remained partly on the grounds of convenience. However, the selection constraints also safeguarded that all of the participants had concepts for reference by having already experienced previous hospital placements throughout their training programme: This process provided 100 participants. Findings suggested that personalisation and student satisfaction were identified as the most significant spheres of influence in the learning environment of the hospital. The ultimate contrast between how the participants found the learning environment to be, and how they would choose it to be, highlighted areas for innovation. The statistical analysis implied that, in contrast with the hospital or ward environment, students were said to prefer an environment with greater levels of innovation to teaching and learning strategies, student involvement, individualisation, and personalisation.

Wareing (2011) carried out a hermeneutic phenomenological study within an interpretive paradigm in which all participants were employed in acute care settings. The mentorship relationship in this case was between qualified nurses and healthcare assistants. Thus, this study explored the lived experience and perceptions of mentors when mentoring healthcare assistants undertaking a foundation degree. A purposive sample of 8 experienced mentors were interviewed by using a semi-structured approach. All of the interviews were audio recorded and then transcribed. Ten themes emerged from the data and findings suggested that the mentorship of healthcare assistants presents mentors in clinical practice with a diverse range of challenges that are, in fact, unlike those of Pre-registration nursing students in some respects. The study concluded that whilst the mentorship of healthcare assistants in busy clinical environment is a challenge, the relationship between mentor and

healthcare assistant appears to have greater equality due to the established relationship that already exists between said roles within the team. This finding perhaps highlights a significant insight which emerged during the current study: mainly the personal basis of the mentor, student relationship.

Murphy *et al.* (2012) stated that the quality of practice placements is central to the development of confident and competent practitioners. In clinical placements, nursing students are said to develop and master the qualities of caring professionally, knowledge, confidence, competence, and clinical skills through experiences of nursing in the 'real world' as they see it. However, Murphy *et al.* (2012) also proposed that a student's placement experience can be mixed, with students having both positive and negative encounters. It is evident that not all practice placements facilitate the achievement of making the student feel welcomed in a caring and professional way, or indeed accepted as members of the team, even though this can offer development of confidence and competence. Murphy *et al.* (2012) consequently proposed that this is a result of the complex relationships between the student and their mentor in relation to the culture and infrastructure of the placement area, individual personality and teaching and learning styles. The quantitative study conducted by Murphy *et al.* (2012) aimed to explore perceptions of adult nursing students of their practice placements. A total of 508 undergraduate Pre-registration students were surveyed. Following data analysis, in accord with other quantitative studies which explore the student experience of practice placements, it emerged that students were generally satisfied with their placement experience. However, this study received a 97% response rate, which raises suspicions of inducement or coercion. It can also be argued that to explore experiences of their placement areas a qualitative study would have been more appropriate. Once again, the

personal qualities of the mentor as they facilitated the student to feel welcome remain valuable and were particularly noted by students if they felt that these qualities were lacking. However, similarly, if mentors were reported as pleasant, the student at the same time reported other significant factors which affected their experiences. Students reported that the extent to which they were permitted to make their own decisions, treated according to their capabilities, allowed to explore innovation, influenced perceptions of the mentor arrangement. Furthermore, and perhaps surprisingly, the extent to which the mentor planned new and interesting learning experiences also influenced judgements about the quality of mentorship. As practice placements form a substantial proportion of nursing programmes, it is essential to research how students perceive them. The student experience is multifaceted, however in this study nursing students reported preferences for particular areas of clinical settings and appeared to favour those that may offer closer contact with mentors to facilitate the opportunity to master learning opportunities. This would then facilitate their socialisation into the nursing profession.

Dimitriadou *et al.* (2015) also adopted a quantitative approach to explore the perceptions of Baccalaureate nursing students of their learning and supervision in the clinical environment. Drawing upon the experiences of 2nd-year student nurses, this study conducted quantitative research in the hospital environment in Cyprus. Questionnaires identified satisfaction in relation to different dimensions of the relationship, such as the ward atmosphere, leadership style of the ward manager, premises of nursing on the ward, principles of learning on the ward and the supervisory relationship, as well as the method of supervision. Based on the results of this study, the majority of students valued their mentor's supervision more highly than nurse lecturer supervision in relation to the

accomplishment of learning outcomes. Consequently, the student-mentor relationship was valued as an important parameter.

2.2.3 Mentoring in Challenging Contexts

A tension can exist between the human qualities of a productive mentorship relationship and the objective requirements of the mentor's role in assessing competence. Students are more likely to have their nurse training discontinued for failing academic work than for poor clinical performance (Jervis & Tilki 2011). However, concerns have been raised about the assessment of clinical performance by registered nurses. In particular, the evidence that suggests on occasion, mentors fail to fail students whose competence is in doubt.

Duffy (2003) used a grounded theory study in order to explore mentors' and lecturers' experiences regarding this issue, and specifically, individual perceptions about why some student nurses are being allowed to pass clinical assessments without having demonstrated sufficient competence. In adherence with the grounded theory approach, a theoretical sample was recruited of both mentors from clinical practice and lecturers who were related to three of the universities in Scotland offering the Pre-registration nurse programme. The final sample comprised a total of 14 lecturers and 26 mentors. The theoretical sample and emergent theory presented a clearer focus to subsequent interviews, which suggested a move later in the process of data collection to audio recorded interviews. As a result of the sensitive nature of some of the predicaments that mentors may have been involved in when deciding whether they ought to pass or fail a student in clinical practice, there was the probability that they may have evoked some emotions associated with revealing these experiences.

Adkins and Aucoin (2022) advocated that failure to fail still remains an issue for the clinical nursing faculty, and advocate that the success of this conversation could be affected by the mentor's concern for minimizing imposition and avoiding hurting the students' feelings. This may be in relation to the overarching theme of connection that emerged the current study, where intense 1:1 relationships in the community formed the basis of not only good working relationships, but friendships between student nurse and community mentor. Perhaps due to these friendships, mentors may feel unable to address the failing student.

A hermeneutic phenomenological study was carried out by Black (2011) to explore and develop an understanding of the mentors' experiences of failing student nurses in their final clinical placement. A total of 19 nurse mentors were interviewed through a process of reflection regarding their experiences. The findings presented through the participants' quotations show that the responsibility of being a mentor faced with the decision to fail a student carried a personal price for said mentor. This is because such a decision regularly resulted in negative feelings connected with the experience. An in-depth understanding of perceived difficulties and enablers suggested that time constraints, increased workload and poor attitudes in relation to the mentoring role impacts the mentors' decision to fail the student in their final placement. Professional responsibility and accountability also emerged as a significant rationale to why mentors fail students in their final placement, and these factors also impact on the capability to conquer the personal price related with the decision to fail. Findings highlight the positions of professional responsibility and accountability for the fitness for practice decisions that mentors must make. The findings also revealed that, having lived the experience, the

A study conducted by Black (2014) aimed to interpret and understand experience from a mentor's perspective. Purposive sampling was utilised to recruit participants, and, for inclusion, participants needed to be registered nurses and hold an up-to-date mentor qualification. All mentors needed to be involved in supporting and then failing a Pre-registration nursing student in their final placement. Reflective conversations with all participants were carried out in the form of a reflective interview. The findings presented experiences shared by participants that were both insightful and emotive. These experiences uncovered new perspectives of understanding of 'moral courage' in mentorship. Moral courage was said to derive from an understanding of failure, in what it actually means to mentors, and how and why they fail students in the culture of mentorship. The findings further revealed that mentors felt they had to take on the responsibility and, on occasions, had been selected by the university to support or fail a student, which occurred due to previous mentors failing to fail that student. This often engendered a general feeling of disappointment, or in fact anger, directed towards the previous mentor(s) for failing to act upon concerns in previous placements. The stress related to this eventuality arose principally as a result of mentors realising that the student was going to fail, but ought to have been failed previously. Effectively, the responsibility of the mentor in this situation is to right the previous wrongs.

2.2.4 Environmental Issues

A learning environment for a student nurse consists of many aspects and can be divided into an academic and a clinical environment. The academic environment encompasses nursing academics and fellow students and is (largely) controlled by the academic. The clinical environment incorporates all that surrounds a student nurse, which includes the

clinical setting in terms of the staff, the nurse mentor, the patients, and the paraphernalia that is required to nurse in a clinical environment. Thus, in contrast to the academic environment, the clinical environment may be extremely difficult to exert control over (Inkeri et al. 2003). The nature of a mentor and student relationship suggested by Kolawole, Andrew and Olorunda (2019) varies with the degree and activities performed by both student and mentor. However, Kolawole, Andrew and Olorunda (2019) stated that each of these relationships ought to be based on a shared goal in order to advance the educational and personal growth of the student, (although mentors can equally benefit from the relationship). According to Kolawole, Andrew and Olorunda (2019) an experienced and knowledgeable clinical nurse mentor promotes clinical learning of students by creating an effective learning environment. The clear aim of the study conducted by Inkeri *et al.* (2003) was to describe the student nurses' perceptions of clinical learning experiences in relation to the clinical learning environment. A qualitative approach using phenomenology was used to research the lived experiences of students. A sample size of 16 student nurses were asked to describe, through unstructured interviews, the significance of clinical learning experiences, which included both positive and negative learning. Sampling strategies and recruitment were not disclosed in this paper. However, although data collection was in adherence to qualitative research, one must question what constitutes an 'unstructured' interview, and what was actually asked in order to explore the students' perceptions concerning their learning experiences. The data was collected in adherence with qualitative research principles and using phenomenology informed ethnography. The study was conducted, as a joint research project undertaken by the School of Health and Social Care of Jyvaskyla Polytechnic in Finland and the Chung Sang Medical and Dental College in Taichung, Taiwan. However, it is not clear what role Chung Sang Medical and Dental College in Taichung, Taiwan actually had. The analysis used a 7-step method

developed by Colaizzi (1978). The findings suggested that the student nurses valued their clinical practice and the opportunities it offered in the course in helping to develop them into a registered nurse. A good clinical learning environment was reported to be founded through good collaboration between the university's academic staff and the clinical staff in practice. Meanwhile, the academic staff concluded that the university ought to provide an appropriate and timely clinical learning environment, in order that the theory and practice complement each other. Whilst academics may be positioned as experts within nursing education, nurse mentors know the ward on which the students are placed in more detail. The findings emphasised the requirement for collaboration between nurse mentors and nursing academics.

Meeley (2021) suggests that as a larger proportion of health care delivery is set to migrate to community care settings, community placements play a progressively more important role in the undergraduate nursing students learning experience. As such, nursing education programmes and health services ought to ensure that student nurses are exposed to high quality community placements that offer suitable learning experiences for students to acquire the skills, knowledge and experiences required for the health service of the future. Meeley (2021) asserted that nursing students describe largely positive experiences which reflect perceptions of welcoming community teams with caring, supportive mentors. This inclusion brought feelings of being valued and a feeling of being listened too. Students stated that they felt they were more likely to ask questions of their mentors and suggested that there were very few other clinical environments during placements where students felt part of the team. There were few adverse experiences reported by Meeley (2021) were students felt there were too many students in community teams at one time, and surprisingly that students felt that they were slowing their mentors down.

2.2.5 Mentorship from the Mentors' Perspectives

Douglas et al. (2016) set out to understand mentorship from the mentor's perspective by using questionnaires in order to collect both quantitative and qualitative data. Findings suggested that nurses can struggle with the complex role of being a mentor. However, one question that needs to be asked is how dependable the narrative taken from qualitative data can be, as it was collected via free-text questionnaires. As such, a limitation of this study is that the data were collected retrospectively in the written form of a questionnaire that was sent and returned by post. Rich data may have been missed from non-verbal communication often captured during the interaction of human face-to-face contact within an interview or group discussions of a focus group (Denham & Onwuegbuzie 2013).

The phenomenological study conducted by Wilson (2014) gained in-depth qualitative data gathered through hermeneutic interviews, event diaries and participant drawings. To gain insight and understand nurses mentoring students in their workplace, McIntosh, Gidman and Smith (2014) employed a mixed-method approach, using both questionnaires and focus groups with a convenience sample of mentors from one acute and one community trust in Northwest England. This study employed a mixed-method approach, whereby the data from focus groups was further explored using follow-up questionnaires. Data was analysed from both the acute and community clinical settings. It was not clear how the focus groups were composed, although the study did report a good response rate for data of 46.9%. Although lacking detail in regard to how the questionnaires were piloted, McIntosh, Gidman and Smith (2014) did, however, emphasise that few research studies have taken into account both the experiences, perceptions, opinions, and attitudes of student nurses, as well as their mentors supporting student nurses in practice.

The behaviour of nurse mentors may play a crucial role in the learning process of students. Madhavanpraphakaran *et al.* (2014) explored the perceptions of the mentor in clinical teaching and learning of undergraduate nursing students in their final year of their nursing programme. The majority (87%) of mentors positively evaluated the students' response to constructive feedback, and 75% positively evaluated the student nurses' communication and professional behaviours. However, Madhavanpraphakaran *et al.* (2014) suggested numerous factors that could hamper mentorship, including the substantial workload of mentors which lead to a lack of protected time, poor links between theory to practice, and lack of engagement in direct patient care by student nurses.

2.2.6 Characteristics of a Good Mentor

Al-Hamdan *et al.* (2014) replicated a cross-sectional descriptive quantitative study that was initially carried out in 1995, whereby UK student nurses identified five characteristics of a good mentor. Although this study relies rather heavily on quantitative analysis it was revived 14 years later in the UK, USA, and Jordan. This provided additional diverse results from different cultures and mentorship systems. Although approaches of this kind carry various limitations, a survey questionnaire was utilised for each of the five mentor qualities that the students identified. These were: knowledge and skills, supervision and evaluation of learning, assessment of learning needs, awareness of the demands and pressures of the course and the students experience, the demonstration of effort in putting themselves out to help students and, lastly, a relaxed and supportive interpersonal relationship. The study revealed that nursing students, regardless of culture, have similar requirements and perceive a good mentor as possessing the *above* qualities. Al-Hamdan *et al.* (2014) concluded that as nursing is extremely challenging, student nurses crave solid guidance

and support in order to survive the integration into the profession. The study may have been more valid in terms of thoughts and feelings if qualitative data (rather than quantitative) had been gathered rather than quantitative. However, the study does highlight that UK student nurses ranked supportive mentorship relationships 2nd in being a fundamental resource, and particularly a good, effective, and supportive student-mentor relationship was felt to support the quality of students' professional development in clinical practice.

In comparison, to determine challenges that Asian mentors faced in Oman, and to identify the approaches used to build these effective supportive professional relationships with their students, Matua *et al.* (2014) conducted a qualitative study, albeit in very specific settings of the neonatal and intensive care units. Focus group discussions were conducted in order to explore the study aims. Matua *et al.* (2014) reported this qualitative research design allowed participants to discuss their ideas and experiences effortlessly by describing their experiences in their own words. The study also explained that this technique is low-cost, flexible, and stimulating as it facilitates information recall, resulting in rich data. This method is also known to promote self-disclosure amongst participants, specifically when sensitive topics are being discussed, as they were in this study. Conversely, it could be argued that participants are deterred from disclosing sensitive information in these areas whilst other participants are present. The study results also highlighted inconsistencies in applying theory to practice, an apparent lack of knowledge and skills, and a lack of trust in some circumstances. These findings revealed significant insights. Strategies identified by mentors included creating strong supportive professional relationships. These relationships allowed both parties to get to know each other, prepare for complex circumstances, and

give positive feedback, whilst spending time together. Matua *et al.* (2014) suggested that an appreciation the challenges that mentors face in building these relationships is fundamental to planning successful mentorship. These findings reinforce the claim that students who have supportive relationships with their mentors often become more competent nurses, which consequently leads to better patient outcomes (RCN, 2016; Gillen 2010).

McIntosh, Gidman and Smith's (2014) study examined the significance of personal attributes of the mentor in successful mentorship relationships. A total of 64% of the questionnaire respondents acknowledged personal attributes as being crucial for the provision of effective support. Howard (2009) stated that being mindful of influential psycho-social factors such as attitudes, beliefs, and values of students, is vital in establishing supportive relationships. This highlights that attitudes and behaviours related to the ethos of nursing are developed through exposure to other professionals in practice. Howard (2009) further stated that community nursing may challenge students' values and beliefs, suggesting that students will require reassurance and support to respond professionally and sensitively to any challenges whilst visiting patients in their own home. There is scant literature which has been focussed on students' perceptions of mentorship within community placements and this has provoked the current research to examine whether (or not) students get the reassurance and support within the 1:1 relationship to respond professionally to these challenges. Whilst most of the above studies do not discuss community settings, those that do have researched the mentorship relationship from the mentor perspective. Therefore, the focus of this research is on practice learning settings in the community whereby students are traditionally placed in a more 1:1 relationship with

their mentor. Mentors play a vital role in educating future nurses (Hall 2006). Ironside *et al.* (2005) suggested that by listening to students' experiences, educators both in university and practice have a privileged insight into the complexities of student learning. This study will explore an area which is currently under-researched but of increasing importance given the current move to a greater proportion of nursing care being provided in the community (Parr, 2012; Brown, 2013; NHS, 2014; Charles *et al.* 2019; NHS, 2021). Therefore, this study seeks to enhance the knowledge base regarding students' perceptions of community mentors and their potential influence.

2.3 Conclusion

By undertaking this initial review of literature, a gap has been identified in regard to the exploration of the student voice and personal perspectives of learning in community settings. All students presenting in community placements have built an understanding of the role of the mentor from experiences within hospital care placements. However, the basis of the student-nurse: mentor relationship changes somewhat within community settings, essentially becoming a 1:1 relationship which is different from previous mentorship experiences. This research therefore seeks to offer a unique perspective into the lived experiences of student nurses engaged in 1:1 mentoring relationships within community settings.

Chapter Three: Research Methodology

3.1 Introduction

The purpose of this chapter is to discuss the philosophical perspective of and rationale for the chosen methodology used for the purpose of the study. Detailing the chosen research paradigm and methodology provides not only a position in the sense of the 'world' in which this study sits, but it also highlights the researcher's ontological stance.

3.2 Research Methodology

Before any research is undertaken, it is essential to evaluate the various methodologies to establish the most suitable for the research question. It is vital that the researcher analyses the research question methodically to establish the best way to answer it. Exploring and understanding many research methodological positions will aid the ability of the researcher in the search to discover credible outcomes that arise during the robust research approach (Parahoo, 2014).

The methodological component of a paradigm is a wide term used to describe the research design, methods, approaches, and procedures used in the exploration or investigation that is precisely planned to find out something (Keeves, 1997). For example, the study's participants, data and how it is collected, instruments used, and analysis are all aspects within the broad field of methodology. Overall, Creswell (2013) states that the study's methodology articulates the logical flow of the methodical processes followed in conducting any research project. It also includes any assumptions that are made, and any limitations that are encountered and how they were minimised (Moreno, 1947). It is

suggested that the focus is on how one knows the world or gains knowledge about part of it. In considering the methodology in any research project the researcher ought to consider how to obtain the desired data, and how knowledge and understandings of the data consequently enabled them to answer the research question.

In this research, quantitative data would endeavour to reduce or measure the student nurses' experiences, and therefore fail to produce the quality and rich data that I am attempting to capture. As the intention was not to measure causation, the interpretive paradigm was considered the most appropriate to signify meaningful insight into the learning journey of the student nurses. An interpretive paradigm incorporates various possible research approaches, which include grounded theory (GT), ethnography and phenomenology. To address this research, significant consideration has been deliberated to GT, ethnography, and phenomenology. The intension is not to give any in-depth insight into GT and ethnography but merely to explain why these methodologies were not used.

GT was initially defined by Glaser and Strauss (1967), who stated that it is a method utilised to methodically analyse qualitative data to enrich the understanding of human developments. They suggest the analytic method of continuously comparing data is to construct a theory that is grounded in the data collected. In addition, Glaser and Strauss (1967) explain that GT goes beyond speculation to the exact underlying situation of what is going on, making it easier for professionals to confidently intervene in order to resolve participant's concerns.

A fundamental view of constructivist GT is to listen to the voice of participants. It is predicted that grounded theorists are to integrate multiple voices, opinions, and visions of

participants in representing their lived experiences (Glaser 1978). The purpose of GT is not to present the stories of the participants, it is to identify and explain theoretically a behaviour that endeavours to resolve a significant concern. By doing this, the aim is to generate theory, grounded throughout in the collected data, through a process of inductive data analysis.

Fundamentally, the findings that present themselves from GT study are not about the people participating in the study, but about the patterns of the behaviour which the participants employ. Certainly, the central concern conceptualised in GT may perhaps not be so obviously voiced by the participants, instead it is extracted from the data collected. GT, therefore, was not chosen, as this study aimed to focus on participants' feelings and personal subjective experiences, rather than societal processes (Charmaz, 2006; Glaser, 2011).

Ethnography is a significant methodology within the interpretative paradigm (Denzin & Lincoln, 2000). Creswell (2007) described this approach as comprising of lengthy participant observation in which the researcher is immersed in the day-to-day lives of the participants. Although ethnography is frequently perceived to fit more with constructivism than phenomenology (Spouse, 2000), it is necessary to draw attention to the possibility that students and mentors will behave differently knowing they are being observed. As the focus is the 1:1 relationship between the student nurse and community mentor, an ethnographical study would be difficult to implement within the community setting. It is also necessary to draw attention to the circumstance that the majority of discussions within this relationship happen in either the patient's home, health centre or mentor's car. Therefore, the rationale for not choosing this methodology is that a 1:1 relationship

between the student nurse and their mentor will dramatically change with a third party being present.

3.3 Phenomenology

Phenomenology is described by Moustakas (1994) as a word that originates from the term phenomenon, created from the Greek word φαίνεσθαι (phainesthai), which means to show itself or 'a phenomenon is a result of something that can present itself to human consciousness.' Polit and Beck (2004) explain that phenomenology, based on philosophies, and developed by Husserl and Heidegger (Husserl 1962, Heidegger 1962), investigates life experiences and what these experiences mean to people. Additionally, Grove, Burns & Gray (2013) state that phenomenology is a systematic, interactive, subjective, and holistic approach used to describe life experiences. Phenomenology is a methodological approach which has been applied increasingly within nursing research (Crotty, 1996). Phenomenology is appropriate to nursing research as its focus is upon lived experience, and nurse researchers have typically employed phenomenology as a means to develop knowledge that is ethically defensible and gives consideration to the depth and diversity existing in the clinical environment of nursing practice (Salmon 2012).

3.3.1 Hermeneutic phenomenology

To develop an insight into the influence of the mentor within a 1:1 relationship from the student's perspective, the intention was to utilise hermeneutic phenomenology (Heidegger 1962). The most frequently used definition of hermeneutics is that it is the art of interpretation (Kakkori 2009). Van Manen (1990) stated that a question for a

phenomenological study goes further than being a question alone, and instead it reflects the researcher's lifelong interest in a particular phenomenon, and this interest often arises out of their personal or professional lives. Similarly, phenomenological questions can also arise from the daily practises of nurses and other healthcare professionals. These questions are about the lived experience and not about the participants' views, opinions, beliefs, or attitudes. The aim of Moustakas' (1994) psychological phenomenology is to discard the everyday understandings and experiences of the researcher in order to describe the participant's lived experience. The Heideggerian approach (coupled with a wish to use my knowledge of the research area) allowed my study to explore what being in the world meant for student nurses (from their own perspective) whilst in a 1:1 mentorship relationship during an 8-week clinical community placement. Interpretive hermeneutic phenomenological methodology helped to give voice to the reality of the students' experiences, allowing their thoughts and feelings to be elicited. Furthermore, interpretation and construction of the emerged themes allowed these personal accounts to be explored and theorised. These elicited personal accounts were rooted in the language of the participants within the culture of healthcare (Koch, 1999). This ultimately suggests that having an understanding of the language of the student nurses within the health culture diminishes any outsider influences, and the potential inability to achieve the interpretive meanings that will be produced by facilitating the semi-structured interviews. Although thoughts, feelings and perceptions of the students' experiences will inevitably be individual, the underlying themes have commonality. By utilising this interpretive process, the world through the eyes of the students aids the construction of the research findings and consequently brings clarity of the shared themes.

Hermeneutic phenomenology is a research methodology that delves further than describing a phenomenon in order to explore and interpret meaning of the situation of everyday life. Often referred to as interpretive phenomenology, hermeneutic phenomenology seeks to reveal the meaning of a study participant's lived experience and the circumstantial influences that impact it. To facilitate a researcher understanding complicated, environment-influenced phenomena, the following elements of hermeneutic phenomenology combine to differentiate it from the other qualitative methodologies. These elements are described by Bynum and Varpio (2018) as being what is meant by hermeneutic phenomenology: They are (a) the interpretive nature and attention to the lived experience, (b) the addition of the researcher's background and experiences in the data collection and data analysis process, and (c) the dynamic and attentive process of reflection and writing that directs data analysis. The intention of hermeneutic phenomenology is to describe the meaning of a phenomenon and understand the background that forms it. The aim, according to Van Manen (1990), is to concentrate on the participants' experiences and reflections to gain a greater understanding and deep meaning of a human phenomenon within the context of the whole of human experience. Facilitating the deep understanding of each of the human experiences that lies underneath the surface recognises how each individual's world pensively influences their experience. Therefore, the intention of hermeneutics is to improve 'plausible insights that bring us in direct connection with the world' in which we live and learn.

Hermeneutic phenomenology requires researchers to acknowledge their own backgrounds and share knowledge of their experiences, which is crucial to the interpretive process. Valuing and integrating personal perspectives into the collection of data and analysis provides supplementary dimensions to the interpretive process. Furthermore, Van Manen

(1990) claims that a key component of hermeneutic methodology is to commence with a subject of personal interest, and one that frequently develops from direct experience of the phenomenon. Without the requirement to bracket personal experience (*c/f* descriptive phenomenology) hermeneutic researchers willingly reflect, share, and focus on them subjectivity during the process of data collection and analysis, at the same time adhering to hermeneutic practice and attaining reflexivity (Bynum and Varpio 2018) in keeping with the wider tenets interpretivism i.e.:

[1] The social world is of a fundamentally different realm from the natural world.

[2] Any sense of truth or meaning arises out of the interaction between individuals.

[3] Accounts of human conduct are wholly dependent upon language and description.

[4] External reality is always mediated (or even constructed) via processes of interaction and (active) interpretation; and,

[5] Value- Free interpretations of the social world are therefore logically impossible.

3.3.2 The limitations of hermeneutic phenomenology

As suggested *above*, the Heideggerian hermeneutic approach may be enticing to nurse researchers as it extends and goes beyond surface descriptions of the lived experience in health-related studies. Issues for the critique of Heideggerian nursing research involve understanding how the researchers' and participants' experiences are synthesised in the research process to generate a greater understanding of the intended phenomenon of interest, and in what manner Heideggerian philosophy informs the research findings (Draucker 1999). As hermeneutic research is based on the principle that the researcher's

personal experiences, values and beliefs can enhance interpretation, nurse researchers should consider ways in which the understanding they bring to their research can be revealed in their hermeneutical writings. Wiersma (2000) proposed that limitations are questions and circumstances that occur in a study which are out of the researcher's control. They are said to limit the extent to which a study can proceed and, at times, affect the end result and conclusions drawn from the study findings. Simon and Goes (2013) asserted that regardless of how well a study is conducted and constructed, every study has limitations, and thus caution should be exercised in the use of words such as prove or disprove: the possibility remains that research in the future may throw doubt on the validity, hypothesis, or conclusion of a study. For example, a study may only have access to specific people, specific documents, or specific data, therefore these are limitations as some following studies may overcome this.

Limitations associated with qualitative studies are related to trustworthiness and rigour. As qualitative studies are particular to one or a few natural settings, they may be enormously difficult to replicate. Crotty (1996) described phenomenology as a complex research methodology and that the complexity of approaches is often what is criticised, leading researchers to be conflate methods and data analysis. In such circumstances the findings of research may be open to question (Crotty 1996).

3.4 Rationale for choosing Hermeneutic Phenomenology.

The chosen research paradigm ought to signify the most appropriate approach to address a research question or expose the phenomena that are studied (Crotty 1989). Choosing any paradigm automatically means buying-into and accepting underlying assumptions. A paradigm which embraces a diversity of perspectives was thought especially appropriate

for the purposes of this research project. The perspective of the students who participated in this research is inevitably multifaceted, with numerous possible perspectives to interpret, and there is no ideal ('objective') process by which to read any particular description of events. The underpinning assumptions of the interpretive paradigm allowed for the exploration of the lived experience of student nurses whilst on their community placement. In short. interpretive research is appropriate for the investigation of the multiplicity of individual experiences. The students' individualised relationships with their community mentors are subjective, and the rich quality of this subjectivity would be lost if meanings were objectified. Therefore, the protection of subjectivity was a crucial requirement in the conduct of this research (Denzin and Lincoln, 2000).

Moule and Goodman (2016) stated that interpretative phenomenology is an approach that is consistent with the philosophy of nursing, whilst Corbin and Strauss (2015) propose that phenomenology is assumed to be a 'reflection against Cartesian and positivistic science moving towards learning of human experience'. In order to understand the students' individual lived experiences of their everyday life, as they lived it whilst learning in the community, an interpretative phenomenological approach was adopted. The aim of interpretative (or hermeneutic) phenomenology is also to explore meaning of what people ascribe to their lived experience (Hansen, 2006). It was essential to adopt this version of phenomenology as it provides revealing answers to questions regarding the nature of the student's individual unique experiences (Smith *et al*., 2009). Hermeneutic phenomenology therefore allows researchers to appreciate the deeper layers, those that lie obscured and beneath surface awareness, of human experience and how an individual's lifeworld, or the world as he or she pre-reflectively experiences it, influences this experience (Bynum and Varpio, 2018). The purpose of hermeneutics is to develop plausible insights that bring us

in more direct contact with the world in which we live and learn. Holloway (2005) concurred with these views by acknowledging the importance of hermeneutic phenomenology and the clarification it provides as being vital if the researcher is to go beyond the data. Another reason for adopting an interpretative phenomenological approach was to acknowledge the involvement of the researcher in the research. Wimpenny and Gass (2000) advocated that researcher ought to bring their own previous experiences, preconceptions, and assumptions to the research. It was important for this research that I was able to look into the world of the participants using my experience as a student nurse, community mentor and nurse educator. Heidegger (1962) contended that by adopting this stance, the researcher is able to look for new stimuli in the light of their own experiences. Similarly, Lowes and Prowse (2001) proposed that researchers who employ interpretive phenomenology recognise that they can interpret something only centred by their own preconceptions, beliefs, and experiences, which are recognised as part of the research process: as Lowes and Prowse (2001) suggested, both the researcher and the participants cannot remove themselves from the environment, experiences, and culture within which they live and work.

The focus of this research was to gain accurate and credible interpretation of the student nurse's voice: To allow an in-depth exploration of social significance and personal impact/influence, and to understand from the student's perspective how they perceive and experience the 1:1 student-mentor relationship in this natural environment of the community, a phenomenological approach to my research was adopted. Phenomenology, employed in this instance therefore, investigated personal learning journeys and utilised an interpretive stance, strongly influenced by my own experiences.

3.5 Axiology

The question of axiology refers to the ethical issues and values that need to be considered when formulating a research proposal. It pays attention to the philosophical approach to making the justifiable decisions (Finnis, 1980). By defining, evaluating, and recognizing the concepts of behaviour that is right and wrong, it refers to what values are assigned to the different aspects of the research, the participants, the data that is collected and the audience to which the result of the research is disseminated. In other words, it focuses on the nature of ethics and refers to the importance of the regard for the human values of everyone that will be involved with or participate in a research project (Mill, 1969). The ethical considerations to avoid or minimise the risk of harm, and maintain the respect of dignity, that were carried out in this research are discussed in detail in the next chapter.

3.6 Reflexivity

As I wished to recognise my own experiences of being a student and mentor in the community without the need to bracket (Benner, 1994; Costley and Gibbs 2010), I felt this would provide data that gave insight into the student's world, enabling the exploration of their perceptions regarding this 1:1 professional student-mentorship relationship. Grove, Burns & Gray (2012) claimed that, as one immerses oneself in the collected data, experiences become expressed through one's own interpretation of personal experiences and reflections. In an attempt to reduce the potential for a skewed focus by the position of the researcher in relation to being a previous nursing student and nurse mentor, experiencing both sides of the 1:1 relationship that this study will explore, a reflexive approach was adopted. This was in the form of a diary where self-awareness thoughts and feelings were written to reveal my own thoughts, feelings and assumptions of the data collected from the students (McGhee et al. 2007).

Schon (2017) suggested that the term reflexivity refers to the deliberate consciousness that involves both a reflective attitude and intentional activity aimed at acknowledging differentness and producing data. It is commonly viewed as a quality of the researcher's role and interpreted as the researcher's considerate ability to be self-aware of any previous knowledge, principles, values, beliefs, and empathy. Consequently, Finlay and Gough (2003) stated that reflexivity is incredibly challenging to facilitate, as allowing critical scrutiny upon oneself requires a critical approach towards locating the impact of the researcher's background and subjectivity on the research design, the collection of data, data analysis and the presentation of the findings. Northway (2000) further suggested that reflexivity involves great strength and determination from the researcher to recognise and cross-examine personal and professional practice. As reflexivity is an active practice, it is considered to be not only challenging but analytical. Finlay (2002) asserted that it is crucial in the attempt to be self-aware, consequently exposing influences that may affect data collection and analysis. This practice will increase understanding and allow a rigorous approach. Enosh and Ben-Ari (2016) suggested that reflexivity is presented typically in a manner in which individuals gain insight from introspective encounters. They go on to say that reflexivity is what is known as the continuous movement between being inside of a phenomenon and allowing oneself to step out of it. Northway (2000) emphasised the benefits of reflexivity insofar as qualitative researchers fully embracing reflexivity generate greater, more transparent insights, create a better positionality in the research and improve understanding of the subject under exploration. Finlay (2002) highlighted that the quality of reflexive analysis is essentially governed by the way the reflexivity is approached. In qualitative research, it is recognised that the researcher is a significant figure that influences data collection, selection, and ultimately interpretation of the data. The demeanour of the researcher will, therefore, affect participants' responses,

consequently influencing the route or theme of the findings. Interpretations are perceived to be negotiated between the researched particular social context and the researcher, which insinuates that a different researcher in an alternative relationship may potentially reveal very different themes. Research is therefore considered as a collaborated creation, constituted by the participant, the researcher, and their relationship. As reflexivity is associated to the trustworthiness and quality of research, it requires researchers to be willing to acknowledge and take into consideration the numerous ways in which they may influence the study findings.

The participants in this study were invited to use dictaphones to voice record their thoughts, feelings and experiences whilst being in the 1:1 relationship with their mentor on their community placements. By collecting data over a period of 8 weeks, I had no contact with the participants other than them sending me their voice recordings via email. As I endorsed the use of time and space to distance myself from the participants during the 8-week data collection period, I found it a challenging experience. The challenge was due to the fact that the participants were student nurses in the world that I had been a student, in the areas that I had worked in as a nurse and mentor for many years. Consequently, I found some of the comments they recorded and sent in relation to the student nurse-mentor relationship not dissimilar to what I had heard many times before in practice, and what I had maybe said myself as a student nurse.

The insight into my background and the path that led me to this research has facilitated the process of reflection. Being a single parent at 22 led me to various jobs that allowed me to work around school hours. With a background in catering, I found the perfect solution in juggling being a mother and helping my friend to return to his profession in working

offshore. He owned a guest house and provided bed and breakfast for homeless boys for whom I happily cooked and cleaned. It was later that a mutual friend, whilst visiting, pointed out that actually, I was doing much more than that. In actual fact I was listening, caring, advising, encouraging, and assisting in activities of daily living for the boys who had drug and alcohol-related problems which led to their incontinence, agitation, and abusive behaviour. Although I thrived on the challenges of this role, I now had a partner who was very supportive in my decision to apply for and join the nurse bank as a healthcare assistant at the local hospital. After three months of engaging in the fundamental aspects of nursing care, on both mental health and general wards within the local hospital, I was offered a temporary contract on the gynaecology ward, then a permanent contract for the psychiatry of old age service. During the three years I spent flourishing in these roles as a caring and competent nursing assistant, I learned a lot about my values and beliefs and how I was self-aware, supportive and non-judgemental with young patients who chose to terminate their pregnancies and maintained dignity and respect caring for patients with dementia. During this time, my personal life was also flourishing, as I married, was then pregnant with my 2nd child and bought my first home, which led me to the decision of leaving the hospital ward to work in the community. With a new baby this not only provided a greater work/life balance, but it also offered me a promotion with new and exciting opportunities. Working for the Caring for Cancer at Home service was a privileged position where people with terminal illnesses allowed the team I worked for into their homes. Working in collaboration by liaising with district nursing teams and reporting back to MacMillan nurses, I assisted with activities of daily living for palliative care patients. Being empathetic and providing emotional support for patients and their families with the decisions they made during the palliative period for those who chose to die at home, taught me a lot about life and death and the journey through ill health. It was during

this time that, as a family, we were horrified to learn that my own mother had breast cancer at the age of 54. Whilst I thrived in my compassionate role, building good supportive relationships, and guiding and supporting patients through their own terminal illness, I was sadly supporting my mother through chemotherapy, emotional anxiety and taking on the role of mam to my young sister, aged 17, who still lived at home. This was an extremely sad, difficult, demanding, and challenging time. With the support of my husband, we juggled life with our 12- and 2-year-old boys, work, my sister, and mam, although tragically the journey was not long as the cancer spread to her liver and sadly, within 18 months and at the age of 56, she died. Although I was able to grant her wish where she died at home in her own bed with my sister and myself supporting her needs, this consequently left us, as a family, completely devastated, drained, absolutely distraught, and, at 34, with no parents. The empathetic decision was made, that following my compassionate leave I was relocated with a district nurse team, where for 3 months, I largely instilled eye drops. Gradually, as I built my life back together, I took on more of the community role within the district nurse team where I worked autonomously to visit patients in their own homes to carry out procedures, such as dressings and wound care management, stoma and bowel care, smoking cessation, phlebotomy, and catheter care.

Within three years I was actively looking for promotion when I was approached by a GP practice to work autonomously, utilising time management skills to facilitate time-restricted appointments. I spent five years as an auxiliary practice nurse. Utilising communication skills to reassure and support patients, I assisted the practice nurse with chronic disease annual reviews and cardiovascular prevention health checks by gathering observations prior to practice nurse appointments. I soon became lead for smoking cessation and weight management, which included referrals to the Lighten Up programme,

Healthy Hearts, and Healthy Living Style Gyms. Whilst working at the GP practice I took on a part-time position at the local sexual health clinic where I assisted specialist doctors in surgical procedures, such as vasectomies, and coil insertions and removals. It was during this five-year role that my desire to learn evidence-based practice grew. Although an extremely valued team member, I was encouraged and supported by GPs and practice management to commence my nurse training. At 41, this was a very exciting, but daunting, prospect. I studied hard on an access course, which was my gateway and entry into university. It was noted by many that my work ethic and motivation was utilised in my coursework, both in university and clinical practice, culminating in a qualification with distinction. Additional to my mandatory coursework, I wanted to support new students to assist in the often-apprehensive transition from work, school, or family life. To this end, I undertook the Learning Leadership training programme to aid in the support and facilitation of students into university life and study. For this, and additional work, I received a Global Citizen Silver Award.

Upon qualification I was humbled to be presented with The Heath Medal Award by Professor Dark at Newcastle Royal Victoria Infirmary. This medal was awarded for consistent excellence during my nurse training within both academia and clinical practice. Since qualifying, I have embraced the privileged position to continue the methodical delivery of high clinical standards, providing good quality holistic care and patient-centred supportive relationships to patients, families, and students as a community staff nurse. During this full-time role, I consequently continued my studies with a preceptorship, mentorship and principles of palliative care modules which topped up my degree with an achievement of first-class honours. In May 2014 I was nominated by Northumbria University and one of seven shortlisted nationally for the Nursing Times awards, which

included an award ceremony in London, for the Most Inspirational Student of the Year 2014.

Leaving school with limited qualifications, I often reflect on my journey so far, and the hard work and determination that took me forward to commence my nurse training. It was then that my life changed forever. As university staff guided and supported me throughout, I strived for excellence, which enabled me to develop into a confident decision maker with effective delegation and organisational skills. Treating my nurse training as a full-time job, I always utilised self-directed study, never missing an opportunity to be the best I could be. Having 100% attendance throughout my three-year programme, I pride myself on being extremely professional and self-motivated, with an excellent work ethic. Whilst high quality care and compassion remain at the heart of my activities in clinical practice, I am often referred to by patients, tutors, and other healthcare professionals as an excellent role model to students. This inspired me further to take on a role in university as a part-time associate lecturer. Although apprehensive, my aspiration to give back to what facilitated my success is what I am extremely passionate about. This involves facilitating a supportive learning journey for the students at Northumbria, particularly as my ambition changed focus to work in academia. As part of the opportunities provided working as an associate lecturer at Northumbria, I gained valuable insight into delivering seminars and practical sessions to students, both as part of team teaching and independently. Whilst I do have varied experience delivering presentations, this had been in different settings and, although I was initially nervous, I thrived on the challenge, which certainly solidified my decision to enter education full time as a profession. In my full-time role, now as a nursing lecturer, I have had the opportunity to teach across a range of modules, both in the UK and Malta,

where I led a module for public health. In my role as personal tutor, I support students' independent learning, and provide tutorial and pastoral guidance. It has been heart-warming to meet the students, who are often nervous, naive, and inexperienced at the beginning of their nursing programme, and then support them to develop into caring, competent, resilient, and independent practitioners, before being present to see them at their graduation with their friends and families. As my role also involves studying a PhD programme, I have been extremely grateful for the opportunity and have been both dedicated and excited to focus during this research journey on the student nurse and community mentorship 1:1 relationship in clinical practice.

An acknowledged approach for a qualitative researcher to make reliability and truthfulness clear within their findings is to take a reflexive stance. Silverman & Marvasti (2010) stated that reflexivity requires the researcher to function on various levels. In addition, Dowling (2006) proposed a continuing reflexive stance in qualitative work, stating that it conveys feelings, principles, and values to the research. Engaging in reflexivity during the interpretive process has allowed more of a holistic approach to my research (Denzin and Lincoln, 2008). Koch (1999) suggested that there ought to be constant engagement in being self-aware and critiquing oneself in relation to the research process and how the researcher may have, or have not, influenced the research in any way. By adhering to this theory, I felt it was important to reflect on my own background and experience as a nursing student, community nurse and community mentor, and mentoring student nurses in the community, and I thus gave full consideration to how this may influence my study. The possibilities were that my background would influence and add bias to the research. By taking a reflexive approach I anticipated reducing this to a minimum by being aware and open about any preconceptions I may have (Koch 1999). Silverman & Marvasti (2010)

suggest an appropriate strategy to achieve reflexivity is to write a reflective journal. It was vital that when initial comments and emerging themes were interpreted during analysis that I gave an honest reflection of what the students had experienced and not what I believed they had experienced (Jirwe, 2011). Using a reflexive diary to record my thoughts from the beginning of my research journey meant I was able to return to these when I was writing the findings of this research (Koch 1998). Underwood *et al*. (2010) suggested that reflexivity does not allow the researcher to be impartial in data collecting, rather it simply lets the researcher to understand how the effects of their own research may be minimised in an attempt to clarify credibility. A reflexive approach, therefore, does not limit a preconceived notion, but illuminates it. Rather than endeavouring to contradict concerns that arise, to illuminate credibility researchers ought to challenge them and publicise interpretations to present a more realistic version of the participants' events. As our thoughts, feelings and perceptions are subconscious, we are perhaps not always aware of them. During the 8-week period of data collection when voice recordings were being emailed, I utilised a reflexive diary, which I found useful. Engaging in reflexivity during the interpretive hermeneutic process facilitated in a more holistic approach to my research. Allowing deep, meaningful thoughts to be documented, I was able to review them in preparation for asking the deep and meaningful questions to the participants during their semi-structured interview (Lear, Eboh, and Diack 2018).

3.7 Reflective notes

As part of this research, I engaged in writing a reflective account. As a novice researcher, I felt it was an essential requirement not only for me to learn the skill of researching a phenomenon, but recording my own thoughts and feelings also enabled me to reflect on

my journey within the study in addition to facilitating a holistic approach to my research. By reflecting on my own personal background and experience as a student nurse, community staff nurse and nurse mentor to student nurses, I was aware of how this may influence the research. Costley, Elliot and Gibbs (2012) stated that it is unrealistic to suggest that researchers are able to remove themselves entirely from their study. However, by engaging in regular reflexive documentation, which includes the process of being critical of my own assumptions, it was hoped that I was able to illuminate any biases I perhaps held. Similarity, by using this theory to understand the perceived needs and experiences of student nurses, the aim of the research was to focus on the participants' views as the students experience the clinical environment of the community nursing teams, being mentored in close proximity within this 1:1 relationship. From this ontological stance, there is the reality of multiple experiences, as students have individual perceptions. As the researcher, I had previously belonged to this world and its reality. The impact was that I must recognise any of my own existing knowledge and perceptions on this subject to reduce any perplexing variables, whilst allowing a degree of interpretation for identifying themes within the data that was collected (Grove, Burns and Gray 2013). However, the rigour and trustworthiness of this approach can be debated within Husserlian research, due to the degree to which bracketing was conducted throughout the collection of data and analysis. This is rather significant in the work of Heidegger, since interpretivists consider that the social world is actively constructed by the unique interpretation of each individual making sense of and interpreting it as they see it (Parahoo 2006). In an attempt to adhere to follow Heidegger's phenomenology, my literature review was initially conducted in an attempt to identify a gap in the literature until data collection and analysis was complete. This was to safeguard and avoid phrasing questions inappropriately during the semi-structured interviews or analysing any data for any existing themes. By writing my

personal thoughts regularly in a reflective journal, feelings and perceptions throughout the research were examined to illuminate my position on any emerging themes (Costley, Elliot, and Gibbs 2012). The epistemological position of this research notes that the participants are based both epistemologically and ontologically in the paradigm of social constructivism. To allow the exploration of these experiences, my study took a phenomenological approach.

3.8 Hermeneutic circle

Heidegger (1962) claimed that, as hermeneutics is concerned with the process of the creation of interpretive understanding, interpretation flows in a circle. Interpretive research moves in the hermeneutic circle by putting the researcher and the participant in the centre of the research process. A double hermeneutic circle is formed as the participant tells their personal experience. This is clearly at the centre of the life that is told about, and the researcher, who reads and interprets the participant's experience, is at the centre of the interpretation of that story, therefore the interpretive structures interact with one another. The two circles interject to the degree that the researcher is able to look into the participant's personal experiences. However, these circles will never overlap completely for the subject's experience will never be that of the researcher (Huberman and Miles, 2002).

Gadamer (1979) asserted that Heidegger's point is not necessarily to demonstrate that there is a circle, but it is to illustrate that this circle possesses an ontologically positive significance. Within the hermeneutic custom, the hermeneutic circle defines a means for clarifying the interpreter's interpretation of a given text. The hermeneutic circle is a

metaphor for understanding the interpretation (Ajjawi and Higgs 2007). It is considered to be the movement between the parts and the whole and allowing the movement back and forth allows emergent interpretation (McAuley 2006). Hermeneutics enhances the interpretive element, which explains the meanings in the participants' transcriptions that participants may find difficult to articulate (Crotty 1998).

3.9 Conceptual framework

Imenda (2017) demonstrated that when several people from different backgrounds observe the same event, they will evidently perceive that same event differently. Imenda (2017) also proposed that each person's perception and interpretation provide their unique conceptual or theoretical framework. Thus, if several researchers are exploring the same research phenomena, each researcher will investigate the phenomenon through a different lens, as they will use the theoretical or conceptual framework exclusive to them, and thus each will present genuine unique findings (Mertz and Anfara 2006). Therefore, in principle, the conceptual or theoretical framework is the very core of all research. It defines in what way a researcher articulates their research phenomenon, in addition to how they will approach exploring the phenomenon (Ravitch and Riggan, 2016; Liehr and Smith 1999). In essence, both conceptual and theoretical frameworks refer to the epistemological paradigm that a researcher adopts to explore a research phenomenon (Denzin and Lincoln 2000). Mertz and Anfara (2006) emphasize that each of these expressions signifies a structure in which a researcher is guided.

A conceptual framework, as described by Mertz and Anfara, (2006) is an analytical tool which provides several variations and perspectives utilised to facilitate ideas, and ways of

thinking and seeing things, to allow conceptual distinctions. Adom, Hussein and Agyem (2018) state that theoretical and conceptual frameworks guide the path of a research project and offer the foundation for establishing its credibility. Ravitch and Riggan (2012) state that a conceptual framework is at the core of any research that will direct the researcher in delivering a structured approach to the study's methodology, design, participant sample, method of data collection and focus to data analysis. A further point advocated by Liehr, and Smith (1999) is that, despite the fact both conceptual and theoretical frameworks function in the same way as specified above, the variances between them relate to the choice of the researcher's application.

Ravitch and Riggan (2012) state that there are three perspectives as to how one sees a conceptual framework. The first is that of a visual image of how a study is structured. A second perspective is that, as discussed above by Liehr and Smith (1999), theoretical and conceptual frameworks both essentially mean the same thing. Difficulties often arise when a researcher is unclear of the definitions and does not make clear the difference between an off-the-shelf (current) concept and a homegrown (development of one's own) concept. The third perspective sees the conceptual framework as a method to connect all the components of the research process, including literature, theory, and methods.

The following figure shows the conceptual framework that underpins this study.

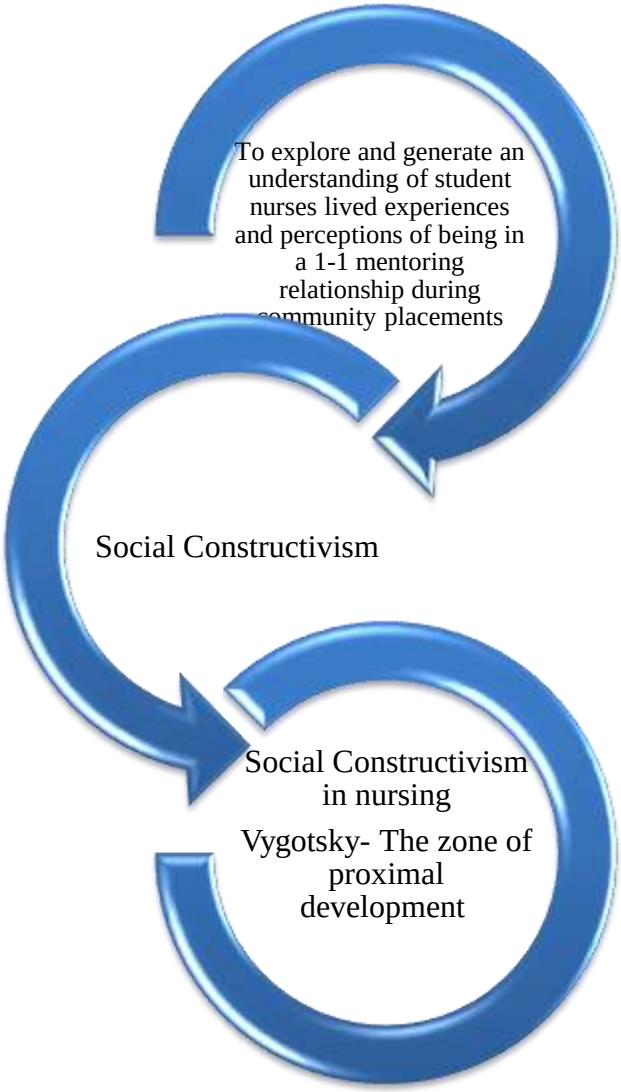


Figure 4: Conceptual framework

Abend (2008) defines theories as being "formulated to explain, predict, and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions. The theoretical framework is the structure that can hold or support a theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists" (Abend 2008, pp173-199). The theoretical concepts that were identified as a basis from which to

explore the students' experiences of the 1:1 relationship with their community mentor derived from social constructivism.

3.9.1 Social constructivism

Brandan and All (2016) state understanding of the dynamics of the theory of constructivism is best generated by viewing it as a spiral. The inner ring of the spiral embrace's students, placing them at the core. The focus is on the learner, where constructivism seeks to move beyond surface learning to a deeper learning, one where the learner constructs meaning as "the focus shifts from covering content to using the content to develop unique ways of understanding the content and creating meaning." Within the ring, students intermingle, establishing a group that interacts with the educator, who then converts to become the facilitator, one who seeks to promote a positive learning environment, which in turn brings the students closer to a situation. In order to reach a situation, the educator must create a significant zone of proximal development and cognitive bridges through social interactions. The evaluation of the students learning is a continual process throughout. As each new episode of learning is faced, the student uses previous knowledge and understanding to advance ideas that are more complex and incorporate new information.

3.9.2 Social constructivism in nursing

Often used by nursing professionals is Vygotsky's theory of knowledge construction. The Vygotskian approach explains that individuals are seen as agents who transform, and are changed by, the social relationships of a particular culture, or more precisely by the life-long dialectical interaction of humans within both their social and cultural environments.

The **zone of proximal development** (ZPD) has been explained as "**Vygotsky** believed that when a student is in the **zone of proximal development** for a particular task, providing the appropriate assistance will give the student enough of a "boost" to achieve the task." The theory of constructivism seeks to explain the alteration of an individual's knowledge throughout their life. Constructivist theories advocated by Vygotsky may represent an alternative approach for theoretical and practical health studies, especially in relation to the subjective dimension of nursing staff who work in collaboration, as in this study, which focuses purely on the 1:1 relationship of student nurses and their community mentor. Vygotsky advocates that, through social interactions, an individual continuously learns and therefore transforms. The role in education, and consequently learning, gains prominence in theory of development, which affirms that learning is not the simple accomplishment of information gained, or the result from the meek association of retained ideas. It is more accurately, as discovered in this study's data, an active, internal, and interpersonal process.

3.10 Research design

What knowledge is, and the way in which is it is received, is rather subjective. It is vital to appreciate and understand the fundamental ontological and epistemological assumptions behind each piece of research. In order to understand how these assumptions, connect to the findings, it is imperative to understand how these assumptions relate to the researcher's chosen methodology and methods. This understanding will develop not only comprehension of the research but will also allow the application of engagement in the academic presentation of the research findings. Ontology is the study of being what constitutes reality (Crotty, 1998). A paradigm consists of the following components: ontology, epistemology, methodology, and methods.

Please see figure 5 below for the research paradigm proposed for this study.

Figure 5: Research paradigm of the proposed study

The literature review for this research illustrated various concepts significant for both student and mentors. The conceptual framework moves beyond these abstract concepts and provides a framework from which to challenge existing theory and inform the findings of this study. Four theoretical concepts were identified as a basis from which to critically explore and generate an understanding of student nurses' lived experiences and perceptions of being in a 1:1 mentoring relationship during community placements.

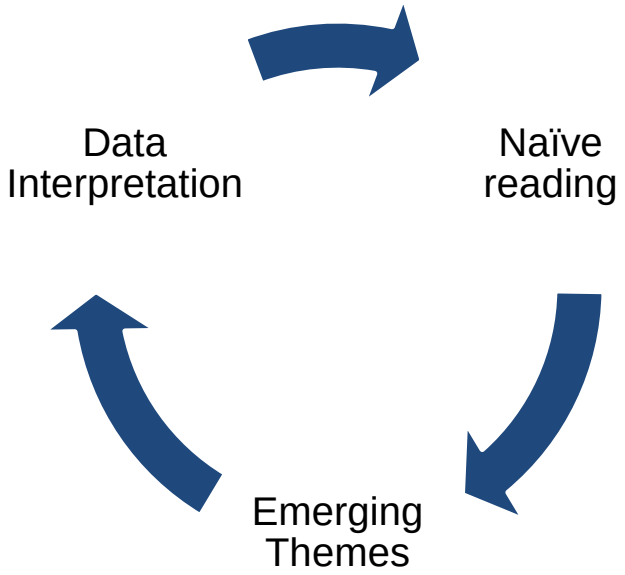


Figure 6: The hermeneutic cycle (Lindseth & Norberg 2004)

3.11 Conclusion

Hermeneutic phenomenological methodology, following the Heideggerian approach, allows for the reality of the students' thoughts, feelings, perceptions and lived experiences to be illuminated. In addition, Smith (2017) suggested that interpretive phenomenology considers and recognises the meaning of personal experiences as an interpretive responsibility to both the researcher and participant. Consequently, the interpretation by the researcher and the construction of themes will allow the accuracy of the thick description contained in the data to be explored.

Chapter Four: Research Methods

4.1 Introduction

The purpose of this chapter is to describe the strategies used to gather data and derive meaning from this data. This aligns with the research methodology proposed. It will identify the recruitment strategy; the approach used to gather data and develop the data meaning. Figure 6. outlines the research process.

4.2 The Research Process

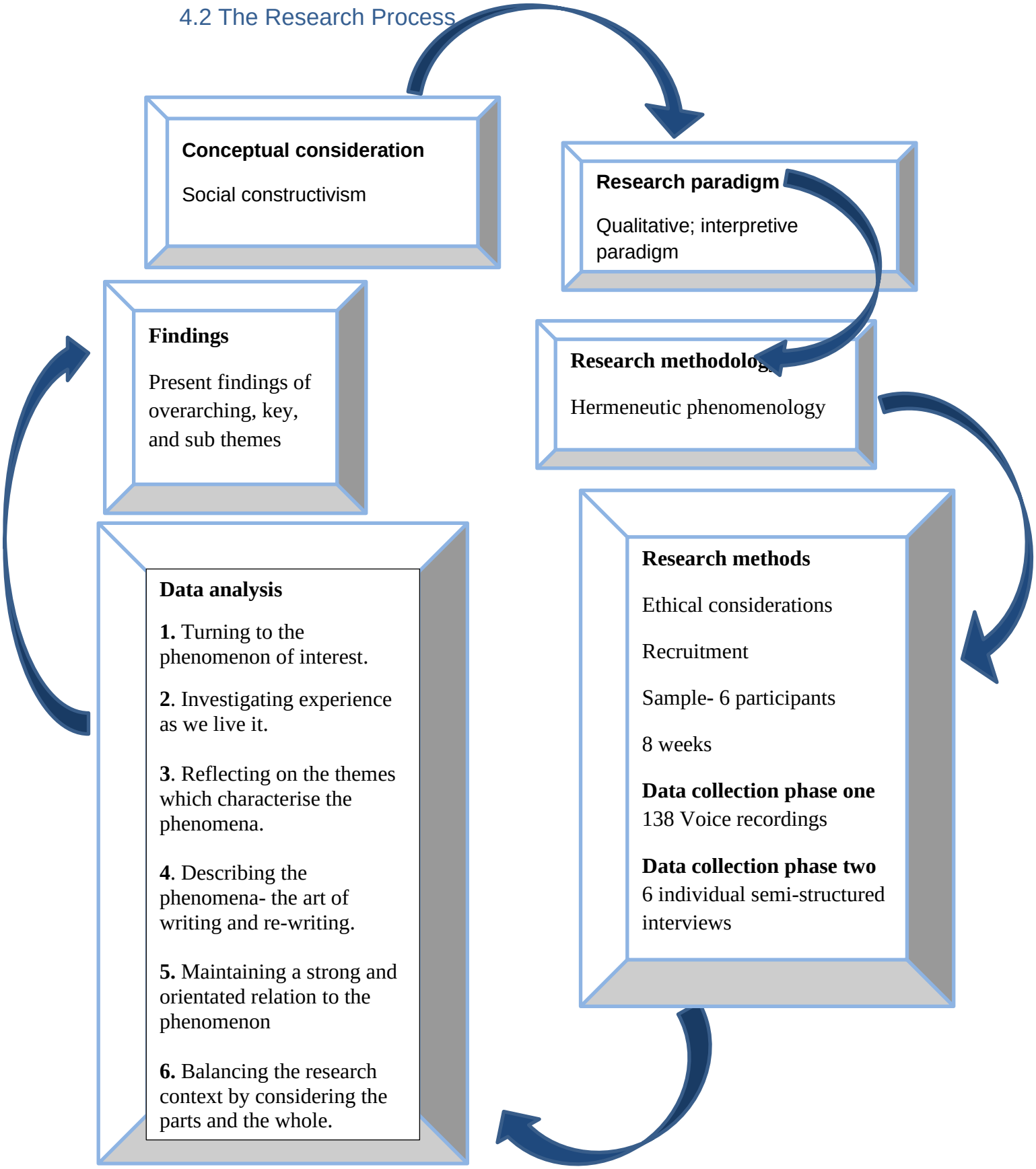


Figure 7: The research process

4.3 Sample

Van Manen (1990) states that the aim of hermeneutic phenomenology is to develop a rich and thick description of the phenomenon that is being explored. Although there are numerous sampling strategies used in qualitative research to inform an understanding of the phenomena consistent with the interpretive paradigm, purposive sampling was used (Parahoo 1997, Creswell 2007). Polit and Beck (2010) suggest purposive sampling allows the study participants to be selected intentionally. In interpretive research, purposive sampling is the most suitable, as it fits with hermeneutic phenomenology by allowing the researcher to choose participants that can purposefully inform an understanding of the research question (Polit and Beck, 2010). In addition to this, Creswell (2013) states that the study participants, in this case student nurses, must be selected sensibly to include only students who have or will experience the phenomenon being questioned. Newington and Metcalf (2016) state that the recruitment of the required number of participants is paramount, and yet countless studies are said to fail by not achieving the required recruitment rate. However, Cresswell (2013) explains that with attentive sampling and similarly attentive data collection techniques, a remarkably small number of narratives or interviews can produce the data required to answer a research phenomenon. Bryman, (2012) agrees by suggesting that interpretative phenomenological studies usually have smaller sample sizes due to the in-depth analysis of the data. The desired quantity of participants used in qualitative research studies state is not a fixed number (Bagnasco, Ghirotto, & Sasso, 2014), with five to twenty-five participants being found in a range of interpretative phenomenological and qualitative research methodologies.

4.4 Selection

The goal of hermeneutic phenomenological research is to develop a thick, rich description of the phenomenon being investigated in a particular context (Van Manen, 1990). In order to achieve such detailed information, in adherence with a hermeneutic phenomenology study, a purposive selection method was chosen (Llewellyn et al. 1999, Patton 2002, Denzin, and Lincoln 2000). Within interpretive research, the size of the sample is associated with the intensity of contact with study participants and the depth of the data that is collected. Therefore, selecting a smaller number of participants will consequently allow quality time spent with each participant to collect rich, thick data to interpretate (Cohen et al. 2000, Patton 2002).

Creswell (2007) identifies that this sampling strategy is to ensure there is an intentional selection of participants involved. To aid investigation of the study aims, second-year student nurses (September 2015 cohort) undertaking community placements were approached. My rationale for choosing second-year students, and excluding first-year students, is that they have had some experience of the mentoring relationship prior to the commencement of this study. This experience has been both in the community and the acute setting during their first year of the programme. Also excluded were third-year students, as those allocated to the community in the third year are undertaking their management placement, therefore they are often working independently from their mentor with a caseload of their own. Subsequently, second-year students were asked to volunteer. However, initially, it was envisioned that if more students volunteered than were required, for maximum variation sufficient numbers were to be selected from four different geographical community areas (Ellis 2010).

Qualitative research prioritises recruiting participants who will enhance the researcher's subject, and this much deliberation of Northumbria University's adult nursing cohorts was sought. Consideration was given to course dates regarding whether students are learning in university or clinical practice. Following ethical clearance, the desired opportunity to start data collection, via student voice recordings, was the week commencing 27th February 2017, when students commenced their community placements. Interviews took place the week commencing 8th May 2017 when students returned to university at the end of their placement. Therefore, the recruitment process began on the 4th January 2017 when students returned to university after the Christmas break.

4.5 Recruitment Strategies

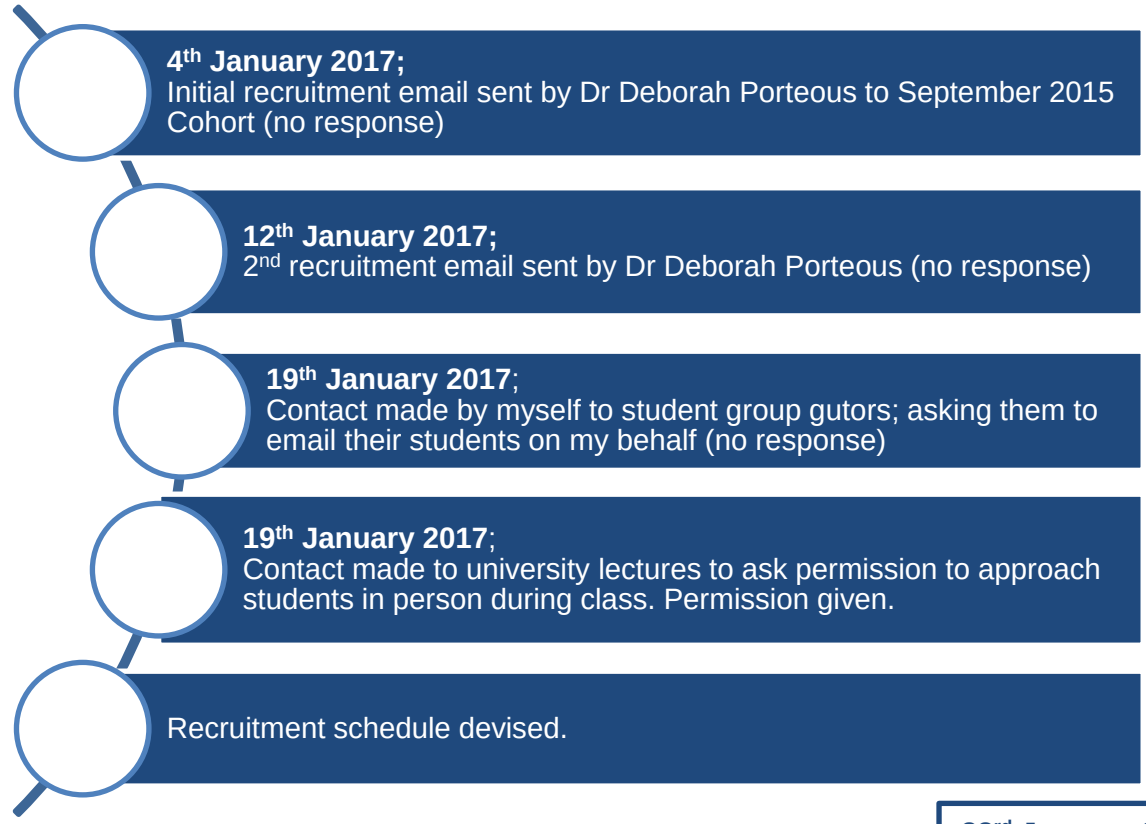


Figure 8: Recruitment strategies

Date	Day	Lesson Time	Recruitment Time Slot	PT	Teaching Staff	Room
23.1.17	Monday	9-11am	8.45am	20	AW	A202
23.1.17	Monday	9-11am	9am	16	CP	A204
23.1.17	Monday	9-11am	9.15am	15	JT	A003
23.1.17	Monday	9-11am	10.15am	18	AM	B213a
23.1.17	Monday	9-11am	10.30am	14	JG	A101
23.1.17	Monday	1-3pm	2.45pm	13	AH	CSC 012

Table 1: Recruitment timetable

4.6 Recruitment process

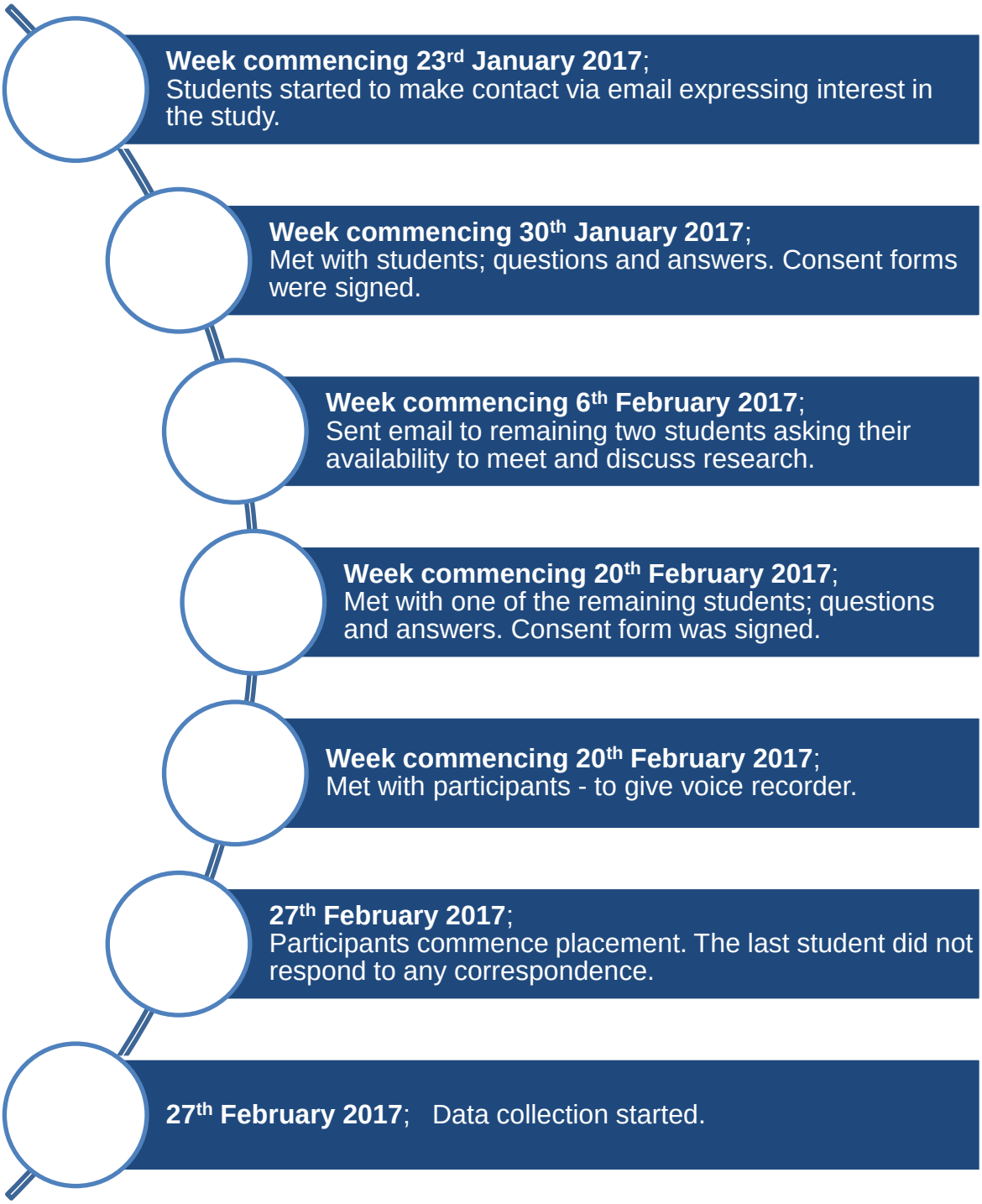


Figure 9: Recruitment process

A recruitment email was sent by the director of programmes to the purposive sample of students studying in the September 2015 cohort, inviting them to participate in my research. Both the research information sheet and full ethics forms were included in the email. Although a week passed without a response, I was not too concerned at this stage. It was early January, and the students were just returning to university for assessment, following a seven-week period in clinical practice and a two-week Christmas break with their families. During the students' first week back, a second email was sent reminding students about the study and advising them it was an opportunity to contribute to research. Unlike face-to-face contact, messages sent via email are non-intrusive. Sending a message via email not only gave the researcher time to articulate communication that would stimulate interest, but it was also thought that time was given to students where they could consider the prospect of participating. There was no response. At this stage, I did wonder whether students were taking much notice of their emails and thought it might take a little longer for them to respond.

Consequently, I sent an email to student guidance tutors asking them to forward the recruitment email and information sheet to their students, as it was felt that students may respond better to their own personal tutors. Treweek et al. (2013) reports that poor recruitment can rapidly exhaust resources and may potentially prolong the study duration. As time was fast progressing, and I had received no response following guidance tutor prompts, I felt it may help if the study was discussed in person. I, therefore, made some enquiries through timetabling to discover that students were all in research classes the following week. I emailed colleagues asking permission to interrupt classes to approach the students and devised the recruitment table above. I spent some time to print

information sheets so I could hand out hard copies, making the study easier to visualise whilst talking to the students face-to-face. Treweek et al. (2013) states that recruitment interventions, such as the face-to-face contact meetings that I implemented to increase student engagement, may improve the number of participants recruited. However, Richie et al. (2014) propose that, as the students know me, face-to-face contact with students during the recruitment process may be seen as cohesion. Therefore, I planned to ask students not to decide then and there, but to contact me later in the day if they wished to participate. Loaded with printed information sheets I spent the day in and out of classrooms talking about my study and explaining that this was the student's opportunity to have a voice in relation to the mentor relationship. With teaching colleagues in class acting as gatekeepers, Richie et al. (2014) explains that, in the way that information is disseminated within the recruitment process, communication is a crucial element to any research. What became apparent during this process was that interestingly no students responded to any emails sent by either the director of programmes or their own guidance tutors. Students informed me that they had not read previous recruitment emails sent by either the director of programmes or their personal guidance tutor, stating that they receive so many emails they often just delete them without reading them. This recruitment process, therefore, had identified potential problems in student research with regards to them responding, or rather not responding to, emails. Thus, it highlights a potentially weak recruitment strategy certainly Pre-registration nursing students are concerned.

The gatekeeper in each class was able to ensure that the researcher did not intentionally exclude anyone from participating in the research, and that appropriate approaches were made so that the students fully understood what was being discussed (Richie et al. 2014). During the face-to-face discussions in class, some students voiced great interest in the

subject. Some expressed that they would have wanted to participate in the research if they had not just been on their community placement. This was a surprise as it was at this point that I realised that classes were split, with half on community placement and a half in the acute setting. Therefore, only half of each class were able to participate. I did feel mixed emotions at this stage, as I was excited to gain interest but a little disappointed that some of those who had displayed interest were unable to participate as they had just returned from their community placement. However, I was eager to engage students who were about to commence their community placement. As my approach was transparent and discussion far from intensive, the research topic sparked immediate interest with students, and this initiated a lot of positive discussion amongst peers. This, therefore, initiated recruitment as it was during this week that students made contact via email to express interest in participating in the study. Initially, when I started the recruitment process, I hoped to have recruited twelve participants who would be on placement in a varied geographical area, as advocated by Richie et al. (2014) who highlight that doing so will guarantee all of the key constituencies of relevance to the study aims are covered. However, at the end of the recruitment process, I was happy to have recruited seven enthusiastic students in the same geographical areas as first hoped, which was a fortunate happenstance of serendipity. In late January, I met with 5 of the participants who had made contact. Meetings were held individually where another information sheet was given, and further discussion was had, with queries about the data collection process clarified and consent forms signed. A code was given to all five of the participants to ensure anonymity (001 002 005 006 007) (Huberman and Miles 2002). At the beginning of February an email was sent to the two remaining participants asking them for their availability to meet and discuss the research further. One responded saying she was absent from university whilst sick. The other responded by stating she was happy to meet later in the month. During this week, a video

recording was created by a colleague and I to demonstrate how to use the voice recorder for data collection. During the middle of February, I met with the 6th student and the research was discussed in more detail. The student agreed to participate and was given the code 004. The consent form was signed. It was during this week that I met with all participants individually to give them the voice recorder, show them the video and demonstrate how it worked. Discussions took place around how often the data should be uploaded, and participants were informed to contact me with regards to questions as they occurred. The participants were extremely enthusiastic at this stage, and I felt relieved. The seventh student did not respond to any other correspondence sent, therefore her code of 003 has not been used. I felt disappointed at this stage that she did not respond to her initial interest, however I remained grateful that I had six participants spread over a wide geographical area. Richie et al. (2014) highlights that qualitative research is often highly intensive in terms of the resources it requires; thus, data would be unmanageable if there were a large number of participants. Therefore, to do justice in the analysis from the masses of data that comes with qualitative research, the researcher ought to keep the sample to a small scale.

4.7 Data collection in hermeneutic phenomenology

Costly, Elliot and Gibbs (2012) state that there are many variations of data collection, with some lending themselves to pre-structured approaches where data classifications are determined in advance, such as questionnaires, observation checklists and structured interviews. Costly, Elliot and Gibbs (2012) state that although these approaches are easier to analyse, they are relatively inflexible and do not lend themselves to exploring in-depth meanings of information. However, regardless of this, the method ought to be consistent

with the philosophical assumptions (Crotty 1996). Consistent with a qualitative approach is the interpretive paradigm, where engagement with participants in their social world is essential to understanding the subjective meanings. Sources of data may be spoken accounts of experience in the form of a conversation by means of a voice recording or face-to-face, personal narrative interview, and group discussions. Bloomberg and Volpe (2016) state that whilst the method does require an ethical and practical approach, Costly Elliot, and Gibbs (2012) suggest that open approaches such as voice recordings, open written responses and discussions during interview will take a lot longer to analyse, however, Costly Elliot and Gibbs (2012) suggest they will avoid restriction and produce a much richer form of data.

4.8 Data collection phase one: Critical incidents

Costly, Elliot and Gibbs (2012) suggest that interpretive paradigm diaries or a series of voice recordings can be an invaluable source of data collection. This is because they can be amalgamated to create an authentic narrative which unfolds the participant's ongoing developments during their experience over a period of time. In accordance with the interpretive paradigm, and Flanagan's (1954) critical incident technique, this study referred to the participants' voice recordings as critical incidents. Whilst discussing this term with students the question was asked as to what constituted a critical incident. As I discussed this concept with the students, I was attentive to the study aims.

The phrase critical incidents was sought to prompt thoughts of a crisis or actions of a critical nature (Spencer-Oatey 2013). However, critical incidents are thought to be of a positive nature, as well as a negative one, which in turn will allow the student to reflect on their experiences whether it be positive or negative. To capture the complete experience,

the emphasis was indeed positioned on each student to voice their thoughts, feelings, observations, and experiences to anything which was significant to them.

I was aware that, as a researcher working in a university, and teaching the students that were participating in this research, my position could have led to them feeling awkward whilst engaging in the voice recording and they may have been uncomfortable sharing their thoughts and feelings of their relationship with their mentor. I, therefore, ensured that time and effort was invested to form a good, trusting, and supportive relationship with the participating students. Consequently, I stressed the importance of them knowing that for the purpose of the study our roles were that of the participant and the researcher and emphasised the requirement for them to speak freely without a filter to expose their true experiences. However, all participants were aware that my role as a researcher was to be fully immerged in the data without acting on any issues raised. This was discussed at the stage of consent. However, I did emphasize the importance of my role as a registrant and that if anything was disclosed that concerning about patient safety, that I would adhere to the NMC Code (2022) and raise, or if necessary, escalate the concerns that were disclosed.

Students were given a topic guide with key themes that have emerged from the literature. To capture the thoughts and feelings of the students' here-and-now individual lived experience, as the students are living the experience of being in a 1:1 mentorship relationship, students were asked to voice record in private any significant events they encountered. Please see figure 10 below.

Topic Guide for Students to consider when recording events:

Areas to consider.

Tell me about your experiences of community nursing.

How do you feel about working in close 1-1 proximity with your community mentor?

Tell me how you are managing this close 1-1 relationship.

Tell me about your relationship with your mentor.

What is your perception of a good role-modeling mentor?

Has your mentor within this 1-1 relationship influenced/impacted on your learning in any way?

How?

Figure 10: Topic guide for students

27th February 2017 Data collection dates

Number of Voice Recordings (NVR) - from each participant.

W1- Week One;	week ending 3rd March
W2- Week Two;	week ending 10th March
W3- Week Three;	week ending 17th March
W4- Week Four;	week ending 24th March

W5- Week Five;	week ending 31st March
W6- Week Six;	week ending 7th April
W7- Week Seven;	week ending 14th April
W8- Week Eight;	week ending 21st April

Table 2: Data Collection dates

Participant	NVR W1	NVR W2	NVR W3	NVR W4	NVR W5	NVR W6	NVR W7	NVR W8	Total
001	5	5	5	5	3	5	4	5	37
002	4	3	4	3	3	2	3	3	25
003									
004	2	1	1	0	2	2	2	1	11
005	4	4	4	4	5	2	3	3	29
006	2	4	2	7	0	5	3	4	27
007	2	1	1	1	1	1	1	1	09
								Total	138

Table 3: Participant Voice Recordings

4.9 Data collection phase two interviews

As voice recordings were sent to me via email, they were transcribed, saved and stored in the student's unique file. Each transcript was collated and then added to the student's previous individual data. At the end of the transcription period, there was a full transcript for each individual student. This transcript held an account for every voice recording that the student had recorded from the beginning of their placement to the end. This was invaluable data to use in the preparation for the semi-structured interview.

To facilitate deep understanding through phenomenological investigation, individual in-depth interviews are extensively used in health-related studies (Moustakas 1994, DiCicco-Bloom and Crabtree 2006). Each participant was then invited to contribute to an individual audiotaped in-depth interview at the end of their placement to clarify issues raised and discuss whether perceptions and experiences had changed (Smith 1997). Ellis (2010) suggests that this is an opportunity to identify new ways of understanding the topic as opposed to questionnaires, which impose topics and are sometimes superficial. The interview, therefore, explored the more complex issues of the student experiences (Newell and Burnard 2011). By doing this, it provided consistent, comparable qualitative data (Gerrish and Lacey 2006).

Moustakas (1994) suggests that the phenomenological interview is typically informal and interactive. As I was responsible for creating a relaxed and informal environment, I facilitated a time and place convenient to each student. By using the transcript for each student, I was able to highlight the areas of interest in the form of a schedule to be discussed during the interview. The schedule assisted only as a guide and did not dictate the discussion during the face-to-face interview. Throughout the course of the interview, questions were asked to the particular context in which the student had experienced. As the aim of each interview was to enable the telling of each student's storey, and not to investigate the researcher's preconceptions, any interesting subjects that arose were probed further.

Punch and Oancea (2014) state that interviewing research participants is the most prominent approach to collecting qualitative data. They highlight that, in contrast to unstructured interviews often utilised in an ethnographical research study where relationships are established over time, it is essential that the researcher develops rapport quickly during in-depth interviews. Punch and Oancea (2014) state that understanding the significant perceptions of others and the definitions of their experiences and situations in constructing reality is the most powerful way to understand others. Each interview was audio-recorded and later transcribed verbatim.

4.10 Ethical considerations

Ethical approval for this research was sought and granted from Northumbria University ethics committee. Consent was also sought from the local trust in relation to recording of data about placement in real time.

4.10.1 Informed consent

As each participant replied to show interest in the study, the researcher contacted them via email to thank them for their informed consent and organised a time and place convenient for them to discuss the study in more detail. Once each student agreed to participate in the research, they were asked to sign the written consent form. All six students that participated in this study provided signed written consent to participate in the study. Each was being that anonymous interview quotes would be shared in the resulting thesis and future publications.

4.10.2 Confidentiality

Adhering to ethical considerations of an interpretive paradigm involved preserving participant autonomy and protecting the confidentiality of all student nurses who engaged in this research. Thus, all personal and professional information that could possibly identify any participant was removed from the transcript (Gerrish and Lacey 2006).[1]

4.10.3 Minimise intrusion

The minimisation of intrusion of the student experience and learning whilst on their community placements was discussed at length. Whilst Polit and Beck (2010) explain that researchers want their findings to reflect the truth, research cannot contribute evidence to guide clinical practise if the findings are inaccurate, biased, fail adequately to represent the experiences of the participants or are based on the misinterpretation of the data. Although there were no definite expectations on how often the students recorded their lived thoughts and feelings, the benefit was discussed of doing this as soon after the event as possible. Therefore, a guide to record on a day-to-day basis was decided as an ideal.

4.10.4 Minimise risk of harm

[1] Anonymity and participant confidentiality were upheld by providing each of the participants with an individual unique code. Throughout this thesis, the participants will be referred to as 001, 002, 004, 005, 006 and 007. Adhering to Northumbria University's ethics, the signed consent forms, student placement areas and personal contact details were locked in a draw in the researcher's locked office.

The NMC Code (2015) states that nurses must take action to diminish any potential harm concomitant to their practice. It is therefore essential and an NMC requirement that, as nurse undertaking research, it is imperative that the research does not cause harm or cause any adverse outcome to the participants. Some students recorded during their lunch break alone, in the privacy of their own car, whilst other students liked the idea of either recording hands-free in the car whilst driving home each night, or once they were home (Green and Thorogood 2014). It was discussed with each student nurse participating in the study that if they disclosed any concerns in accordance with the NMC Code (2018) that the disclosure may be shared with the researcher's academic supervisors and advice sought accordingly.

4.10.5 Demonstrate respect

Whilst Parahoo (2014) states that as qualitative researchers collect data from participants, often in their natural environment, they ought to take into account their cultural, social, and other factors that influence their experiences and behaviours. Parahoo (2014) suggests that the qualitative researcher also values the participant's views when seeking to understand the world in which they live. Implicit in some approaches, and explicit in others, is the concept that participants have experiences, wishes and rights that must be respected. DiCicco-Bloom and Crabtree (2016) suggest the process of generating rapport is a vital element of the interview and includes both trust and respect for the interviewee and the thoughts, feelings, and experiences that they disclose. In assisting with the development of the rapport, it seems essential that creating a safe, comfortable, and confidential environment will contribute to this, thus enabling open discussions. Stages of rapport

between the interviewer and the interviewee have been described by DiCicco-Bloom and Crabtree (2016) as apprehension, exploration, co-operation, and participation.

4.10.6 Audio recording

The benefit of each student having their own digital voice recorder was that they were in control of how often they did record, upload and sent the recording to me via secure email. Some students provided a voice recording and emailed it the same day, whilst others recorded daily and emailed at the end of each week. Another participant wrote notes in a daily diary before recording and sending at the end of the week. One student felt it was a good opportunity for her to vent through the means of the voice recorder when the relationship with her mentor became strained. This was entirely the student's individual decision, and they were advised that they were able to record and send by whichever means was convenient for them. By receiving between 9 and 37 voice recordings each week, what was convenient to the researcher was that the voice recordings could be transcribed on a weekly basis, which meant the whole transcription was complete prior to the individual semi-structured interviews.

4.10.7 Positionality

As I conducted this research within the department where I am employed as a nursing lecturer this could have potentially posed challenges within the recruitment process. As students knew me, they may have felt obliged to participate.

Additional challenges were encountered when research participants shared experiences which were uncomfortable to hear and challenging to frame theoretically. My reflection on

the complexities of conducting insider research exposed the ethical considerations which needed to be taken into account before, during, and after the various progressions of the research; reflection upon the issue of my positionality as a lecturer, and a researcher within the department, as well as an NMC registrant and as how my position was managed. Based on experience of the good and honest relationship I have with student body whilst teaching them on campus, I was confident that students would volunteer to participate in the study. However, I was also conscious of a potential power imbalance in recruitment. Once I had shared my rationale for the study to students in class, I made the decision to take a step back and let the students come back to me over the following days to volunteer their participation. Having recruited the study participants I was also confident that the students would share their placement experiences with me easily. However, I did not anticipate the extent to which their shared narrative would result in me emerging a changed person. Similarly, and by reflecting on my previous interviewing experiences, I felt that I would engage with the student participants in a neutral, and slightly removed way, although, always in a balanced manner. Therefore, whilst I had contemplated that challenges would emerge, from the perspective of a lecturer, as a researcher and as a nurse on the NMC register, I had not taken into consideration how I would manage my response to the narratives that students shared with me. In this research I found that being neutral was inauthentic which I believe could have resulted in less rich interview data. A shift was therefore made to a more natural way of being, which matched my personality more in that I felt I was more engaged, empathetic and a compassionate listener.

Gray (2013) suggests that ethics is the appropriateness of the behaviour displayed by the researcher in relation to the subject of the research, or the participants affected by it and by certifying that the study was conducted in a ‘responsible and morally defensible way’. As the student participants in my study shared their sometimes remarkably complex and

challenging lived experiences, being a neutral ‘observer’ felt disrespectful of the relationship which had been created between the student and lecturer. To be unable to acknowledge and share the pain of my students’ complex challenges, or to not reflect their excitement as their narrative unravelled, may have resulted in participants feeling discouraged to share additional personal lived experiences. The thick, rich data that did emerge from this study may not have been forthcoming. This, as (Fine, *et al*, 2008) explain is ‘asking for disclosures of others [while] we disclose little or nothing of ourselves ... as we hide behind the cloak of alleged neutrality’ In addition, in this hiding myself while expecting disclosures from my research participants, the first participants may have shared with other participants that the research interview felt uncomfortable which may have discouraged other participants coming forward.

By showing I was interested in my participants’ lived experiences was not a persona that I assumed for the purpose of the research study, this was allowing my authentic persona to emerge in the process in an aid to not to hide behind a cloak of professionalism. Given these contemplations, my decision therefor was to move towards being a more “engaged, empathetic and compassionate listener” (Myers, 2019). Reflecting on my personality through the process of interviewing the students, I realised that the participants still saw me as their academic or researcher, in essence, in a position of power. However, as the interviews progressed, and I became an active listener the relationship changed in that my experience as a community nurse and mentor became more apparent which enabled the students to express feelings more freely.

From the outset of this project, I was conscious of the tensions between (a) being a registered nurse having to adhere to the NMC code of conduct and (b) being a researcher in the field adhering strictly to the boundaries of my ethical approval. Furthermore, asking the

participants to keep audio diaries heightened the chances of having to act in line with the NMC code. Several examples of where things may have potentially gone wrong are highlighted here;

Ethical Principles	NMC Code Item	Tensions – where things may have gone wrong ….
• Confidentiality; • Anonymity.	Listen to people and respond to their preferences and concerns	Inadvertent disclosure during the audio diary recordings may have revealed instances of patient choices or concerns being dismissed.
• Confidentiality; • Anonymity.	Respect people's right to privacy and confidentiality. As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.	Inadvertent disclosure during the audio diary recordings may have led to the specific identification of patient details, names or even addresses.
• Confidentiality; • Anonymity. • Respect for the safety / wellbeing of research participants.	Work co-operatively	Because of the nature of the study i.e. student nurses experiences of mentorship in community settings, attention might be drawn / focussed on examples of where students and their mentors were not working cooperatively.

These contrasting commitments to nursing and research ethics have being framed as 'Moral Tension' by Khalili et al. (2018). As it transpired, none of the respondents disclosed anything which would have demanded action under the NMC code of conduct. Nonetheless, I found myself aware of these dilemmas and constantly operating within what

Loue (1999) called ‘situational ethics’ – being prepared to act on a case-by-case basis in line with the NMC Code of Conduct should this be required.

A further ethical dilemma existed in relation to the student nurse participants first-hand accounts. These were essentially autobiographical accounts of their experiences during placement. These audio recordings – made from the perspectives of the participants – frequently made mention of other people – their mentors, patients etc. Harrison and Stina-Lyon (1993) described an unavoidable ethical problem with autobiographical research. Namely. Stories are populated with characters – in this case mentors, patients, families etc. It would be impossible to tell a story in any other way. However, the problem lies with how people are represented, and it is unavoidably true that as the subject of a story, we may be represented in others’ stories and accounts in ways in which we are unhappy with. To make matters worse, there is no right to reply and no way of triangulating what was claimed with patients, mentors and families etc. The most that could be done was to acknowledge this tension.

4.10.8 Data management strategies

Being mindful of the quantity of data collected during the use of both voice recordings and semi-structured interview methods, it was crucial that the data was managed using both a strategy that enabled the researcher to access it quickly and effectively while also maintaining the confidentiality of participants throughout the study.

4.10.9 Data processing and transcription

All digital voice recordings were transcribed verbatim, ready for data analysis. Once transcribed, they were checked to clarify accuracy by reading and listening to the

recordings. This was in preparation for the next stage of data collection, which was the one-to-one semi-structured interview.

4.10.10 Storage

Data transcribed from each critical incident voice recording was stored in an individual participant folder in the researcher's U-drive on a password-protected computer. Each folder was labelled with each participant's unique individual code, which was given to them at the beginning of the research. The folder was updated as fresh data was transcribed on a daily/weekly basis during the critical incident voice recordings.

4.11 Methods of data analysis

As qualitative research approaches are diverse, dense and nuanced, thematic analysis should be seen as a foundational method for qualitative research analysis (Braun and Clarke 2006). Making the journey from a mass of dense data to actually writing the findings chapter posed a challenge for me of "why?" (Braun and Clarke 2006), suggests that thematic analysis is a method for detecting, analysing, and reporting emerging themes within the study data, stating that it organizes and describes the data set in great detail. However, thematic analysis frequently extends this, and is said to interpret various aspects of the research topic (Braun and Clarke 2006). Time was spent trying to comprehend how best to analyse the vast amount of data that the participants had provided. Bloomberg and Volpe (2016) state that the process of data analysis begins with devising a plan to manage the large volume of data collected during qualitative research. By reducing the data in a meaningful way, Miles and Humberman (2014) suggest that it will reveal significant

configurations to construct a framework for communicating the very essence of what the data revealed in relation to the given study. When choosing a framework for analysing the data, several approaches that are compatible with phenomenological research were considered. In particular, Colaizzi's (1978) procedural step method of data analysis, which is compatible to use with a phenomenological study, was considered. However, this method is usually associated with work within Husserlian descriptive phenomenology and is not consistent with hermeneutic phenomenology. As the purpose of this research was to seek an understanding of the lived experience of the students whilst in this 1:1 relationship with their community mentor, van Manen (1997) suggests that the analysis of the data collected must reflect the values of hermeneutic phenomenology by being consistent with the interpretive paradigm. Choosing the interpretive paradigm allowed me to explore the students' lived experience from their perspective.

As discussed previously, the origin of hermeneutics traces back to the interpretation of religious texts, traditionally, the interpretation of the religious text was the domain only of the Catholic Church; however, with the work of Martin Luther, individual interpretations of the religious texts became possible. This change in interpretation opened up the probability for the existence of multiple interpretations, which consequently led to the question of how the correct or right meaning of a text may be obtained. For a researcher to engage in the hermeneutic process of analysis, they ought to fully navigate the hermeneutic circle. Figure 11 below illustrates the three stages of engagement in the hermeneutic circle. As modern hermeneutics comprehends the question of human understanding in general, Heidegger (2002) claimed that understanding of the world and self-understanding are inseparably interlinked. Therefore, the question of leaving the hermeneutic circle when a

clear meaning is reached is consequently affected by the way the hermeneutic circle is entered.

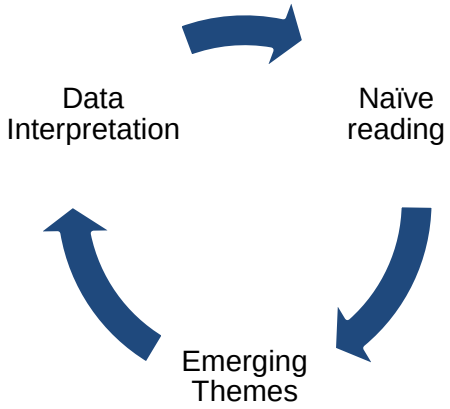


Figure 11: The Hermeneutic cycle (Heidegger, 1927)

In order to fully navigate the hermeneutic circle, it is essential that the researcher engages in all three stages of the circle; the first stage of the process is to engage in naive reading, the second stage is the emergence of the overarching, key, and sub themes; and the third stage is the interpretation of data (Ajjawi & Higgs, 2007). Each stage of this process will allow a fraction of understanding, consequently leading to further interpretation. The process is frequentative with movement between the data (parts) contributing to the evolving phenomena (the whole) and how each enhances the meaning of the other (Bynum and Varpio, 2018). As Gadamer (1979) explains, human existence is, in general, closely related to language. Therefore, our understanding of prior works shapes the understanding of ourselves. Seeing the process of understanding as generally open-ended and circular in nature, hermeneutics provides a framework to facilitate not only a deeper understanding of the body of relevant literature, but also a deeper understanding of individual texts. Using this approach enables researchers to successively encircle relevant works.

Congruent with hermeneutic phenomenology van Manen's (1990) approach to data analysis was utilised. Figure 12 illustrates van Manen's (1990) approach to data analysis, which provided me with a systematic and workable method to analyse data using the hermeneutic circle:

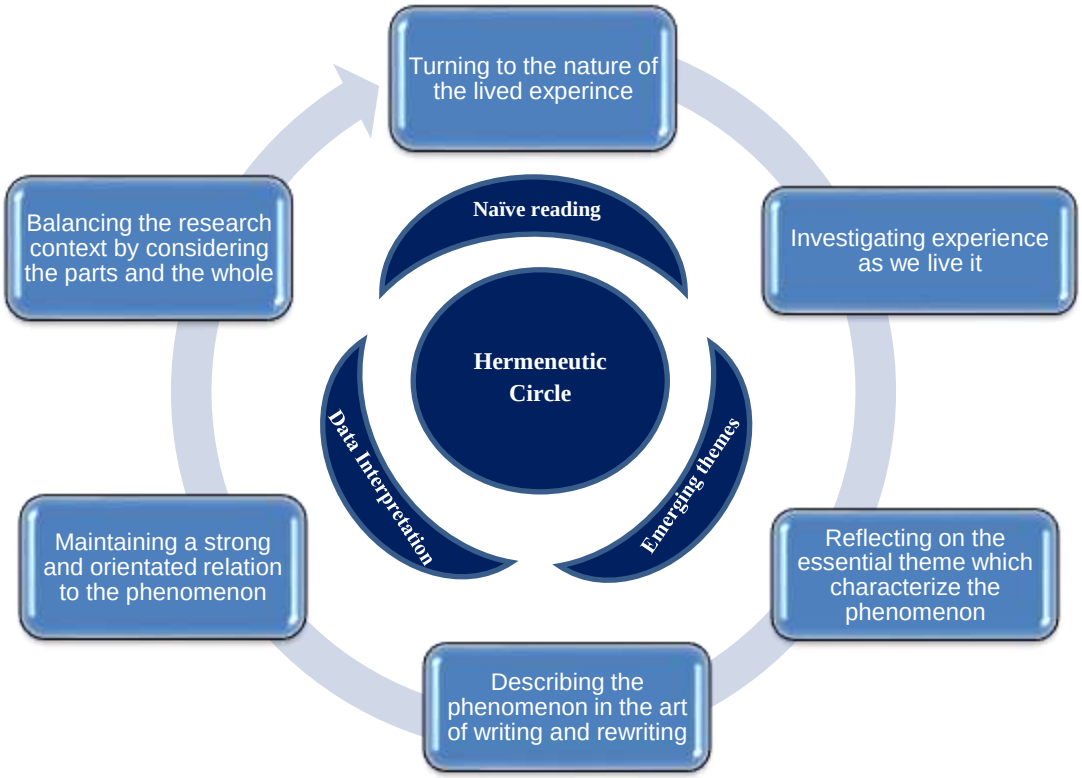


Figure 12: van Manen's (1990) data analysis in collaboration with Heidegger, (1927), the hermeneutic circle

	Steps	Definition	How I did it
1.	Turning to the nature of the lived experience	Formulating a research question	Recognition of the phenomenon from the professional area and interest in which I belonged. Commitment to understand the phenomenon through observation and research.
2.	Investigating experience as we live it	The phenomenon is captured through methods of investigation	**Data collection** Voice recordings, semi-structured interviews
3.	Reflecting on the essential themes which characterize the phenomenon	The overall meaning of an informant's experience is sought when reflecting on the themes	**1**. Listen to participant voice recordings from both clinical placement and semi-structured interviews. **2.** Listen to participant voice recordings whilst concurrently reading verbatim transcripts. **3.** Initial interpretation of findings constructed into emerging themes. **4.** Categorize emerging themes and subthemes
4.	Describing the phenomenon in the art of writing and rewriting	Through the process of writing, the intention is to make visible the feelings, thoughts, and attitudes of the informants.	Re-read verbatim transcripts analysis of initial themes and sub-themes.
5.	Maintaining a strong and orientated relation to the phenomenon	The researcher must strive to remain focused on the research question	Reflection to overall research aim in relation to all three themes and sub-themes. Read and absorb literature pertinent to the research findings.
6.	Balancing the research context by considering the parts and the whole	The researcher is constantly asked to measure the overall design of the study	Engagement in the hermeneutic process of interchanging back and forth to examine and re-examine the verbatim transcriptions, facilitated analysis of my findings whilst maintaining focus on the research aim of my study

Table 4: van Manen's (1990) procedural steps of data analysis

This diagram and subsequent explanation allowed me to understand how to look a' qualitative data in a way that I had not previously appreciated, for example allowing the data to evolve and drive the creation of the overarching themes, key themes, and subthemes in the chaotic reality of data analysis.

4.12 Turning to the nature of the lived experience.

As discussed in the previous chapter, this research study evolved initially from my own professional and personal interest to understand the phenomenon of the 1:1 student and community nurse relationship from the students' perspective.

4 12.1 Investigating experience as we live it

In adherence with hermeneutics, to investigate the students' lived experience of the 1:1 relationship with their community mentor, data was collected by the use of voice recordings and face-to-face semi-structured interviews. This gave the participants the opportunity to describe their lived experiences as they lived it, in concurrence with Van Manen (1990), who suggests that phenomenological research is multi-faceted, and that researchers ought to explore and investigate every side of the lived experience as it is lived, rather than conceptualise it. The student nurses in this research shared their insights by verbalising their perceptions in their own words via voice recordings as their experiences happened. Each voice recording was transcribed verbatim, which facilitated the presentation of the participant's spoken words. To allow further understanding of their

lived experience, naive readings of the verbatim transcripts were annotated in concordance with the hermeneutic circle (Ajjawi & Higgs, 2007). The annotated notes allowed me to probe further during the semi-structured interviews to facilitate a greater understanding of their experiences. Further notes were made during each of the participant's interviews.

4.12.2 Reflecting on essential themes which characterise the phenomena

By listening to the participant voice recordings from both clinical placement and semi-structured interviews, whilst concurrently reading verbatim transcripts, I was able to clarify that the transcripts were verbatim. As the overall meaning of a participant's experience is sought when reflecting on the verbatim transcripts. Braun and Clarke (2013), suggests that this is the 'familiarisation' phase in thematic analysis, suggesting that familiarisation entails the reading and re-reading of the entire data in order to become intimately familiar with it. This is necessary to be able to identify appropriate material that may be relevant to the research question. Identifying a thematic framework is the third stage of the analytical process, when the researcher not only gains an overview of the richness and depth of the data, but also begins the process of abstraction and conceptualisation by recognising emerging overarching themes in the data. Richie and Spencer (1994) propose, during this phase of the analysis process, it is crucial that the researcher allows the data to dictate the themes that emerge naturally. To achieve this, Richie and Spencer (1994) suggest that, although the researcher may well have a set of priori issues, it is vital to keep an open mind and not adapt data to fit these.

Through the process of reading and annotation, the intention is to make visible the thoughts, feelings, and experiences of the participants. In adherence to Braun and Clarke (2013), who propose that although a time consuming component, that it requires a great deal of patience, manual transcription of data can be an incredibly useful activity for the researcher with regards to facilitating deep immersion into the data. Data in this research was transcribed orthographically, noting inflections, breaks, pauses, and tones of the participants. This was facilitated by reading and re-reading the verbatim transcripts and using the manual process of different colour highlighter pens, as shown in appendix three, analysis of overarching themes emerged (Van Manen 1990).

4.12.3 Describing the phenomena: The art of writing and re-writing.

The fourth stage of the analysis process is where the detailed sections of data that were identified during the previous stage Braun and Clarke (2013) propose that any data that might be useful in addressing the research question ought to be coded. In adherence to this, through repeated repetitions of coding and further familiarisation, I was able to identify which codes were favourable to interpreting themes and which could be discarded.

Data was lifted from the original verbatim context and positioned manually on a chart which consisted of overarching themes. Significant in this process was that while the sections of data were lifted from their context, the data remains unmistakably identifiable to which participant it came from (Richie and Spencer 1994, Braun and Clarke,2013). The process of analysing initial overarching themes allowed key themes and sub themes to emerge (Gadamer 1979). The four overarching themes to emerge were: structure, belongingness, connection, and mentor as a role model.

4.12.4 Maintaining a strong and orientated relation to the phenomenon

Richie and Spencer (1994) suggest that formulating a framework is not a mechanical or automatic process, but it is vital to note that it comprises of both logical and intuitive thinking. According to Braun and Clarke (2013), themes ought to be distinctive and may be contradictory to other themes, although should tie together to produce a lucid and coherent representation of the dataset. The researcher must be willing to discard prospective themes that may not fit within the overall analysis (Braun and Clarke, 2013). By engaging in logical and intuitive thinking, I was able to make decisions with regards to the significance and meaning of the data. Whilst it is crucial to remain focused on the research question, reflection to the overall research aim was vital. In relation to all four overarching themes, key themes, and sub-themes, it became apparent that there was some overlap. In accordance with the final stage of the hermeneutic circle, where interpretation of the data was considered and a reemphasis placed on the research question, a re-structure of the themes was deliberated and completed (van Manen 1990). The re-structure included reading and re-reading the overarching themes, key themes, and sub themes before re-organising into four overarching themes, which will be discussed in the next chapter.

4.12.5 Balancing the research context by considering the parts and the whole

The concluding stage of the analysis process involves balancing the parts of the research with thought to the whole (Bynum and Varpio, 2018). The chosen extracts ought to provide a vivid and captivating account of the argument being made by a particular theme. Various extracts should be utilised from the whole pool of data which inform a theme in order to communicate the diversity of expressions and meaning across these data, and to

validate the consistency of the theme's constituent data. Furthermore, each of the reported data extracts ought to be subject to a deep analysis, going beyond merely reporting what a participant may have said (Braun and Clarke, 2013). As the researcher is constantly asked to measure the overall design of the study, to facilitate a more in-depth understanding and to support my interpretation of what the students experienced within the 1:1 relationship, the hermeneutic circle was utilised (van Manen 1990). Engaging in the hermeneutic process of interchanging back and forth to examine and re-examine the verbatim transcriptions, overarching, key, and sub themes, facilitated analysis of my findings whilst maintaining focus on the research aim of my study (McAuley 2006).

4.13 Hermeneutic strategies

Hermeneutic research encompasses the interaction between the participant and the researcher. It is, for that reason, essential to acknowledge the background and perception of the researcher and what they knowingly or unknowingly bring to the interview. This was discussed in the previous chapter through reflexivity as, due to the potential effect that their background has on the way the data is analysed, it is important to adopt a rigorous approach by exploring strategies that the researcher can use to show reflexivity in their study.

4.14 Summary

This chapter has discussed the methodology and research methods with regards to sample, selection, and recruitment. The importance of following a robust ethical code has been emphasised in relation to consent and confidentiality. As the hermeneutic phenomenology approach to this research sits fittingly with the fundamental ontological and

epistemological assumptions, it is fully justified. A summary of the interpretive approach has been discussed in correspondence with the research aim. The process of the collection of data and method of analysis has been discussed. Justification of the use of van Manen's approach to analysis has been presented, with consideration of the trustworthiness and reliability of this research. The following chapter will present the findings from this research study.

Chapter Five: Findings

5.1 Introduction

This chapter presents the findings of the study. It will identify and present an overview of the significant research findings and narrate them to bring together the conclusions that underpin the discussion, conclusion, and key recommendations.

Individual participant verbatim quotes have been chosen from the collected data. The individual participant quotes used provide deep and rich descriptions of the phenomena of the student nurse and community nurse mentor 1:1 relationship from the student perspective.

In order to present the findings in a structured and logical way, each of the four overarching themes will be presented, including subheadings. The overarching themes presented are **structure in the learning environment, belonging, connection** and **mentor as a role model**. Each overarching theme is discussed individually to identify new ideas emerging from the analysis. This approach to the presentation of findings was made to ensure a rich understanding of the phenomena was explored in adherence with the hermeneutic circle (van Manen 1990).

The chapter concludes with a summary of the four overarching themes in relation to the research findings. In accordance with phenomenology, rich thick descriptions of the participants' perceptions of this 1:1 relationship are presented to represent student experiences (Heidegger 1962). The quotations presented result from both the participants'

voice recordings during their eight-week clinical community placement and semi-structured interviews on completion of their placement and return to university.

The table below identifies the number of voice recordings (NVR) sent by each participant during each week of their community placement.

Participant	NVR W1	NVR W2	NVR W3	NVR W4	NVR W5	NVR W6	NVR W7	NVR W8	Total
001	5	5	5	5	3	5	4	5	37
002	4	3	4	3	3	2	3	3	25
003									
004	2	1	1	0	2	2	2	1	11
005	4	4	4	4	5	2	3	3	29
006	2	4	2	7	0	5	3	4	27
007	2	1	1	1	1	1	1	1	09
								Total	138

Table 5: Weekly participant voice recordings

5.1.1 Overview

The purpose of this qualitative study was to explore the unique 1:1 relationship between a student nurse and their community nurse mentor. In adherence to hermeneutic phenomenology, to capture the unique voices of the individual participants, one method of capturing their thick, rich description was to give each student a digital voice recorder (Creswell 2016). This enabled the students to capture the here-and-now lived experience

over their eight-week clinical placement as significant experiences occurred. At the end of their eight-week community placement, the students were then invited to a semi-structured interview, which aided a deeper exploration of the participant's thoughts, feelings and lived experiences (Heidegger 1962).

The challenge of qualitative data is often the amount of data collected (Creswell 2016). With view of the table presented above, that shows 138 voice recordings, there was in addition six one-hour semi-structured interviews. This collectively resulted in 92,673 words of raw transcribed data in this study, which was collected from all 6 participants. The challenge, therefore, was to reduce this by identifying significant narratives and creating a structure in order to present the core findings. Within this chapter, each overarching theme will be illustrated by using a mind map, subsequently presenting key themes followed by sub-themes as subheadings. The quotations presented within the key themes and sub-themes identify rich, thick description of the research phenomena as collectively experienced and interpreted by the students.

5.1.2 The study participants

As discussed in the previous chapter, the participants in this research were second-year adult nursing students who, at the stage of their programme, were about to embark on their 8-week clinical community placement. They, therefore, provided the facilitation to fulfil the aim of this study, which was to investigate the student nurse and community nurse mentor 1:1 relationship from the student's perspective. Seven female purposively sampled student nurses participated in this research, although before the research began one of the

participants withdrew from the study. The students' narrative will be presented as quotations to clearly illuminate the students' voice.[2]

The findings are identified in four themes; **Structure in the learning environment, belonging, connection** and **mentor as a role model** were the predominant overarching themes to emerge from the data.

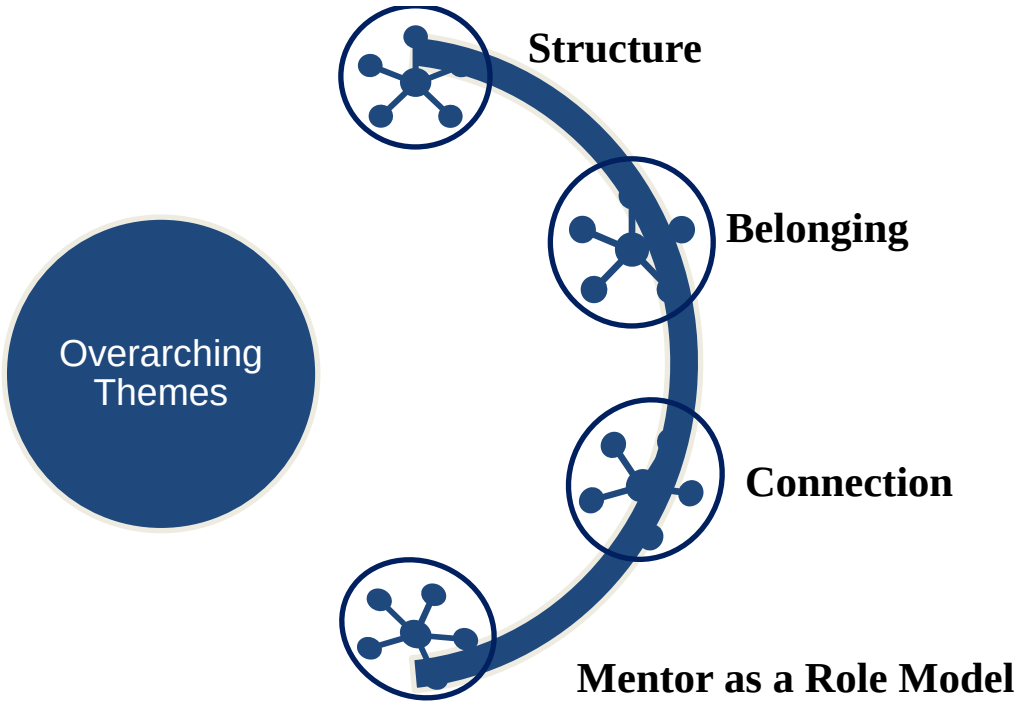


Figure 13: Overarching themes

[2] Each quote is labelled with a distinctive identity code which was assigned to each student before the research commenced. The number 001 represents participant 001 and W1 represents week one of the students' eight-week placement. For example, 002 W3 represents participant two on the third week of her placement and 005 Interview represents participant five at her semi-structured interview. Participant three withdrew from the study before the study began, leaving six participants in total: 001,002,004,005,006, and 007.

5.2 Overarching theme 1: Structure in the learning environment

Structure in the learning environment was a predominant overarching theme that incorporates the key themes of **mentor explaining daily events, mentor explaining procedures, reflective discussions and feedback** and **student not being kept in the loop.**

The following figure (Figure 14) illustrates all 4 of the overarching themes, key themes, and sub themes to represent the whole and illustrate the relationships.

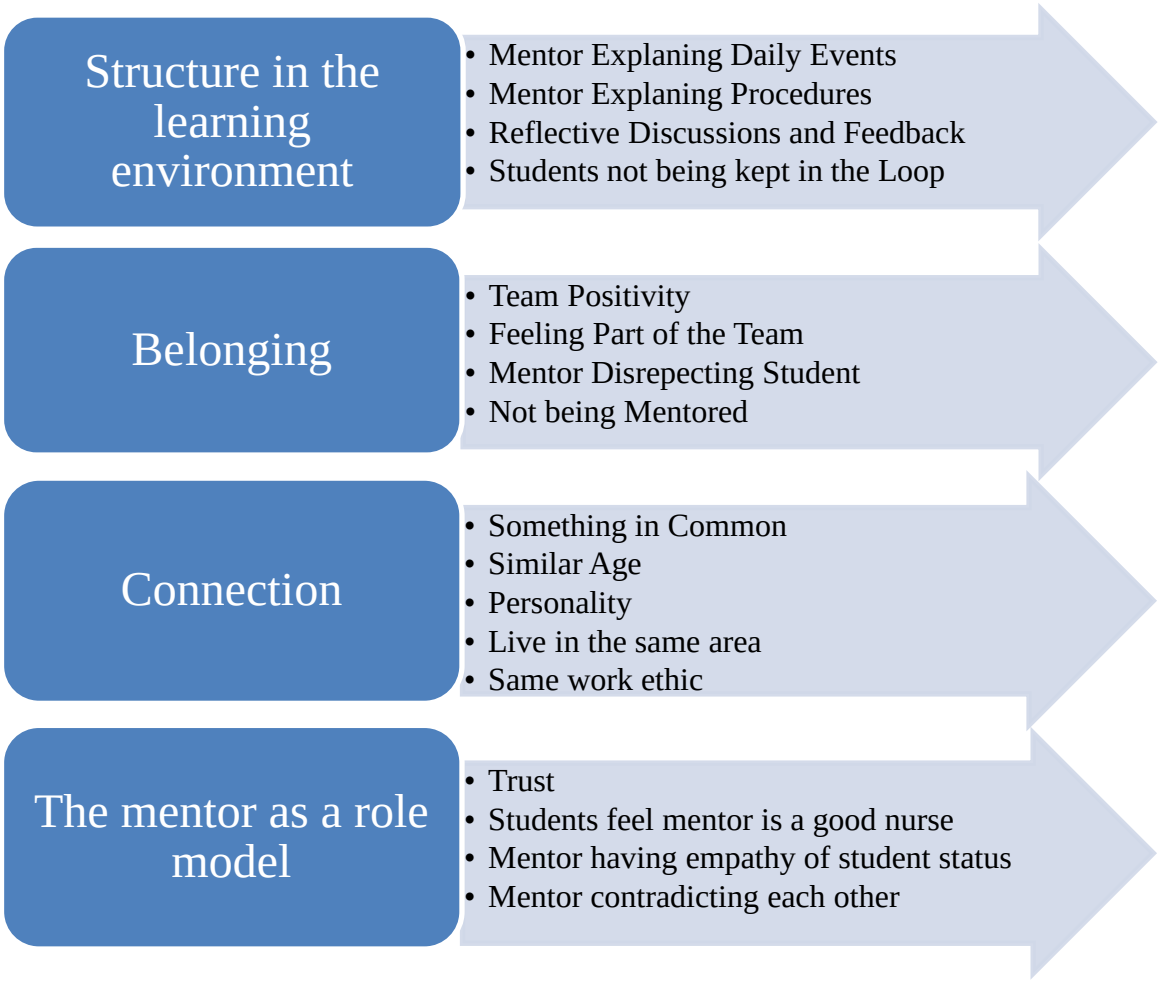


Figure 14: Mind map of 4 overarching themes, key themes and sub themes.

The following mind map (Figure) 15 illustrates the overarching theme of **Structure in the Learning Environment**, and the key themes that emerged from the findings. The narrative presented is the verbatim quotations which represent the research phenomena experienced by the student nurses.

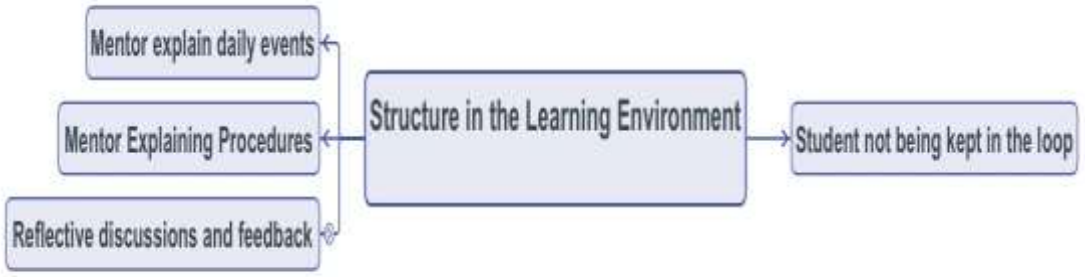


Figure 15: Mind map of overarching theme 1: Structure in the Learning Environment

Structure is described as something of many parts that is put together. A structure can be referred to as construction, organisation, or arrangements of something. In a structured learning environment, students are more likely to succeed and experience both personal and academic growth. Hospel and Garland (2016) define structuring as "The amount and the clarity of information given to students about how to satisfy teachers' expectations and achieve the desired educational outcomes" (p. 1). Structuring learning according to Broman and Simon (2015) suggests that he learning processes, facilitating the fundamental and crucial basis for a methodical, accumulative and sustainable growth of knowledge. Similarly, students describe a teacher's structure of a lesson and the learning substance as an important facet of teaching quality (Van Vorst 2018). Jang *et al.* (2010) highlight the three characteristics of a well-structured learning environment. The first is that the teacher or mentor presents an explicit direction for the students' learning process, particularly one that they understand. The second is to guide the students an activity by a programme of action, and the third is to give constructive feedback on the students' progression and success.

Structure in the learning environment was an overarching theme that emerged from the data when students described, through their narrative, the obvious challenges they faced when structure to their daily routine was compromised in relation to what they expected. The polar opposite of a structured learning environment is chaos (Skinner and Belmont, 1993). Jang *et al.* (2010) explain that when teachers or mentors do not communicate their expectations, and do not support or guide their students with a clear objective, students are confused in their working environment, which subsequently impacts their learning process. Students in this research were challenged by the lack of structure to their working day in the community. They particularly found it challenging when they were not assigned to a mentor or when arrangements of who they were assigned to work with were changed at the last minute. Students described positively a structured day beginning with knowing which nurse they would be working with, and subsequently being informed of daily events. This would be developed further by their mentor explaining in detail, in a way that students understood, the procedures that they were expected to perform. Throughout their day, students valued constructive reflection in action discussions within the 1:1 relationship, as discussed by Jang *et al.* (2010). They revealed that feedback on a daily basis during car journeys, rather than at midpoint and end of their placement, enriched their experience by boosting their confidence and their ability to achieve. As a registrant, reflecting on my role as a community mentor, I hadn't always appreciated that these discussions meant so much to the students in relation to boosting their confidence and their belief in achieving.

Students who did not have a structured learning environment found the unknown to be frustrating.

"It was frustrating; it was the unprepared that I didn't like. I don't like uncertainty; I'd rather go into placement on a Monday and know where I was for the rest of the week" (007 Interview).

Participant 007 started her placement without being assigned to a mentor. The reason she felt an inconvenience, which is discussed later, was twofold. She felt frustrated that 'it was not her job'. Firstly, that she had to ask team members on a daily basis if she could work with them the following day and, secondly, she did not drive. Thus, once it had been decided who she was to work with (sometimes later in the evening when working hours were finished) she then had to plan a bus route, in an area that she was not familiar with, to travel to the destination of the first patients' home, to meet who she was to work with the following morning.

Participant 007 felt that as she was not assigned a mentor initially, she struggled to form a supportive 1:1 relationship. As she was 'passed from one nurse to another', she felt in the community it was more important to have an assigned mentor than on a hospital ward. This suggests that without the 1:1 mentoring relationship to guide her through her community placement she would be set up to fail.

"When you're learning. You've got that 1:1 relationship, so you're sort of reliant on that person that you're with to guide you through learning and if you haven't got that then it just sets up walls for failure, really. In a hospital it's completely different, you've got so many members of staff you can go to for help, whereas if you've got that 1:1 relationship, then that's what you've got to deal with and get on with, really" (007 Interview).

Therefore, when participant 007 was assigned a nurse to work, with she felt relieved, supported, and listened to. Her mood changed from being anxious to happy within the first hour of meeting her assigned mentor.

"This makes me feel really happy that straight away within the first hour of meeting her, she is understanding of how we need to be prepared for these situations, and that within the first week we are going to be actually sat down and discussing a plan of what we need to" (007 W1).

When meeting her mentor, participant 007 felt reassured that her organised working week was going to be structured.

"A lot more reassuring, just to know where you're going to be and who you're going to be with. It's just sorts of that format that you need. (007 Interview).

Participant 001 felt at ease and able to organise her workload when her day was planned out ahead of her.

"I like to be organised; I like to know what's happening, what I need to do to complete something and like, what's going to make me feel like at ease" (001 W1).

Often, students state that, whilst they have many learning opportunities on hospital wards, they perceive they may have challenges to meet their competencies in their Practice Assessment Document (PAD) in a community setting. As soon as initial discussions have taken place with community nurse mentors, students stated that they were more relaxed as they knew that they have many opportunities to achieve the requirements in order to complete their PAD competencies and pass their practice placement.

"I think my mentor is going to take the time to… Help me learn as much as what I want to and even on the certain areas in the PAD document that I was thinking maybe wouldn't be covered in the community, she has said "we'll try and find a way or find someone who you can go and be with for the day to try and experience it"" (001 W1).

Whilst students thrived on a structured and organised learning environment, they felt upset and described chaos when things did not go according to plan. Many felt stressed when there was no organisation, or when working arrangements were changed at the last minute. The following quotation illustrates how using a voice recorder captured the here-and-now experience. Participant 007 recorded in-depth detail which captured the quality of her emotion as she was feeling it, and as she described having no routine as absolute chaos.

> *"I was worried, and I was stressed. That's what it was like; it was like just an endless circle of me going around talking to different members of staff from the community staff nurses to the matrons to the sisters to the auxiliaries that go out into the community and just introducing myself, who I was, I currently explained the situation; I don't have a mentor at the minute. They knew the situation themselves, 'cos a member of staff wasn't in that was part of their team and just basically saying like "do you take students?" Or like, "would you feel comfortable with a student going with you?" And then it was like… It wasn't reciprocated; it wasn't like, "Okay, well I understand that you haven't got anyone, so why don't you come with me for the afternoon?" Or "I'll take you out for a few hours. It wasn't like that in the beginning"" (007 Interview).*

Students on community placements usually meet in the morning at the district nurse base (often within a health centre). However, community nurses often structure their day by starting their work at 8.30am, when the rush hour traffic is at its heaviest, and therefore often begin their working day at 8.30am from their patient's home. Whilst this is sometimes nearer to where they live than their base, it avoids driving to base in prolonged heavy traffic and having to double back to their patient's address. Whilst this is lean

working and usual practice for community nurses, they do have to drive to base when they are meeting a student nurse or sometimes negotiate a meeting point.

> *"So sometimes, it could be absolute chaos, having to just go out of your way to certain areas in the morning; you don't know what time you're meant to be there or who's picking you up or whereabouts you're supposed to be and… It's just… I don't know. It's one of the situations you don't want to find yourself in when you've got to be at work for the next eight hours. It's like well, maybe if it was more organised, then the setting of the day would be a bit more positive" (007 Interview).*

The findings show that participants felt 'knocked back' and 'unsure' of how their placement would unfold when there was no routine to their working week in place.

5.2.1 Key theme 1: Mentor explaining daily events.

Students stated that they liked a structured day and that they preferred it when mentors explained the daily events ahead of them happening. Some students stated that they felt less confident if their day was not a structured day in the community and felt more confident when they knew where they were going and what they were doing. Shea, Pickett, & Pelz (2003) suggest when students spend less time trying to understand the structure of a course or learning opportunities, they can spend more time and energy learning the content. They go on to say that when students experience a high level of instructional guidance and organisation, as participants described in this study, they report higher levels of satisfaction within their learning.

Community nursing differs greatly from acute settings as the daily allocated patients, names and addresses are printed from the computer system. The nurse then prioritises daily visits around patient care and travelling. Often nurses allocate work within the team and print this information the night before. If a student has not been present when calls are allocated and printed, they can be apprehensive about what the day will bring. Therefore, when they do know where they are going to be throughout the day, and who they will be working with, this makes students more confident.

> *"I think, because once you know where you're going to be, what time and who with, you can schedule your day around that, so you know where you're going to be at what time. With not knowing, you cannot feel confident in that area, so when I knew where I was, I could schedule my day around it. I knew where I was going to be at certain points in the day, which… It makes it flow so much easier" (007 Interview).*

Participant 002 described a really good day in that it was great that her mentor was very keen to explain everything to her.

> *"It's been a really good day; she's a really great nurse and she's very, very keen to explain everything to me as well, which is great" (002 W1).*

5.2.2 Key theme 2: Mentor explain procedures.

Clinical competence, or students' lack of it, does seem to increase anxiety and, in particular, this is the case when working so close to a mentor in this 1:1 relationship that the participants in this study encountered. The students in this study liked their mentor to explain procedures in a way that they understood.

> *"I like to learn by knowing why things happen and I do ask a lot of questions as well, consistently, 'cos I like to know why things happen and she just… Like in a language that I knew; nothing complicated; it was just very simplistic, the way she explained things and why she was doing it and she went right into everything, which is really important because there's no point in sitting watching somebody do something if you don't know why on earth, they're doing it" (002 Interview).*

As student development is key to the nursing profession, knowledgeable and competent nurse mentors ought to support students in the development of their skills and confidence, while encouraging a professional relationship (Kinnell and Hughes 2010). Participant 001 reiterated this by stating that because her mentor thought about her learning it enhanced their relationship. However, she also recognised that, as a mentor in the future, she may even forget about slowing things down to engage her own student. She explained that her mentor was very good because she did remember to explain procedures in order to enrich her learning.

> *"Like, in the beginning? Erm, I think we had a good relationship because I feel like she was thinking about my learning, .and she was… She would never, rush off and do things on her own; she'd always explain what she was doing and why she was doing it. Which I think even for me, if I was training someone, I think I would forget sometimes, whereas she was always really good at… She's very calming" (001 W1).*

Participant 002 described her time in the community as an opportunity to gain confidence. Comparing acute settings to community, setting she described the relationship with her mentor as far better than that in an acute setting. Mentors in the acute settings are working with many members of the MDT, and many students, at the same time in a bustling ward

or department area. Meanwhile, community nurse mentors also work with the MDT, yet participant 002 described that being in a closer, 1:1 relationship with her community mentor allowed the time. This in turn made her feel more confident to try new skills as opposed to lack of 1:1 time in acute settings.

This coincides with the work of Simmel (1964), cited in Wolff (1950), who proposes that smaller groups have qualities, including types of interaction amongst its members, which inevitably disappear when a group grows larger. The work of Simmel (1964) and the notion that communication differs within group sizes will be returned to later in the discussion chapter.

> *"The community has given me a lot more confidence in trying out new skills and I think it's because the relationships are far closer than on the ward because, with the best will in the world, your mentor on the ward hasn't always got a great deal of time to give you. It's quite hard to pin them down and get that 1:1 time, but on the community, you've got that far better relationship, where if you're well supported in it, you just feel far more confident to try out the skills that you wouldn't be given a lot of time in on the wards" (002 W4).*

As in all healthcare settings, not all nurses work full-time hours. When community nurses are part time and have a full-time student, the student either takes the opportunity to plan a learning zone, which means working with another member of the multidisciplinary team (MDT) outside the community team when their mentor is off duty or takes the opportunity to work with another community nurse within the team.

Participant 006 compared the nurses she worked with. She felt disheartened when she realised that one nurse was explaining procedures to her and teaching her professional terminology that she had not heard from her mentor before, despite working together for the previous 6 weeks. In the period of evidenced-based healthcare, it is a mandatory requirement that the care provided by nurses is associated with optimal patient outcomes, therefore demonstrating the highest degree of patient safety and quality care. The use of regulated nursing terminologies and classification structures are a way that nursing documentation can be leveraged to create evidence relating to nursing practice (Strudwick and Hardiker 2016).

> *"I've had a good day today. I worked with a different nurse I haven't worked with before and I feel like she taught me more. She was explaining dressings; she was explaining wounds and explaining how they looked and like, I was taking the dressings off and washing legs and she was putting the compression on; she was explaining why and it's kind of made us realise how… I haven't really been told that stuff before. Erm… So, it's kind of highlighted that maybe I'm not really being taught in the best way. But never mind. I don't know. It's kind of disheartened me a bit, 'cos it made us like think about how my mentor tells us stuff and how I haven't been getting everything that I could have been and it's like week six and that's not good and they talk about all these terms like, over granulation and they don't… She's never really explained any of that to me, so I'm a bit disheartened really" (006 W7).*
>
> Participant 005 described a positive experience with her mentor taking the time to explain a procedural step in safe nursing care. She then went on to describe, in contrast, a negative experience with her co-mentor who told her that she was going to demonstrate a procedure of administering insulin to a patient, then administered it so quick that the student did not actually see how to do it. In relation to this

experience, the approach to teaching and learning styles will be discussed within the discussion chapter.

> *"She also ensured she talked me through identification of patient, ensuring it was prescribed and signed for before administering. I found this really good because she could have just done it all herself without explaining anything to me, just to get the job done – but she took a bit longer so that she could explain to me, as a student, how it works to show safe nursing" (005 W1).*

Current emphasis upon community-based health care has resulted in an increase in both quantity and complexity of the community nursing workload. Simultaneously, educational developments have indeed led to additional responsibilities for community nurses supporting nursing students on community placements (Kenyon and Peckover 2008).

Therefore, in contrasting impacts on the learning of students, participants 005 and 002 both described their experiences.

> *"Erm, when it came to the… Co-mentor actually giving the patient the insulin, she did it very quickly, so I didn't actually really get to see what was going on, which is something that she said I would get to see, but it was done so quickly I didn't actually get to see it" (005 W1).*

Participant 002 was a mature student who was a hands-on learner and thrived on practising the procedures that she had previously learned. Community nursing teams often run a clinic within the health centre on a daily basis to care for the wounds of patients who are not housebound. This is where students can get repetitive hands-on experience as patients come through the door one after the other at a much faster pace than visiting patients from house to house. Participant 002 felt frustrated when she was overruled in her request to

carry out procedures such as wound care dressings or suture removal to gain the valued experience, leaving her feeling belittled when her mentor took over.

> *"She would say in the clinic, "do you want to do this?" And I would say "yes, great", but then she would just kind of take over. So again, really frustrating. It made me feel quite silly and kind of useless. It made me feel a bit useless if someone's just going to say, "do you want to do it?" and then do it themselves. It's like, well, it's kind of what I do to my children when you think: oh, it's quicker to just do it yourself. It's that kind of thing" (002 Interview).*

Herriot and McNulty (2021) also describe conflicts relating to hierarchy as a known barrier to interprofessional practice amongst teams in healthcare. Participant 004 described a feeling of self-doubt in a negative experience of feeling that a nurse she was working with during her mentor's day off was not approachable. The hierarchy of the nurse also belittled her and impacted on her confidence to learn.

> *"It definitely impacted on my learning whilst I was there because it made me feel quite… Not taken aback, but I didn't feel she was as approachable as the week six… But like the little things like I'd say, "is it this type of dressing?" She would say "oh no, it's not that dressing" and I don't know what she misheard me, but then straight away, she would… "Oh, well put this dressing on" and it was the same dressing I had said, so I was a little bit like oh, right, okay. And I was kind of thinking: well, I did just say that. But then I didn't obviously say anything, so that made me think: did I say it wrong? Did I get it wrong? You know, self-doubt straight away, and that was the tiny link between that nurse and my mentor straight away. But at the same time, I think she was just having an off week. I didn't know, really. I couldn't really put it… 'Cos I think sometimes something was going on at home and her personal kind of life kind of got into her professional life and… I*

know they say, 'don't bring it to work', but at the same time… That was the week I think which impacted on my learning" (004 Interview).

One of the ways that anxiety seems to be decreased, therefore enhancing the learning experience, is when a community mentor explains procedures in a simplistic way so that the students can clearly understand.

"She explains things in detail, but in a way that I'll understand as well as a student and she's also gone right through the computer system with me as well, to show me what… Exactly what they do" (002 W1).

In contrast, participant 006 described a day when learning did not take place as the relationship did not allow the confidence to enable the student to ask questions.

"I probably didn't learn as much today as I have been, because I feel I can't ask her questions, because I don't really want her to think I'm stupid or I haven't understood" (006 W2).

The findings in this key theme show that all of the participants have clearly presented what they perceive as essential components of a good day in the community. Students' views are presented and clearly identify the importance of mentors explaining procedures explicitly for the student in a way that they understand.

5.2.3 Key theme 3: Reflective discussions and feedback

The 1:1 student nurse and community mentor relationship aids reflection in active discussions that students felt were beneficial in learning more than they would with a mentor on a busy hospital ward. The car journeys together when travelling from one patient's home to another allowed private conversations which aided the consolidation of student learning. Regular discussion and more structured reflection opportunities throughout the placement will also benefit both mentor and student (Pritchard and Gidman 2021).

> *"Oh, definitely. You're with them constantly and I think I've found, when I have been on ward-based placements, my mentors were very, very busy, so I'd do stuff with them, but I wouldn't always know why I'd done it, whereas in community, I always had that time after in the car, to be like: why did I do that? What was the reason? So, I felt like I learned a lot more within the community, having that one-on-one relationship. 'Cos, I had the time with them to actually find out everything I wanted to know" (005 Interview).*

Regular reflection in discussions during car journeys with community mentors were described as 'massively important' to some students to reassure them that they are on track with the stage of their programme.

This is reiterated by Pritchard and Gidman (2021) who propose that discussion and reflection with students reinforces the notion that support from a good mentor is paramount. They also state that as nursing is a challenging profession it is vital that mentors emphasize the importance of being able to link theory and research into nursing practice with the purpose of providing holistic care. Facilitating reflective discussions

allows the student to demonstrate the integration of theory and practice. Participant 002 described how important feedback was to her.

> *"So, it's good to get that feedback all of the time and for her to say "you're so good at this, your aseptic technique, for example, is brilliant. If nobody's telling you, then you have no idea, really" (002 Interview).*

This was reiterated by participant 004, as she described constant feedback during car journeys as showed good mentorship. She felt confident in the relationship to ask if she was on track to pass her placement.

> *"And she was asking like in the car, she'd just be saying: "Oh, how do you think you're getting on? This is how I think you're getting on…" So, feedback constantly, so it was really good, and I was always asking if I was okay, and I was getting on okay because I was wanting to make sure that I was on the right track before we had to sit down and explain if I wasn't on the right track. So, I think that, for me, that was a good mentor" (004 Interview).*

Although it has been investigated for decades, how students thrive on feedback, Winstone and Carless (2020) explain that there has been a significant shift in higher education in that they no longer define feedback as information, but take a socio-constructivist viewpoint and identify the process of feedback as sense-making ,in which both the teacher/mentor and students have an active role. This was reiterated again with participant 007 describing praise in the form of positive feedback as giving her confidence that she was on track for the stage in her degree.

> *"I think feedback's massively important, especially at this stage in your degree. I feel like, you might feel that you're doing okay, but unless you actually hear it back*

from someone that knows what they're doing, you might be doing it completely wrong, so to hear praise and that I was doing really well and the tasks I was carrying out were correct and that I was getting along well with the team and there was like a really good support there, it was lovely to hear. It just gives you that big of a confidence" (007 Interview).

Students identified that they have a boost in confidence when they receive feedback, so prefer to receive it at any time during the day, for example within the 1:1 relationship during car journeys. Participant 005 stated that feedback is nice to hear at random and preferred not to have to wait until they take time out to have a scheduled meeting with their mentor.

"I've had a bit of a confidence boost today because I do doubt myself a lot and when we're going to a patient's house or a visit, she was talking to me in the car, and she was saying how she's seen a big change in my confidence from when I first started to know. But now I'm not over-confident; I'm just right in how I've improved.

And then she was saying… As a second year, obviously, we can't go out to patients' houses by our self, but she says that if I could, she'd fully trust me to go out and provide wound care for patients and do the documentation and that's made me really proud, and it's made me want… Like it's gave me that feeling of knowing why I want to be a nurse and I think it is really nice when a mentor gives you this feedback … Like, it doesn't just have to be when you're doing your interviews, your mid-point interviews and your final interviews; it's nice to hear it, like, just randomly and that's exactly what she's done, (005 W4)

The above quotes clearly highlight a positive 1:1 relationship a student may have with a community mentor who explains daily events and procedures and allows time for

reflection in action discussions which students perceive are more viable than on busy and noisy hospital wards. In contrast to students thriving in a structured learning environment, with regular positive feedback during private discussions in the car, the following key theme presents findings where students struggled with having no structure to their working environment. Students not being assigned to a specific mentor, for instance, had a negative impact on their experience.

5.2.4 Key theme 4: Students not being kept in the loop.

The impact of students not being informed of events that took place was particularly evident in this relationship, for example when participant 007 had not been assigned to a mentor and the rationale for this was not discussed with her. Keeping students informed of changes of circumstances around them certainly seemed to alleviate apprehension and anxiety. Therefore, the impacts of uninformed students will be discussed regarding later in the discussion chapter.

> *"That was also something I found a bit uncomfortable, was the fact that day today, I didn't know what was going on and that I wasn't sure who I was going to be with, so even though I was assigned these people, those days maybe didn't tally up to who I was going to be with and that left me uncomfortable and just not knowing what was going on" (007 Interview).*

Explaining the situation and a rationale why participant 007 was not assigned a mentor would have alleviated her apprehension and settled her nerves. Moller *et al.* (2021) suggests that the majority of research carried out with a focus on clinical communication is on the students' skills, whilst the transfer of communication of teaching/mentor skills is

investigated much less. Moller *et al*. (2021) also state that communication skills that are learned in the classroom by teachers/mentors do not transfer easily into clinical practice as they are not reinforced by teachers in a workplace setting. It is obvious in the verbatim quotation from participant 007 that her anxiety did not initially come from her mentor being sick and the fact that she would be left without her. It was instead that she did not get an explanation to why she was not assigned another mentor or given a solution to the problem.

> *"But I was definitely anxious and apprehensive at the fact that both my co-mentor and mentor was off, and I just felt that I was unlucky in that, well what's going to happen now? It just left us hanging a bit. I think my apprehension and anxiousness could have been solved a lot earlier by just saying, pulling me to the side and just saying "look, we understand what's going on; we understand circumstances haven't played outright and that you haven't been left with a co-mentor or a mentor, but this is what we're going to do instead. It would have definitely settled my nerves if I had been told early on, like "look, this is what's going to happen; we're going to be sitting here; this is who you're going to be assigned with tomorrow and then the next day and the next day" (007 Interview).*

When asked if that changed when she was assigned to someone, the student replied.

> *"Just knowing that you had somebody to fall back on and someone that was going to be there to answer your questions and you were allocated someone specifically for you and that the attention was going to be on you and when you needed help was a relief" (007 Interview).*

Again, this is more prevalent in the community as the 1:1 relationship develops over the 8-week period of their allocated placement. This may be highlighted more if there is another student who has been assigned to the team and has actually been assigned a mentor.

As discussed earlier, participant 007 who did not drive and thus found it frustrating that she was not kept in the loop during office hours of who she was to work with the following day. Lack of communication became challenging for participant 007 as she felt she should not be responsible for organising who she should work with each day.

> *"I was allocated this co-mentor, but I was never sure between this co-mentor and another staff nurse I was fluctuating between, so it meant me having to take their personal numbers and actually texting them the night before and asking: was I with this person or was I with this person? And organising it myself, which I understand you have to take some responsibility in organisation, but I don't feel… That wasn't my job, to be responsible for where I was put. I think it should have been organised from Monday to Friday and that was that" (007 Interview).*

Students explained through emotive examples that they were shocked and that it was not the best experience when agreements are broken. One student stated that not being kept informed made her feel like an inconvenience.

> *"I had explained I don't drive, and I said I can compromise with public transport. So, I was a bit shocked. I was like well, I didn't do anything wrong. I was left in the lurch at quarter to eight in the morning with 40 minutes to get to a certain place. And she explained: well, just letting you know, you will get an earful and you might be warned that in future, you will have to make your own way to certain places. So that wasn't the best of experiences" (007 Interview).*

Lack of communication from team members made it impossible to allow participant 007 to organise her day ahead. She felt like an inconvenience to the team.

"I would have to get public transport to meet them. That would mean sitting on public transport for half an hour and not knowing 'til the day before means having to get up extra early to wait for a text back, to find out where you were, to then find out what bus you were having to get on, to then meeting them at a certain time. 'cos you think: well, why can't this have been done the night before? At least if it's done the night before, then you know what time to get up, you know what time your bus is due, or you know what time to leave to walk round to the place where you're meeting. It just sets you off for a bad day, I think. I felt like I was a bit of an inconvenience for them, or a bit of a nuisance because I was texting the day before, but not only did it mean I was having to travel and them were having to go out of their way to come and pick me up or meet me in a certain area" (007 Interview).

It is evident that the data distinctly revealed that all of the participants indicated that structure in the learning environment for a student nurse is important to aid their learning in the community. Students collectively stated that they felt uncomfortable when they did not know what their daily routine would be and described how they felt a lot more reassured when they knew where they were going, and which nurse they were going to work with. The findings illustrate that the participants who had experienced a structured learning environment from the onset, with good communication during this 1:1 relationship through their community mentor, had an enhanced and more positive learning outcome.

5.3 Overarching theme 2: Belonging

The following mind map Figure 16 illustrates the overarching theme of **belonging**, the second overarching theme that emerged from the findings. The narrative presented is the verbatim quotations which represent the research phenomena experienced by the student nurses.

Figure16: Mind map of overarching theme 2: Belonging

Belongingness is described as a human emotional need to be accepted by a group of others. This refers to family, friends, or co-workers. Humans are thought to have an inherent desire to belong to a significant part of something greater than themselves (Whyte and Nocera 2002). Belongingness is a phenomenon of significance to nursing students and any individual involved in their education (Levett-Jones et al. 2009). As in the aim of this study, and more in keeping with nursing students being placed in community teams, the need to belong was a predominant overarching theme that emerged from the students' experiences. When on community placements students are placed in sometimes remote areas and with mentors they have not met before. More importantly, they are placed with a mentor to work in a 1:1 relationship on a daily basis for a period of 8 weeks. Psychologists and social scientists indicate that the need to be accepted and belong is not only common, but also a powerful influence on cognitive processes, emotional patterns, and developmental responses, and is essential for health and wellbeing (Maslow 1987, Baumeister and Leary 1995, Hagerty and Patusky 1995). This overarching theme of **belonging** integrates with key themes of **team positivity** (which in contrast presents the students' voice during team negativity), **feeling part of the team** (in contrast to feeling unwanted), **mentor disrespecting student,** and **not being mentored.**

5.3.1 Key theme 1: Team positivity

Students enjoyed working in a team that was positive. Participant 002 thought it was very important and felt that she was joining a positive team as team members went to the reception area to meet her when she initially arrived.

> *"Everybody straight away suddenly came down to meet me at reception and then you feel that people, actually want to know something about you. Yes, it's very important" (002 Interview).*

Participant 007 was taken to the district nurses' office, whilst the team made an effort to introduce themselves, and she felt that her apprehension was alleviated.

> *"They did make an effort and they sat there, and they did introduce themselves and what their role was, so I think my apprehension stopped" (007 Interview).*

Clinical placements offer the opportunity for professional socialization by means of allowing nursing students to experience what registered nurses within the team feel and think about what they value, and how they communicate and interact with one another (Levett-Jones & Bourgeois 2007). The importance of this is that students found that when teams were positive, welcoming, and friendly towards them, they felt more comfortable to engage in personal and professional conversations when the team met back in the office during lunch times. As relationships developed, this in turn impacted on their confidence within the team, and consequently their confidence to learn.

"As well as having that professional relationship, it's really nice that at lunchtimes and in the mornings before I start, we can have like a friendly conversation as well as like a working relationship (005 W4).

One student described how important it was to work in a positive community team. As community nurses and their patients sometimes have long-standing relationships that develop over years of visiting both patients and their families. It is fair to say that because nurses have longstanding relationships with patients, it assists in professional discussions so that the students gain deeper insight into patient holistic requirements.

"They're all, quite emotionally attached to the patients as well, like all of them have some emotional attachment with some of their patients; obviously really professional, but they seem to care really deeply about everybody, and they all discuss everybody as part of the team" (002 W3).

Participant 002 felt that positivity in a team was important in every workplace, although did state she thought it was especially important in nursing.

"Everyone was lovely, they were a really good team and I think a good team is massively important to any workplace really. Not just nursing, but especially in nursing" (002 Interview).

The findings in my study show that participants found it important that the team they were in was positive in the way that they welcomed students into their team. Students reported that apprehension was lifted when they knew that the team welcomed them and was

positive about them being there. Levett-Jones, Lathlean and Higgins (2014) state that when the students' search for belongingness is achieved, it provides access to privileged professional relationships. Although aware of their status as a student, they consider themselves very much part of the nursing team, as illustrated by the following when participant 002 found that the team that she was in were collectively willing to help her learn. She also considered that she had made professional relationships that she would continue after her placement had ended. Rather than just another student passing through who was placed within the team, belonging to this team rendered participant 002 as a valued and accepted team member, and ensured she was regarded as a future colleague within community nursing.

> *"I'll definitely keep in touch with them. I think I've kind of made some friends for life in this placement; they've just all be so wonderful and supportive. I feel really quite sad that it was my last day, as it's been massively enjoyable. Yeah, I've learned more on this placement by far than on any other placement and I think that's a lot to do with not only the 1:1, where you've got plenty of time in the car to ask questions and chat about things… They've got more time to show you, for you to learn your skills, and it's helped as well that they've all been so willing to help me; they've just actively wanted to and found things for me to do and, like brought the preceptorships in for me to have a look at. They've just brought everything in that they've got to show me and help me. They couldn't have been a better bunch, to be quite honest. I couldn't imagine being anywhere else; they've just been absolutely wonderful and it's the best staff team… Like even in my jobs before – nursing – that I've ever worked with. It's been an absolute pleasure, I've learned so much like I said, and it's been absolutely brilliant. The most positive placement I've been on to date" (002 W8).*

Houghton (2014) and Luanaigh (2015) suggest that a sense of belonging is crucial even beyond being a student, as it also forms a vital component of on-going professional

development as a registered nurse. In contrast to the above quotations from students who enjoyed times of being part of a positive team, quotes regarding times of team negativity are presented below. Students who had negative experiences described the challenges they encountered in the community when there was a conflict in teams, which was described as having an adverse effect on student learning. Participants described feeling like a spare part and had the knowledge that they were not going to learn anything or acknowledged that they did not want to be there.

Some participants stated that when there is tension in the community team, or the team is negative, it has had a direct impact on their learning as they say that "you kind of lose your enthusiasm and not want to be there". One student stated through her narrative that she felt like an inconvenience. This is more noticeable in a community setting as a student cannot do as they would do in a ward environment by using any time available to initiate patient care, or perhaps assist a nurse mentor with patient care.

Nassa (2020) proposes that toxic work environments are disheartening, and toxic teams create stress to everyone around them and, beyond that, generate infectious work environments. Participant 007 initially felt that she was being welcomed into a positive team when she met team members. However, as challenges unfolded, and she was not assigned to a mentor, she felt as though she was an inconvenience to the team.

> *"Again, just not welcomed. From being the most welcome person in the initial beginning to not…. Just feeling like an inconvenience and that I was just bugging everyone … I felt like I was a bit of an inconvenience for them, or a bit of a nuisance because I was texting the day before, but not only did it mean I was having to travel and them were having to go out of their way to come and pick me up or meet me in a certain area. So, I felt like when I got in the car… It wasn't*

awkward, nothing was ever said to me personally, but I got the feeling that: well, I've had this student for x amount of days, so why have I got her again, sort of thing. So that wasn't the best feeling to have. You feel like… You don't want to be an inconvenience; you want to be an accessory; you want to be an advantage to the person" (007 Interview).

There can be friction in all teams. However, participant 001 found the friction between members of the team she was placed with awkward to work in.

"There's a bit of friction in the office, but I can't really work out who it's with. Sometimes it seems a little bit awkward" (001 W8).

Nassa (2020) suggests that nursing work environments are stress generating by nature, and that, globally, nurses at work are challenged with a diverse role which is demanding. It is also often distressing, they work long hours, have a huge workload, often cover staff shortage, and have an ongoing obligation to meet patient needs in tight timescales. All of which Nassa (2020) states are major determinants of physical and emotional exhaustion. Consequently, nurses are subject to comprehensive stress which originates collectively from the physical, psychological, and social aspects of their role. Community teams meanwhile can vary in size, be housed in unsuitably sized office areas, and often work under extreme stressful conditions. Whilst students thrive on team positivity, it is a challenging environment to learn whilst working with a team that is negative. Participant 006 described a "really hard environment to learn in".

"I find that's a really hard environment to learn in, if you feel that everybody's negative about stuff and nobody really wants to be there and I find, as a student,

that that's quite like… It's a rubbish atmosphere, 'cos it makes me not want to be there and you kind of lose your enthusiasm a little bit" (006 W6).

The findings in my study show that participants feel that team negativity impacts on their learning by stating it is not a good learning environment which makes students feel that their enthusiasm for being there diminishes.

5.3.2 Key theme 2: Feeling part of the team.

It is essential to appreciate how students develop their sense of identity as professionals, and in which way a clinical placement can influence the professional identity of a student (Weaver et al. 2011). Community teams spend lunch breaks together in the community office, and this differs greatly from acute settings. Team members from busy acute wards and departments are often sent to hospital canteens for lunch alone, or with members of the larger team from a ward environment that students may have not met. Students therefore report that it is important to them when they have a good 1:1 relationship with their community mentor. They state that it reflects well with community team members as they interact informally, by being involved in their conversations, laughing with them, and feeling really comfortable whilst the team take the time to get to know them personally. A process which can take place entirely as the whole team spend time together in the office during their lunch break.

Participant 006 stated that feeling part of and comfortable in this 1:1 relationship generated confidence, which was reflected in her work and subsequently the patient experience.

"But I think that makes me feel really comfortable and like, I think it's nice that it's like that and if we're relaxed and comfortable and confident with each other, then that would then reflect in our work and how the patients pick up on us" (006 W7).

Participant 005 described a happy atmosphere as she formed a team with her mentor and co-mentor.

"I really do feel part of the team with both my mentor and co-mentor and it's a really happy atmosphere to work in" (005 W1).

Whilst students are attempting to familiarise themselves with new settings, routines, and staff within a team, they focus on little else but fitting in and being accepted (Nolan 1998). Initially, when the team introduced themselves to participant 007, she felt welcomed. As the team introduced their roles and what they entailed, participant 007 felt that she would have a role to play and fit into the team regardless of her student status. She felt that because everyone had a role to play, she would be supported and not judged for her lack of knowledge as a junior member of the team.

"Massively important. That was one of the main feelings that I got off the team I was in; you felt like you were part of the team, you felt welcomed, you felt like you weren't any lower than someone who had 36 years' experience as a nurse. You didn't feel any less capable, that you were always there to be supported and no one would judge you, I think that just made it brilliant" (007 Interview).

Participating 002 also reiterated this, stating that learning a lot from one particular nurse helped her integrate into the team.

> *"It's been a really positive day; I feel like I've learned a lot from this particular nurse, and she's made me feel like a real part of the team, so it's been really good" (002 W5).*

As discussed in the previous theme, structure in the learning environment, the community nurse's day usually starts at the first patient's home. Patient visits are prioritised throughout the morning, and visits are carried out until lunchtime, when the team meet back at the office. After lunch, and before late afternoon visits begin, nurses spend some time co-ordinating patient care by making telephone calls to the MDT. Students may take an observatory role during this time, and participant 002 described a really good experience of feeling part of the team during a period of staff shortage where she was involved in making the telephone calls alongside community staff nurses. She felt good knowing that they trusted her to make the calls and that they had accomplished important tasks together.

> *"I made lots of phone calls; I just really felt like part of the team, as obviously they were quite short, so it was a lovely feeling that I could help out and it was also good that they gave me that chance to help out, really. It made me feel really good that they thought I was capable of doing it, so it's been a lovely little day, like a little team effort" (002 W3)*

When participant 005 was invited to the MDT meeting by her mentor, she felt that she had not only been made to feel part of the community nursing team, but also a part of the extended team, which includes the patients' GPs. By asking the professional opinion of participant 005 in front of the GPs, her mentor was said to have allowed her to bring something to the team in relation to patient care.

"My mentor made me really feel part of the team by inviting me to the meeting and when we go there, she discussed with other GPs and they all actually said that they were happy for me to have input as well, for the patients that I knew, if there was anything that I wanted to say and my mentor actually was really good; she'd say her piece on the patients and then she'd turn to me and ask for my opinion. Erm, so as a student, I felt like really part of a team and that I was actually bringing something as well if there was anything which my mentor missed" (005 W3).

However, in contrast to the sub theme of feeling part of the team:

"I sometimes feel like I'm getting in the way, the office is quite busy usually, so in the afternoons, so I take myself off to sit at a different computer in the common room, to let everyone, get on with their work, so I get to miss out on a lot of the 'team spirit' of the whole thing" (002 W3).

To reiterate the above, participant 005 described afternoons when the team of staff nurses were documenting patient care and how not being included made her feel like a hindrance.

"I have felt at times in the afternoons like a bit of a spare part because they're doing all their writing up and things like that and I sometimes feel a bit more of a hindrance than anything (005 W3).

Participant 007 went on to explain that, as a student nurse, she is there to learn and to improve the burden of the workload. She explained the situation of feeling unwanted had upset her.

"It's a bit upsetting because you're there to learn; you're there to help them out if anything; you're there to improve the situation, so it's not the best of feelings when you feel like you're not welcome or you shouldn't be there, type feeling" (007 Interview).

Participant 004 stated she had past mentors who were described as good mentors; however, she didn't feel they enjoyed the role as a mentor and lacked enthusiasm in teaching her, and this made her feel unwanted.

> *"I've had past mentors which I… I think they were alright mentors, but I didn't think they wanted to be mentors and I think they were a bit sick of their job, so it made me kind of felt unwanted, really. And felt like… If I'm going to be in this environment, I don't really know if I want to be learning in this environment, 'cos it was a negative attitude and environment, so I didn't learn very well – and I didn't" (004 Interview).*

The findings show through the narrative that students had an "absolutely brilliant" and "positive placement" when they felt very much part of the team. Also, students experienced professional inclusivity when they were treated as future professionals by their mentors and the wider team. Weaver et al. (2011) suggests that, by mentors integrating them into the team and by involving them in daily nursing tasks, students are made to feel like a valued member of the team. It also helps them to feel that they were doing the job that they were training to do, gives a sense of peer unity and a shared sense of identity as nurses within clinical teams. However, in contrast, team negativity and feeling unwanted is described by participants as being "awkward" and "a bit upsetting", and this feeling of inconvenience therefore reduces students' enthusiasm to be there.

5.3.3 Key theme 3: Mentor disrespecting student

To aid smoother transitions into professional practice, student learning ought to include students undertaking authentic, rich, and clinical practical learning experiences, the development of interpersonal and teamworking skills, the development of professional identities, and gaining insight into professional expectations. However, students can face negative experiences such as exclusion, exploitation and unsafe or unethical practices. Such experiences can impact students' mental health, confidence, performance, and attitudes towards their profession, plus deter their learning and professional identity development. Students in this study reiterated this by reporting a feeling of being disrespected by their mentors. One of the ways they felt disrespected was that of being called "the student". Participant 006 encountered this many times, which she described as being "downright rude".

> *"So today I was working in the treatment room with one of the nurses, who is going to teach me how to take blood and when I was there, my co-mentor rang and referred to me as 'the student'. She knows my name, quite clearly, she's spoken to me before, but I feel that maybe the respect isn't there" (006 W2).*

Participant 002 felt that her co-mentor saw the team as a hierarchy and, because she is a qualified nurse, she is knowledgeable and that participant 006 as a student nurse is not. Participant 006 felt annoyed when she was made to feel stupid in front of others.

> *"The fact that I was called "only a student" yet again by my co-mentor really, really gets to me. She obviously has no respect at all. In her mind, it's very much a pecking order and that she's right and that I know nothing 'cos I'm a student and I felt really stupid in front of people, and I think that's what annoyed me the most" (006 W4).*

Participant 006 went on to say the relationship between her and her co–mentor was not a positive one, in that her co-mentor continued to call her "the student", particularly as she believed she knew her name. Participant 006 felt unimportant within this 1:1 relationship.

> *"I was always 'the student' to her. Well, it just… It makes you feel like just a number, like nothing… Like what's more frustrating is: she knew my name like even then I believe at that early stage, she knew my name, so the fact that she needs to refer to me as; the student', it makes you feel unimportant and like it doesn't really matter to her whether you're there or not, which was her attitude" (006 Interview).*

Participant 007 described a feeling of being disrespected when she was called the student after being in the team and spending most lunchtimes with her colleagues for five to six weeks.

> *"I had been there five, six weeks, maybe? And I had been in this team, the same team, with maybe ten members of staff. This band two who had called us 'the student' in front of me knew who I was; I had been with them most dinner times, but still referred to us as that while I was sat there, and I felt that was really disrespectful and rude" (007 Interview).*

Also, disrespecting a student in front of a patient made participant 002 lose her confidence.

> *"The fact that I was called "only a student" yet again by my co-mentor really, really gets to me. She obviously has no respect at all" (006 W4).*

> *"On that day, it was just quite brusque, and it made me feel quite silly in front of the patients as well. Erm, and I'm not sure she meant to, but it was like "Oh no, you don't do things like that" and it made me lose a little bit of confidence, to be honest" (002 Interview).*

When asked how the mentor made the student feel in front of the patient, the student's response was:

> *"Quite embarrassed. Quite childlike. Yeah. I think it's harder when you're a bit older as well and it's just quite hard getting told off like that, I suppose. But yeah, it made me feel quite silly. Like, it set me back until the next day anyway" (002 Interview).*

Some students have found the 1:1 relationship with their community mentor considerably stressful, and often feel anxious and vulnerable about it. Students have clearly demonstrated through their deep, emotional, and direct narrative that they do not want to be disrespected as a student nurse, and they want to be called by their name and not "the student". The participants have described that they want to be assigned to a mentor in the community, and that when they are not, they feel unwanted, and that they are in fact a nuisance and stick out like a sore thumb.

5.3.4 Key theme 4: Not being mentored.

Students' expectations are that they are assigned to a mentor and co-mentor at the start of each clinical placement. Participant 005 found herself contacting her peers who were also placed with community teams to discuss her situation of being left alone in the office so early on.

> *"This afternoon, I didn't get to spend much time with my mentor. Both my mentor and co-mentor were out of the office. My mentor was in a meeting for two hours and my co-mentor went home for her lunch and then straight to a visit after. I was left by myself for two hours this afternoon with no one. Not even another community nurse. I did use my time wisely and do work, but I didn't know if this*

was acceptable or not on the second day, to be left for such a long period of time by myself" (005 W1).

When asked in her semi-structured interview to explain, the participant elaborated.

"I don't think it was very good that they did that when I'd literally only just pretty much got there and I did actually message my friends who were also on community, saying "I don't know what to do". Like I was just sitting doing work, but I felt like I shouldn't be there by myself, but then me being me, I didn't really say anything about it again, because I don't like to cause confrontation or anything" (005 Interview).

When Participant 007 was not assigned to a mentor, she found it frustrating that she did not know who she would be working with each day.

"I've been with my co-mentor this week, one issue I have encountered is that the rota isn't actually set-in place for me, so I don't come in on a Monday and know who I'm going to be with every day of the week, which can be quite frustrating (007 W1).

Frustrations turned to feelings of apprehension as the situation worsened. Participant 007 believed that communication was lacking and that she ought to have been given an explanation to why she was not assigned to a mentor.

"I can't lie I was very, very apprehensive, and quite anxious actually when I got told that both my mentors were going to be off for various reasons which sort of leaves me in the dark. I do believe that someone could have actually sat down with me and explained that there is different things which can be put in place and that I will be assigned someone else for the time being and that yet to happen so we will soon see what happens in the week following" (007 W1).

A diverse range of empirical evidence proposes that individuals who are, in fact, deprived of belongingness are more likely to experience anxiety, stress, depression, diminished self-esteem, and impaired cognition (King 2019). A feeling of not belonging, in the way of not being mentored, unsettled participant 007 as she felt like she was floating around without a purpose to her learning. As such, she felt like an inconvenience.

> *"I didn't know who my mentor was at that time, I thought I was just floating round the office for quite a while and just being put with whoever and wherever and whenever. "Well, it made me feel really uncomfortable, 'cos at that point, I felt like I was just sticking out like a sore thumb. I thought that I was an inconvenience to everyone because I hadn't been allocated anyone, I thought that, well no one's been allocated to me, so why am I anyone else's responsibility (007 Interview).*

Belonging was a prominent theme to emerge from the data in relation to the function of the community teams and how the students relied upon the 1:1 relationship with their community mentor to adjust the new environment. Unfamiliar structures, routines, visiting patients in their own homes and working in often cramped workspaces impacted on student learning.

The students' narrative shows that they enjoyed working in a team that was positive. Students who encountered positive experiences of belongingness described a feeling that when they belonged to a positive and enthusiastic team, it evidently supported their learning environment. Students felt a belonging when mentors integrated them into the team by asking their professional opinion during MDT meetings, or when staff shortage prompted mentors to ask students to participate in nursing tasks along with the rest of the

team. This made students feel wanted and a sense of being equal. In turn, by feeling a sense of belonging, the students felt like they were very much part of the nursing team. The students described feeling being part of a community team as making them more confident and competent, which subsequently empowered students to be independent in their practice whilst working with their mentor in the 1:1 relationship. One student who felt that she belonged to the team stated that it makes her feel comfortable and that, if she is comfortable, relaxed, and confident within the 1:1 relationship in the community, it would reflect in her work and how the patients evidently pick up on this.

In contrast, the participants' narrative shows that they felt apprehensive and anxious when not with a mentor. When students were assigned to a mentor, it alleviated the feeling of not belonging. It is evident that belonging in the team for a student nurse is vital in facilitating their learning in the community. The lack of a feeling of belonging has led to detrimental consequences to learning for some participants as they state in the above quotes that they felt that they "weren't welcomed", "have felt like a spare part" or, when there is friction in the team, that it is "awkward" or that it is a "really difficult environment to work in".

Some participants have stated that when there is tension in a community team, or that the team is negative towards each other, this has a direct impact on their learning as they say that "you kind of lose your enthusiasm and not want to be there". Students have clearly demonstrated through their deep, emotional, and direct narrative that they do not want to be disrespected as a student nurse, and as an acknowledgement of this they want to be called by their name and not "the student". The participants have described that they want to be assigned to a mentor and that, when they are not, they feel unwanted, that they stick out like a sore thumb and that they are in fact a nuisance to the team.

5.4 Overarching theme 3: Connection

Connection is defined as something that joins or connects two or more things, the act of connecting two or more things or the state of being connected, a situation in which two or more things have the same cause, origin, or goal. Connection is also defined as a relationship in which a person or thing is linked or associated with something else, for example the connections between social attitudes and productivity.

The following mind map, Figure 17, illustrates the overarching theme of **connection,** and the key themes that emerged from the findings. The narrative presented is the verbatim quotations which represent the research phenomena experienced by the student nurses.

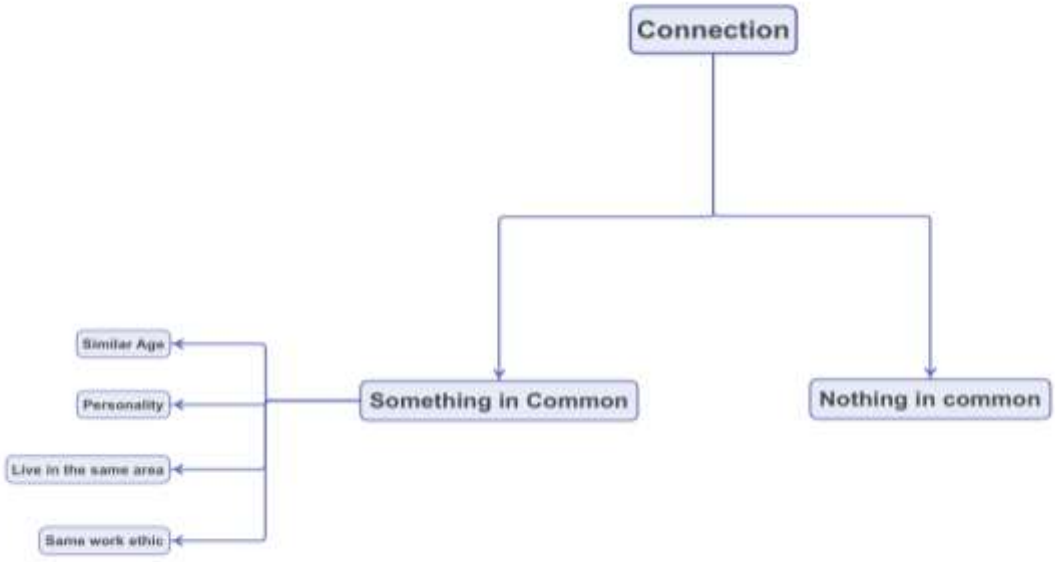


Figure17: Mind map of overarching theme 3: Connection

As discussed in the previous theme, participant 007 remembered how she had feelings of not belonging when not assigned to a mentor. Once participant 007 was assigned to a mentor, where she was able to connect and build a positive 1:1 relationship, she felt that

she was able to concentrate on her learning, and this had a positive impact of the remainder of her placement.

> *"I do feel that the positive relationship I've had with my mentor throughout the course of my placement has had a really, really good impact on the rest of my placement. I can imagine if you have a bad relationship with your community mentor that it would make the rest of the time not as enjoyable and things like that" (007 Interview).*

The relationship between a mentor and a student is crucial to the learning dynamic (Hinchliff, 2009). Describing the difference between the mentor and student nurse relationship in an acute setting of the ward environment, participant 007 outlined how the 1:1 relationship in a community placement has to work. Being in close proximity in the car while travelling to patients' homes and being in patients' homes together amplifies the rationale for making the relationship work to facilitate learning for the student (Simmel 1964).

> *"I think it's amplified by 100% because you've got that 1:1 relationship and you're in each other's personal space eight and a half hours a day if not longer, whereas a ward, yeah there's people, other staff on the ward, but you can walk to one side of the ward and you can be on opposite sides of the hospital. You haven't got that close proximity in a hospital that you do in a car and in someone's home and you've just got to make [better of what you do with it]. You've got to make that relationship work, otherwise, you cannot build on anything above that, and it'll impact your experience massively" (007 Interview).*

5.4.1 Key theme 1: Something in common

Commonalities are described as a sharing of features or characteristics or having something in common such as possession or manifestation of common attributes. For example Kearney and Levine (2020) propose that having a mentor that is of the same race or gender as a student helps make that connection stronger. Meanwhile, Ensher and Murphy (2005) propose that if individuals involved in the student and nurse mentoring relationship have nothing in common, or do not have common goals to work towards, the relationship will not fully develop and affect learning opportunities.

Having something in common in relation to the student nurse and community mentor was a predominant key theme that incorporates the sub-themes of **similar age, personality, live in the same area, same work ethic,** and in contrast, **having nothing in common.**

> *"I definitely think the relationships I've made have made it. I think the whole experience would have been completely different if I didn't get along with them completely. I can just imagine that I just wouldn't want to go into placement, and I'd like just want to leave as soon as I got there if like, people weren't friendly and nice to us and talkative. "I actually genuinely enjoyed going in, 'cos I could connect with them, and it was enjoyable, just like it is when you see your friends. Like you see them and it's enjoyable and I genuinely look forward to going to placement. Not only for obviously the learning side and getting to see all the patients and that I do love, but to see the staff as well, 'cos I had that much of a good relationship with them all" (005 Interview).*
>
> *"I think because we did get on well, personality-wise, she was lovely, which I think made it obviously a lot better, I think if it was someone that didn't really take any interest in me and that type of thing, then it wouldn't have really worked" (001 Interview).*

5.4.2 Sub theme 2: Similar age

Being a similar age to a mentor was a predominant sub-theme that emerged from the theme something in common. Students felt that the 1:1 relationship in the community was more at ease and more comfortable when they were a similar age to their mentor.

> *"I think even just like relationship-wise, it was professional, but it was laid back, because you kind of felt at ease, 'cos it was similar ages" (001 Interview).*

Participant 002 felt that, over time, the 1:1 relationship became really easy with her mentor in that they had something in common to sustain a connection. That they were similar ages, and both had children made conversations flow during this relationship, thus making learning more comfortable.

> *"It's been another great day. It's just really comfortable now; we're about the same age; we both have children and it's just like a really easy relationship. It's professional, but at the same time, it's… Like we're having a good laugh together. It's just really good being there. Really and working with her" (002 W2).*

When asked in her semi-structured interview to elaborate, participant 002 described the 1:1 relationship as relaxed as they got to know each other. They were of similar age, had similar backgrounds, as in marital status and both being parents, and had a lot of interests in common. This facilitated an easy and comfortable relationship, which developed confidence in participant 002's learning and, because her mentor did not make her feel foolish in front of others if she did get something wrong, she had more confidence in front of patients.

"I just think when you've got similar ages, like similar backgrounds, we had a lot in common, it was just very, very relaxed, which made me feel more relaxed when I was doing tasks, like doing nursey tasks and… Kind of like when she asked me a question with other mentors, I'd be like Oh, God, what if I get the wrong answer? She's going to think I'm stupid. But with her, I didn't mind getting things wrong. She never made me feel daft or anything like that. So, because we had that easy relationship, I felt far more confident with the patients as well. I could be myself. I didn't feel like I was on trial; I didn't feel like I was being scrutinised. I knew that she would always tell me when I'd done something wrong, but I wasn't worried about getting things wrong, because I was very comfortable with her" (002 Interview).

Participant 002 went on to elaborate on the impact on her learning due to the positive 1:1 relationship.

"I do feel that the positive relationship I've had with my mentor throughout the course of my placement has had a really, really good impact. She was only a few years older than me, so we had similar interests and we did have times where we'd discuss random things and it was nice to be able to talk to someone about things like that and be able to be myself and I didn't feel like I had to hold back at any point throughout my placement; I was able to be truly honest and truly myself in front of her without worrying that she would judge me or anything like that. So yeah, overall amazing time" (002 Interview).

Participant 005 described how being a similar age enabled her and her mentor to have a lot in common. Having a lot in common facilitated her to feel comfortable working with her mentor as that relationship was friendly.

> *"She's only a couple of years older than me, so I felt we had a lot in common and we spoke a lot sort of like friends, as well as like mentor and student relationship. We were able to talk about other things on our car journeys between houses, other than just nursing things. Erm… For this reason, I feel really comfortable working alongside her" (005 Interview).*

The findings in my study show that most participants found that being a similar age to their mentor facilitated emotional connections which made their 1:1 relationship easy. One participant stated that she was not worried about getting things wrong because she felt having a common connection made the relationship comfortable with her mentor.

5.4.3 Sub theme 3: Personality

Several participants' perceptions of having a connection in relation to personality with their community mentor appeared to make the 1:1 student nurse and community mentors' relationship more at ease, more comfortable and, for some participants, they felt it gave them more confidence.

> *"I think because we did get on well, personality-wise, she was lovely, which I think made it obviously a lot better, I think if it was someone that didn't really take any interest in me and that type of thing, then it wouldn't have really worked" (001 Interview).*

Connecting on a personal level made the 1:1 relationship between participant 004 and her community mentor more effective, as she felt she was able to discuss everything with her. Participant 004 felt that, because of the personal connection, she had a good support system.

"She was approachable, so I think that straight away made our relationship like effective and we just clicked straight away because I knew I could discuss anything and everything with her, even personal things and… Yeah, I think you need to have that because I knew straight away, she was going to be a good support system and I think you need to have that as a mentor in the student relationship definitely"(004 Interview).

Comparing the 1:1 relationship within car journeys in the community and that of an acute ward setting, participant 005 explained she had more time to ask questions in the community. However, she also stated that she can ask questions because of the positive relationship she had with her community mentor. She felt that without this connection and shared interests, she would not look forward to her placement as much.

"In the community, I'm finding I have a lot more time to ask questions because it's very 1:1 when we're in the cars, I feel like I've got more time to ask questions, to discuss what we're done. Things like that, whereas on a ward, you don't get that with your mentor. I currently really look forward to going to placement and I do think a lot of it is down to having such a good relationship with my mentor, Erm, I think if she wasn't so young and we didn't have the same interests, then I might not look forward to placement as much, but as I say, erm, we're able to have a laugh and a giggle; I'm able to talk to her about things like I would one of my friends, so I think it's been really positive so far" (005 W4).

Participant 006 described a feeling of ease and that she looked forward to going into placement. By liking her mentor, she felt that she wanted to do more, which in turn facilitated her learning.

"I really, really like my mentor and I think we get on really well, and like I like her as a person, so that makes it easier; that makes me look forward to placement and want to learn and want to do stuff and want to help her" (006 W4).

The fact that the relationship with her co-mentor was not a positive one, meant that participant 006 described how confident she was when working in a positive relationship with her mentor.

"The fact I had quite a good relationship with my mentor has really, really made a huge difference to how much I've got out of it and the fact that unless she's been off, we've spent time together all the time, so I have worked with other people and seen other sides of the team, but I think because you're with someone all the time and we did get on, which is obviously a massive positive, but it helps with your confidence and the things she'll explain to me, and she wants me to do well and like, it all kind of like goes hand in hand and obviously my relationship with my co-mentor wasn't so great" (006 W8).

Once participant 007 had been assigned to a mentor, the relationship between them blossomed. This was despite the fact that there were some reservations around spending 8 hours a day with one person within the 1:1 relationship, particularly if there was a clash of personalities that would lead to problems. However, over the space of the 8-week placement participant 007 felt the connection they shared, having the same sense of humour and same personality type allowed them to get on brilliantly.

"I feel really confident in this partnership, and I feel like we are going to get on really well and that we are both going to benefit from each other, and I think this placement is going to be as enjoyable as it possibly can be with both of us on the same page" (007 W1).

"In fact, we're getting on brilliantly. We've both got the same sense of humour and I've found that since we get along so well, my anticipations when I did start the community were that being in the car all day with someone, we might have a clash of personalities, which might lead to some problems, but that hasn't happened at all yet, which I'm really happy about" (007 W2).

"My co-mentor I get along with very well. We've both got the same personality type and I find we can talk about a lot of things, and I feel really comfortable" (007 W3).

"Obviously, with time spent with your community mentor, you get to know each other's personality traits and I think with the type of personality that we both had, we were both really outgoing, quite bubbly, easy to get along with, we talk to anyone, we could have easily clashed and not got along at all, but with sending so much time with someone, your personal conversations… Starting to [be spoken to] in the car, and it turned out we had a lot of similar past experiences" (007 Interview).

Several participants described experiences of having a similar personality, where student and mentor could laugh together and, more importantly, use humour with patients. They believed had a positive impact on the patient experience.

"The patient actually commented while I was there on how me and her had a really nice relationship. We could have a laugh with the patient as well as with each other when we were there, and I think the patients liked that and it put them at ease" (005 W6).

Participant 005 was asked during the semi-structured interview to elaborate on this.

"Yeah, they said; It was one particular woman and her daughter, they actually commented on our relationship…saying that we had like a really nice relationship, and we could actually… We had like a laugh and joke on with the patients and they were saying that we got along really well, and stuff and they said it was really nice to see and we weren't always like coming into the house and being dead serious; we could laugh with the patients and laugh with each other and things like that, which I think they liked, 'cos it made them feel at ease. But yeah, that was really, really good for me, like hearing that actually, 'cos throughout my career, I'm going to be working with loads of different people, so I'm going to have to have good relationships" (005 Interview).

Therefore, in contrast, there were difficult issues when personalities differed.

"I wouldn't say we didn't get along; we did get along, but she was a lot more reserved and didn't really talk as much to me; she talked more to the other nurses than me in particular, so I was a bit like, apprehensive about spending the whole day with her" (005 W8).

The findings in my study show that participants who perceived that their personalities were connected got along with their mentor and enjoyed what they described as a positive working environment, as opposed to not having a connection which was perceived as problematic in their learning experience.

5.4.4 Sub theme 4: Live in the same area

Often discussed in the narrative was the connection that the student and mentor had by living in the same area. One participant felt it was a base for building a positive 1:1 relationship.

"With them being from the local area I feel like we had a bit of a connection because we knew the same places and a few jokes were made to and from which we both laughed at" (007 W1).

When asked to elaborate in her semi-structured interview, participant 007 stated that because of this connection her mentor and her were able to easily share personal experiences as conversations flowed. She felt that this connection of living in the same area aided the development of a positive 1:1 relationship.

"So, the fact that we had just some kind of local knowledge and like, we knew the same people, we knew the same areas, the same pubs, the same bars, the same food places, everything like that, we could talk about it, and it was just general conversation, which made… It was so easy, just to talk to them; the conversation always flowed, it was never awkward; there was none of them awkward silence and then we just had the mutual respect for each other when we talked about the same thing" (007 Interview).

"that was reassuring that the person I had built a relationship with; like I said before, that bit of security, I could feel comfortable to ask questions and I knew that she was from the local area, so the conversation again just flowed really well and because she was there to support me, again being a student, she had been newly qualified, I think she was just the perfect person I could have been with" (007 Interview).

Participant 001 felt that having a similar connection with her mentor, in that they lived close to each other, aided the development of a positive 1:1 relationship. This was because

the connection aided her mentor to take the time to get to know her on a more personal level.

> *"I think, in the community, with my mentor, because I did live close by and things like that, she took a lot more time to get to know me. Whereas on the wards and things like that, it's been… There's another student here… Right, this is it, kind of thing. Erm… And I think, obviously, they get a lot of students in and out and things and erm, sometimes you kind of feel like you're just there and a little bit in the way, whereas if you kind of know because I live nearby and things, it was a bit more… I don't know what the word is. It was a bit more relevant to kind of build a relationship" (001 Interview).*

> *"I think because it was quite close proximity to where I live and we know a lot of the same people, we kind of do some of the same things… I didn't know her before I started placement, but I think, because of that, it was kind of like a base for building a relationship. Just knowing something about the area, because I'm from that area and knowing people from that area and just something to kind of connect you in the beginning, I think, helps" (001 Interview).*

Conversations that take place in a car whilst travelling to and from patient homes in the community are far lengthier, and indeed more frequent, than conversations between students and mentors on a busy and noisy hospital ward. Relationships do develop over time, however, and the rich descriptions of the data revealed that having the initial connection is almost an ice breaker in relation to the foundation of a good and positive 1:1 relationship from the student's perspective. The findings in my study show that all the participants that felt a connection with their community mentor, as conversations flowed when they came from or lived in the same area.

5.4.5 Sub-theme 5: Same work ethic

Having the same work ethic as a mentor was another sub-theme that immerged from the findings in relation to having something in common. Participant 006 described, from her perception, having the same work ethic as her mentor making it a "much easier" relationship. She explained that, because of this, as she felt she wanted to listen to what her mentor had to say.

> *"If you have common ground… 'Cos she was older than me. Like her kids were growing up and she had grandkids, but kind of our values and morals were very similar, so… That sounds really deep, and it wasn't really that deep – just general chit-chatty kind of things and it's much easier to have common ground with someone because then you want to listen to what they've got to say; that kind of makes it that you trust them more. And they want to tell you things because they don't think oh, she's not interested, or she's not bothered. But I think like, although they don't have to be your best friends because you're there to learn something; you're there to do a job, but it makes your life easier if you get on, doesn't it?" (006 Interview).*

When asked to elaborate, participant 006 described how enthusiastic she became when her mentor was similar to her.

> *"I'm really enthusiastic, so when somebody is as well and likes your enthusiasm, that just helps you grow and develop and learn" (006 Interview).*

Participant 001 reiterated this by stating her mentor used the same work ethic to her advantage when teaching her. This benefited both mentor and student nurse.

"From me being there, I feel like she was very much on my kind of level, learning-wise and I think she had mentioned that she'd struggled on the kind of academic side, and it was more like practical kind of experiences that she benefited from, which I think she used to her advantage when she was teaching me things. Having me on more practical kind of things" (001 Interview).

However, in contrast, participant 004 felt that her work ethic differed from that of her mentor, particularly as her mentor was intense and questioned everything. Participant 004 explained that, because of this, she felt under pressure and nervous when preforming required tasks.

"I don't know; I just felt very pressurised, so that instantly… It didn't put a barrier up but made me feel a bit nerve-racking towards working with her, 'cos I felt like she was marking my steps all the way through" (004 Interview).

Participant 002 also echoed this by saying that the confidence in her ability was lost when her mentor was more critical in the tasks that she performed.

"I think if somebody's more critical and picks up on things, you lose a little bit of your confidence; you don't feel as confident in your own ability" (002 W6).

When asked to elaborate, participant 002 stated when mentors are not so critical, she is a lot more comfortable when performing tasks, and therefore more confident in her ability.

"It just gives you so much confidence because you're comfortable with the person and you're so comfortable with your mentor – well I was I was really lucky – that you feel like you can, and you can take your time as well. You're not so time

constrained as you are on a ward. Erm, and your mentors seem far less stressed in the community as well because you're out and about, you've got that little bit of extra time. I know they're really busy, but they seem to take that extra time to talk you through things and let you do things, and I didn't feel I was all fingers and thumbs, trying to do things really quickly, as you tend to on the wards. I just felt so more relaxed, and I think when you're relaxed, you tend to do things much better, and you learn much better as well. There's no… Like, far less stressed. And I wasn't picking up stress from the mentor, which quite often happens" (002 Interview).

Participant 001 suggested in her narrative that not having a connection with a mentor during this 1:1 relationship would make learning in the community a negative experience. Thus, in contrast, when there is a connection and the relationship is good, then the learning experience would be a positive one.

"I think if you didn't get on with your mentor, then I think it could be one of the worst experiences that you could have, whereas when you have got your mentor there, it's probably going to be… If it's a good mentor, it's probably going to be one of the best" (001 Interview).

Participant 005 explained that during this 1:1 relationship, her mentor had admitted that the relationship between a mentor and a student in the community is very different to that of the student-mentor relationship in an acute setting of a ward environment. The close proximity of spending so much time in the car together had allowed them to get to know that they have the same work ethic, which in turn has aided the relationship to develop positively. Participant 005 did foresee problems if the relationship was not positive, and she envisioned that car journeys would be awkward.

"I think she finds it really beneficial to know that I've actually gained a lot out of this placement because we work the same. She even says that she feels you have a very different relationship with your community mentor than you do with a mentor that you're on a ward with because you're always… It's just 1:1; you're in really close proximity with then; driving round in a car and we actually discussed, and I was saying to her that obviously I've struck really lucky getting her as a mentor and she said she's had a brilliant time working with me. I know I can imagine that if you don't get along with your community mentor, it would be very awkward car journeys and just the two of you being together constantly, but I've been really, really lucky with mine, and we get along brilliantly" (005 W7).

Participant 007 gave some insight into what the 1:1 relationship is like when students and mentors have nothing in common.

"I think with being in the car with a nurse the majority of the day for eight weeks, you need to build up some kind of a relationship and I think when you're there with them that long, sometimes conversations can run dry and I think that's the most awkward part about being sat in the car, just you and this individual" (007 Interview).

The findings in my study show that the participant's felt relationships were enhanced in the community when they had something in common to talk about with their mentor. Being a similar age to their mentor was a significant sub-theme that emerged from the key theme, something in common, and it clearly showed student emotion of building a friendly 1:1 relationship. This clearly linked to the sub-theme 'personality', where students described having the same personality as their mentor making them feel comfortable whilst working in such close proximity. As such, it enabled them to ask open questions without feeling foolish. Coming from the same area gave them a connection where students felt that

conversations flowed during car journeys, and the sub-theme having the same work ethic was predominately a feeling that such similarity helps the student develop and learn from their mentor. Consequently, this illuminates the findings of the overarching theme **the mentor as a role model,** discussed in the next chapter.

5.5 Overarching theme 4: The mentor as a role model

A role model is described as an individual who is looked up to and respected and / or admired by another. A role model is often someone who other individuals aspire to be like, either in the present or in the future. An ethical example of a role modelling mentor is one who demonstrates to students how they ought to conduct themselves in a particular role, for example by exemplifying appropriate professional conduct (Kearney and Levine 2020). It is therefore not surprising that the overarching theme **role model** emerged from the findings as student nurses in this research described the 1:1 relationship with their community mentor. Key-themes included **trust**, **students feeling that their mentor is a good nurse,** and in contrast students feeling that their mentor is not a good nurse, **mentor having empathy of student status** and, in contrast, the key theme **mentors contradicting each other.**

Figure 18 illustrates the overarching theme and key-themes that emerged from the findings:

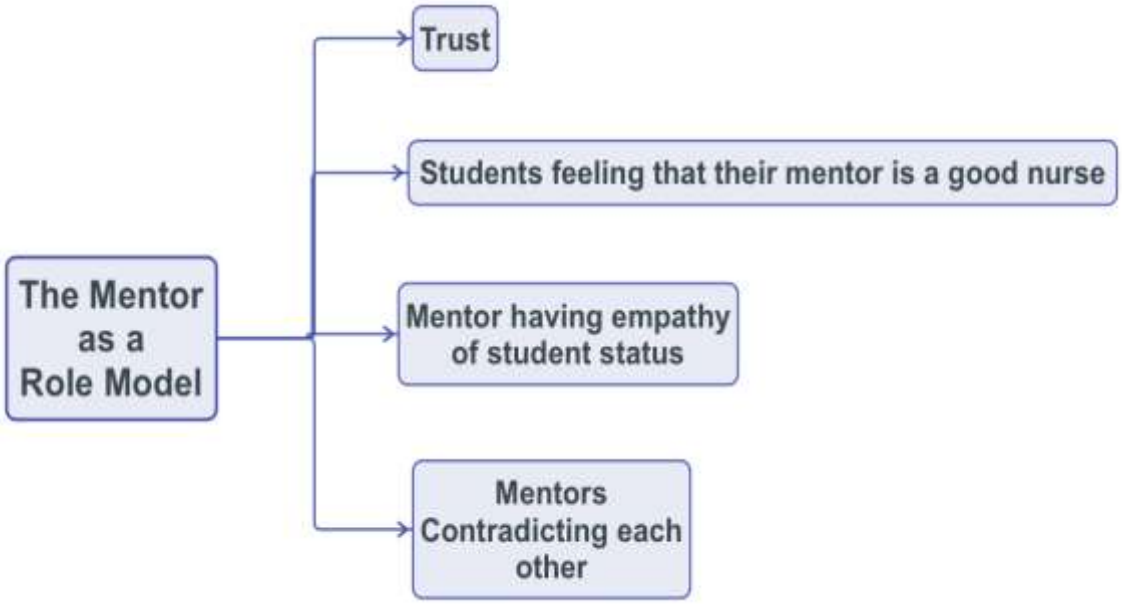


Figure 18: Mind map of overarching theme 4: The mentor as a role model

5.5.1 Key theme 1: Trust

In relation to the overarching theme mentor as a role model, trust was a predominant key theme to emerge in relation to the students feeling that the mentor trusted them for reasons explained below. Participant 002 was encouraged when her mentor trusted her to carry out nursing procedures, and this in turn facilitated a positive learning experience.

> *"She's so encouraging, which is lovely, and she makes me feel like she trusts me to do it, which gives me the confidence to carry out the tasks, so it's been a really positive day" (002 W1).*

Participant 005 reiterated this by stating she also felt good and encountered a positive learning experience when her mentor trusted her to contact patients independently, and not sit back and take on an observatory role.

"My mentor actually gave me a few of the phone calls to do myself. One of them was just ringing pharmacy; the other was to actually ring and speak to a patient. Erm, I felt really comfortable doing it; I felt really good that my mentor trusted me to do it and it meant something rather than just sitting doing nothing, while she does all her jobs – and I wasn't just sat there waiting for something to happen, which I thought was really, really positive" (005 W5).

Participant 005 described the feeling of trust when her mentor did not to belittle her in front of patients when she does something that is not quite correct.

"In a discrete way as in… She's sorts of look at us and then it was – I wouldn't say it was under her voice – but she'd say it in a nice way, so it wasn't like her saying "oh no, this is wrong; this is what you need to do" like it was in a nice way. I don't know how to explain it. Just something along the lines: if I was going to put the wrong dressing on, she'd just say nicely, like "oh no, that one goes on here" and… I don't know. I don't know how to describe 'discrete' (005 Interview).

When asked how it made the student feel in front of the patient, her reply was:

"Good, because it would have been embarrassing otherwise and they would have… The patient would have thought, well she has no idea what she's doing. So, it was good, and she never said it in an intimidating way and made us feel stupid in front of a patient and obviously, afterwards, we'd always discuss what had happened, but she never ever made us feel silly or embarrassed in front of a patient, which is obviously really professional, and it would probably look bad on her if she did [it in front of] the patient as well" (005 Interview).

Participant 007 trusted her mentor with regards to the fact that she could rely on her for support whenever she needed it to aid her learning.

"It was the fact that someone was there, and it was fluent, and it was something you could rely on, and it was just that bit of a brick wall you could lean against to

support you and you knew that was just there for you the whole time" (007 Interview).

Participant 001 described a time when her mentor assessed the competency of her knowledge. Participant 001 felt that trust arose as the mentor felt safe in that she, as a student, was competent, but also that the student knew her limitations. She felt that her mentor trusted her to not only carry out the procedure but to also document it electronically on the patients' medical notes.

"She asked me to kind of assess it and say what I think, and I think she's been kind of… previously kind of testing me on what I think of the wounds. So, it felt good; it felt as if she kind of trusted me to go and do that and then I was able to like report to her and put it on the system what I kind of felt needed done about it. So no, it's all been good" (001 W6).

Whilst students felt good that their mentor trusted them, they also described in contrast when they were unable to trust their mentor. Participant 004 described through her narrative when she felt that her mentor was trying to trip her up.

"I feel that she's a really, really good nurse and she… You know, evidence-based practice, but I feel that sometimes it puts you on the spot too much, that you feel nervous, so, therefore, you make more mistakes, because you know she's going to be like that" (004 W6).

The relationship became more strained the following week as participant 004 felt pressurised in such a way that she lost her confidence. Her perception was that her mentor had doubted her ability and become sarcastic towards her.

"I feel quite pressurised and unconfident with my mentor now. I don't know why; I just feel like… I don't know whether it's because I feel like there's more expectations as the placements went on, or my mentor was asking more from me, but I feel that this has impacted on my learning quite a bit. I feel like my mentor now is asking me every single little question, but like either in a sarcastic or like in a… A doubtful way towards me" (004 W7).

As the placement progressed, the relationship between the mentor and participant 004 did not. Participant 004 felt that the relationship lacked trust. The sarcastic attitude towards her made her doubt her mentor's integrity.

"I just found it difficult, just the little simple things, which make a massive deal, really. Just… I felt like we'd go into the house and she'd… Obviously, I know your mentors meant to be watching the whole time, but I felt like sometimes there was no communication or trust between us… when we were with the patients. She was a lot more… I don't know if that's because she wanted to get in the patient's house and then out the patient's house as soon as possible or she just… Didn't seem as interested in her tone of voice, really" (004 Interview).

Participant 006 discussed an incident where she suggested that a patient needed support and her mentor dismissed it. As their relationship deteriorated, so did the trust. Participant 006 stated that her professional opinion of her mentor changed.

"I just feel that (pause) I dunno maybe that my opinion is changing a bit. I feel that sometimes she tries not to see things like issues that might be there and that's not always how I'd always like to practice" (006 W4).

Once the lack of trust became apparent and this relationship deteriorated, Participant 006 felt nervous about asking her co-mentor if she could go to a particular patient. Participant 006 wanted to visit this patient for continuity of care, as she had been in many times before.

"But I'm really, really nervous about asking my co-mentor which really isn't like me, but I feel like she'll probably say no and make an excuse up so I'm building myself up and my plan for tomorrow is to definitely ask her" (006 W4).

As the relationship became toxic with her co–mentor, she turned to her mentor for support. However, from the perception of participant 006, she felt that her mentor did not support her, or see her point of view on the relationship she has with her co–mentor.

"I've had to come out on my dinner break because I am so cross. I came in today and I was talking to my mentor about how upset I was about what happened yesterday with that other nurse… And as we were talking it through and I was telling her how I felt – and she didn't really offer any kind of like support or help, but I needed to get it off my chest – she decides to tell us that unfortunately, they've decided that I'm going to work with her for some of the day. I'm so upset that they've just used me. And it is, it's like being used in the numbers. It isn't for my learning or my experience; it's just to cover their back because they haven't got anybody else to go, or nobody can be arsed to go with her. I'm so cross (006 W4).

Participant 006 continued to describe how she found it hard to work with her co-mentor because she did not trust her knowledge base.

"I find it really hard to work with her because I feel that I can't trust her. Like, her knowledge, because of how I find her, so I find it really uncomfortable, and I have to work with her again on Monday and I'm just… I don't know. Like, I have an anxiety about working with her, because I know it's not going to be the best day and I know I'm not going to learn a lot of stuff and I find that really, really hard" (006 W6).

The findings in my study show that some participants highlighted that when they feel trusted by their mentors their confidence grows. They discussed that it has a positive impact on their learning. However, in contrast, when students feel they cannot trust their mentor, it has a negative impact on the student learning experience. One student described through the emotional narrative that she finds it really hard to work with her mentor because she does not trust her knowledge. She described genuine anxiety about working with her, because she felt like she was not going to learn anything and stated she was not going to have a good day.

5.5.2 Key theme 2: Students feel mentor is a good nurse

Feeling that a mentor is a good nurse and someone to aspire to was predictably going to emerge as a key theme within the overarching theme mentor as a role model. Students described that when their mentor was a good nurse, they were certainly a good role model and they aspired to be like them.

Participant 002 described that her mentor was a happy person to be around, which alleviated her stress levels when days of nursing in the community were challenging.

> *"Brilliant. I enjoyed working with the other people, but it was just… I just loved working with her. Like I say, she was just so… Such a happy soul to be around. Just… Yeah, we always just had such a great day and like, on the more stressful days, we would just laugh about it. Just probably near hysteria some of the days, some of the stressful days. But yeah, we would just… She was just a really happy soul to be round" (002 Interview).*

Participant 004 discussed the relationship with her co–mentor in that she was very approachable in comparison to her mentor, which made her confident in her learning.

> *"I've always been confident working with her, as she just comes across so approachable, but I feel that… I can ask her anything in the world, whereas working with my mentor, although we're close, I feel like I need to think a lot more before I ask her questions, in case it sounds stupid" (004 W4).*

Participant 002 described how she aspired to be like the nurses in the team she was placed with, as they all showed compassion towards all of their patients and were generous with their time.

> *"She was lovely and one thing I've found with them all, they're all really lovely with the patients, which is just my idea of a nurse; they're all really understanding with the patients; they've got loads of time for them and that's the nurse that I want to be" (002 W3).*

Week after week, participant 002 described a nurse she worked with as a good example in that she is knowledgeable, informative, enthusiastic, and motivated to teach students.

> *"She's also like a very experienced good nurse and she's been… She like a fountain of knowledge really; I feel like I've learned a lot more today. Learned a lot and maybe it's because it's the weekend, it's been a bit more relaxed, that she's had time to run through everything with me and she's taught me a lot. So, it's been really, really good" (002 W5).*

Describing her mentor as brilliant, participant 002 outlined how she had a good relationship with her mentor and how she is supportive towards her.

> *"She's the kind of nurse that I would build myself on; the way that she is with the patients is just fab. Just her whole outlook on nursing is brilliant, really. She loves her job, she's really keen, she's really supportive of me. She's brilliant and like I say, she's the kind of nurse that I feel that I want to be when I qualify, I feel like I will be. Erm, she's just got a really good relationship with all the patients. Professional, yet… Everybody just loves her" (002 W5).*
> *"It was a really good day again; she let me do everything and she's just such a good nurse; she's like so informative and she really enjoys teaching as well. It's like she really enjoys the role of mentor, so it was a realty interesting day" (002 W6).*

Wenger (2010) suggests that role models are a powerful force for social learning in that they can affect the way students view themselves and the world around them, which in turn impacts decisions made about how to conduct their lives. Role models influence the attitudes and behaviours of individuals. This was demonstrated, when participant 002 was asked to elaborate in her semi-structured interview, and she described her mentor as enthusiastic in her role as a nurse. She loved being a nurse and clearly displayed compassion with her patients and all those around her. Participant 002 described her enthusiasm as fantastic, making her someone who she aspires to be like. This is in contrast to nurses who complain regularly, as this can have a significant impact on their relationship with and approachability to students.

> *"She's just very enthusiastic about her job; she didn't come in everyday moaning. She came in and she was just like "I love my job; I absolutely love being a nurse", which is great because there's nothing worse than when you're on placements and*

everyone's moaning about the job, and you hear it a lot. You do hear a lot of complaining, so the enthusiasm was fantastic, 'cos that motivates you I think when you work with somebody enthusiastic. I'm quite tuned into people I' with and if someone's down all the time, it makes me feel like Woah, but she… Just really enthusiastic and I think the patients could tell she loved her job. Like she was lovely with them, absolutely lovely. Professional, but just really always happy and… You could tell that when she went to these people's houses, she made their day. She would always have a laugh with the patients; they always just felt at ease. You could tell and she was just… Just the kind of nurse that I want to be" (002 Interview).

Participant 006 highlighted that although she had a really good mentor and her experience was positive, if she had not had a good nurse mentor her 8-week placement in the community would have been a challenge.

"I feel really lucky that I've had a good mentor because if I didn't, it would have been a really long, really hard eight weeks, sharing someone's car and being so like… 1:1 with someone" (006 W8).

Participant 001 described a good day when her mentor was down to earth, as this facilitates a relaxed learning environment.

"It was another good day and like I say, she's really down to earth and I think it definitely helps to kind of relax you and things" (001 W4).

Participant 007 described feeling comfortable with her mentor as she reassured her that she was aware that she was in the community, visiting patients in their own homes, and may see things that she had not seen in acute settings. This included, for example, lots of family members being present, animals, patients smoking, or poor housing conditions.

"She reassured me and let me know if that if there anything that I felt uncertain about or uneasy about just to let her know straight away and that she would understand completely and do anything that she could to make me feel more comfortable" (007 W1).

Participant 007 described how 36 years' nursing experience encompasses knowledge to be respected from her as a student.

"This one, in particular, was the sister and she had been in the job 36 years as a community nurse, so I had such a big respect for her, she knew what she was doing. There was probably no one in the job who knew more than what she did, so hearing some praise off her, it's great. You couldn't want it off anyone else, you know that she knows what you're doing, is the top guy… It's just really comforting to hear" (007 Interview).

Participant 005 described practicing good nursing skills, as her mentor does, as a core element of being a good role-modelling mentor. Participant 005 stated that being taught the correct way of doing something as having a positive influence on her learning during this relationship.

"I think from a personal point of view, for me, everything that my mentors taught me and everything that I've witnessed off her has been… I feel it's been really good practice, so I think she's been a really positive influence on my learning. I've learned a lot more now than I have on any placement and I feel like I'm taking a lot more away from it than any placement because in the community you get that extra time with patients, with my mentor. I feel as I say, I feel my mentor is a good role model. I think a good role model should be someone that obviously teaches you the correct way to do things" (005 W4).

Professional socialization is defined as the process by which an individual learns the culture of a profession. By learning the nursing culture, students attain the values, attitudes and practices that make the profession distinct (Gray and Smith 2000). The findings in my study show that the participants want to work with a nurse who not only provides good care to their patients, but also is knowledgeable and willing to share their knowledge. Students described a good nurse mentor within this 1:1 relationship as one that who enjoys the supportive role of being a mentor. Students described positive relationships with their mentor on a 1:1 basis and stated that it had a positive influence on their learning. This was particularly the case when they described their mentor as a happy person to be around, a nurse who loves to be a nurse and nurses who are liked by their patients. This resulted in students discussing that they had increased motivation and aspire to be this nurse.

Thus, in contrast, when students feel that their mentor is not a good nurse, they feel disheartened and, like participant 006 below, state that a mentor, especially in the community during the 1:1 relationship, either makes your learning a positive experience or aids a negative learning experience for the student.

> *"I feel that it would stop you learning, because from previous experience when I haven't got on with mentors as well, you don't learn much from them, because they don't push you; they don't want to help you and you don't…As well, you don't want to have anything to do with it; you don't want to learn from them. It kind of disheartens you a lot and I think it's probably harder in the community, because on the ward, at least you've got that escape of other people, or going to different wards or different departments for the day and things, whereas when you're on a community placement, you're very much stuck, I suppose. So, your mentor really makes it or breaks it for you, and I think that's fab if you've got a good mentor, but if you've got a not so good mentor, how… How disheartening. Like, eight weeks*

with someone who can't be bothered with you would be really, really difficult" (006 W3).

As her time in her community placement continued, the 1:1 relationship between participant 006 and her mentor became more difficult. This was because participant 006 did not rate her mentor as a nurse. Finding the experience disheartening, participant 006 felt uncomfortable with the way her mentor was practicing.

Factors that influence student nurses' decision making on reporting poor care and raising concerns in clinical practice include the fear of negative repercussions, particularly in relation to the student's assessment, progression on clinical placements and fitting in with the community team (Levett-Jones & Lathlean 2009, Bellefontaine, 2009, Monrouxe et al. 2014, Fagan, Parker, & Jackson, 2016, Ion et al. 2016 and Milligan et al. 2017).

This includes action which were not enough to warrant reporting her mentor, but enough where she learned that the way her mentor practiced was not the same as she will practice when she is a qualified practitioner.

"But then there are still like little things that she doesn't do that I think she should do, or that I would do if like, they were my patients, if I was the nurse. So, I'm finding it like, a bit disheartening because it's really difficult. None of the issues are big enough that I feel I need to bring them up, but they're making me feel a little bit uncomfortable, as well and I know at uni, we're told that sometimes you just have to realise that that's not the kind of nurse you want to be" (006 W4).

Participant 004 felt that her mentor was patronising with patients, so much so that she felt embarrassed and hoped that the patients did not think she, as an individual or as a student nurse, held the same values.

> *"She talks at us. She doesn't teach us anything and she's really patronising with patients, so I find it really difficult to want to spend time with her because I feel that I don't want them to think that I'm like the same; just as patronising" (006 W6).*

Participant 004 took over the nursing role responsibility when she felt her co-mentor was lazy and that patient care was compromised. This left her wondering how patient care would be facilitated when this particular nurse did not have a student to take on the responsibility.

> *"And I felt like sometimes she was… Like I was doing all of the work that she didn't want to do, really. Like I was… I think it was more laziness after anything and I think it's these things as a nurse that… I felt like it was all wearing off on her, like the nursing care. Just the little things like washing their legs "oh, we'll just leave it today" like, all these little things which could help patients' health and wounds and everything like that, I felt like I was doing it, but she couldn't be bothered to do it. So, it did make me think: well, what happens when I go home, and I do finish placement? Will this be done, or will it not be done? So, it definitely did make me think: why? "(004 Interview).*

Participant 004 continued to say that when a student does not have a mentor that is a good nurse, it will impact on the learning experience in such a way that a student may not want to return to that placement environment, in this case the community.

> *"I just think you don't learn as much as you… If you've got a good mentor, you'll learn everything and anything which you want to know about, but if you don't, if*

you've got a bad mentor, then you're not going to learn as much as you want. So, you'll not have that interest, so you'll not want to return to that field of nursing" (004 Interview).

Participant 004 described that when she had to work with her co-mentor her expectation was that she was not going to learn much. She was aware that whilst working with her, her nursing care was to a minimum and visits to patients' homes were very short.

"I didn't work with her that much, but when I did work with her, I kind of… I didn't really dread it, but I was trying to like… I kind of knew what to expect, so I knew I wasn't going to have the most learning opportunities out of that day; I knew straight away that… Like we'd be in and out of the patient's house as soon as possible. Even if they had a massive wound and… Like you know, my mentor would probably take twice as long, whereas she would take just a small amount of time, really (004 Interview).

When Participant 004 described a time when she worked with one particular nurse from the team, the relationship was positive with the conversations that took place in the car. However, she felt that the relationships that the nurse had with the patients they visited were negative.

"I felt like sometimes it was more… It was definitely more pressurising while I was with the patient, but when we were travelling to the next patient's house, we'd have a really good relationship discussing random things and also the patient's condition or whatever throughout, but I just felt like… Like she was a lot more bubbly and friendly in the car, but when we were with the patient's home. She was a lot more… I don't know if that's because she wanted to get in the patient's house and then out the patient's house as soon as possible or she just… Didn't seem as interested in her tone of voice, really" (004 Interview).

When asked to elaborate, participant 004 referred to the "unpopular patient", and the attitude towards the patient from a nurse she worked with. Participant 004 described a time when visiting a patient who is known to take up a large amount of the nurse's time, and thus the nurse did not ask they patient how she was in fear of having extra work to do. She compared herself to her mentor, who she stated would be the opposite in relation to being a good nurse while caring for her patients holistically.

> *"I think the unpopular patient kind of quote… I think the patient which would take them the largest amount of time, I think she would try and kind of like deescalate around the kind of "how are you…?" Because the patient would then probably respond with a number of things, so she would probably try and keep that to a limited amount of things on the care plan, rather than asking if anything was okay like, in addition to what was on the care plan. So, I feel like that was a… Compared to my mentor, I felt like that was a massive thing, really. (004 Interview).*

It seems that some students' expectations/skills outweigh those of the mentors. When asked if this impacted on the students' learning, the reply was.

> *"Yeah, 'cos I feel like sometimes these are the patients which need the most… Not looking after, but the most attention, because they're the ones normally which don't have enough attention from anybody else; they don't see anybody normally throughout the day or… Throughout the week. They might not have any family members of friends around normally in places which don't have many houses, and these are the patients which we should take more care and attention to, but nurses like that sometimes don't see it in the same way as maybe I do. So, I think something like that does impact on my learning because… I feel like when she's wanted to get in and out the house, it makes me feel rushed, so I feel like I can't express myself to the patient, because there's a number of other patients wanting to be seen" (004 Interview).*

A similar experience happened for participant 006 when she visited a patient with her co-mentor and another nurse from the team. She was embarrassed by the nurse's behaviour towards the patient and did not want the patient to think that she displayed the same behaviour.

> *"I really don't understand why they stood with their backs to him, and they were barely talking to him – 'cos they know how anxious he gets… I felt a bit… Dunno. Like, ashamed to be with them because of the way they were behaving. My co-mentors an experienced nurse and I felt, like rubbish that I had to be out with her. It made us really angry, 'cos he was so upset and he's such a lovely man" But I don't think it was to keep him calm; I just think… I don't know. It was like… She was being rude. Like they were both being rude like they couldn't be bothered and that made us feel really, really angry… I just… It makes us not want to work with her because I don't want to be like that, and I don't want people to think I'm like that (006 W2).*

Sharing another experience through her narrative, participant 006 stated it was bizarre behaviour and inconsiderate of the feelings of the patient when her mentor displayed bad manners towards another patient when visiting her in her own home.

> *"The third patient was somebody that my mentor hadn't met before, but I had several times. She has daily injections, lovely, lovely patient, dead canny, no bother at all and we went in and obviously, I initiated conversation; I knew the patient, and my mentor never spoke a single word; didn't introduce herself; didn't do anything. She just said "right, that's it" when we needed to go. And I find that really bizarre. How can you go into somebody's house and not speak? Even as a student, I go in and speak to patients. Like, it's the first thing you do. And how must that patient have felt, knowing that somebody else was there and they weren't even introducing themselves; they weren't speaking (006 W6).*

The findings in my study show that some participants felt that they did not think their mentor was a good nurse, and they doubted their knowledge or felt they did not respect their patients. Students described it as bizarre when their mentors did not communicate well with patients or implied through a tone of voice that they were not interested when patients were speaking to them. Students felt embarrassed by mentors' behaviour when displaying values and work ethics that did not match their own.

5.5.3 Key theme 3: Mentor having empathy of student status

Another predominant key theme within the overarching themes of the mentor as a role model was that the mentor had empathy for the student status.

> *"I kind of feel as if she really knows what it's like to be in the shoes of a student… And she definitely… Kind of… wants you to get the most from the experience that you're getting" (001 W1).*

Participant 001 described in her narrative that it helped that her mentor was newly qualified, in that her nurse training was similar to that of the students, and this enabled her mentor to have empathy towards her student status.

> *"I think because she had… She hadn't qualified long, all her learning I think was very similar to what I'm doing now… I think it kind of helped… Knowing that you're doing the kind of things that you're doing right and it's like up to date and it's relevant" (001 Interview).*

Remembering what it was like to be a student, the mentor of participant 001 gradually enticed her into nursing tasks in order to enable her to gain confidence.

"I feel like we have a great bond and a great relationship in order to work together and she understands that… She was once a student and she understand how hard it is, so she's promoting that idea and promoting my learning by edging me in quite carefully into procedures" (004 W7).

Participant 004 elaborated further by stating:

"I learned so much with her because anything I could think or just ask. 'Cos, I didn't feel uncomfortable; I didn't feel threatened; I didn't feel pressurised… And even though she's been qualified for years and years and years, but she still definitely understood how it felt to be a student, so I felt like she was empathising, and I was empathising with her of how many years she's been qualified and how many years I've just been in university for, and I feel like that has definitely… That made our relationship a lot stronger. Erm… 'Cos she understood, basically" (004 Interview).

Having similarity in nurse training experiences enabled mutual understanding of the process involved to facilitate learning, gain confidence and to pass a clinical placement.

"I just think we clicked straight away; I think she understood being a student isn't the easiest and I think she had… Especially when she'd just qualified, she understood the PAD document great and she just understood that all these little things, like explaining things and the abbreviations and stuff just makes you feel a lot more confident; just the little things which makes your confidence increase (004 Interview).

Participant 007 described her experience of both her mentor and co-mentor being newly qualified nurses, so they were able to not only have empathy of her student status, but also to facilitate mutual respect within the relationship.

"Both talked to each other with mutual respect and my favourite part of it is that they were both newly qualified within the last 2 years so they both explained to me how they knew what it was like being a student and that they would do their best for me" (007 W1).

By having empathy of the student status facilitated mutual respect, as participant 007 explained that her mentor always called her by her name and encouraged her to do well.

"She's only been qualified a few years herself, which is brilliant. She knows what it's like to be a student and she's never called me 'the student' or put me down for being the student; she's embraced it and she's helped me a lot of time" (007 W3).

Having empathy towards the student status is something that participant 007 valued, as she described her mentor as being a nurse who is 100% committed to being a mentor. She had encouraged her student to lead patients' care in their own homes and gave constructive feedback in relation to performance in a respectful, kind way.

"She understands what it's like to be a student; I couldn't have asked for a better mentor and better person to be with. She's been 100% committed to me through the whole time; she's answered any questions I've had; she's reassured us when I've had any concerns and if she hadn't been able to answer my questions, she's made sure that she's guided us in the right direction, to someone who can answer my questions, or she's found out for us herself, which I couldn't be more appreciative of. She's let me take the role in a lot of situations and the lead; she's appraised us when I've been maybe a bit nervous about something I thought I had done wrong and she's reassured us that I haven't done it wrong at all and she's let us know areas which I could be improved and she hasn't come across in a nasty way about it; she's said it in a manner which is really respectful and it isn't out of harshness or anything like that" (007 W8).

Participant 007 went on to say that it is extremely important to have a mentor that enjoys being a mentor, as this facilitates confidence in carrying out nursing procedures without feeling foolish. Feeling comfortable with a mentor who has empathy towards the student status facilitates a positive learning experience.

> *"I think it's massively important when you hear that a member of staff loves students because you [ultimately] feel like you don't; have to be somebody else that you're not; that you don't have to… You feel daft for making mistakes, but because she knows students, she knows that we are still learning and that she is there to give the support 110% and answer any questions that you need. Knowing that someone… I think just the knowing aspect of someone being comfortable with students just makes you feel comfortable; I think you feel like you can do what you need to do without being judged or without getting told off for something that might… If you're getting told off for something in a way that might not be professional, but rather than giving like, criticism in a nice format and you can take it on board and you can learn from it, rather than feel upset or sort of the negative effect of it, rather than take it as a positive" (007 Interview).*

Thus, having a newly qualified mentor makes students feel comfortable in their learning.

> *"I felt like I'm just going to be so comfortable with them. 'Cos obviously they had just left university, they knew… They were fresh in their mind of what being a student was like, so they knew how them wanted to be treated when they were students, so they treated me how they wanted to be treated, which I thought was great. It was really lovely. I couldn't praise her enough; she's really supportive. Just understanding. I think understanding is a big word. She was empathetic of being a student and everything that a student goes through, but especially with having the same life events, we got along really well" (007 Interview).*

Participant 005 reiterated this by stating that her mentor's training was still fresh in her mind, as she was newly qualified, and this helped the 1:1 relationship in that her mentor had empathy towards her student status when teaching her.

> *"I think, obviously she's quite new to community; she's only young – she hasn't been qualified as long as some of the other mentors, so I think her training is still fresh in her mind; I think she really understands what I would need to get out of it and what sort of things I need to do to get signed off, what are good skills to learn, what are not good skills to learn" (005 W4).*

Participant 005 continued to say that, because her mentor has not been qualified long, she has empathy towards her the student status, and is a keen mentor. This made participant 005 feel that she had been the keenest of her mentors to date.

> *"To me personally, has been the keenest mentor I've ever had Erm, obviously she hasn't been qualified that long herself, so I think that she'll have probably did a lot of… It will have probably been a lot the same when she was a student as to what I'm doing now, so maybe it is just she's a very keen mentor or I feel it could be to do with she's been through it, and she knows what it's like to be a student" (005 W5).*

When asked to elaborate further, participant 005 stated that her empathy came from being like participant 005 when she herself was a student.

> *"Oh yeah, she was telling me that she's been there. She actually said that she was very much like me when she was a student and that she was really nervous about doing things and it used to take her a while to do them, so it made us feel a lot better knowing that she was actually like that and that's probably why she was so supportive about it as well, 'cos she's been there" (005 Interview).*

Likewise, participant 002 explained that her co-mentor had been qualified the least amount of time in their team and had empathy towards her student status by remembering what it was like when she was a student, and what had made her enthusiastic to teach.

> *"I spent most of the day with my co-mentor today; she's been qualified probably about a year and a half, which is nice in a way, as she remembers very recently what it's like to be a student and she's very, very enthusiastic and keen about her job; she absolutely loves her job, which is just a pleasure to work with, really" (002 W1).*

Participant 002 stated that it is more likely that nurse mentors who have recently qualified make the most empathetic nurses in relation to the students' focus.

> *"I think the more recently the nurses qualify, it tends to… Certainly on this placement that the more time they've got for you, 'cos they kind of remember what it's like to be a student" (002 W5).*

In contrast, some students stated that other mentors do not empathise with the student status, and this has negative consequences.

> *"We've got different aims as in: she goes home and she does whatever, whereas I go home and do my PAD document and it's hard to work sometimes with the mentor to understand that your PAD is… You need to do your PAD" (004 W1).*

Participant 004 described her co-mentor as the opposite to her mentor. Whilst her mentor had empathy towards her student status and would show her documents that would facilitate her learning in relation to her academic work, her co-mentor did not consider discussion around the theory that her student had to learn.

"I definitely won't… Hopefully, never act in the same kind of way that she will. 'Cos, I think I'll always think of that student like I was. I'll put myself in their shoes; empathise all the time, think like… Rather than… Like it was quiet in the afternoons and my mentor would be like… Like all these documents could help towards your assignments, or all these documents could help towards your PAD and finding that time to sit down. But she would be like… She didn't really prioritise time very well in my eyes. Like I felt like she would be like… I'll do all the little kind of lazy work for her while they catch up on their work, but I think like my mentor understood that I had work as well and [indecipherable] in my practice hours, but I still had work to do and so did they" (004 Interview).

Participant 005 described her experience of her mentor not having empathy towards her student status as annoying. In fact, she would miss out on nursing procedures as it was more convenient for her mentor to do them on her way home without the student being present.

"My mentor would actually have like say an afternoon Tinzaparin injection, but she'd actually go on her way home, so she'd be like "oh, I'm just going to do it on my way home" so I wouldn't get to go. So… Some afternoons, yeah, there was things to do, and we did have to go out, but other times, it was "oh, well I'll just do it on my way home, 'cos it's on my way" so I didn't get to do it (005 W7).

When asked how that made the student feel, the reply was:

"It was slightly annoying; I know it's something that I've done time and time again, but it's always good to practice, isn't it, so I wanted to be doing as much as I possibly could. And just sometimes that wasn't possible" (005 W7).

Participant 002 explained that a nurse she worked with was an experienced and older nurse who liked to do things her own way. Although she found it a good experience, she accepted that she was not able to practice the nursing procedures in the way she wanted.

Her expectations were not met when working with this nurse, as the nurse did not have empathy towards participant 002 student status.

> *"I worked with one of the other nurses today; I've only worked with her for one morning before. She's one of, like, the older nurses in the district and I did clinic with her first and it was good, but you can tell that she's got her own way of doing things and she kind of likes to do things herself. She let me do a couple of things, but you could tell that she wanted to get on in there and kind of do it herself her way, so it wasn't as fluent as it usually is with some of the other nurses that I've worked with. You can tell that she very much likes to do things her own way and I don't know if it's because it was a bit of a hurry today. We had quite a few people to see and she just kind of seems to want to get on in there and do it herself, which is not great, in a way" (002 W5).*

Participant 006 explained how she felt when she learned that nurses in the team were leaving the filing of patients notes to the students when they worked with them. Participant 006 wanted her mentor to have empathy towards her student status and openly discussed this with her.

> *"I openly said and disagreed, "well that won't be happening for me, because that's not what I'm here to do. I wouldn't expect someone to do my filing; we should be there as your colleague, not as someone to do just work for you when you can't be bothered or can't have the time to do it" and the fact that certain members of staff actually spend time just leaving the filing, expecting it for you, I think it's disgusting, the fact that they initially do it on purpose" (006 Interview).*

Participant 004 described through her narrative that her mentor did not have empathy towards her student status, and this made her feel like she was unable to ask questions.

"She's approachable and I would always ask her as many questions as possible, but I just She wouldn't give you the answer in such an approachable way that you could, therefore, ask her about that question or answer in more detail" (004 W6).

When asked to elaborate in her semi structured interview, Participant 004 went on to say that her mentor became patronising towards her.

"I just felt that her behaviour was quite… She was never quite… Like I'd ask her a question and she'd be quite… Not patronising, but like "what do you mean?" And I don't think I could explain it any simpler than I actually thought, because if I didn't understand something, I would just be explaining it the way that I want to because I didn't understand, but she would be patronising, like "oh, what do you mean?" So, it made me then gain self-doubt why I was asking the question in the first place if she didn't understand my question. So, therefore, it made me think: well, why am I asking this if she doesn't even know the answer?" (004 Interview).

Participant 001 described her mentor as going off on a tangent. Participant 001 discussed that the lack of structured conversation as hindering her learning, in that she would arrive at one patient's home thinking she would be carrying out one particular procedure, then realising that her mentor had been describing another patient. This made the student realise that she would be more precise when talking to her own students in the future.

"She would discuss cases on the way. I did feel a little bit like she drifted off between cases and then I wouldn't really know who she was talking about, and she would go back to the one that she was visiting… And I'd maybe walk in, and it wasn't what I was expecting because she'd kind of jumped from one scenario to another" But I think it's good to get kind of how everybody kind of works and it definitely helps me to know a bit more how I want to be when I qualify". (001 W1).

Participant 001 described working with her mentor and feeling that she did not have empathy towards her student status in that she was always rushing her. Although participant 001 felt like her mentor trusted her to do a procedure, she described that because she did not observe her, she did not receive the constructive feedback she needed as a student.

> *"I think, because of the way that she… I think I kind of… Because I was trying to rush, I wasn't taking any notice of what I was doing, really and then afterwards, I'd be like: oh no. Have I done that properly and…? Like aseptic techniques, I'd be like did I do that in the right order, but I couldn't remember, because I was trying to be quick – but I think as well, at the same time… 'Cos she would just kind of ask me if I could do things and I'd be like yeah, yeah. But then she wouldn't really watch to see if I was doing it correctly. So then afterwards, I would be a bit like oh… And then you don't want to… 'Cos she was rushing, I didn't want to be like: "oh, can you just see if I'm doing this right?" And then you feel like a hassle if your kind of did" (001 Interview).*

The findings in my study show that the participants felt that they had good 1:1 relationship with their mentors when their mentor was thinking about their learning by not rushing off to do things on their own. One participant stated that "she'd always explain what she was doing and why she was doing it". In contrast, there was an impact on learning experiences when students felt they could not ask questions to their mentor for a fear of feeling foolish. The student narrative shows that some of the participants stated that they just "clicked straight away" when the mentor understood what it was like to be a student. They stated that when mentors had not long been qualified this meant that they understood the university's practice assessment documentation (PAD). This made it easier for the students as they knew that mentors were able to sign off competencies without having to learn about the PAD first. Having empathy towards the student status helped the students

connect with their mentors, making the 1:1 relationship a positive one. Therefore this, in turn, aided a productive and constructive learning environment.

5.5.4 Key theme 4: Mentors contradicting each other.

The overarching theme here is the mentor as a role model, with role model being described as someone who is respected and admired by another. Whilst working and learning from role modelling mentors, students described times that they did not appreciate when the nurses they worked with contradicted each other.

> *"But my co-mentor…I think when I had my days with her at the beginning of the week, I was quite like, taken aback about how differently she worked and how I was trying to keep up and what have you" (001 W2).*

Finding the adaption challenging, participant 002 described the feeling of having to start all over again when continuity is not sought with her mentor.

> *"The trouble is when I'm not working with my mentor… Your mentor gets to know your skills and know where you're at kind of thing, so when I work with others, it sometimes feels like I'm starting again, or they'll do something differently to the mentors and then contradict what I know, kind of thing" (002 W3).*

When she was unsure of the correct way to do something, participant 002 felt on edge and was confused when a nurse gave her conflicting advice.

> *"I worked with a different nurse out in the community today. It's the nurse actually who used to be my college teacher 20 years ago. Ironically, it was less of an enjoyable day today, she's lovely, but she does things very differently. I don't know*

if she's more old-school, or… But she does things differently, so everything that I was quite confident in doing and that I'd been given lots of praise for, she's got her own certain way, so she was a lot more critical. She's very definite in the way that she wants things done, so I felt a lot more nervous today, working with her. She was a lot more critical, so she made me feel kind of more on edge because the way I thought I was doing things was right, but erm, not to her, it wasn't. So yeah, it was a little bit different and the different ways that people work when they're quite set in their ways and want things done a certain way, it can be quite confusing and conflicting" (002 W4).

When asked to elaborate in her semi-structured, interview participant 002 continued to say:

"Different nurses have different ways of doing things, like especially for their aseptic technique, like anything, everything, they have different ways of doing it. So, when you've been working with one mentor primarily for a good couple of weeks, your kind of doing it the way that you do it, but then, for example, the nurse who used to teach me years ago, like everything I was doing, she was like "Oh no, don't do it like that" and "No, no, we don't…" And I was thinking: But some of the other nurses I've worked with, like the band six, she does it that way, kind of thing and that's how I do it; that's how I was taught to do it, so it conflicts with what you do, and it contradicts it as well; it contradicts" (002 Interview).

When asked how this made the student, the feel the reply was:

"Frustrated. I was quite cross. I felt quite upset, really, 'cos I felt: God, I really thought I was doing well, and I felt really quite downcast at the end of that day because I thought: well, everything I'm doing according to this nurse is just quite wrong and I felt like I'd gone right back to the start, kind of, when I thought I was doing well" (002 Interview).
"I think if I'd worked with her from the offset, I think I would have had… I don't think I would have enjoyed the experience half as much, but I guess I kind of would have got used to it and I guess I would have done things more her way, had it been

from the very start. But I don't think I would have ever felt as relaxed" (002 Interview).

Participant 004 felt that she had to look at evidence-based practice whilst working in her team as she was not sure who to believe when working with different nurses, due to the conflicting advice they gave.

"I thought the relationship between the community nurse who I worked with throughout this week was great, as it kept me on my toes, but sometimes I feel like pressurised or confused on different things, as I feel sometimes some nurses tell me one thing and another nurse tells me the next. However, I'm not always going against evidence-based practice, but during placement, it makes me feel a little bit uneasy, as I don't know what to believe sometimes without looking at the evidence by working with the nurses" (004 W5).

When asked to elaborate in her semi-structured interview, participant 004 continued to say:

"But I had asked the nurse on the first week when she was doing a B12 injection and she didn't pull back and I said, "Do you need to pull back?" She said "Oh, it doesn't really matter; there's new literature out" so I said "okay, that's fine" so when I did the B12 injection with the nurse, she had said… This was the previous week; she had said "are you not going to pull back" and I said, "the other nurse said that I didn't need to because new literature's out and [she] said that it doesn't really make a difference now" and so then the following time after that, when I did have the clinic with her, she was ensuring that I did pull back, but it made me… It definitely impacted on my learning because I was like: 'who do I trust here?" (004 Interview).

Students often felt frustrated that mentors within teams contradicted each other.

"Frustrated. I was quite cross. I felt quite upset, really, 'cos I felt: God, I really thought I was doing well, and I felt really quite downcast at the end of that day

because I thought: well, everything I'm doing according to this nurse compared to my mentor is just quite wrong and I felt like I'd gone right back to the start, kind of, when I thought I was doing well" "They all do things differently, because, like, they explain things differently and the way they work is different and you need all of that to learn; to learn different people's styles and think: well actually, do you know what? My mentor's a really good nurse" (006 Interview).

It is vital to have students' insights into this relationship during their learning in the community. The overarching theme role model, with the key themes, revealed that students genuinely aspired to become the mentors who they trusted, and who not only delivered good practice, but had empathy towards the student status and took time to explain. They stated that doing this really had a positive influence on learning. Students' learning, however, became diminished somewhat when mentors contradicted each other in relation to evidence-based practice.

5.6 Overall summary of all four overarching themes

Extensive, rich, thick descriptive data which captured the lived experiences of student nurses whilst on their eight-week community placement emerged from the data analysis process. From both a positive and negative perspective diverse student experiences were articulated with raw emotion. The significant narrative that is presented is done so by having listened to the participants' voice recordings repeatedly, followed by extensive re-reading of the students' verbatim transcripts where students' perceptions initially identified the four overarching themes. In adherence to the hermeneutic circle, to identify the overarching themes, key themes and sub-themes, the researcher has presented the perceptions of the students' experiences in the form of 4 overarching themes, 17 key themes and 4 sub themes.

5.6.1 Overarching theme 1: Structure in the learning environment

The first overarching theme clearly identified that students very much relied upon their mentor and the 1:1 relationship they held to help them adjust to working in the unique environment of the community. The community setting was often seen to be unfamiliar, with cold, wet, and often dark spaces, and challenges of traffic and parking. The students were sometimes exposed to the vulnerability of visiting patients and following procedures in their homes bring many challenges for students that can impact on their learning. The practicalities of community nursing are often compromised, as community teams sometimes work in small and cramped offices within health centres and have to share computers to document patient notes. Exposing students to working in these sometimes-challenging situations can test students. Students do recognise that their own approach to practice is essential. They found that the role they fulfilled within the community placements affected their learning. Therefore, to enhance learning the students preferred a participative role to observation only. This enhanced their learning and aided confidence.

5.6.2 Overarching theme 2: Belonging

Students described through their narrative that those who had negative experiences encountered challenges when there was a conflict in community teams which had an adverse effect on student learning. Participants described feeling like a spare part, in the knowledge that they were not going to learn anything or acknowledged that they did not want to be there. In contrast, all students who encountered positive experiences described a feeling that when their mentor integrated them into the team, they felt they belonged to a positive and enthusiastic environment which evidently supported their learning. Students

described that feeling being part of the team made them confident and competent, which subsequently empowered them to be independent in their practice.

5.6.3 Overarching theme 3: Connection

Having something in common with their community mentor clearly aided the development of the 1:1 relationship between student and mentor. A sense of community was described by students in abundance, and they felt a connection with some mentors. Due to the prolonged time spent in these 1:1 relationships, this was amplified in the community as opposed to a hospital ward. The participants seem to value relationships which have something in common, whether this was age, personality, living or coming from the same area or sharing the same work ethic. Many participants acknowledged, that whilst working in this 1:1 close proximity, stronger relationships developed with their community mentors, and this consequently enhanced confidence in their learning.

5.6.4 Overarching theme 4: Mentor as a role model

A good role-modelling mentor was described by the students as someone who possesses the appropriate professional attributes, is knowledgeable and approachable, and holds good communication skills and the motivation to be a mentor. Students described a good mentor as someone who had empathy for their student status. Students who trusted the knowledge of their community mentor in relation to knowing that their practice was evidence-based felt that they would learn from them. However, they did feel some apprehension when challenged by knowledgeable nurses. Students described mentors who were good nurses, supportive, and had empathy towards their student status as good role models. In contrast,

when students felt they could not trust their mentor, or did not feel that their mentor was a good nurse, this had a negative impact on the student learning experience. Some participants highlighted that when they felt trusted by their mentors to carry out tasks independently, they were more confident and discussed that it had a positive impact on their learning.

This chapter has presented the 4 overarching themes (structure in the learning environment, belonging, connection, and mentor as a role model), whilst looking at in-depth description of the lived experience within these overarching themes. The chapter has used verbatim quotes to present the overarching themes, key themes and sub-themes that emerged from the data. The findings from the data provide a direction to examine what existing literature has missed. Community nursing staff had an impact on student learning whilst on their community placement. From the students' perspectives, the mentors' actions, attitudes, and willingness to teach has had both positive and negative effects on the learning and socialisation into the nursing profession. Some community nursing staff within this 1:1 relationship hindered the learning and confidence of the nursing students. However, others were said to have created an environment of encouragement and support, which consequently enabled student learning. The students' response of sharing their lived experiences does reiterate what some of the literature on this topic has presented to date. However, it extends beyond this by presenting the here-and-now lived experiences as the students encountered them. Using appropriate literature and relevant research, the following chapter will provide an in-depth discussion of the findings.

Chapter Six: Discussion and interpretation of findings

6.1 Introduction

The overall aim of this research study was to critically explore and generate an understanding of student nurses' lived experiences and perceptions of being in a 1:1 mentoring relationship during community placements. The aim was to capture the thoughts and feelings of the students' individual lived experience, understand how the students felt about working in such close proximity to their community mentor and to identify how students managed this 1:1 relationship.

Objectives:

1. To explore how students negotiate and manage the intensity entailed in the exclusive 1:1 nature of community placements.

2. To critically investigate students' perceptions of mentorship style and how this subsequently influences student learning with a community mentor.

3. To explore what students perceive to be the characteristics of a positive mentoring relationship.

The examples of students' narratives show how using a voice recorder captured the here-and-now experience of the 1:1 relationship. Students recorded in-depth details which captured the rich emotion as they felt it during their community placements. The previous chapter presented the findings by highlighting four overarching themes: structure in the

learning environment, belonging, connection, and mentor as a role model. A phenomenological methodology approach was adopted to this study, utilising the principles of hermeneutics. It was vital to understand the students' lived experiences and gain an insight into what they understood about the 1:1 relationship, as they lived it. It was also crucial to understand and develop an insight into the influence of the mentor within this 1:1 relationship, how this may affect student learning and examine what students perceive to be a positive mentoring relationship.

The sample age range was between 21-37 years, and all six participants lived locally to the university. All participants had varied life experience, with some still living with parents and others married with children. The advantage of the diverse sample enabled multiple perspectives and probable richness of experience which, through the data, revealed the phenomena (Crotty 1996). Although this study is from the perspective of the student, participant quotations retrieved from the data often refer to a mentor's age being similar to them or refer to mentors being "old school" nurses, in that they have been qualified for a long time. It is therefore important to mention that the community mentor age was also diverse and ranged between 30 years to 55 years. The number of years for which mentors had been qualified also varied from 2 years to 36 years.

The focus of this chapter is to explore how student nurses perceived the 1:1 mentoring relationship. This will facilitate solidity in the overall findings in order to develop discussion on the experience of student nurses, from their perspective, of how this 1:1 relationship with their mentor impacted on their learning in the community. The chapter concludes with an overview of how the research has enhanced the understanding of the lived experience from the nursing student's perspective of this relationship and their learning.

Placement learning is an essential part of undergraduate nursing preparation and encompasses 50% of the overall undergraduate programme hours in the United Kingdom (UK) (Nursing and Midwifery Council, 2018). This clinical preparation in practice settings does not only offer the opportunity for skill development. Ion, Smith, & Dickens (2017) state it is an important part of the socialisation process and often supports the student's decision making on where they may want to work in the future. Negative clinical practice experiences therefore have significant influence on nursing programmes and suggest students with negative experiences experience stress and attrition. Ironside et al. (2016) question how well clinical faculty actually know the day-to-day lived experiences of students in contemporary practice education and ask whether spaces can be created within practice courses for students to share their experiences and join teachers in developing new models for practice learning. It is suggested that research that investigates students' lived experiences in practise is one place to begin in the development of a student-centred approached which, in turn, will be more compelling for teachers and students, and responsive to contemporary settings in which students learn to practice. In this way the research accompanies needed reform in practice education (Ironside, et al. 2016).

The NMC standards (2018), where an increasing number of students are allocated to placements in the community, indicate that new models of practice education are needed. One place to begin in reforming practice education is explaining the common experience of nursing students in the environments in which they are placed. By listening to how the students experience this 1:1 mentoring relationship in the community, this study was able to recognise the importance of how this relationship impacted on learning from the student's perspective. Listening to students' accounts of the real here-and-now lived experience, as they lived it, can inform mentors in the community how this relationship can

impact on how their teaching is perceived. By doing so, it will provide the opportunity for mentors to understand that each encounter envisioned in the community impacts on students' learning, and this gives a real insight into how the relationship is perceived by the students they teach (Ironside, et al. 2016). As discussed in the research methodology chapter, the conceptual framework offered a theoretical lens to view the participants' here-and-now lived experience from their perspective of the 1:1 mentoring relationship. Social constructivism, adult and social learning theories, social constructivism in nursing and Vygotsky's zone of proximal development formed the basis of the conceptual framework which, in turn, informed the analysis of findings in this research.

The mentorship of nursing students and the effects of nursing staff on student learning have consequences for patient experience, patient satisfaction, patient safety, and the quality-of-care patients receive. Effective mentoring relationships have implications not only for recruitment and retention, but also for nursing policy and nursing education. Essentially, patient safety may be compromised when nursing students are uncomfortable asking for guidance, lack confidence, or receive inadequate support and guidance. The purpose of nursing education is to create safe nurses who are competent in providing excellent, high-quality patient care (Chuan and Barnett 2012). Understanding the teaching and learning process and the rational bases of diverse stages of training in higher education are of paramount value for health programmes. The absorption of knowledge and the development of methodical concepts in nursing will empower the student to adopt assumptions that guide actions and professional activities when caring for patients (Heimann et al. 2013).

The process of interaction is exemplified in the work undertaken by Vygotsky, who suggested that the individuals who adopt cultural forms and transforms them, potentially creating self-liberation in the process. Heimann *et al*. (2013) suggested that building nursing knowledge based on these assumptions gives significance to an environment that is seen as an extension of the world in where we live. Thus, it pursues personal and collective balance, searches the knowledge necessary for complementary, simultaneous, and continuous interaction, and proposes that appropriate therapeutic actions that favour change are capable of influencing both the environment and humanity.

6.2 Key Findings

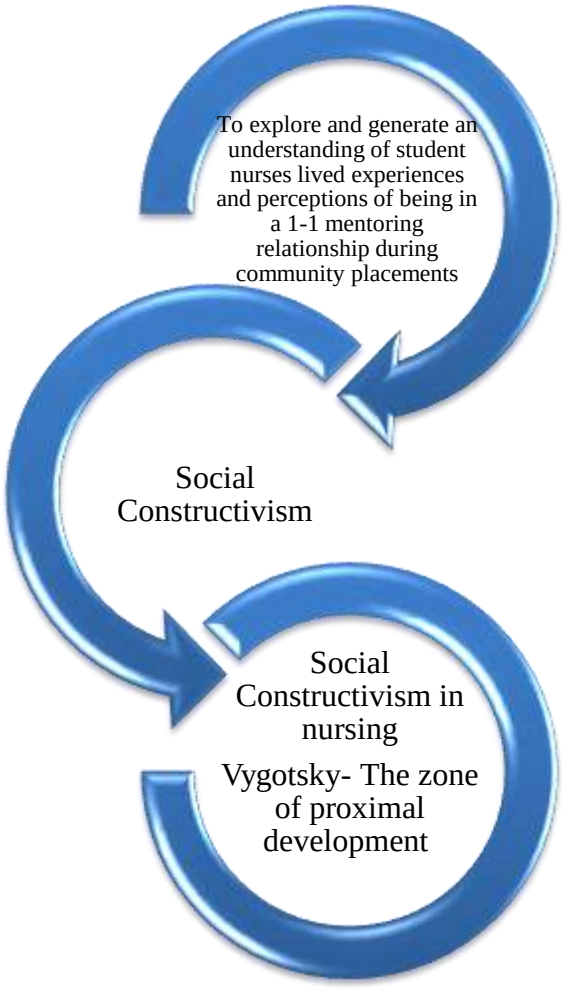


Figure 19 Conceptual framework

The prevailing finding in this study is that all of the participants, being student nurses, and regardless of their age, life, or previous mentoring experiences, encountered individual placements that, although unique to them, presented the same themes as one another.

6.3 Social constructivism

Guterman (2006) cited in Cottone (2007) described the following perspective: while both constructivism and social constructivism favour a subjectivist view of knowledge, the former stresses an individual's biological and cognitive process, while the latter places knowledge in the realm of social interchange. Kelly (2012) supports this theory by stating that constructivism is based on the premises that individuals construct perceptions of the world based on individual internal knowledge and experiences, and that knowledge is constructed by the learner. In addition, Sommers-Flanagan (2015) suggests that the constructivist focuses on what is happening within an individual's mind or brain, whilst social constructivism focuses on what occurs between people as they join together to create realities.

Social constructivism is a sociological theory of knowledge according to which human development is socially situated, and knowledge is constructed through interaction with others (Guterman 2006). According to Lynch (2016), the theory of social constructivism is of social worlds developing from an individual's interaction with their culture and society. This suggests that knowledge advances through the processes of social interaction and evaluation of the viability of individual understanding. Consequently, every encounter between two or more people presents an opportunity for either existing knowledge to be expanded or new knowledge to be obtained.

6.4 Social Constructivism in nursing, Vygotsky- The Zone of Proximal Development

Vygotsky's sociohistorical approach to cognitive development in *Vygotsky's Zone of Proximal Development (ZPD)* provides the strengthening for social constructivism (Hausfather, 2012). This reflects Vygotsky's theory of knowledge construction by nursing professionals, where individuals are agents who are transformed by the social relationships of a particular culture, or more explicitly by the life-long negotiation of human individuals and their social and cultural environments. Vygotskian philosophy indicates that the source of knowledge construction should not be sought in the mind, but instead through the social interaction co-constructed between a less and a more knowledgeable individual. Furthermore, the construction of knowledge is a sociocultural negotiated process affected by both physical and psychological tools and artifacts (Shabani 2016).

Vygotsky speculated that learning takes place within a ZPD, where social interactions play a vital role in the growth of cognitive development. This style of learning originates from social constructivism where the focus is on the interactions between individuals, encouraging students to be active learners in a social and cultural context (Green, Wyllie, & Jackson, 2014).

Vygotsky (1978) found that competent mentors pass on cultural values to students through discussion and interactions, allowing learners to comprehend what they can do on their own and recognize when they need help. In adherence to the NMC new Standards for Student Supervision and Assessment SSSA (2018) The judgement on the level of supervision provided for students ought to be based on the needs of the individual student. The level of supervision may be decreased with the student's increasing proficiency and

confidence. Spouse (1998), suggest that within the environment of nursing, discussions with a more experienced mentor broadens the boundaries of the learners' ZPD. Students therefore reframe their knowledge within the practice setting in order to relate one to the other. This approach to education is appropriate for learning in the social environment of nursing and especially relevant to community nursing where relationships are intensified. However, as identified within the findings in this research, this approach requires the mentor in the practice setting to have the knowledge, care, and time to engage in discussions with the student (Andrews & Roberts, 2003).

Dewar and Nolan (2013) suggested that the provision of a caring and compassionate relationship is defined by the "how" of caring. Department of Health (2012) therefore imply the importance of the nursing curriculum to include, in addition to the technical and theoretical aspects of care, how students ought to care compassionately. This places the patient at the core of everything they do, suggesting that care ought to acknowledge compassion with patients' families and with the team that they work with. In addition, Gilbert and Procter (2010) identify that evidence increasingly implies that to give caring and compassionate care student nurses need to receive this themselves. Murphy *et al*. (2012) lend support to this by stating that students who enter the nursing profession are individuals who have caring behaviours already instilled, although are these nurtured throughout their nurse training programme. Consequently it is essential that educators generate a learning environment that facilitates student nurses to make meaning of compassionate care that is person-centred, thus inspiring them to develop and enhance their caring attributes (Mclean, 2012, Hinds, 2013). Adamson and Dewar (2015) recommend that student nurses feel safe enough and are encouraged to be open-minded in their learning and allow their attitudes beliefs and values to be challenged. Ekebergh

(2007) suggests this ought to be achieved through reflective discussions on student nurses' own experiences and those of others.

6.5 Overarching theme 1: Structure in the learning environment

Clinical placements are an essential component of nurse education which are continuously changing due to current challenges within the healthcare system, including the increased number of students and the limited number of clinical placement areas and mentors (McClure and Black, 2013; Tai et al., 2017). Drennan *et al.* (2004) propose that with the emphasis currently upon community-based health care, this has led to an increase in the complexity and quantity of the community nursing workload. Whilst this focus of community nursing is intended to reflect the present trend in the delivery of health care, Drennan *et al.* (2004) state that there are concerns over the increasing pressure of the additional educational responsibilities for community nursing staff. As the community is a working environment often restricted by resource availability, the amount of staff time is a crucial component in safeguarding smooth and effective high-quality care. The workload of mentors in the community, and its impact on making time to mentor nursing students is a concern (Hurley and Snowden, 2008). Henderson and Eaton (2013) suggest that the facilitation of learning is not acknowledged as important as a priority of healthcare services such as community nursing are on health care provision, therefore primarily nurses have a duty to care for their patients.

As the clinical setting for nursing education in the community is complex, it can be challenging for undergraduate nursing students to productively navigate. Ip and Chan

(2005) state that student nurses often find themselves in unforeseen situations with both patients and mentors, which can often provoke anxiety for them, as it did with participants in this research.

> *"I was very very apprehensive and quite anxious actually when I got told that both my mentors were going to be off for various reasons which sort of leaves me in the dark. I was worried, and I was stressed" (007 W1).*

Andrew *et al.* (2006) propose that student anxiety could potentially lead to poor patient outcomes. Kenyon and Peckover (2008) claimed that when mentors work with students, it has a general impact on the contact nurses have with their patients. In addition to this, they also propose that it impacts upon the rest of the nurses in the team, who are often obliged to undertake extra visits. While the NMC (2018) state that the role of the mentor is predominantly to provide high-quality patient care, they recognise that mentors require time to support their students' learning and assess their performance. The community learning environment is also heavily influenced by the diverse setting in which it takes place, as described in the findings of this study, alongside the lack of suitable resources, such as appropriate office and desk space, and access to or availability of computing facilities. Consequently, the time committed to facilitating their students learning is achieved through an ongoing process of juggling their working day (Kenyon and Peckover 2008).

6.5.1 Key theme 1: Mentor explaining daily events

Whilst students are aware that daily events may change, nursing in any environment is unpredictable and students suggest they accept that. What is important to reveal through their narrative here is that they are reassured by knowing what a structured day in the community looks like. Students' experiences in this study were varied, as some were

positive, and some were not. A picture emerged about what the participants most valued from their mentor in regard to structure in the learning environment. They valued having a mentor that was assigned to them and that they could rely on. Most valued mentor behaviours that included explaining the day ahead of them so that students knew what to expect. They valued their mentors teaching and explaining procedures, while providing supervision, encouragement and support through reflective discussions, feedback, and feedforward. The NMC (2018) state that, although obvious guidelines are in situ relating to the accountability and responsibilities of a mentor, it is extensively agreed that mentorship includes both supervision and building professional relationships between the mentor and the student. Aston and Molassiotis (2003) maintain that this consists of nurturing, which includes educative and protective elements where Higher Education Institutions (HEI) work collaboratively with clinical placements to educate mentors and to support mentorship using practice placement facilitators.

6.5.2 Key theme 2: Mentor explains procedures

Clinical competence, or students' lack of it, is said to cause students anxiety, and consequently potentially leads to stress (Kramer, Maguire, and Brewer 2011). In turn, as described through the student narrative here, it has an impact on a student's learning experience. In relation to the experience of participants in this study, participant 007 felt that, as she was not assigned a mentor initially, she struggled to form a supportive 1:1 relationship. As she was "passed from one nurse to another", she felt in the community it was more important to have an assigned mentor than on a hospital ward, suggesting that being without the structure of a 1:1 mentoring relationship to guide her through her community placement would set her up to fail. As a registrant, lecturer, and researcher, I

was shocked that although this 1:1 relationship in the community was new to participant 007, she relied so heavily on forming a 1:1 relationship with a mentor in order to complete and pass her placement.

In contrast, the NMC (2018) state that a mentor ought to be an advocate, in that students are to be supported by their mentors and guided in accessing learning opportunities that meet their individual learning needs. Participant 001 discussed through her narrative that the 1:1 relationship was enhanced as her mentor really did think about her learning. She described how her mentor explained to her how she would enable her to complete the required competencies.

> *"I think my mentor is going to take the time to… Help me learn as much as what I want to and even on the certain areas in the PAD document that I was thinking maybe wouldn't be covered in the community, she has said "we'll try and find a way or find someone who you can go and be with for the day to try and experience it" (001 W1).*

Participant 002 described how important it was that her mentor explained things to her in a language that she understood.

> *"I like to learn by knowing why things happen and I do ask a lot of questions as well, consistently, 'cos I like to know why things happen and she just… Like in a language that I knew; nothing complicated; it was just very simplistic, the way she explained things and why she was doing it and she went right into everything, which is really important because there's no point in sitting watching somebody do something if you don't know why on earth, they're doing it" 002 (Interview).*

Whilst participants 001 and 002 described positive examples of structure in the learning environment, participants 004, 005 and 006 described the negative approaches they received by their mentors, and how this impacted on their learning. Therefore, it is important to discuss the approach to teaching and learning styles, and how the notion of working in collaboration to match the teaching style of a mentor to the learning styles of a student can enhance a student's learning in clinical practice. The term learning styles refers to the theory that individuals are different in regard to which method of instruction is most effective for them to comprehend. Therefore, the view is that individuals learn information in different ways than one another. Pashier *et al*. (2009) suggest that the proponents of learning-style assessment insist that the best possible instruction necessitates a diagnosis of an individuals' learning style so that instruction can be tailored accordingly. The assessment of a learning style in general evaluates what sort of information presentation an individual prefers, for example reading, listening, or watching someone physically do something, or indeed which kind of mental activity they find most engaging. However, Pashier *et al.* (2009) also suggest assessment tools are extremely diverse and chosen for the level of teaching and learning required of the individual using them. The learning-styles view has developed important influence within the education system and is commonly utilised at all levels, ranging from nursery school to university level. There is a diverse range of published learning styles, from questionnaires to guidebooks for both teacher and student. Pashier *et al.* (2009) provide evidence that both children and adult students will, if asked by their teacher or mentor, express a preference to how they prefer information to be presented to them. Pashier *et al*. (2009) go on to say there is an abundance of evidence debating whether individuals differ in relation to their abilities for different ways of thinking and processing different forms of information. Some of the most popular learning-style schemes include a Learning Styles Inventory and Learning Styles

Questionnaire (Dunn 1990, Mumford and Honey 1992). The interaction of these elements occurs differently in all individuals. Therefore, it is vital to determine the most likely trigger for each student's concentration, how to sustain it, and how to respond to the individual's natural processing style to generate long-term memory and retention. To uncover the natural styles, Pashier *et al*. (2008) propose it is essential to complete a comprehensive model of learning style that will recognise and identify each individual's strength and preference across a full spectrum of physiological, sociological, psychological, emotional, and environmental elements. It is therefore not surprising that Tulbure (2011) reports that her research supports the notion that students with diverse learning styles achieve improved academic results when confronted with teaching strategies that respond to their individual learning preferences. This was in evidence in the participants in this study, in particular participants 004, 005 and 006. It would have been beneficial to their learning experience if, for example, the mentor of participant 004 had been more approachable.

> *"It definitely impacted on my learning whilst I was there because it made me feel quite… Not taken aback, but I didn't feel she was as approachable as the week six… But like the little things like I'd say, "is it this type of dressing?" She would say "oh no, it's not that dressing" and I don't know what she misheard me, but then straight away, she would… "Oh, well put this dressing on" and it was the same dressing I had said, (004 Interview).*

Similarly, there would have been potential benefit if the mentor of participant 005 had taken the time to visually show her student how to administer insulin to their patient.

> *"When it came to the… Co-mentor actually giving the patient the insulin, she did it very quickly, so I didn't actually really get to see what was going on, which is*

something that she said I would get to see, but it was done so quickly I didn't actually get to see it" (005 W1).

It also would have been beneficial to participant 006 if both her mentor and co-mentor had adhered to the notion of matching teaching and learning styles and collaborated to discuss their student's learning style. This is in accordance with Tulbure (2011), who suggests that educational courses ought to provide the opportunity to integrate various learning experiences that emphasize diverse learning styles within the instructional development.

"I've had a good day today. I worked with a different nurse I haven't worked with before and I feel like she taught me more. She was explaining dressings; she was explaining wounds and explaining how they looked, she was explaining why and it's kind of made us realise how… I haven't really been told that stuff before. Erm… So, it's kind of highlighted that maybe I'm not really being taught in the best way. It's kind of disheartened me a bit, 'cos it made us like think about how my mentor tells us stuff and how I haven't been getting everything that I could have been and it's like week six and that's not good and they talk about all these terms like, over granulation and they don't… She's never really explained any of that to me, so I'm a bit disheartened really" (006 W7).

Taking the time to identifying students' learning styles and differentiating the instructional strategies has the potential to significantly enhance academic achievement in higher education (Tulbure 2011). The 1:1 relationship between a student and a nurse mentor is a pressure in community practice settings, and essentially influenced by the very nature of the time and geographics of the clinical visits (Carr, 2008). Baillie (1993) proposes that whilst good learning opportunities and essential support are provided for nursing students, they may feel isolated from their university peer groups.

Richards (1993), however, felt that students had a role to play in the community by developing an awareness of patients' needs. He goes on to say that community placements are seen to provide student nurses insight into seeing their patients in a more diverse environment, which includes family members and friends of the patients. This in turn allows the student to engage with all involved in a more social context, which is proposed to develop students' interpersonal, communication and empathy skills. During community placements the 1:1 nature of this unique relationship may impact upon the patient experience, although Dixon (1996) admits that this has been not systematically explored in previous research. Dixon (1996) goes on to say that, in contrast, there has been little attention paid to the patients' views of students being placed in the community.

6.5.3 Key theme 3: Reflective discussions and feedback

Maslow (1968) developed a motivational hierarchy of needs theory, which identifies seven levels of need: physiological, safety, social, self-esteem, cognition, aesthetics, and self-actualization. He proposed that, providing that the lower needs are achieved, an individual will want to progress further up the hierarchy to fulfil the higher-level of need, with the quest for knowledge being one of them. Therefore, once the learning environment meets an individual's basic needs, students will turn their focus on learning. In order to accomplish this development, learning ought to aim to be reflective and student-centred (Pritchard and Gidman 2012).

These reflective discussions allow consolidation of student learning in the here and now as the students experience them (Pearson 1998). Vital for student development, and fundamental in nursing care, is the process of reflection (Pearson 1998). Having the

opportunity to reflect on their own practice, and on the broader impact in nursing as participants described in this research, enables students to explore health and illness in patient care. McLaren *et al.* (2016) investigated the culture of supervision in relation to provision of reflecting within an emotionally safe environment, stating that this would encourage social connectivity. As supervision has a positive impact on the wellbeing of nurses, McLaren *et al.* (2016) propose that, by managing feelings in a safe environment, effective supervision is in fact related to professionalism. This often contrasted with the actual experience of workplace culture, which can have an expectation of suppressing individual emotions.

In adherence to the NMC'S SSSA (2022) support for students being supervised in nursing care delivery, is that mentors ought to promote reflection and provide constructive feedback. Participant 005 found the intensity and close proximity of the 1:1 relationship in the community facilitated the time for reflective discussions, and evaluation of her performance, which in turn enhanced her learning experience.

> *"You're with them constantly and I think I've found, when I have been on ward-based placements, my mentors were very, very busy, so I'd do stuff with them, but I wouldn't always know why I'd done it, whereas in community, I always had that time after in the car, to be like: why did I do that? What was the reason? So, I felt like I learned a lot more within the community, having that one-on-one relationship. 'Cos, I had the time with them to actually find out everything I wanted to know" (005 Interview).*

According to Bennett (2011), reflecting on the lived experiences of others is understood to be a learning tool that is effective in enhancing, or in fact changing, one's practice.

Adamson and Dewar (2015) agree, proposing that reflective learning can be a beneficial approach for students to consider newly learned knowledge and to allow pre-set ideas to be challenged. Stories are said to initiate this process in assisting student nurses to identify not only the needs of others, but their own values and expectations, as with participant 007. In turn, this can enlighten their planning and confidence in their delivery of person-centred and compassionate care.

> *"I think feedback's massively important, especially at this stage in your degree. I feel like, you might feel that you're doing okay, but unless you actually hear it back from someone that knows what they're doing, you might be doing it completely wrong, so to hear praise and that I was doing really well and the tasks I was carrying out were correct and that I was getting along well with the team and there was like a really good support there, it was lovely to hear. It just gives you that big of a confidence" (007 Interview).*

Duffy (2004) claims structured feedback that is constructive is necessary for student development. Fitzgerald, Gibson and Gunn (2010) reiterate points made by participant 002 in proposing that the students who do not receive enough feedback do not develop professionally. Therefore, for feedback to be effective, it ought to focus on all aspects of student learning.

> *"So, it's good to get that feedback all of the time and for her to say "you're so good at this, your aseptic technique, for example, is brilliant. If nobody's telling you, then you have no idea really" (002 Interview).*

The training for the role of mentor may affect the nurses' ability to provide feedback. Clynes and Raftery (2008) suggest that, in numerous mentorship training programmes, the education around feedback is substandard. Therefore, it is vital to comprehend the importance of feedback, and particularly for all HEIs to include this within their mentorship training. This is because sharing this would enable students to develop and progress. The students' views on their mentors' responsibility for assessment in relation to reflective discussions were unanimous in that students valued reflective discussions and constructive feedback in the here and now as they lived it. This facilitated learning, encouragement, support, and development.

6.5.4 Key theme 4: Students not being kept in the loop

The NMC (2018) state that mentors are to prioritise their workload to accommodate and support students within their nursing practice roles. Chow and Suen (2001) identify that students are frustrated by a lack of learning opportunities caused by the demands of mentors and their dual role as both nurse and teacher. Henderson and Eaton (2013) suggest that the facilitation of learning is not always recognised as an important priority because, as discussed, the priority of health services is on healthcare provision. The NMC (2018) advocate that the role of the nurse is to act in the best interests of the patient, but in doing so this may be to the detriment of the time spent being a mentor to students. Workload challenges for mentors, and how these effect their capacity to mentor their students, have been comparably reported across a range of healthcare settings (Hurley and Snowden, 2008 Wilson *et al,* 2010, Crombie, 2013). Myall *et al.* (2008) suggest that demands of the clinical workload leave limited time available for structured mentoring for students, and

this consequently appears to be a barrier to effective mentorship. In addition, Hallett *et al.* (1995) suggests that research highlights diverse levels of expectations and understanding between healthcare services and education providers about students' learning and their role whilst on clinical placements in community settings. This suggests that greater integration and improved communication are required if these developments are to be successful.

> *"I've had past mentors which I… I think they were alright mentors, but I didn't think they wanted to be mentors and I think they were a bit sick of their job, so it made me kind of felt unwanted, really. And felt like… If I'm going to be in this environment, I don't really know if I want to be learning in this environment, 'cos it was a negative attitude and environment, so I didn't learn very well" (004 Interview).*

Students who did not have a structured learning environment where they knew what to expect, found the unknown to be frustrating.

> *"It was frustrating; it was the unprepared that I didn't like. I don't like uncertainty; I'd rather go into placement on a Monday and know where I was for the rest of the week (007 Interview)*

Participant 007 described, how not being kept in the loop as a student nurse made her feel uncomfortable.

> *"That was also something I found a bit uncomfortable, was the fact that day today, I didn't know what was going on and that I wasn't sure who I was going to be with, so even though I was assigned these people, those days maybe didn't tally up to who I was going to be with and that left me uncomfortable and just not knowing what was going on" (007 Interview).*

The NMC (2018) state that nurses must have excellent communication and interpersonal skills and that these skills ought to be effective, compassionate, and respectful. As

described through participant 007's narrative, there are times when students feel they have been unfairly treated when they were not kept in the loop. From her perspective she felt unlucky in that if she had been kept informed, her feeling of anxiety and apprehension would have been alleviated as she would have been given some structure to her learning.

> *"But I was definitely anxious and apprehensive at the fact that both my co-mentor and mentor was off, and I just felt that I was unlucky in that, well what's going to happen now? It just left us hanging a bit. I think my apprehension and anxiousness could have been solved a lot earlier by just saying, pulling me to the side and just saying "look, we understand what's going on; we understand circumstances haven't played outright and that you haven't been left with a co-mentor or a mentor, but this is what we're going to do instead. It would have definitely settled my nerves if I had been told early on, like "look, this is what's going to happen; we're going to be sitting here; this is who you're going to be assigned with tomorrow and then the next day and the next day" (007 Interview).*

The NMC (2018) advocate that a mentor ought to recognise when individuals are anxious or in distress, and respond effectively using therapeutic principles, in order to promote their wellbeing, manage personal safety and resolve conflict.

6.6 Overarching theme 2: Belonging

Belongingness has emerged as a core concept of theoretical significance in the last two decades (Malone, Pillow and Osman 2012). From an evolutionary perspective, the motivation to belong is fundamental to human existence and culture. Malone, Pillow and Osman (2012) propose that personality traits to motivate people to gain acceptance to prevent rejection are crucial tools to enable survival. A sense of community is reinforced as "understanding nourishes belonging" (O'Donohue, 1999) within a caring environment.

Being included in a caring environment offers the fundamental possibilities for a pedagogy of being and becoming in nursing education.

As Lynch (2016) highlights, social constructivism teaches that all knowledge develops as a result of social interaction and language use with others. It is therefore a shared, rather than an individual, experience. It is not surprising that the following four key themes emerged from the data within the overarching theme of belonging: team positivity, feeling part of the team and in contrast feeling unwanted, mentor disrespecting the student and not being mentored.

6.6.1 Key theme 1: Team positivity

Zyry (1999) lends support to the concept that becoming a team member requires a combined commitment of a willingness to dedicate whatever effort is required to achieve collective team goals, and that personal success is accomplished through team success. Competent team members acquire essential skills and competences to accomplish a set of objectives. By effectively and positively collaborating with one another, all members are confident in the abilities of each other. Members trust each other and share information, perceptions, and feedback. High standards are established with the expectation that all members of the team perform according to these standards. Several studies identify the importance of students being accepted, welcomed, and supported during clinical placements (Levett-Jones and Lathlean 2008 Howard, 2009, Kinnell and Hughes, 2010). However, they maintain that belonging is a requirement for clinical learning and suggest that the need to belong influences the student's ability and motivation to engage in clinical learning opportunities within the placement area. The concept of belonging, according to

Levett-Jones (2008), has not been sufficiently explored in nursing education literature as there are scant studies addressing the meaning or the implications of belongingness in relation to clinical environments and challenges belong in this. Similarly, the consequences of this for individuals in the nursing profession, and consequently patient care, are also under-researched. Students in this research described feeling like they belong to a positive team as improving their learning. Levett-Jones & Lathlean (2008) propose that students who feel they belong are more likely to engage in team activities, which is likely to include innovation and service improvement. Baumeister and Leary (1995) suggest from an evolutionary perspective that the feeling of connectedness facilitated by regular positive social interactions are vital elements of belongingness, both of which will be discussed later within the theme of connection.

Levett-Jones *et al*. (2009) propose that self-efficacy in nursing students is intensely influenced by an individual's previous experiences, personality traits, and the level to which they felt they belonged whilst on their clinical placement. They suggest that student nurses who demonstrated self-efficacy are more confident and proactive in clinical placements whilst negotiating learning opportunities, and more competent in practice by engaging with both the multi-disciplinary team and the patients in their care. This notion was developed by Jean Lave and Etienne Wenger (1998), who suggested that learning is deep rooted in activity, interaction, and engagement in a community. Meanwhile, Smith (2003) proposes student engagement in a clinical setting is vital in nursing education, and that new learners ought to be accepted into the nursing culture, and transition from observers to participants in order to gain knowledge. This therefore reiterates that positive relationships with nursing staff and students, in coherence with acceptance and engagement, are at the core

of effective student learning. This is contrasted by team negativity, which suggests that fulfilling mentorship roles within the community can be both rewarding and challenging. Leyshon (2013) proposes that it is rewarding for the reason that mentors enable their students to gain both confidence and competence and, therefore, by doing so are contributing to the future nursing workforce, in addition to their own professional development. However, challenges do arise, as described throughout the findings of this research. Whilst mentorship is a requirement of the NMC (2018), Leyshon (2013) indicates that the role of the mentor is in addition to the existing work demands placed on nurses. This consequently presents the possibility for tension to occur within community nursing teams, as they juggle their willingness to provide meaningful learning to students in addition to the pressures they may feel within their daily workload.

As belonging is conceptualized as a need, rather than a simple desire, then an absence of social contact may be distressing. Furthermore, if the absence of social contact continues for prolonged periods of time, then it is likely to have negative consequences for one's health and well-being (Over 2016), maintains that students are also more likely to participate in affiliative behaviours, such as compliance and conformity, and in addition denial of stable social interaction within relationships has been associated with a range of pathological consequences. This includes those who lack belongingness suffering higher levels of both physical and emotional illness (Baumeister & Leary 1995).

Durkheim's (1973) typology presents the social causes of suicide and concentrates on two sociological variables, regulation, and integration. He proposes that that too much or too little of either generates conditions in which suicide becomes more likely. Altruistic

suicide consequences are suggested when an individual is integrated too strongly. Meanwhile, egoistic suicide, on the other hand, results from when an individual is not strongly integrated into a group and recognises nothing higher than themselves, thus resulting in limited social support in times of trouble. However, excessive social regulation produces what Durkheim describes as fatalistic suicide and consequently gives the example of a suicide of slaves, who cannot influence the oppressive rules under which they must abide. Therefore, the opposite of excessive regulation is described as where regulation is lacking or ineffective, referred to as anomic suicide. Inordinate desires and fears developed with no clear expectations or rules of conduct, resulting in disorientation, can lead to anomic suicide. Durkheim's insights in relation to social regulation and integration perhaps have some bearing upon understanding optimal conditions for learning. Learning ultimately works best in an environment where mentors have integrated their students into positive and supportive teams, and where students' expectations are met with regards to rules and boundaries. A clear expectation of rules and boundaries sets a framework for learning, in that students know what to expect. As belonging is conceptualized as a need, it is not a good environment to learn or work in when a student or team is unconnected. This is also the case when a student or team is too familiar.

6.6.2 Key theme 2: Feeling part of the team

As student-mentorship relationships are fundamental to a students' perception of belongingness, it seems essential to gain an understanding of the nature of the behaviours and interactions that facilitate or decrease belongingness for the students. Students in this research determined whether teams of nursing staff were approachable by whether or not they were welcoming, friendly, and included them in professional and personal

conversations. Students described how nursing teams' approachability and receptivity affected their anxiety, frustrations, and motivation to learn during their community placements.

Surprisingly, the 1:1 student nurse and mentor relationship in the community exerted the single and most valuable influence on the student nurses' sense of belonging in this research. The participants described how their 1:1 relationships impacted on their sense of belonging, and the importance of their community clinical placement experience on their learning. Students, described by Melia (1982), have a willingness to learn team routines and get stuck in, as a strategy to increase the chance of a sense of acceptance and belonging within the team. Student nurses work hard and adapt to gain a sense of belonging and be accepted by team members in their goal of becoming a registered nurse (Melia, 1982; Gray & Smith 1999). Students needed to be acknowledged as capable, competent, and trusted with responsibility as they progressed through their 8-week community placement. They described through their here-and-now lived experiences that, when they were given the opportunity to work with a level of autonomy within the team so that they could demonstrate their capability, their confidence grew. Andrews *et al.* (2005) have suggested that nurse mentors are the gatekeepers to guide students' learning and encourage them to be proactive in asking questions. They indicate that this is linked with the degree to which students are supported and feel a sense of belongingness to the nursing team. Levett Jones & Lathlean (2009) found that the student nurses who were socialised respected the authority of their mentors, and this consequently facilitated them to follow instruction and show loyalty to the team. Conversely, whilst students yearned to be acknowledged, valued, and accepted, they often felt that their knowledge and experiences were not valued. This, in their perception, hindered their clinical performance, which consequently impacted on their belonging as a member of the team.

The findings described by the participants in this research are supported by other studies (Fitzgerald *et al.* 2001, Pigott 2001, Smith & Camooso-Markus 2002) who propose that the nature and consistency of the student nurse and mentorship relationships determined whether the student felt that they had been accepted, and therefore belonged, to the clinical nursing team. Gillespie (2002) further explains that students with a positive connection to team members tend to take advantage of their clinical placement learning opportunities. Conversely, when students feel unsupported and disconnected throughout their learning, they lack confidence and feel restricted in their ability to achieve their learning objectives. Although most students in this research described many positive experiences of belonging, there were some examples of experiences of indifference, resentment, and hostility from mentors that caused students to feel like a hindrance and uncomfortable. Consequently, students continued their placements with dread, and a sense of isolation where they felt apprehension and varying degrees of stress and anxiety. Webb and Shakespeare (2008), identify mentors' negative attitudes and behaviours towards students as potentially undermining and ruining students' placement experiences. Spouse (2000) claims that not all student nurses fit in to the clinical area and have a sense of belonging. Students who have not fit in or experienced a sense of belonging have reported a feeling of fear and shame (Bahn, 2001). In turn, students stay isolated from nursing teams and are reluctant to initiate any independent learning activities or challenge clinical practice within the teams. Watson (1999) goes on to say that when positive student and nurse relationships are not established, students expressed concerns about being a burden and felt that they were just hanging around without purpose or direction. This was reiterated within the data from the participants in this study.

Other studies have presented findings to explain that student nurses feel hesitant to ask anything more than straightforward and simple questions in fear that they receive an unfavourable response and are seen to cause trouble if they asked the wrong questions (Kyrkjebo & Hage, 2005, Thomas *et al*., 2009). Houghton (2014) admits that unwelcoming responses from colleagues within the nursing team prevent nursing students from developing vital critical thinking skills as they are embarrassed and fear making a mistake in front of other nurses.

As knowledge is not a result of observing the world, and rather results from many social processes and interactions, we consequently find that constructivist learning attaches as much meaning to the process of learning as it does to the acquisition of new knowledge. That is to say, the journey is just as important as the destination. Over (2016) discusses the reliance of accepting group members in a team, stating it has employed a profound influence over motivation. Over (2016) also suggests that success in a team is manufactured by the motivation to interact and engage with those around us. In other words, we need to belong. It is suggested that dependence on our team members has employed a powerful influence over our cognitive abilities. Individualised sophisticated skills for understanding the intellectual state of those around us allow engagement in collaboration with social partners in which learning from their behaviour takes place. When deeply dependent on team members, through mimicking their skills and practices, individuals are able to learn how to survive in diverse, and on occasions even hostile, environments.

Durkheim claims that modern societies ought to be held together by organic solidarity, which is a solidarity that is based on diversity rather than similarity. This makes it appropriate in today's societies, which are differentiated by not just income or wealth, but by one's gender, ethnicity, and religion, in which the scope of work is also very much segregated. Durkheim argues that organic solidarity develops from the division of labour, however this only happens if it occurs spontaneously. One of the difficulties to such a spontaneous development is extreme inequality, which distorts the access of individuals to situations in which they can develop their talents (Herzog, 2018). This is particularly important to the findings of this study in relation to community nursing teams and how dynamics change individually in each team, in addition to the variation of diversity from team to team within localities.

The clinical learning environment is integral to the sustainability of the nursing workforce. Whilst students in this study are undergraduate nursing students working in this 1:1 mentoring relationship, they were also a member of the multifaceted clinical environment. Crawford *et al.* (2018) suggest that student learning takes place whereby students are nurtured by all members of staff in a clinical area, where clinical and academic staff collectively support the student, and that student learning is a collaborative process. The study carried out by Crawford *et al*. (2018) reinforced the data from my participants in that students described feeling part of the healthcare team, noting that a supportive team allowed them more opportunity to engage in learning. Circumstantial factors and interpersonal dynamics are seen to have a considerable impact on a students' experience. Levett-Jones (2007) suggest that teams who welcome, accept and support students, in addition to having nursing staff who were encouraging, facilitated the perception of students being valued and respected members of the nursing team. In addition to this, one

student in this research referred to patients' reactions as recognising good working relationships and that it reflects positively on the work that student nurses do.

> *"But I think that makes me feel really comfortable and like, I think it's nice that it's like that and if we're relaxed and comfortable and confident with each other, then that would then reflect in our work and how the patients pick up on us" (006 W7).*
> *"My mentor made me really feel part of the team by inviting me to the meeting and when we got there, she discussed with other GPs and they all actually said that they were happy for me to have input as well, for the patients that I knew, if there was anything that I wanted to say and my mentor actually was really good; she'd say her piece on the patients and then she'd turn to me and ask for my opinion. Erm, so as a student, I felt like really part of a team and that I was actually bringing something as well if there was anything which my mentor missed" (005 W3).*

However, in contrast, reinforced the work of Baumeister & Leary (1995), in that a lack of attachment and feeling of belonging is related to a range of ill effects on health, adjustment, and well-being. Existing evidence supports the theory that the need to belong is a powerful, fundamental, and extremely pervasive motivation. On the other hand, Levett-Jones (2006) suggests that alienation, resulting from unreceptive and unwelcoming clinical environments, will consequently cause distress to students. Also, in turn, it will impact on their learning in a negative way as they become detached and disengaged, impacting the students' capacity and motivation to learn. As a lecturer, I was appalled, and as a registrant, professionally embarrassed to learn during analysis, participants in this study explained that nursing staff often made them feel unwanted, undervalued, and unsupported. Participants described how nursing teams behaved towards them, and how they these negative clinical learning environments made them feel.

"I have felt at times in the afternoons like a bit of a spare part because they're doing all their writing up and things like that and I sometimes feel a bit more of a hindrance than anything (005 W3).

"The office is quite busy usually, so in the afternoon, I tend to go and sit on a computer in the common room, so I get to miss out on a lot of the 'team spirit' of the whole thing," (002 W3)

According to Baumeister and Tice (1990), social exclusion may well be the most common cause of anxiety. Choenarom, Williams, and Hagerty (2005) propose that there is a direct influence between the sense of belonging and depression. Meanwhile, Durkheim (1897; 1963) proclaimed that the deprivation of belongingness can in fact lead to a detrimental effect on the individual mental state. He states that when society loses something that it has possessed in relation to the individual, who then disassociates oneself from anything collective in order to seek their own interests, as participant 002 explained above, isolation increases.

6.6.3 Key theme 3: Mentor disrespecting the student

An interesting reflection is that although student nurses in this research yearned for a sense of belonging, they maintained their own values, beliefs, and ideas, until such a time that they could be implemented into their own practice. Students were passionate about their feelings of believing that, when they become registered nurses, they would do things differently from what they had observed and experienced as student nurses by their mentors.

Participant 002 felt embarrassed when her mentor belittled her in front of a patient.

> *"It was just quite brusque, and it made me feel quite silly in front of the patients as well…Quite embarrassed. Quite childlike. Yeah. I think it's harder when you're a bit older as well and it's just quite hard getting told off like that, I suppose. But yeah, it made me feel quite silly. Like, it set me back until the next day anyway" (002 Interview).*

Meanwhile, participant 006 referred to her mentor not being as holistic as her, and that she would do things differently.

> *"I feel that sometimes she tries not to see things like issues that might be there and that's not always how I'd always like to practice" (006 W4).*

Despite this, Nixon (2014) lends support to students stating that they find it difficult to speak up about negative experiences whilst on clinical placements, reinforcing the lack of this action in participants in this research. Any negative feedback was perceived as impacting the mentor's decision to pass the student. Nixon (2014) suggests that student nurses do not want to be seen as troublemakers by highlighting their experiences in a negative light.

6.6.4 Key theme 4: Not being mentored

Some student's narratives displayed how they had suffered from a lack of mentorship during their community placement, whereby mentors were absent through sickness, or attendance in meetings without them. The students stated that this had clear consequences on their learning experience. For example, they had less opportunity to build the 1:1 relationship and, therefore, their confidence.

There were several student nurses in this research that felt that they had been treated unfairly by either their mentor or co–mentor during their clinical placements. Their unfairness was linked to them feeling unsupported, ignored, being humiliated, and having their supernumerary status ignored, as they were being used as an extra pair of hands. Hamshire, Wilgoss, & Wibberley (2013) propose that clinical practice experiences have the greatest influence on students' desire to remain on their nursing programme, whilst negative experiences are linked to attrition and stress. Brown et al. (2005) state, in addition to this, that students frequently feel passive about their own learning outcomes when they are not supported by a mentor in a clinical practice setting. Learning in clinical practice offers opportunities for a student's skill development. However, in addition, it is a vital part of the socialisation process and therefore supports students' decision-making about future career choices (Ion, Smith, & Dickens, 2017). Longo (2007) goes on to say that negative experiences with nursing teams in clinical settings may affect a students' decision to remain in the profession and suggest that they may adopt such negative behaviours in their own future practice. Whilst negative clinical teams may affect learning, professional socialisation, personal wellbeing and retention rates, Kramer et al. (2017) propose that fewer nursing graduates are interested in entering the NMC register in order to practice as a nurse. They also suggest that many nursing staff discourage students from joining the profession.

A sense of belonging in the workplace is reported to increase work performance, improve retention, and is engendered when staff members feel they are able to speak freely. A strong sense of belonging is a prediction of a students' intention to complete their nursing degree. Smith *et al*. (2021) suggest that the simplicity of just asking how someone is generates a greater sense of belonging than, for example, an invitation to an event after office hours.

6.7 Overarching theme 3: Connection

Mentoring relationships are individual and interpersonal interactions which are strongly influenced by characteristic ways of connecting to others in close relationships (Back *et al*., 2011). Therefore, Eby, Rhodes, & Allen (2007) state that it is vital to focus on the specific characteristics of the mentor and student, in particular those that contribute to positive student outcomes. One of the main attributes of a student-mentor relationship involves the expectations that students have of an ideal mentor. As the characteristics that students envision in an ideal mentor are under-researched, it has been fascinating to view the 1:1 student and mentor relationship in the community from the perspectives of the students in this research.

6.7.1 Key theme 1: Something in common

Friendships at work are defined by Blieszner and Adams (1992) as nonexclusive relationships that involve mutual trust, commitment, and a reciprocal liking or shared interests or values. Guy and Newman (1998) suggest one approach is that organizations ought to ignore or even encourage workplace friendships. As workplace friendships encompass mutual trust, commitment, and shared interests and values between people, they advocate employee well-being, instrumental co-worker support, job embeddedness, and job satisfaction are major outcomes of workplace friendship (Hsu et al., 2019; Yang and Anthony, 2020). These relationships involve increased honesty, inclusiveness, and informality (Jurckiewicz and Brown 1998). Van *et al*. (1999) goes on to say that friendships in the workplace increase communication and therefore reduce stress at work, whilst assisting staff to accomplish their daily tasks. Workplace friendship is suggested to

be a complex and multi-faceted phenomenon. Hallowell (1999) proposes that friendships are as unique as the people that are involved and vary in relation to the common attributes that they share. Whilst there is diverse literature to support that mentoring relates positively to mentors' attitudes and behaviours, there is scant literature about how the characteristics of mentors and students jointly affect positive student outcomes.

As explained by participant 001 in this study, the realisation of not having a connection with a mentor could result in the worst learning experience for a student.

> *"I think if you didn't get on with your mentor, then I think it could be one of the worst experiences that you could have, whereas when you have got your mentor there, it's probably going to be… If it's a good mentor, it's probably going to be one of the best" (001 Interview).*

However, Eby *et al.* (2013) propose that existing research has found that students who perceive themselves as being similar to their mentors report a more positive outcome from their relationship than those who do not have these perceptions. Reiterating what students reported in this research, this suggests that perceived similarity is important. Eby *et al.* (2013) state that there is little written about the experiences, or the mechanisms, through which perceived similarity relates to students' commitment to both the organization and their chosen profession of nursing. Mitchell, Eby and Ragins (2015) suggest that a lack of knowledge has significant implications for education in mentoring, and this was reiterated with participant 001 below. There is a need to understand the developments through which high-quality student and mentor relationships are established, particularly for healthcare practitioners who require guidance in generating effective mentoring relationships which are vital for students in organizations.

> *"I think because we did get on well, personality-wise, she was lovely, which I think made it obviously a lot better, I think if it was someone that didn't really take any interest in me and that type of thing, then it wouldn't have really worked" (001 Interview).*

Socialisation is said to be how we are created, as we are socialized to become capable of living in society through the accepting of norms and values from society, in general, and in particular those of significant others. Bauman and May (2019) suggest that the principles that sustain this include commonality, mutual confidence and what might be characterised, following Émile Durkheim, as a togetherness or common bond. It is how an individual would expect a family member of an ideal family to behave towards them, and the behaviour of parents towards their children in terms of patterns of love and care. A group of people who are not clearly defined but agree to something that other people reject, and present a value or authority upon those beliefs, are often referred to as a community. This may be defined spatially in terms of physical proximity, or through a common interest. What is found, however, is a sense of togetherness whereby encounters may fluctuate between presence and absence, but over time present a degree of consistency (Bauman and May 2019).

This is in adherence to the work of Simmel (1964), cited in Yoon *et al.* (2013), with regards to dyads and triads, specifically when he states that the process of exchange differs in dyads and triads and that it generates a different degree of relational or group cohesion. As with the findings in this study, he proposes that it is a common assumption in sociology that dyads qualitatively differ from triads, specifically with regard to how and whether they generate order and stability. Simmel (1964) cited in Yoon *et al.* (2013) also suggest that

triadic relationships have a tendency to generate more order and stability than a dyadic 1:1 relationship. This is due to social interaction during the dyads, and the fact it is proposes to be more personal and reveals more emotion, as has been identified in the findings within this study. This study mirrors Simmel's work in that a dyad reveals greater variability due to the fact that individual personalities have a freer reign. As dyadic ties tend to be interpersonal, if disrupted they are often complicated to restore as each member is inclined to personalise the offending issues. Simmel (1964), cited in Yoon et al. (2013), therefore affirms that triads are inclined to restrict emotion, reduce the individuality aspect, and generate behavioural meetings for the reason of "two against one", and the social pressures of that. Exclusion in dyads and triads operates via different processes. In relation to community nursing and the 1:1 relationships, in addition to the team dynamics that the participants have described, is that whilst exclusion in a triad is structural, the exclusion in a dyad relationship is personal. Simmel (1964), cited in Yoon et al. (2013), explains that triadic exclusion is structural in that the structure forces one to be excluded when only one pair may exchange and interact at any single point in time. Given that particular exchange provides benefit, the exclusion in a triad is merely a by-product of all participants engaging in their own interests. Likewise, exclusion in a dyad does eliminate the structural tie. However, exclusion is more likely to feel personal as there is no third-party present.

It was therefore not surprising to learn from Participant 007 when she expressed below how she felt that the 1:1 relationship in the community differs immensely to that of ward-based mentoring.

> *"I think it's amplified by 100% because you've got that 1:1 relationship and you're in each other's personal space eight and a half hours a day if not longer. You*

haven't got that close proximity in a hospital that you do in a car and in someone's home" (007 Interview).

In adherence with the work of Simmel (1964), discussed above, the consistency of continuing power of social bonds found in this study ought not to be underestimated. They are said to alleviate people of the need to explain and convince one another of who they are, in addition to enabling shared views to be composed as truth and deserving of belief and respect. Faced with a polyphonic world which can appear unfamiliar, the draw to a simple space may be appealing in the longing to relieve anxiety and enhance a sense of identity and belonging. Bauman and May (2019) propose that belonging to a community through a connection is at its deepest and most protected when one believes that it has not been chosen on purpose, that an individual has done nothing to make it exist, and it cannot be transformed through one's actions. Having said that, Carr (2001) suggests that, as it is largely shaped by the geographical location of the clinical area, this 1:1 relationship between a student and mentor is under considerable pressure in community practice settings.

Participant 001 described how she was taken aback by having to keep up with her mentor.

"But my co-mentor…I think when I had my days with her at the beginning of the week, I was quite like, taken aback about how differently she worked and how I was trying to keep up and what have you" (001 W2).

"Because I was trying to rush, I wasn't taking any notice of what I was doing, really and then afterwards, I'd be like: oh no. Have I done that properly and…? Like aseptic techniques, I'd be like did I do that in the right order, but I couldn't remember, because I was trying to be quick – but I think as well, at the same time… 'Cos she would just kind of ask me if I could do things and I'd be like yeah, yeah.

But then she wouldn't really watch to see if I was doing it correctly. So then afterwards, I would be a bit like oh… And then you don't want to… 'Cos she was rushing, I didn't want to be like: "oh, can you just see if I'm doing this right?" And then you feel like a hassle if your kind of did" (001 Interview)

McDonald (2017) suggests that employee differences can cause miscommunication, lower trust, and harm productivity. In agreement with McDonald (2017) both participants 001 and 005 below describe times when they felt apprehensive when communication was challenging.

"There's a bit of friction in the office, but I can't really work out who it's with. Sometimes it seems a little bit awkward" (001 W8).

"I wouldn't say we didn't get along; we did get along, but she was a lot more reserved and didn't really talk as much to me; she talked more to the other nurses than me in particular, so I was a bit like, apprehensive about spending the whole day with her" (005 W8).

McDonald (2017) also states that, although this is often reality, it does not have to be the case, and she suggests that diverse teams may be from different generations, have different cultures, different races, be of different gender, or just a different attitude towards work or life in general. This suggests that teams need to work together towards a common goal. McDonald (2017) goes on to explain how to control differences, and smooth friction, by utilising the strengths of others to enhance productivity and, consequently, alleviate stress. The ultimate goal is said to be to find the common thread that exists between people, and that doing so allows co-workers to get to know one another on a more personal level. Discovering and understanding another person's values is said to hold the key to

meaningful interactions about real conflicts in people or groups, and to enhance communication in diverse groups.

6.7. 2 Key theme 2: Similar age

Although students in this study felt a connection to their mentors of similar age (Miller 2004), Cole (1993) suggests that workplace friendships often involve relations between people of unequal age, status, or gender, thereby transcending traditional notions of friendship.

> *"I do feel that the positive relationship I've had with my mentor throughout the course of my placement has had a really, really good impact. She was only a few years older than me, so we had similar interests and we did have times where we'd discuss random things and it was nice to be able to talk to someone about things like that and be able to be myself and I didn't feel like I had to hold back at any point throughout my placement; I was able to be truly honest and truly myself in front of her without worrying that she would judge me or anything like that. So yeah, overall amazing time" (002 Interview).*

6.7.3 Key theme 3: personality

Eby *et al.* (2013) report that connections between deep-level similarity, for example students' perceptions of similarity to their mentors in terms of attitudes, values, beliefs, or personality, and student perceptions of mentoring were consistently significant in relation to relationship quality.

"I think because we did get on well, personality-wise, she was lovely, which I think made it obviously a lot better, I think if it was someone that didn't really take any interest in me and that type of thing, then it wouldn't have really worked" (001 Interview)

6.7.4 Key theme 4: Live in the same area

Participant 007 found that the 1:1 relationship she had with her mentor was enhanced with mutual respect due to the fact they had a connection.

"So, the fact that we had just some kind of local knowledge and like, we knew the same people, we knew the same areas, the same pubs, the same bars, the same food places, everything like that, we could talk about it, and it was just general conversation, which made… It was so easy, just to talk to them; the conversation always flowed, it was never awkward; there was none of them awkward silence and then we just had the mutual respect for each other when we talked about the same thing" (007 Interview).

"…that was reassuring that the person I had built a relationship with; like I said before, that bit of security, I could feel comfortable to ask questions and I knew that she was from the local area, so the conversation again just flowed really well and because she was there to support me, again being a student, she had been newly qualified, I think she was just the perfect person I could have been with" (007 Interview).

6.7.5 Key theme 5: Same work ethic

As discussed in the previous theme, social connection is a notion that relates to belonging and feeling that one is close to others. Pavey *et al.* (2011) propose that this is a core psychological need that is crucial to feel fulfilled in life.

> *"From me being there, I feel like she was very much on my kind of level, learning-wise and I think she had mentioned that she'd struggled on the kind of academic side, and it was more like practical kind of experiences that she benefited from, which I think she used to her advantage when she was teaching me things. Having me on more practical kind of things" (001 Interview).*

The need for connection is said to begin at birth and is a continuation throughout life. One's ability to effectively communicate through voice, and non-verbal signs, for example facial expression and touch, register in the brain so that individuals are adept to parent and care for others in social groups and assist others adapt and develop (Pavey *et al*. 2011).

> *"I think with being in the car with a nurse the majority of the day for eight weeks, you need to build up some kind of a relationship and I think when you're there with them that long, sometimes conversations can run dry and I think that's the most awkward part about being sat in the car, just you and this individual" (007 Interview).*

According to the World Health Organization (2018), cited in Jones-Schenk (2019), burnout is an occupational phenomenon, although it is not classed as a medical condition. It is defined as a syndrome developed from chronic workplace stress that has not been

effectively managed. This concept returns us to the work of Durkheim (1897; 1963), who proclaimed that the deprivation of belongingness can in fact lead to poor mental health. Papathanasiou *et al.* (2017) suggest that teams in the workplace are able to improve, and in fact lower, stress at work by mindfully communicating hope and optimism with others more readily. This, in turn, will also improve individual wellbeing and job satisfaction. Meanwhile, in relation to loneliness at work, Ozcelik and Barsade (2011) suggest that the mood of others, including clinical leaders, is infectious to the whole team, and they highlight how positivity and being self-aware can improve team morale and reduce loneliness in the workplace. As illustrated by participants in this research, below, communication does not always have to be deep and meaningful. The benefit of small talk, for example, is clear. Thus, in the community, conversations in the car found a connection in topics not related to work.

> *"I definitely think the relationships I've made have made it. I think the whole experience would have been completely different if I didn't get along with them completely. I can just imagine that I just wouldn't want to go into placement, and I'd like just want to leave as soon as I got there if like, people weren't friendly and nice to us and talkative. "I actually genuinely enjoyed going in, 'cos I could connect with them" (005 Interview).*

Macfarlane (2020), meanwhile, suggests that the improvement of personal development is frequently aligned with self-analysis and individual regard of changing behaviour. However social connectivity involves the input of others to support one to thrive and succeed in life. Again, this echoes participants in this research, who suggested that they benefited from spending time with the right mentors to complement their learning. Equally,

having a connection with them enhanced their social support, motivation and reactions to stressful situations that took place within the nature of nursing in the community.

Science implies that one of the most effective ways to positively improve happiness and wellbeing is to develop new connections with the people around us, as well as reaffirming those with people we already know (Seligman, 2011). Enticott *et al*, (2008) state that human beings live in groups, pair and bond, and the connections they make allow them to socialise, communicate ideas and, in fact, survive. However, interpersonal connection and its understanding of non-verbal communication may manifest itself in a different way throughout various cultures. Research reports that individual moods are infectious as we are wired to connect with individuals around us to assist in recognising their feelings and intentions though mirrored neurons. Pavey *et al* (2011) also suggest that reflecting on feelings of connection will increase the motivation to help others, which consequently will increase one's happiness and improve relationships. Furthermore, Macfarlane (2020) proposes that reciprocal interaction will encourage safe and supportive feedback, and therefore it is important to ask for it from others. Doing so invests in resourceful social connection which helps to broaden and develop meaningful, personal networks. Macfarlane (2020) suggests, in addition, that being grateful for the positive contribution of others towards us as individuals and investing time in others by seeing things from their perspective, is reciprocally beneficial. It is these meaningful encounters that bring out the best in us all.

6.8 Overarching theme 4: The mentor as a role model

The NMC (2018) state that education within clinical placements is of enormous importance within Pre-registration nursing students. The NMC (2018) also highlight that it

is crucial that nursing students are not just assessed by their mentor in clinical practice through the achievement of competencies within their practice assessment document, but that their mentor is both thorough and methodical in following statutory guidance. As the NMC (2018) highlights, the clinical learning environment is identified as being vital to nursing education. The clinical learning environment offers undergraduate nursing students the chance to combine cognitive knowledge of theory learned in university with the development of effective psychomotor clinical nursing skills. The mentor's role in undergraduate nursing education is multifaceted and often complex. McClure (2013) argues that undergraduate nursing students identify mentors as essential to their learning in clinical practice, yet also states that those mentors often feel unprepared to serve in this role. Whilst most nurses have knowledge of supporting students in clinical practice, there is often an absence of experience or expertise in the role. Clinical teaching and supervision are described by Horton *et al.* (2012) as a skill, and therefore it should not be assumed from the integrity of a nurse's knowledge and expertise that excellent staff nurses can automatically function as mentors. In adherence with the NMC SSSA (2018), as skilled, knowledgeable, and positive practitioners, nurses are to serve as role models, nurse mentors ought to support students to develop skills and confidence while promoting a professional relationship with them. As well as facilitating supervision, mentors are required to support with planned learning experiences and offer students constructive feedback, although many nurses find these expectations daunting (RCN, 2009). Kram (1985) defined a mentor as an experienced individual who provides career guidance and personal support to a less experienced individual. Frances *et al.* (2016) propose that a mentor is an individual who takes a personal interest in one's career, and who guides, sponsors, or otherwise has a positive and significant influence on one's professional career development. Consequently, Gray and Smith (2000) suggest that a good and effective

mentor is approachable, understanding, enthusiastic, and someone who has a good sense of humour. In addition, Carr (2008) states that a mentor ought to be confident and professional in their role. The notion of a good mentor is described as a role model by Gray and Smith (2000), who consider the idea of professionalism and that the characteristics of a positive role model are closely connected to that of a good nurse.

It was inspiring to learn through Participant 002 as she described her idea of an aspirational nurse as someone who is experienced and knowledgeable, someone that is happy and has time to listen, and finally someone that understands her patients.

> *"She's the kind of nurse that I would build myself on; the way that she is with the patients is just fab. Just her whole outlook on nursing is brilliant, really. She loves her job, she's really keen, she's really supportive of me. She's brilliant and like I say, she's the kind of nurse that I feel that I want to be when I qualify" (002 W5).*
> *"She's also like a very experienced good nurse and she's been… like a fountain of knowledge really; I feel like I've learned a lot more today" (002 W5).*

We know from previous research, that robust mentorship helps students with career development and career satisfaction. It supports higher education faculty retention and contributes to academic productivity (Mitchell 2013). Whilst Kram's (1988) definition summarises the typical roles of a mentor, it does not detail the student's perspective. For example, it does not examine, from the perspective of a student, who and what is a mentor, or specifically what makes a good role modelling mentor. Therefore, it has been fascinating to analyse the data in this research to uncover and explore from the student's perspective the qualities they described of the role models that they were mentored by whilst on their community

placements. Students described good role models as being friendly and approachable, someone who is a good nurse that is knowledgeable and practices with integrity (as participant 005 described below). They also felt they were someone who understands and has empathy towards a student's status by understanding the students' needs, someone who has an interest in their learning, and someone who a student can rely on, as illustrated by participant 007 below.

Meanwhile, participant 004 described being confident whilst working with her mentor, as she was approachable.

> *"I've always been confident working with her, as she just comes across so approachable" (004 W4).*

> *"I think a good role model should be someone that obviously teaches you the correct way to do things" I feel my mentor is a good role model. Everything that I've witnessed off her has been really good practice, so I think she's been a really positive influence on my learning" (005 W4).*

> *"It was the fact that someone was there, and it was fluent, and it was something you could rely on and it was just that bit of a brick wall you could lean against to support you and you knew that was just there for you the whole time" (007 Interview).*

6.8.1 Key theme 1: Trust

As discussed, mentoring is often seen as a means whereby knowledge is transferred from the mentor to a student (Kram, 1985). In addition, a vital notion in mentoring research is that trust is an essential element of mentoring relationships (Hezlett and Gibson, 2007, Kram, 1985). Yet, despite empirical support demonstrating the importance of trust for

knowledge transfer (Levin and Cross, 2004), there is a lack of empirical research on the role of trust in mentoring relationships. However, it is suggested that trust in relationships ought to encourage more in-depth discussions and greater information sharing (Moorman, Zaltman, and Deshpande 1992).

Participant 006 felt that she was unable to trust her mentor.

> *"But I'm really, really nervous about asking my co-mentor which really isn't like me, but I feel like she'll probably say no and make an excuse up so I'm building myself up and my plan for tomorrow is to definitely ask her" (006 W4).*

Toxic working environments may also have detrimental effects on patients, staff, and nursing students (Thomas 2010).

Participant 006 felt real anxiety and lacked trust working with her mentor.

> *"I find it really hard to work with her because I feel that I can't trust her. Like, her knowledge, because of how I find her, so I find it really uncomfortable, and I have to work with her again on Monday and I'm just… I don't know. Like, I have an anxiety about working with her, because I know it's not going to be the best day and I know I'm not going to learn a lot of stuff and I find that really, really hard" (006 W6).*

Reiterating what participant 006 has described, a mentor's provision of nursing knowledge does appear to affect knowledge transfer. However, the nature of the relationship, in relation to the level of trust a student has in a mentor, also plays an essential role in influencing the amount of knowledge transfer (Fleig-Palmer and Schoorman 2011). VonKrogh *et al.* (2000) propose that the establishment of trust as a necessity for conversations, combined with effective communication of ideas, are essential for

knowledge transfer. When a level of trust is high enough, it is expected to facilitate the development of interactions that are crucial for knowledge sharing. Sharkie (2005) proposes that trust is having confidence in the competence, character, integrity, and truth of an individual, and is a fundamental element in any social relations. Fiol (2003) suggests that, without trust in social relationships, knowledge learned is withdrawn, rather than being disseminated and protected. According to Sharkie (2005), when the level of trust is minimal, individuals are overwhelmed by anxiety, and therefore use their energies to protect themselves and limit personal involvement, as participants did in this research when they described a feeling of not wanting to be there.

The term ‘community of practice’ is utilised by Lave and Wenger (1998), who examined how learners learned in naturally established communities of professionals, such as the nurses in the clinical environment. The process of involvement by which learners joined then became central to the community and was known as ‘legitimate peripheral participation’. This original and popular theory explored how learners learned to signal improving membership of the community through their actions, behaviours, and language. Through this signalling, learners moved from the boundary of a practice community to a socially permitted central responsibility and authenticity. The focus and significance of this original version of the theory was in describing the learning that occurred through a positioned process of participation and socialisation.

6.8.2 Key theme 2: Students feel mentor is a good nurse

The need to engage more students into the nursing profession, and the value of retention to practice, are both a priority in healthcare. Cattlett and Lovan (2011) propose that in the

quest to address the issues of nurse shortages, one ought to have an insight into the attributes of what is perceived as a good nurse. The attributes and qualities of a good nurse were identified as part of an individual's personality, including behaviours such as being caring, understanding with patients (as participant 002 discussed below), selfless, ethical, dependable, sincere, loyal, courageous, responsible, and non-judgmental. Other qualities of a good nurse consist of an individual displaying common sense and having a positive attitude with good work ethic (Cattlett and Lovan 2011).

> *"She was lovely and one thing I've found with them all, they're all really lovely with the patients, which is just my idea of a nurse; they're all really understanding with the patients; they've got loads of time for them and that's the nurse that I want to be" (002 W3).*

Chen and Hsu (2015) reiterate this, stating that a good nurse is one who demonstrates compassion for patients by caring for them effectively, professionally, and being attentive to their needs and well-being. Behaviours identified by Chen and Hsu (2015) include being happy, committed, and dedicated to patients, being a team player and treating other nurses well, as participant 002 described below.

> *"My idea of a nurse; they're all really understanding with the patients; they've got loads of time for them and that's the nurse that I want to be. I just loved working with her. She was such a happy soul to be around" (002 Interview).*

Other attributes of a good nurse were also reiterated below by participants 001 and 007, and consist of having organizational skills, being competent in completing tasks, and being assertive in delegation when necessary (Chen and Hsu 2015).

"I like to be organised; I like to know what's happening, what I need to do to complete something and like, what's going to make me feel like at ease." (001 W1)

"A lot more reassuring, just to know where you're going to be and who you're going to be with. It's just sorts of that format that you need". (007 Interview).

Clinical practice experience is a period for nursing students to develop as safe, competent professionals, and develop socialisation to the nursing culture. Thus, students and mentors benefit when mentors behave as positive role models (Canadian Nurses Association 2004, cited in Ryan-Nicholls 2004). Warne et al. (2010) state that the quality of a student-and-mentor relationship may influence the learning for nursing students. Similarly, Dunn and Hansford (1997) go on to say that it may also influence student perceptions and evaluations in clinical learning. In contrast, when students feel that their mentor is not a good nurse, Eby *et al.* (2004) states that research uncovers that both mentors and students have reported negative mentoring experiences. The most commonly negative experiences uncovered are when students and mentors are mismatched, for example when they hold a difference in values and beliefs, work ethic and personalities. Students have reported the lack of knowledge held by their mentor, or mentors that have been manipulative. Some report that many mentors demonstrate dysfunctionality, which is perceived to derive from personal problems or negative mindsets that can impact their relationship (Eby *et al*., 2004).

Chen and Hsu (2015) propose that if one fails to become a good nurse, it is because one does not make the attempt to be or is unwilling to act (rather than being unable to act), as participant 006 described.

"I just feel that my opinion is changing a bit. I feel that sometimes she tries not to see things like issues that might be there and that's not always how I'd always like to practice" (006 W4).

Explanations of poor mentorship by students were reported by Gray and Smith (2000), including lacking clinical knowledge and being unclear about what the students' capabilities were. Poor mentors were also perceived to be either be over- or under-protective of their students and had limited skills in teaching. Gray and Smith (2000) go on to say that students described being "thrown in the deep end" by poor mentors. Similarly, Nash and Scammell,(2010) suggest that poor mentors are disinterested in being in such a role.

6.8.3 Key theme 3: Mentor having empathy of student status/Mentor's investment.

Students yearn for a positive placement experience, facilitated by effective mentorship. Therefore, it is crucial that student nurses feel supported in clinical practice during their placement period in the community. Luanaigh (2015) proposes that students feel a sense of belonging when nursing mentors spend time teaching them. It is considered professional compassion and validation that their student role is respected (Luanaigh, 2015).

"Like, in the beginning? Erm, I think we had a good relationship because I feel like she was thinking about my learning" (001 W1).

However, this obviously differs when mentors do not have empathy towards the student status of their mentees. Jack *et al*. (2018) report that some students have felt unsupported, ignored, and even bullied by others in the clinical area, which in turn has a detrimental effect on their learning. Thomas and Burk (2009) reported multiple injustice incidents

where student nurses expressed behaviours displayed by qualified nursing staff which made them feel they were being neglected, disbelieved, and humiliated. As described by participant 005, neglect is also said to occur when a mentor is perceived as not being interested in supporting the student to develop (Eby and Allen, 2002).

> *"I was left by myself for two hours this afternoon with no one. Not even another community nurse. I did use my time wisely and do work, but I didn't know if this was acceptable or not on the second day, to be left for such a long period of time by myself" (005 W1).*

> *"I don't think it was very good that they did that when I'd literally only just pretty much got there and I did actually message my friends who were also on community, saying "I don't know what to do". Like I was just sitting doing work, but I felt like I shouldn't be there by myself, but then me being me, I didn't really say anything about it again, because I don't like to cause confrontation or anything" (005 Interview).*

Most nurses have a little knowledge of supporting students in clinical practice, and there is repeatedly a shortage of experience or expertise in the role. As knowledgeable, competent, and positive role models, nurses are required to support students to develop skills and confidence, while encouraging a professional relationship with them. As well as providing a suitable level of supervision, nurse mentors are required to support with planned learning experiences and offer constructive feedback (RCN, 2009). However, Pritchard and Gidman (2013) state that many nurses find these expectations daunting. Sosik and Godshalk (2004) suggest that the degree to which the mentor meets the expectations of a student can influence the relationship. For example, Haggard (2012) also suggests that when a mentor fails to meet the expectations of a student, unintended outcomes may occur in the way of

negative learning outcomes for the student, in addition to diminished organizational commitment and job satisfaction.

Participant 006 describes below a negative learning environment and lacked satisfaction as she felt that team members were negative, stating that she would rather not have been there.

> *"I find that's a really hard environment to learn in, if you feel that everybody's negative about stuff and nobody really wants to be there and I find, as a student, that that's quite like… It's a rubbish atmosphere, 'cos it makes me not want to be there and you kind of lose your enthusiasm a little bit" (006 W6).*

During their community placements, some students described a feeling of being used in the numbers, as their supernumerary status was not respected. Participant 006 described anger at the prospect of being used, rather than being given the experiences which were positive to her learning.

> *"I'm so upset that they've just used me. And it is, it's like being used in the numbers. It isn't for my learning or my experience; it's just to cover their back because they haven't got anybody else to go, or nobody can be arsed to go with her. I'm so cross (006 W4).*

6.8.4 Key theme 4: Mentors contradicting each other

As discussed, a mentor's role includes the need to coordinate activities to facilitate and inspire students to develop their learning, with the aim to achieve the intended learning outcomes. Foley *et al*. (2020) propose that students are accountable for their own learning, and that mentors ought to be their facilitators to improve knowledge and reinforce confidence. They also argue they should do this by providing suitable learning opportunities in clinical practice, appropriate guidance, and constructive feedback. In addition, mentors ought to also empower their students to have increased responsibilities when students feel confident of and competent in performing nursing procedures (Higgins

& McCarthy, 2005). Licqurish & Seibold (2008), therefore, suggest mentors are required to adhere to procedural and teaching practices to reduce frustrations that students often feel when mentors contradict one another. As described by participant 002, mentors contradicting one another may make students feel that they have learned nothing during their time with one nurse.

> *"The trouble is when I'm not working with my mentor… Your mentor gets to know your skills and know where you're at kind of thing, so when I work with others, it sometimes feels like I'm starting again, or they'll do something differently to the mentors and then contradict what I know, kind of thing" (002 W3).*
> *"Frustrated. I was quite cross. I felt quite upset, really, 'cos I felt: God, I really thought I was doing well, and I felt really quite downcast at the end of that day because I thought: well, everything I'm doing according to this nurse is just quite wrong and I felt like I'd gone right back to the start, kind of, when I thought I was doing well" (002 Interview).*

The need for positive role modelling mentors has been recorded over a period of years in nursing literature (Jack, Hampshire, and Chambers 2017). We know that positive role models are central for students in nurturing their enthusiasm for the nursing role. Raines (2018) suggests that there are two sides to a mentor, and that the value of the mentorship relationship depends on the constructive input from their students in collaboration with the input from mentors. However, the 1:1 mentoring relationship, as it is understood in community nursing, is not a notion that is automatically familiar to everyone. Raines (2018) explains that both practice educators and mentors need to take into consideration that students may not necessarily appreciate what is required from them. It is therefore essential to appreciate that community nurse mentors are gatekeepers to student learning who are required to support students with diverse and profound learning opportunities (Yearley, 1999). Teaching, nurturing and enthusiasm in this 1:1 relationship is largely

acquired informally through role modelling (Hinchliff, 2001). More significantly, Davies (1993) implies that role modelling facilitates student nurses to discover the knowledge embedded in their own clinical practice. Chamberlain (1997) goes on to say that role modelling behaviour displayed by mentors cannot facilitate learning for students if it is utilised as a single-faceted concept. It is essential to incorporate a multi-faceted concept to teaching, by integrating fundamental attributes of teaching and learning while methodically evaluating and changing behaviour. Learning is described by Chamberlain (1997) as a fluid, rather than a static, entity. Therefore, teaching and learning within a professional environment, such as nursing, is particularly complex and a diverse range of teaching methods should be used. For this reason, Armstrong (2008) suggests that it is essential to student learning that existing mentors are updated on the value of their role as a role model, with emphasis placed on presentation of their teaching in addition to learning strategies to support students' learning within the clinical setting.

6.3 Conclusion

In this chapter the findings have been critically discussed using the emergent themes from the data analysis. The next chapter will provide a conclusion of the research study and recommendations for both HEI and clinical practice.

Chapter Seven: Conclusion and recommendations for clinical practice

7.1 Introduction

The previous chapter discussed the findings which were presented by the students in their semi-structured interviews and reflective recordings. The purpose of this chapter is to summarise my research aim and objectives, and to conclude my key findings in relation to them. The chapter will assess the contributions to research and how these can be applied to develop the student nurses' 1:1 mentorship relationship in community nursing practice. Consequently, this will enhance the students' learning experience. This chapter will also recognise the study limitations and make recommendations for future research in this area. Incorporated is a reflexive account relating to my research journey.

7.2 Study aim

The purpose of this research was to explore the lived experiences of student nurses and to develop an understanding with a deep, meaningful insight from their perspective of the 1:1 relationship with their community mentor. Whilst Bryne (2001) suggests phenomenologists believe that reality and the understanding of life can only emerge from an individual's life experiences, Benner (1984) proposes that the lived experience is the way in which people encounter circumstances in relation to their background, personal worries or concerns, interests, and understandings. Therefore, Bryne (2001) goes on to say that phenomenologists have faith in that knowledge and understanding as embedded in our everyday world. This research was therefore designed to employ a qualitative, interpretive approach to explore the overall aim of the study, which aimed to explore and generate an understanding of the student nurse's lived experience and perceptions of being in a 1:1

mentoring relationship during community placements. From this overall aim, objectives were established, and these explored the thoughts and feelings of the student's individual lived experience of the 1:1 relationship with their community mentor. They also generated an understanding about how students feel about working in close proximity to their community mentor, and they explored how students manage this 1:1 relationship. The objectives also developed insight into how students perceive mentors influence this 1:1 relationship, and how the relationship influences students' learning. Finally, they also examined what students perceive to be a positive mentoring relationship.

7.3 Study findings

The research findings provide evidence that during the students' 8-week community placement, whilst in this 1:1 relationship with their community mentor, they wanted a learning environment that was structured. The study has also shown that students' learning was enhanced when their mentors explained not only the day ahead of them, but also the procedures they were carrying out, in layman's terms to facilitate understanding of what was expected of them. The study found that students thrived on the reflective discussions they had with their mentor when alone in the car, in addition to the students stating that they wanted to be kept in the loop with office conversations whilst working with the wider team.

The second major finding was that students wanted a named mentor so they knew who they would be working with for the duration of the 8-week placement. Although in a 1:1 mentoring relationship, the study has identified that students needed to feel a sense of belonging in the wider team. The research has shown that the students who felt positivity

from the wider team, had a positive impact on their learning. However, the reverse was also true in that when students felt they were not mentored, or felt part of the team, it had a detrimental effect on their learning, as students felt like they did not want to be there, either with their mentor in the 1:1 relationship or working in the office with the wider team. One significant finding to emerge was that the students wanted to feel respected. The study presented a narrative that the students did not like to be called “the student”, and that they wanted to feel like a respected member of the team and be called by their name.

The third major finding, and perhaps the most significant, that the research has identified, is that students in the study needed to feel a connection with their mentor. They felt that this 1:1 relationship enhanced their learning environment by having something in common. The research identified that being a similar age to their mentor, living in or coming from the same area, having the same work ethic, or having similar personality traits enhanced the 1:1 relationship. The study findings showed that, when students felt they had something in common with their mentor, working in such close proximity made discussing issues that arose in the learning environment easy. Again, in contrast, when the student felt there was no connection, they found it difficult to work with their mentor and this therefore affected their learning.

The findings have also given insight into what students perceive as a role-modelling mentor and suggested that having trust in the knowledge that their mentor shared with them, allowed students to learn from them threefold. In the first instance, the study found that students felt that having a role modelling mentor that is knowledgeable facilitated their learning in relating theory to practice. However, students did also state that they found it difficult when mentors contradicted each other. Secondly, the study has shown that

students thrived when their mentors had empathy towards their student status, and when mentors offered help, guidance, and support in relation to learning zones or allowed students to attend MDT meetings with them. Students' narratives also presented those students felt their student status was valued when mentors took the time to sit with them within this 1:1 relationship and discuss proficiencies in the PAD document. This also reassured them that they could be signed off for procedures or experiences that students initially doubted they would be able to achieve whilst being placed in the practice setting of the community. When mentors facilitated learning opportunities that met with the PAD proficiencies, students respected their mentors in that they knew they were seeing the learning from the student's perspective. Thirdly, the study has shown students describing explicitly when they felt their mentor was a good nurse. Their thoughts and feelings flowed when they discussed in their narrative how their mentor was a good nurse, in that they were knowledgeable, caring, compassionate, loved being a nurse, loved their patients and, in turn, were loved by their patients. Students expressed that when they had a role-modelling mentor, they knew that they aspired to be like them when they themselves were a qualified nurse. Similarly, and once again in contrast, when students did not trust their mentor's judgement, knowledge, or clinical practice, or approve of how they treated or spoke to their patients, this only facilitated an understanding of how they did not intend to be in their own future practice, whether this be with patients, colleagues or their own future mentees. To produce this PhD thesis, my research journey and activity behind it has been critiqued. This includes a literature review in relation to the research topic of student nurses and mentorship and their relationship, and discussion of research philosophy, methodology, research methods, data analysis, discussion, and findings.

7.4 Contribution to knowledge

Bloom (2007) argues that learning takes place in specific areas and at varying levels depending on learning experiences. Bloom (2007), cited in Crowe *et al*. (2008), refers to this as classification domains. The three domains he advises are cognitive, psychomotor, and affective. All three domains are valuable for a mentor when assessing the student's learning as a result of their teaching, combined with assessing the evidence of change (Curzon, 2006). Participating in discussion with students to define what assists them in their learning, as this study has done, can demonstrate immense benefit to both the student and the mentor. Entwistle (2000) suggests the three key approaches to learning are surface, deep, and strategic learning. Surface learners are portrayed as being motivated by a concern of failing, and a yearning to merely fulfil the demands of the nursing curriculum. Kell and Owen (2009) propose that this approach typically results in inadequate understanding, with marginal and lasting satisfaction or accomplishment. Deep learners are therefore described as naturally motivated students, who strive to comprehend and seek meaning from their learning. Canham and Moore (2002) suggest that effective learning is probable to be accomplished by those who use a deeper learning approach, stating that the strategic learner is determined to achieve as high a level as possible. Such learners will, therefore, choose either a surface or a deep approach to their learning, dependent on the context. Exploring the student nurse perception of their learning is essential when attempting to enhance educational practice on clinical placements. This thesis has provided a deeper insight by identifying techniques in which mentorship practice in the community can be developed to effectively support education for student nurses. This will consequently lead to development and fulfilment for both the student and the mentor in the 1:1 relationship.

Given nursing shortages, it is vital to understand exactly how best to support and prepare undergraduate nursing students for professional practice. This study contributes to having a greater understanding of student nurses ' experiences and expectations of this 1:1 student nurse and mentor relationship, by identifying both the strengths and the challenges, and how the students perceive them. This research is the first comprehensive exploration of rich, thick data that has emerged through the student nurses' lived experience and will be used to guide improvements related to student learning during community placements.

The results of this research support those of Macfarlane (2020), which suggest that nursing mentors are in an influential position and hold extensive knowledge to promote connections not only with patients. Additionally, nurses are able to enhance the dynamics of belonging within clinical nursing teams by utilising the skills of positive interaction and the validation of care and compassion within team members. Almost certainly it is connected leadership that is the cornerstone of successful productivity and serenity in the workplace. It influences optimistic outcomes for patients and is essential in creating a culture that allows students to flourish by displaying humanity, collaboration and supporting individuals to become the best version of themselves. Subsequently, this could also be seen to address the challenge of recruitment and retention for the nursing workforce (Macfarlane 2020). The analysis of the 1:1 mentoring relationship undertaken here has extended our knowledge by focusing on the precise characteristics of a mentor and a student that contribute to a positive student outcome. This is vital since this mentoring relationship is unique (Eby, Rhodes, & Allen, 2007). Back *et al*. (2011) propose that these interpersonal interactions are profoundly influenced by individual characteristic methods which relate to one another in close relationships. Although one has knowledge that

perceived similarity is important within this 1:1 relationship, one knows less about its predecessors, or the processes through which perceived similarity relates to the students' commitment to both the organization and their chosen profession. The absence of this knowledge has valuable implications for mentors, who ought to understand the process of how high-quality 1:1 relationships are established in the community. Similarly, practitioners require guidance in establishing effective mentoring with their students within organisations.

7.5 Authenticity, Generalisability, transferability, and further research

7.5.1 Authenticity

Authenticity in hermeneutic qualitative research refers to the degree to which the researcher is able to understand and represent the experiences and perspectives of the participants being studied accurately and truthfully. In adherence to Gadamer (2004), where he proposes the researcher must enter into a dialogue with the participant, seeking to understand their perspective while also bringing their own experiences to the table. Authenticity becomes pertinent whilst searching for meaning and interpretation of life resulting in crucial questions being raised when attempting to understand the individual self; what values, beliefs and pre-suppositions (Gadamer 2004). Ricoeur (1991) believed that the researcher must engage in process of interpretation in which they attempt to understand the meaning behind the words and actions of the participants. This process involves a deep engagement with the participants perspective as well as consideration of the cultural historical and ideological contexts in which they are situated. Through the importance of the dialogue and interpretation process, during the individual semi structured

interviews, each participant and I were able to engage in and reach a shared understanding that accurate and transcendence of their individual experiences were represented.

As part of authenticity, it was important for I as the researcher to engage in reflective discussion. Stake (1995) writes;

> *"Qualitative research is highly personal research. Persons studied are studied in depth. Researchers are encouraged to include their own personal perspectives in the interpretations...The quality and utility of the research is not based on its reproducibility, but on whether or not the meanings generated by the researcher or the reader, are valued. Thus a personal valuing of the work is expected". (p.135).*

On commencement of the PhD, I had a general idea of researching the student experience within the community setting. This area of interest had developed as within the course of my daily working life as an academic within a university delivering pre-registration nursing programmes, I was increasingly aware of the various needs of nursing students in the community setting and my experience as a mentor in the community and hearing first hand of student experiences. As part of the reflective account, I have also captured my journey within this study and have greatly improved my ability as a researcher. My confidence and competence has developed over the course of the journey and this includes the opportunity to share findings with peers. Further development will include publication within peer review journals (national and international) and presentation at conferences to inform the minimal evidence base relating to students' experiences of 1:1 mentoring in the community setting.

By maintaining a reflective account, I have recorded decision making and how it has influenced this journey. I found that maintaining a research journal was a valuable tool in facilitating a reflexive approach. The journal enabled me to question my values and pre-

conceptions throughout the research process. In addition, I brought to the research activity particular skills, qualities and abilities, which enhanced the process, and which, in turn, were further, enhanced and developed by exposure to the research activity. For example, interpersonal skills enhanced the collection of data, from ensuring informed consent, to sensitive interviewing technique and my professional insights into the area of investigation.

Within the literature review (Chapter two) I outline the literature I engaged with to underpin the focus of the study. Initially on searching the literature to enable focus of the research question I was at times overwhelmed by the amount of literature available. This however was an essential process as it enabled me to focus on the area for investigation as well as developing a broad knowledge base of the wider issues relating to 1:1 mentoring for students in the community. Having viewed the literature and identified key concepts for consideration these concepts move from being completely abstract and unconnected to becoming a loose framework to explore and test theory. The conceptual framework emerged from the conceptual dimensions presented within chapter three. The underlying premise of the study was to explore from the student perspective thoughts, feelings and actions from their experiences. Once I had identified the conceptual framework, I identified appropriate research methods which enabled access to students' experiences. This was a key turning point in how I conducted the research.

The challenge for me as the researcher was to find appropriate means to enable the subjective voice of the student to be heard. The hermeneutic phenomenological approach and multiple methods of data collection enabled a rich insight into the student world. Within collecting the data, I explored various methods which could be utilised to ensure I captured the *here and now* of the student experience. As part of capturing data, I utilised digital voice recorders. I was impressed and appreciative of how well the students captured

their stories and maintained motivation during the period. This provided powerful insight into *their* world. This also provided recognition of the investment students were willing to contribute to the research study.

Within chapter five findings presented include discussion with supporting literature. This decision was made to offer a rich descriptive insight into the student experience. The choice of which quotes to be presented was challenging as I had a wealth of data collected over the period of the year. By implementing an iterative process to enable identification of themes, the quotes presented encapsulated the student experience for each theme identified. Presented is powerful insight into the experience of student nurses within the community setting. It clearly identifies an understanding about how students feel about working in close proximity to their community mentor, and they explored how students manage this 1:1 relationship. It also offered insight into how students perceive mentors influence this 1:1 relationship, and how the relationship influences students' learning. Finally, they also examined what students perceive to be a positive mentoring relationship. Reading the transcripts and listening to the students experience was quite emotive for me at times. As a registrant and academic, I was hearing of practices by community nursing teams and mentors that were unprofessional and upsetting to me.

Chapter six enabled me as the researcher to present actual skills and strategies that students developed over the period of the year. I was aware by capturing the voices of the student experience as it happened students verbalised great detail of their experience. When I met with the students at a later date to discuss further this enabled exploration of the experience and greater understanding of how the student had managed a particular situation. Students clearly identified strategies that they had employed to enable navigating the complex world of moving forward and succeeding. During the course of this study my own preconceptions

changed dramatically in terms of what I learned from the participants, particularly with the overarching theme of connection. In relation to the overarching theme Belonging and Connection enhanced my understanding of inclusion and by including others would have helped illuminate the students voice in how equality, diversity and inclusion will assist with the connection of this 1:1 relationship in the community with student and mentor in order to enhance their learning.

To summarise the research journey it has been ever evolving and at times challenging. Hard work, diligence, sharing of ideas, good supervision and tenacity has kept me focused. I have learnt an insurmountable degree of knowledge and have moved part way along the spectrum of a novice researcher. First and foremost though it has been a humbling experience to be able to listen to the student's story and I am grateful to the students for sharing with me their experiences.

7.5.2 Rigour

Various strategies were incorporated into this research journey to enhance rigour. Triangulation of the data was achieved by using a diverse range of participant voice recordings and individual participant interviews. Information from the students' verbatim quotations were confirmed to clarify accuracy at the end of each semi-structured interview. Collaboration discussion was carried out regularly with faculty supervisors, who are qualified qualitative researchers. Transferability was developed through sharing and recording detailed information on the context and research process. Dependability was established by describing each stage of the research process to allow other researchers to conduct similar studies in the future. Reflexivity was applied to improve confirmability.

Furthermore, the research was also scrutinised by peers, as four faculty researchers reviewed the data individually, and then discussed this collaboratively to ensure that the findings represented the participants' lived experiences (Shenton 2004).

7.5.3 Transferability

Disseminating research findings to a diverse range of audiences is an essential component of any research. Silverman (2013) proposes that dissemination can be presented, for example, by sharing findings with colleagues in the workplace or with relevant stakeholders, by presenting at national and international conferences, or by publishing in peer-reviewed journals. During the process of this research, I have presented at Faculty level amongst academic peers, and also at a PGR conference. With a background in community nursing, connections with ex-colleagues have remained strong. I have therefore discussed my research with colleagues still working in this area, and such discussions have led to me being approached by the practice educator within the local health care trust. She is currently working on an innovation to improve the student experience whilst in clinical practice, with a focus to target areas where student evaluation has been poor.

The findings in this research have a powerful element of transferability which can be applied without doubt to any community healthcare environments where students and mentors work in the close proximity of a 1:1 relationship. It is therefore my intention post-doctorate to disseminate the research findings of this study locally, nationally, and internationally by sharing findings with colleagues in the workplace, and relevant stakeholders, by presenting at national and international conferences and by publishing in peer-reviewed journals. This will be achieved by sharing findings with the students who

participated in this research, with academic colleagues in the workplace (both in the UK and abroad), with academics teaching the mentorship programme, and with relevant stakeholders in community teams and nurse education forums where mentors themselves will be present. It will also be achieved by presenting at national and international conferences and by publishing in peer-reviewed journals.

7.5.4 Study limitations

As the participants were all female, this study was limited by the absence of a male student nurse perspective. An additional uncontrolled factor was that it was not possible to foresee that all community mentors were also in fact female. Therefore, the 1:1 relationship encountered were entirely female. It is therefore unknown whether mixed gender 1:1 mentoring relationships, or relationships that were all male, or in fact relationships of inclusion of all others, would have produced different study outcomes.

To avoid discrimination and assumptions and to have an awareness of our patients' unique demographics, aids the delivery of individualise care, therefore background, equality and diversity should be integrated into care (Care Quality Commission, 2016). According to Nairn *et al,* (2012) much of the health inequalities experienced by minority ethnic groups in the United Kingdom are attributed to socio-economic, material circumstances, social exclusion and racism. To just educate our nursing workforce to be sensitive to unfamiliar cultures seems insufficient. To include 'inclusiveness' and building a sense of belonging and connectedness as students revealed aided their learning in this study. Bradby, (2010), suggest that nurses need to be educated to recognise and be confident in challenging discriminatory practices. In the United Kingdom, the Equality Act (2010), established nine protected characteristics including race, religion, and belief, places a legal duty on public

bodies to eliminate unlawful discrimination, advance equality of opportunity and good relations between those who do and do not share such a characteristic. Merrell *et al* (2014) reports that nurse educators recognised the necessity to focus on race and ethnicity issues within the nursing curriculum, although were hindered somewhat by the constraints of a pressured curriculum, lack of training, support, and educational resources. Although it is acknowledged to prepare nurses to practise in a multi-ethnic environment, it is not an easy task as nurse educators face many issues, dilemmas, and challenges. As improved clarity regarding what signifies a satisfactory curriculum is urgently needed, therefore by recruiting a diverse sample in this study to encourage diverse 1:1 relationship and indeed integration into wider teams in community nursing would have been a step towards this. In April 2021 the Southern Nursing Research Society (SNSR) formed a Diversity, Equity, and Inclusion workforce, by February 2022 its mission was completed (Cottrell and Diallo (2022). Cottrell and Diallo (2022) state that the recommendations from the workforce study included transparency about Diversity, Equity, and Inclusion, being more accountable and resourceful to members of the society, and to build on this initial organizational review for by creating and offering more opportunities for the Diversity, Equity, and Inclusion workforce. The recommendations assist leadership in revising strategies to increase diversity, such as inclusive hiring practices and student recruitment initiatives, promoting innovative research addressing the needs of diverse patient populations, and advancing mutual respect for qualities and experiences different than our own.

7.5.5 Further research

Increasing nursing workforce diversity is a social responsibility necessary to address health inequities. Although progress has been made in diversifying the workforce, nursing education is not keeping up with the demands of a diverse population (Noone et al, 2020) In accordance with Taylor (2018) and ACAS (2022), who suggests that work needs to be done to promote Equity, Diversity, and Inclusion in the workplace, in addition to Dewidar, Elmestekawy and Welch (2022) who suggest a diverse and representative team will more likely display an increased cultural competency based on their more diverse set of lived experiences, a natural progression of this work is to repeat the study using a mixed and more diverse sample in terms of Equity, Diversity, and Inclusion. This would include gender identity, race, ethnicity, first generation students and those from low socioeconomic backgrounds. The issue of not having this diversity and their perspective, is an intriguing one which could be usefully explored in further research. I would also suggest exploring the perceptions of community nursing mentors with a view of how they perceive the 1:1 relationship with the student they are supporting, and how it affects them in their role as a nurse and mentor to their student. More information on the perspective from the mentor would help us to establish a greater degree of accuracy on the 1:1 relationship from both perspectives.

7.6 Conclusion

In response to the vigorous changes in healthcare, particularly within community nursing, over the past century, the nursing profession has progressed to include advanced technology in diagnostic testing, which has consequently resulted in improved outcomes for patients. In addition, increases in public awareness regarding healthcare as a result of

increased access to the internet, as well as with financial influences on care delivery models, have generated real challenges for nurses. Omansky (2010) proposes that the adjustments have consequently affected the clinical environment for nurse education. Clinical practice has been identified internationally as vital to nursing education to give undergraduate nursing students the opportunity to relate cognitive knowledge learned in university with the advancement of psychomotor and affective nursing skills.

Ard, Rogers and Vinten (2008) state that the nursing faculty identify clinical practice as a holistic opportunity, including the passion, intellectual, and physical components, with students, faculty, clinical staff, and patients all actively being involved. As discovered in this research, undergraduate nursing students recognise that their mentors play an essential role in their learning within the clinical setting (Grealish and Ranse 2009). However, as discussed, mentors feel unprepared to serve in this role (Burns and Northcutt 2009). McCure and Black (2013) therefore state that for nursing education in the clinical setting to produce successful educational outcomes in undergraduate nursing student programmes, it is a necessity for the nursing faculty to collaborate with mentors to provide an ideal learning experience for student nurses. This research has identified that mentors' behaviours, attitudes, and willingness to teach, in relation to having empathy towards their student's status, has a significant influence. This research therefore provides insight into the perspectives of student nurses and the 1:1 mentoring relationship they have during community placements, whilst also suggesting techniques mentors can utilise to enable positive clinical learning environments and, consequently, attain the highest standard of professional preparation. Nursing mentors in this 1:1 relationship did have an influence on the student nurse participants during their clinical practice in the community. Their

behaviours, actions, approach, and enthusiasm to teach, or lack of it, had both positive and negative effects on the students' learning and their socialisation to nursing. Some nurse mentors hampered nursing student confidence in their learning. However, others facilitated student learning by creating a supportive and encouraging environment.

Undoubtedly, it ought not to be believed that all student nurses will succeed by being taught in the same way. Therefore, implementing new approaches and strategies is supported significantly by appreciating the existence of various learning styles. It is vital that students should not be categorised as having one fixed learning style. As an alternative, Kinnell and Hughes (2010) propose that mentors ought to recognize their student's mode of learning, and ought to adopt teaching approaches to enable students who have diverse learning styles to learn effectively. It is clear from the verbatim quotations explored in this research that, whilst clinical learning in the community is challenging and unpredictable, it also presents a valuable environment for students. Therefore, as skilled, knowledgeable, and positive role models, nurse mentors must encourage a professional relationship with their students, whilst supporting them to develop the skills and confidence required for registration (Pritchard and Gidman 2013).

The influence of age span, experience, and maturity of student nurses on the way they learn differs significantly. It has been suggested that there are two distinct learning styles that have been developed, identified as androgogy and pedagogy. Hinchliff (2009) explains that androgogy specifies that a mentor and a student tend to treat each other as an equal. This approach also suggests that teaching approaches are student-centred, whilst learning takes place as a result of the determination made by the student, suggesting that the student

takes the responsibility for their own learning. In contrast, pedagogy is very much teacher focused, which in turn is very much associated with the teaching of children. Kinnell and Hughes (2010) suggest that these perspectives are repeatedly criticized for being over-simplified. Nevertheless, characteristics of these theories may yet be relevant. The aim is therefore to facilitate the education of both reflective and autonomous practitioners. This, therefore, can be achieved by reciprocally recognising planning shared goals and the outcomes that are to be achieved within the clinical setting of the community (Kinnell and Hughes, 2010).

This research has identified that mentors who promoted a structured learning environment alleviated stress and anxiety. Mentors who welcomed students into the community and enabled socialisation within the nursing team facilitated the feeling of belonging. Students who perceived a connection with their mentor strengthened the 1:1 relationship that they shared, by having something in common. This then allowed the students to relax, and therefore be more confident whilst learning. Mentors who motivated students and encouraged them to learn by having empathy towards their student status and increased their confidence. Students were inspired by role-modelling mentors who they trusted, and who were knowledgeable, approachable, and willing to teach them. By doing so, this empowered the students to feel comfortable enough to ask questions to address their learning requirements. Student confidence increased when they felt supported, respected, and trusted. This emphasized their enthusiasm to learn and develop to become a professional registered nurse. Alternatively, if students placed in the community do not feel that they belong, did not feel there was a connection, were not trusted, respected, supported, or treated unprofessionally by their mentors, this caused them to lose confidence and caused resentment. This hindered development, and willingness to learn,

resulting in substandard preparation for professional nursing practice. It is therefore imperative that faculty, mentors, and students work in collaboration to support each other to optimally prepare the next nursing generation.

References

Abend, G. (2008). 'The meaning of 'theory''. *Sociological theory*, 26(2), pp. 173-199.

ACAS (2022) Improving equality, diversity, and inclusion in your workplace. Online Available at: https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive

Adamson, E., and Dewar, B. (2015) 'Compassionate Care: Student Nurses' Learning Through Reflection and the use of Story Panel'. *Nurse Education in Practice,* 15(3), pp. 155-161.

Adkins, D.A. and Aucoin, J.W., 2022. Failure to fail–Factors affecting faculty decisions to pass underperforming nursing students in the clinical setting: A quantitative study. *Nurse Education in Practice*, *58*, p.103259.

Adom, D., Hussein, E.K., and Agyem, J.A. (2018) 'Theoretical and Conceptual Framework: Mandatory Ingredients of a Quality Research'. *International Journal of Scientific Research,* 7(1), pp. 438-441.

Ajjawi, R. and Higgs, J., (2007). 'Using Hermeneutic Phenomenology to Investigate How Experienced Practitioners Learn to Communicate Clinical Reasoning'. *Qualitative Report*, 12(4), pp.612-638.

Al-Hamdan, Z., Fowler, J., Bawadi, H., Norrie, P., Summers, L. and Dowsett, D. (2014) ''Student Nurses' Perceptions of a Good Mentor: A Questionnaire Survey of Student Nurses in the UK, USA and Jordan'. *International Journal of Humanities and Social Science,* 4(3), pp.248-256.

Andrews, G.J., Brodie, D.A., Andrews, J.P., Wong, J. and Thomas, B.G. (2005) 'Place(ment) matters: students' clinical experiences and their preferences for first employers'. *International nursing review,* 52(2), pp. 142-153.

Andrews,M.and Roberts,D. (2003) 'Supporting student nurses learning in and through clinical practice: the role of the clinical guide'. *Nurse Education Today*, 23(7), pp. 474–481.

Ard, N., Rogers, K. and Vinten, S., (2008) 'Summary of the survey on clinical education in nursing'. *Nursing Education Perspectives*, *2*(4), pp. 238-245.

Armstrong, A. (2008) 'Role Modelling in the Clinical Workplace'. *British Journal of Midwifery,* 16(9), pp.596-603.

Aston, L. and Molassiotis, A. (2003) 'Supervising and supporting student nurses in clinical placements: the peer support initiative'. *Nurse Education Today*, 23(3), pp. 202-210.

Ayfer, E. and Hatice, Y.S. (2006) 'Students' Opinions about and expectations of effective nursing clinical mentors'. *Journal of Nursing Education*, 47(3), pp. 118–123.

Bachmann, L., Groenvik, C.K.U., Hauge, K.W. and Julnes, S. (2019). 'Failing to Fail nursing students among mentors: A confirmatory factor analysis of the Failing to Fail scale'. *Nursing open*, 6(3), pp. 966-973.

Back, M.D., Penke, L., Schmukle, S.C., Sachse, K., Borkenau, P. and Asendorpf, J.B. (2011) 'Why mate choices are not as reciprocal as we assume: The role of personality, flirting and physical attractiveness'. *European Journal of Personality*, 25(2), pp. 120-132.

Baglin, M.R. and Rugg, S. (2010). 'Student nurses' experiences of community-based practice placement learning: A qualitative exploration'. *Nurse Education in Practice*, 10(3), pp. 144-152.

Bagnasco, A., Ghirotto, L. and Sasso, L. (2014) 'Theoretical sampling. *Journal of Advanced Nursing'*, 70(11), pp. e6-e7.

Bahn, D. (2001) @'Social Learning Theory: Its Application in the Context of Nurse Education'. *Nurse Education Today*, 21(2), pp. 110-117.

Baillie, L. (1993) 'Factors affecting student nurses' learning in community placements: a phenomenological study'. *Journal of Advanced Nursing*, 18(7), pp. 1043-1053.

Bailey-McHale J.B., Hart, D. (2013) 'Mastering Mentorship, SAGE Publications, Ltd. London'. Available at: VitalSource Bookshelf. https://bookshelf.vitalsource.com/#/books/9781446291818/epubcfi/6/2%5B%3Bvnd.vst.idref%3Dcover%5D!/4/2%400:13.0 (Accessed: 20.1.22).

Ball, J. (2017) 'Demands on community nurse mentors: Are new models for practice necessary?' *British Journal of Community Nursing*, 2 (10), pp. 504-510.

Barker, E.R. (2006) 'Mentoring—A complex relationship'. *Journal of the American Academy of Nurse Practitioners*, 18(2), pp. 56-61.

Baumeister, R. F. and Leary, M. R. (1995) 'The need to belong: Desire for interpersonal attachments as a fundamental human motivation'. *Psychological Bulletin*, 117(3), pp. 497–529.

Baumeister, R.F. and Tice, D.M. (1990) 'Point-counterpoints: Anxiety and social exclusion'. *Journal of social and clinical Psychology*, 9(2), pp. 165-195.

Bauman, Z. and May, T. (2019) *Thinking Sociologically*, John Wiley & Sons, Incorporated.

Beckett, C. (2020) Supervision, London SAGE Publications, Ltd. (UK),

Bellefontaine, N. (2009) 'Exploring Whether Student Nurses Report Poor Practice they have Witnessed on Placements'. *Nursing Times*, 105(35), pp. 28-31.

Benner, P. (1984) 'From novice to expert: Excellence and power in clinical nursing practice'. *AJN: The American Journal of Nursing*, 84(12), pp. 1480.

Benner, P. (1994) *Interpretive Phenomenology.* London: SAGE Publications Ltd.

Bennett, C. (2011) 'Empowering students through the use of story boarding'. Nurse education in practice. 11. 179-85. 10.1016/j.nepr.2010.08.006.Bhardwa. S. (2014) 'Moving from Hospital to Community' Independent Nurse https://www.independentnurse.co.uk/news/moving-from-hospital-to-community/64397#:~:text='The%20main%20difference%20between%20the,they%20enter%20a%20new%20home. (Accessed 29.3.22)Black, S. (2011). *Being a mentor who fails a pre‐registration nursing student in their final placement: Understanding failure*. PhD Thesis London South Bank University. Retrieved from https://my.rcn.org.uk/_data/assets/pdf_file/0008/458234/Black_S_PhD_Thesis_ August_2011.pdf

Black, S. (2014) 'Failing a Student Nurse: A New Horizon of Moral Courage', *Nursing Ethics*, 21(2), pp. 224–238.

Blieszner, R., and Adams, R. (1992) *Adult Friendship*. Thousand Oaks, CA: Sage Publications.

Bloomberg, L.D. and Volpe, M. (2018) *Completing your qualitative dissertation: A road map from beginning to end*. London. Sage Publications.

Bradby, H. (2010). Institutional Racism in Mental Health Services: The consequences of compromised conceptualisation. Sociological Research Online, 15(3), 86–96. https://doi.org/10.5153/sro.2197

Braun, V., Clarke, V.: Successful Qualitative Research: A Practical Guide for Beginners. Sage Publications, Thousand Oaks (2013)

Brandon, A.F., and All, A.C. (2010). 'Constructivism theory analysis and application to curricula'. *Nursing education perspectives,* 31(2), pp. 89-92.

Broman K. and Simon S. (2015) 'Upper Secondary School Students' Choice and their Ideas on how to Improve Chemistry Education'. *Int. J. Sci. Math. Educ.*, 13(6), pp. 1255–1278.

Brown, K. (2013) 'Community Placements for Nursing Students'. *Community Nursing*. 23 (6), pp. 28-30.

Brown, J., Stevens, J. and Kermode, S. (2012) 'Supporting Student Nurse Professionalisation: The Role of the Clinical Teacher'. *Nurse education today*, *32*(5), pp. 606-610.

Brown, L., Douglas, V., Garrity, J., and Shepard, C. K. (2012) 'What influences Mentors to Pass or Fail Students'. *Nursing Management*, 19(5), pp. 16–21.

Brown, L., Herd, K., Humphries, G. and Paton, M. (2005) 'The role of the lecturer in practice placements: what do students think?'. *Nurse education in practice*, 5(2), pp. 84-90.

Burns, C., Beauchesne, M., Ryan-Krause, P. and Sawin, K. (2006) 'Mastering the preceptor role: challenges of clinical teaching'. *Journal of Pediatric Health Care*, 20(3), pp. 172-183.

Bryman, A. (Ed.) (2012). *Social research methods.* (4 ed.). Oxford: Oxford University Press.

Bynum. W., and Varpio., L. (2018) 'When I Say… Hermeneutic Phenomenology'. *Medical Education*, 52, pp. 252–253

Byrne, M.M., (2001) 'Understanding life experiences through a phenomenological approach to research'. *AORN journal*, *73*(4), pp. 830-830.

Care Quality Commission (2016) A Different Ending: Addressing Inequalities in End-of-Life Care. Online, Available at https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_OVERVIEW_FINAL_3.pdf Accessed: 21.12.22

Canham, J. and Moore, S. (2002) 'Learning Approaches in the Practice Context'. In: Canham J. and Bennett, J. (eds) *Mentorship in Community Nursing: Challenges and Opportunities*. Blackwell Science: Oxford, pp. 31–49.

Carr, J., (2008) 'Mentoring student nurses in the practice'. *Practice Nursing*, 19(9), pp. 465-467.

Carr, S.M. (2001) 'Nursing in the community--impact of context on the practice agenda'. *Journal of Clinical Nursing*, 10(3), pp. 330-336.

Cassidy, I., Butler, M.P., Quillinan, B., Egan, G., McNamara, M.C., Tuohy, D. and Tierney, C. (2012) 'Preceptors' views of assessing nursing students using a competency-based approach'. *Nurse Education in Practice*, 12, pp. 346-351.

Catlett, S. and Lovan, S.R., (2011) 'Being a good nurse and doing the right thing: A replication study'. *Nursing ethics*, 18(1), pp. 54-63.

Chamberlain, M. (1997) 'Challenges of Clinical Learning for Student Midwives'. *Midwifery*, 13, pp. 85–91.

Charles. A, Ewbank, L., McKenna, H. and Wenzel, L. (2019) 'The NHS Long-Term Plan Explained'. Available at: https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained#primary Accessed: 18.03.21

Chen, S.Y. and Hsu, H.C. (2015) 'Nurses' reflections on good nurse traits: Implications for improving care quality'. *Nursing ethics*, 22(7), pp. 790-802.

Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. London: Sage Publications Limited.

Choenarom, C., Williams, R.A. and Hagerty, B.M. (2005) 'The role of sense of belonging and social support on stress and depression in individuals with depression'. *Archives of psychiatric nursing*, 19(1), pp. 18-29.

Chow, F.L. and Suen, L.K. (2001) 'Clinical staff as mentors in pre-registration undergraduate nursing education: students' perceptions of the mentors' roles and responsibilities'. *Nurse Education Today*, 21(5), pp. 350-358.

Chuan, O.L. and Barnett, T., (2012). Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse education in practice*, *12*(4), pp.192-197.

Clark, C.M. (1992) 'Deviant adolescent subcultures: Assessment strategies and clinical intervention's. *Adolescence*, 27(106), pp. 283.

Clark, L., Casey, D. and Morris, S. (2015) 'The value of Master's degrees for registered nurses'. *British Journal of Nursing*, 24(6), pp. 328-334.

Clancy, M. (2013) 'Is Reflexivity the Key to Minimising Problems of Interpretation in Phenomenological Research?' *Nurse Researcher*. 20(6), pp.12-16.

Clynes, M.P. and Raftery, S.E., (2008) 'Feedback: an essential element of student learning in clinical practice'. *Nurse Education in practice*, 8(6), pp. 405-411.

Cohen, M. Z., Kahn, D. L., and Steeves, R. H. (2000) *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, CA: Sage.

Colaizzi, P. (1978) *Reflections and research in psychology: A phenomenological study of learning*. Dubuque, IA: Kendall Hunt.

Cole, A.L. and Knowles, J.G., (1993) 'Teacher development partnership research: A focus on methods and issues'. *American educational research journal*, 30(3), pp. 473-495.

Corbin, J. and Strauss, A. (2015) *Basics of Qualitative Research.* 4th edn. SAGE Publications, London

Costley, C., Elliot., G., and Gibbs, P. (2012) *Doing Work Based Research: 'Approaches to Enquiry for Insider-Researchers.* London: SAGE Publications Ltd.

Cottrell, D and Diallo, A. (2022) A journey to Reach Diversity, Equity, and Inclusiveness within SNRS Research in Nursing and Health. Available at DOI: 10.1002/nur.22225SNRS NEWSA

Cottone, R. (2007) 'Paradigms of counseling and psychotherapy, revisited: Is social constructivism a paradigm?'. *Journal of Mental Health Counseling*, 29(3), pp. 189-203.

Crawford, R., Jasonsmith, A., Leuchars, D., Naidu, A., Pool, L., Tosswill, L., Trezise, K. and Wordsworth, A. (2018) '"Feeling part of a team" a mixed method evaluation of a dedicated education unit pilot programme'. *Nurse Education Today*, 68, pp. 165-171.

Cresswel, J.W. (2007*) Qualitative Inquiry & Research Design: Choosing Among Five Approaches.* London: SAGE.

Cresswell, J.W. (2013) *Qualitative Inquiry & Research Design; Choosing Among Five Approaches.* London: SAGE

Creswell, J.W (2016) 30 Essential Skills for the Qualitative Researcher. Sage Publications. London.

Crombie, A., Brindley, J., Harris, D., Marks-Maran, D. and Thompson, T.M. (2013) 'Factors that enhance rates of completion: What makes students stay?'. *Nurse education today*, 33(11), pp. 1282-1287.

Crotty, M. (1989) *The foundations of social research*. London: Sage

Crotty, M. (1996) *Phenomenology and Nursing Research*. Australia: Churchill Livingstone.

Crotty, M. (1998) *The foundations of social march: Meaning and perspective in the research process.* London: Sage.

Crowe, A., Dirks, C. and Wenderoth, M.P. (2008) 'Biology in bloom: implementing Bloom's taxonomy to enhance student learning in biology'. *CBE—Life Sciences Education*, 7(4), pp. 368-381.

Csikszentmihalyi, M., & Schneider, B. (2000). Becoming adult: How Teenagers Prepare for the World of Work. New York, NY: Basic Books.

Curzon, L. (2006) *Teaching in Further Education: An Outline of Principles and Practice. 6th edn.* London: Continuum.

Davies, E. (1993) 'Clinical Role Modelling: Uncovering Hidden Knowledge'. *Journal of Advanced Nursing*, 18(4), pp. 627-636.

Demir, S., Demir, S.G., Bulut, H. and Hisar, F. (2014). 'Effect of mentoring program on ways of coping with stress and locus of control for nursing students'. *Asian nursing research*, 8(4), pp. 254-260.

Denham, M.A. and Onwuegbuzie, A.J. (2013) 'Beyond words: Using Nonverbal Communication Data in Research to Enhance Thick Description and Interpretation'. *International Journal of Qualitative Methods*, 12(1), pp. 670-696.

Denzin, N., K. and Lincoln, Y., S. (2000) *Introduction: The Discipline and Practice of Qualitative Research*. (2nd Ed.) Thousand Oaks, CA: Sage.

Denzin, N.K. and Lincoln, Y.S. (2000). *Handbook of Qualitative Research*. Sage, London. Sage.

Department of Health (2013) *The NHS Constitution, The NHS Belongs to us All.* Available at: http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf (Accessed: 18 January 2016).

Devlin, A., Adams, K., Hall, L. and Watts, P. (2014). 'Educating Practice Teachers and Specialist Practice Mentors for their new role: Ensuring high quality Practice Learning'.

Dewar, B. and Nolan, M. (2013) 'Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting'. *International journal of nursing studies*, 50(9), pp. 1247-1258.

Dewidar O., Elmestekawy., N. and Welch. V., (2022) Research Integrity and Peer Review. Online Available @ https://doi.org/10.1186/s41073-022-00123-z COMMENTARY Improving equity, diversity, and inclusion in academia Omar Dewidar1* , Nour Elmestekawy1,2 and Vivian Welch1,3

DiCicco-Bloom, B. and Crabtree, B.F. (2006) 'The qualitative research interview'. *Medical education*, 40(4), pp. 314-321..

Dickson, C.A.W., Morris, G. and Gable, C. (2015) 'Enhancing undergraduate community placements: a critical review of current literature'. *British journal of community nursing*, 20(4), pp. 184–189.

Dimitriadou, M., Papastavrou, E., Efstathiou, G. and Theodorou, M. (2015) 'Baccalaureate Nursing Students' Perceptions of Learning and Supervision in the Clinical Environment'. *Nursing & health sciences*, 17(2), pp. 236-242.

Dixon, D.M. (1996) 'Unifying concepts in parents' experiences with health care providers'. *Journal of Family Nursing*, 2(2), pp. 111:132.

Douglas.V., Garrity. J., Shepherd, K, and Brown, L. (2016) 'Nurses' Perceptions and Experiences of Mentoring'. *Nursing Management*, 23(1), pp.34-37.

Dowling, M. (2006) 'Approaches to Reflexivity in Qualitative Research'. *Nurse Researcher*, 13(3), pp. 7-21

Draucker, C.B. (1999) 'The critique of Heideggerian hermeneutical nursing research'. *Journal of advanced nursing*, 30(2), pp. 360-373.

Duffy, K. (2003) 'Failing students: A Qualitative Study of Factors that Influence the Decisions Regarding Assessment of Students'. *Competence in Practice*, 40(4), pp. 1-88.

Duffy, K. (2004) 'Mentors Need More Support to Fail Incompetent Students'. *British Journal of Nursing*, 13(10), pp. 582.

Duncan, D. (2019) 'What does 2019 Mean for Mentorship?' *British Journal of Community Nursing*, 24(1), pp. 5.

Dunn, R. (1990) 'Understanding the Dunn and Dunn learning styles model and the need for individual diagnosis and prescription'. *Reading, Writing, and Learning Disabilities*, 6(3), pp. 223-247.

Dunn, S.V. and Hansford, B. (1997) 'Undergraduate nursing students' perceptions of their clinical learning environment'. *Journal of advanced nursing*, 25(6), pp. 1299-1306.

Durkheim. E. (1973) *Emile Durkheim on Morality and Society*. The University of Chicago Press Ltd London.

Drennan, V., Levenson, R., Goodman, C. and Evans, C. (2004). 'The workforce in health and social care services to older people: developing an education and training strategy'. *Nurse Education Today*, 24(5), pp. 402-408.

Earnshaw, G.J. (1995). ‘Mentorship: the students' views’. *Nurse education today*, 15(4), pp. 274-279.

Eby, L.T. and Allen, T.D. (2002). ‘Further investigation of protégés’ negative mentoring experiences: Patterns and outcomes’. *Group & Organization Management*, 27(4), pp. 456-479.

Eby, L.T.d.T., Allen, T.D., Hoffman, B.J., Baranik, L.E., Sauer, J.B., Baldwin, S., Morrison, M.A., Kinkade, K.M., Maher, C.P., Curtis, S., and Evans, S.C. (2013) ‘An Interdisciplinary Meta-analysis of the Potential Antecedents, Correlates, and Consequences of Protégé Perceptions of Mentoring’. *Psychological Bulletin,* 139(2), pp. 441–476.

Eby, L., Buits, M., Lockwood, A. and Simon, S.A. (2004) ‘Protégés Negative Mentoring Experiences: Construct Development and Nomological Validation’. *Personnel Psychology*, *57*(2), pp. 411-447.

Eby, L.T., Rhodes, J.E. and Allen, T.D. (2007) ‘Definition and evolution of mentoring’. *The Blackwell handbook of mentoring: A multiple perspectives approach*, pp.7-20.

Ekebergh, M., (2007). ‘Lifeworld-based reflection and learning: a contribution to the reflective practice in nursing and nursing education’. *Reflective practice*, 8(3), pp. 331-343.

Elcock, K. (2020) How to Succeed on Nursing Placements, SAGE Publications, Ltd. (UK), [London].

Ellis, P. (2010) *Understanding Research for Nursing Students*. Exeter: Learning Matters Ltd.

Enosh. G. and Ben-Ari. A. (2016) ‘Reflexivity: The Creation of Liminal Spaces—Researchers, Participants and Research Encounters’. *Qualitative Health Research*, 26(4), pp. 578– 584.

Ensher, E.A. and Murphy, S.E. (2005) *Power mentoring: How Successful Mentors and Protégés get the most out of their Relationships*. John Wiley & Sons.

Entwistle N. (2000) ‘Approaches to studying and levels of understanding: the influences of teaching and assessment’. In: Radford J. (ed.) *The experience of learning. 2nd edn*. Edinburgh: Scottish Academic Press.

Everett, Á.F. (2019) Understanding Supervision and Assessment in Nursing, SAGE Publications, Ltd. (UK).

Fagan, A., Parker, V. and Jackson, D. (2016) ‘A concept analysis of undergraduate nursing students speaking up for patient safety in the patient care environment’. *Journal of advanced nursing*, 72(10), pp. 2346-2357.

Feldman, D, C. (1999) ‘Toxic Mentors or Toxic Proteges’: A Critical Re-examination of Dysfunctional Mentoring’. *Human Resources Management Review*, 9(3), pp. 247-278.

Felstead, I. (2013) ‘Role Modelling and Students’ Professional Development’. *British Journal of Nursing,* 22 (04), pp.223-227.

Felstead, I.S. and Springett, K. (2016). ‘An exploration of role model influence on adult nursing students’ professional development: A phenomenological research study’. *Nurse Education Today*, *37*, pp. 66-70.

Fine, M., Weis, L., Weseen, S., & Wong, L. (2008). For Whom? Qualitative Research and Social Responsibilities. In N. K. Denzin & Y. S. Lincoln (Eds.), The Landscape of Qualitative Research (Second). London: SAGE.

Finlay, L. (2002) *Negotiating the swamp: the opportunity and challenge of reflexivity in research practice.* Qualitative Research SAGE Publications London,

Finlay, L. (2002). ‘'Outing' the researcher: the provenance, process, and practise of reflexivity’. *Qualitative health research*, 12(4), pp. 531-545.

Finlay, L. (2003) ‘Through the looking glass: intersubjectivity and hermeneutic reflection’. In Finlay, L. and Gough, B. (eds.) *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. Oxford: Blackwell Publishing.

Finnis, J. (1980) ‘Natural Law and the Is-Ought Question: An Invitation to Professor Veatch’. *Cath. Law.*, 26, pp. 266.

Fiol, C. (2003) ‘Organising for knowledge-based competition’. In Jackson, S., Hitt, M. and Denise, A. (Eds.) *Managing Knowledge for Sustainable Competitive Advantage*. San Francisco: Jossey Bass.

Fitzgerald, L., Ferlie, E., Wood, M. and Hawkins, C. (2002) ‘Interlocking interactions, the diffusion of innovations in health care’, *Human Relations*, 55(12), pp. 1429-1449.

Fitzgerald, M., Gibson, F. and Gunn, K. (2010) ‘Contemporary issues relating to assessment of pre-registration nursing students in practice’. *Nurse education in practice*, *10*(3), pp. 158-163.

Fleig-Palmer, M.M. and Schoorman., F.D (2011) ‘Trust as a Moderator of the Relationship Between Mentoring and Knowledge Transfer’. *Journal of Leadership & Organizational Studies*, 18(3), pp. 334–343.

Foley, D. (2020) ‘Promoting the Success of Diverse Groups of Graduate Nursing Students’. *Clinical Simulations for the Advanced Practice Nurse: A Comprehensive Guide for Faculty, Students, and Simulation Staff*, p.64.

Harrison, B and Stina Lyon, E. (1993) A Note on Ethical Issues in the Use of Autobiography in Sociological Research, *Sociology,* 27: 101-109. DOI: 10.1177/003803859302700110

Khalili, A; Fatemeh, K and Pegah, S (2018), Moral Tension among Nurses, Journal of Research in Medical and Dental Science, 6 (1) , pp.350-357.

Gadamer, H.G. (1979). *Truth and method* (2nd ed.). London: Sheed and Ward.

Gadamer, H. G. (2004). Philosophical Hermeneutics. Translated and edited by D. E. Linge. Second edition, Berkeley: University of California Press.

Gardiner, C. (1998). 'Mentoring: towards a professional friendship'. Mentoring and tutoring: partnership in learning, 6 (1–2), pp. 77–84.

Gerrish, K. and Lacey, A. (2006) *The Research Process in Nursing.* Oxford: Blackwell Publishing Ltd.

Gilbert, P. and Procter, S. (2006). 'Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach'. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice,* 13(6), pp. 353-379.

Gillen, S. (2010) 'Greater Support for Clinicians Will Improve Care'. *Nursing Standard,* 26(40), pp. 12-13.

Gillespie, M. (2002) 'Student–teacher connection in clinical nursing education'. *Journal of advanced nursing,* 37(6), pp. 566-576.

Giordana, S. and Wedin, B. (2010) 'Peer mentoring for multiple levels of nursing students. *Nurs Educ Perspect*. 31(6), pp. 394-6.

Glaser, B.G. (2011) *Getting out of the data: Grounded theory conceptualisation*. MillVallye, CA: Sociology Press.

Glaser, B.G. and Strauss, L. (1967*) The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishers.

Glasper., A. (2017) 'Royal College of Nursing response to the draft standards for nurses.' *British Journal of Nursing*, 26(20).

Gofman, A. (2014) 'Durkheim's Theory of Social Solidarity and Social Rules'.The Palgrave Handbook of Altruism, Morality, and Social Solidarity, online Available at: ISBN: 978-1-349-48311-2

Gray, D. E. (2013). Doing Research in the Real World. London: SAGE.

Gray, M. and Smith, L.N. (1999) 'The professional socialization of diploma of higher education in nursing students (Project 2000): a longitudinal qualitative study'. *Journal of advanced nursing,* 29(3), pp. 639-647.

Gray, M.A. and Smith, L.N. (2000) 'The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study'. *Journal of advanced nursing,* 32(6), pp. 1542-1549.

Grealish, L. and Ranse, K. (2009) 'An exploratory study of first year nursing students' learning in the clinical workplace'. *Contemporary nurse,* 33(1), pp. 80-92.

Green, J. and Thorogood, N. (2014) *Qualitative Methods for Health Research*. 3rd edn SAGE. London.

Grove, S.K., Burns, N. and Gray, J.R. (2013) *The practice of nursing research: Appraisal. Synthesis, and Generation of Evidence.* 7th end. Elsevier Saunders.

Guy, M.E. and Newman, M. (1998) 'Toward Diversity in the Workplace'. In Condrey, S.E. (ed.) *Handbook of Human Resource Management in Government*, San Francisco, CA: Jossey-Bass, pp 75–92.

Hagerty, B.M. and Patusky, K. (1995) 'Developing a measure of sense of belonging'. *Nursing research*, 44(1), pp. 9-13.

Haggard, D.L. (2012) 'Mentoring and psychological contract breach'. *Journal of Business and Psychology*, 27(2), pp. 161:175.

Hall, A. (2006) 'Mentorship in the Community'. *Journal of Community Nursing*, 20(7), pp. 10-12.

Hallett, C.E., Williams, A., Orr, J., Butterworth, T. and Collister, B. (1995) 'The implementation of Project 2000 in the community: a new perspective on the community nurse's role'. *Journal of advanced nursing*, 21(6), pp. 1159-1166.

Hallowell, E.M. (1999). *Connect*. New York: Pantheon Books.

Hamshire, C., Willgoss, T.G. and Wibberley, C. (2013) 'Should I stay or should I go? A study exploring why healthcare students consider leaving their programme'. *Nurse education today*, 33(8), pp. 889-895.

Hansen, E.C (2006) *Successful Qualitative Health Research: A Practical Introduction.* Maidenhead: Open University Press.

Hausfather, S.J. (2012) *Vygotsky and Schooling: Creating a Social Context for Learning Constructivism in Teacher Education*. Pp. 1:10. |Available at: https://doi.org/10.1080/01626620.1996.10462828

Heidegger, M. (1962). *Being and time* (J. MacQuarrie & E. Robinson, Trans.). New York: Harper and Row.

Heimann, C., Prado De Moraes, C.R.R.S.P, Vidal. G.V. Liberal. D., Kelly. G Da Silva. G.O Barata. M.V. (2013) Acquiring Nursing Knowledge through the Constructivist Method'. 47(4), pp. 992-1000. Available at: https://DOI:10.1590/S008062342013000040003 2 Accessed: 6 April 2021.

Henderson, A. and Eaton, E. (2013) 'Assisting nurses to facilitate student and new graduate learning in practice settings: what 'support' do nurses at the bedside need?'. *Nurse Education in Practice*, 13(3), pp. 197-201.

Herriott, H. and McNulty, M. (2021) 'Identification of Potentially Inhibitory Interprofessional Power Dynamics Among Healthcare Students'. *The FASEB Journal*, 35.

Herzog, L. (2018) ‘Durkheim on social justice: The argument from “organic solidarity”’. *American Political Science Review*, 112(1), pp. 112-124.

Hezlett, S.A. and Gibson, S.K. (2007) ‘Linking mentoring and social capital: Implications for career and organization development’. *Advances in Developing Human Resources*, 9(3), pp. 384-411.

Hinchliff, S. (2001) *The Practitioner as a Teacher*. 2nd edn. London: Bailliere Tindall.

Hinchliff, S. (2009) *The Practitioner as Teacher*. 4th edn. London: Churchill Livingstone.

Higgins, A. and McCarthy, M. (2005) ‘Psychiatric nursing students’ experiences of having a mentor during their first practice placement: an Irish perspective’. *Nurse Education in Practice*, 5(4), pp. 218-224.

Hinds, L.E. (2013) ‘Patient-centered care: A nursing priority’. *The Journal of Continuing Education in Nursing*, 44(1), pp. 10-11.

Holloway, I. (2005) *Qualitative Research in Health Care.* Maidenhead: Open University Press.

Holmgren, J., Emami, A., Eriksson, L.E. and Eriksson, H. (2013) ‘Being perceived as a ‘visitor’ in the nursing staff's working arena–the involvement of relatives in daily caring activities in nursing homes in an urban community in Sweden’. *Scandinavian Journal of Caring Sciences*, 27(3), pp. 677-685.

Horton, C.D., DePaoli, S., Hertach, M. and Bower, M., (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Professional Development*, *28* (4), pp. E1-E7.

Horton, C.D., DePaoli, S., Hertach, M. and Bower, M. (2012) ‘Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Professional Development*, 28(4), pp. E1-E7.

Hospel, V. and Galand, B. (2016) ‘Are both classroom autonomy support and structure equally important for students' engagement? A multilevel analysis’. *Learning. Instruction.*, 41, pp. 1–10.

Houghton, C. E. (2014) ‘‘Newcomer adaptation’: a lens through which to understand how nursing students fit in with the real world of practice’. *Journal of Clinical Nursing*, 23(15-16), pp. 2367- 2375.

Howard, S. (2009) ‘How we learn and how we can help others to learn’. I: Hinchliff, S., Kinnell, D., and Hughes, P. (eds.) *Mentoring nursing and healthcare students*. London Leeds: HEE Sage.

Howard, S. (2009) ‘How we learn and how we can help others to learn’. In: Hinchliff S. ed, *The practitioner as a teacher.* 4th edn. London: Churchill Livingstone.

Hsu, C.P., Chiang, C.Y., Chang, C.W., Huang, H.C. and Chen, C.C. (2015) ‘Enhancing the commitment of nurses to the organisation by means of trust and monetary reward’. *Journal of nursing management*, 23(5), pp. 567-576.

Hsu, F.S., Liu, Y.A. and Tsaur, S.H., 2019. The impact of workplace bullying on hotel employees' well-being: Do organizational justice and friendship matter?. *International Journal of Contemporary Hospitality Management*.

Huberman, A.M. and Miles, M.B. (2002) *The Qualitative Researchers Companion.* London. Sage.

Hurley, C. and Snowden, S. (2008) 'Mentoring in times of change'. *Nursing in Critical Care*, 13(5), pp. 269-275.

Husserl, E. (1962) *Ideas General Introduction to Pure Phenomenology.* London: Routledge Publishing.

Iersel, V.M., Latour, C.H., De Vos, R., Kirschner, P.A. and op Reimer, W.J.S. (2016) 'Nursing students' perceptions of community care and other areas of nursing practice–A review of the literature'. *International journal of nursing studies*, 61, pp. 1:19.

Illingworth, A., Aranda, K.F., De Goeas, S.M. and Lindley, P.J. (2013) 'Changing the way that I am: students experience of educational preparation for advanced nursing roles in the community'. *Nurse Education in Practice*, 13(5), pp. 338-343.

Imenda, S. (2017) '*Is There a Conceptual Difference between Theoretical and Conceptual Frameworks?* Available at; https://www.researchgate.net/publication/273770340_Is_There_a_Conceptual_Difference_between_Theoretical_and_Conceptual_Frameworks Accessed: 14th August 2018.

Inkeri, P., Marjatta, V.B. and Bonsdorff, M. (2003) 'Clinical Environment as a Learning Environment: Student Nurses' Perceptions Concerning Clinical Learning Experiences'. *Nurse Education Today* ,23(4), pp. 262–268.

Ion, R., Smith, K., and Dickens, G. (2017). 'Nursing and midwifery Students' encounters with poor clinical practice: A systematic review'. *Nurse Education in Practice*, 23, pp. 67–75.

Ion, R., Smith, K., Moir, J., and Nimmo, S. (2016) 'Accounting for actions and omissions: A discourse analysis of student nurse accounts of responding to instances of poor care'. *Journal of Advanced Nursing*, 72(5), pp. 1054– 1064.

Ip, W.Y. and Chan, D.S.K. (2005) 'Hong Kong nursing students' perception of the clinical environment: a questionnaire survey'. *International journal of nursing studies*, 42(6), pp. 665-672.

Ironside, P., Diekelmann, N. and Hirschmann, M. (2005) 'Students' Voices: Listening to Their Experiences in Practice Education', *Journal of Nursing Education*, 44(2), pp. 49-52.

Jack, K., Hamshire, C., Harris, W.E., Langan, M., Barrett, N. and Wibberley, C. (2018) '"My mentor didn't speak to me for the first four weeks": Perceived unfairness experienced by nursing students in clinical practice settings'. *Journal of clinical nursing*, 27(5-6), pp. 929-938.

Jang H., Reeve, J. and Deci, E.L. (2010) 'Engaging students in learning activities: it is not autonomy support or structure but autonomy support and structure'. *J. Educational. Psychology.*, 102, pp. 588–600.

Jervis, A. and Tilki, M. (2011) 'Why are Nurse Mentors Failing to Fail Student Nurses Who do not Meet Clinical Performance Standards'. *British Journal of Nursing*, 20(9), pp. 582-587.

Jirwe, M. (2011) 'Analysing qualitative data: Maria Jirwe explains how the themed articles in this issue offer different insights into important challenges in the analysis of qualitative data'. *Nurse researcher*, 18(3), pp. 4-6.

Jones-Schenk, J. (2019) 'Burnout 3.0'. *The Journal of Continuing Education in Nursing*, 50(8), pp. 345-346.

Jurckiewicz, C. and Brown, R. (1998) 'GenXers vs. Boomers vs. Matures: Generational Comparisons of Public Employee Motivation'. *Review of Public Personnel Administration*, 18(4), p. 18–37.

Kakkori, L. (2009) 'Hermeneutics and phenomenology problems when applying hermeneutic phenomenological method in educational qualitative research'. *Paideusis*, 18(2), pp. 19-27.

Kearney, M. and Levine, P. B. (2020) 'The Future of Children'. *Scholarly Journal Princeton,* 30(1), pp. 83-106.

Keeves, J. P. (1997) *Educational Research Methodology and Measurement*. Cambridge: Cambridge University Press.

Kell, C. and Owen, G. (2009) 'Approaches to learning on placement: the students' perspective'. *Physiotherapy Research International*, 14(2), pp. 105-115.

Kelly. J., (2012) *Learning Theories.* Available at: https://thepeakperformancecenter.com/educational-learning/learning/theories/ Accessed 7. April .21

Kenyon, L. and Peckover, S. (2008) ''A Juggling Act': An analysis of the impact of providing clinical placements for pre-registration students on the organisation of community nursing and health visiting work'. *Nurse Education Today*, 28(2), pp. 202-209.

Kinnell, D. and Hughes, P. (2010) *Mentoring nursing and healthcare students*. Sage, London

Kloster, T., Høie, M. and Skår, R. (2007) 'Nursing students' career preferences: a Norwegian study'. *Journal of Advanced Nursing*, 59(2), pp. 155-162.

Koch, T. (1999) 'An Interpretive Research Process: Revisiting Phenomenological and Hermeneutical Approaches', *Nurse Researcher,* 6(3), pp. 20-34.

Kolawole, I.O., RPON, B., Anna Andrew RN, R.N.E. and Olorunda, M.O.E., 2019. Knowledge and attitude of registered and student nurses on mentor-mentee relationship in specialist hospital, Yola. *International Journal of Caring Sciences*, *12*(3), pp.1734-1743.

Kram, K.E. (1985) 'Improving the mentoring process'. *Training & Development Journal*.

Kram, K.E. (1983) 'Phases of the mentor relationship'. *Academy of Management journal*, 26(4), pp. 608-625.

Kramer, M., Brewer, B.B., Halfer, D., Hnatiuk, C.N., MacPhee, M., Duchscher, J.B., Maguire, P., Coe, T. and Schmalenberg, C. (2017) 'Impact of professional nursing practices on patient/nurse outcomes: testing the essential professional nursing practices instrument'. *JONA: The Journal of Nursing Administration*, 47(5), pp. 278-288.

Kramer, M., Maguire, P.A.T. and Brewer, B.B. (2011) 'Clinical nurses in Magnet hospitals confirm productive, healthy unit work environments. *Journal of Nursing Management*, 19(1), pp. 5-17.

Kyrkjebø, J.M. and Hage, I. (2005) 'What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice'. *Nurse Education Today*, 25(3), pp. 167-175.

Lave, J. and Wenger, E. (1991) *Situated Learning: Legitimate Peripheral Participation*. Cambridge, UK: Cambridge University Press.

Lear, H., Eboh, W.O. and Diack, L. (2018) 'A nurse researcher's guide to reflexive interviewing'. *Nurse Researcher*, 25(4), pp. 35-42.

Levett-Jones, T. (2008) 'The Duration of Clinical Placements: A Key Influence on Nursing Students' Experience of Belongingness'. *Australian journal of advanced nursing*, 26(2), pp. 8-16.

Levett-Jones, T. and Bourgeois, S. (2007) *The Clinical Placement: An Essential Guide for Nursing Students*. Sydney: Elsevier.

Levett-Jones, T.A. and Lathlean, J. (2008) 'Belongingness: A prerequisite for nursing students' clinical learning'. *Nurse Education in Practice*, *8*(2), pp. 103-111.

Levett-Jones, T. and Lathlean, J. (2009) ''Don't rock the boat': Nursing students' experiences of conformity and compliance'. *Nurse Education Today*, 29(3), pp. 342-349.

Levett-Jones, T., Lathlean, J., Higgins, I. and McMillan, M. (2009) 'The Duration of Clinical Placements: A key Influence on Nursing Students' Experience of Belongingness'. *Australian Journal of Advanced Nursing*, 26(2), pp. 8-16.

Levett-Jones, T., Lathlean, J., Higgins, I., and McMillan, M. (2009) 'Development and psychometric testing of the Belongingness Scale–Clinical Placement Experience: an international comparative study'. *Collegian*, pp. 153-162.

Levett-Jones, T., Lathlean, J., Higgins, I., and McMillan, M. (2009) 'Staff - Student relationships and their impact on nursing students' belongingness and learning'. *Journal of Advanced Nursing*, 65(2), pp. 316-324.

Levett-Jones, T., Lathlean, J., McMillan, M., and Higgins, I. (2007). 'Belongingness: A montage of nursing students' stories of their clinical placement experiences'. *Contemporary Nurse*, 24(2), pp. 162– 174.

Levin, D. Z., and Cross, R. (2004) 'The strength of weak ties you can trust: The mediating role of trust in effective knowledge transfer'. *Management Science,* 50, pp. 1477-1490.

Leyshon, S. (2013) 'Making the most of teams in the mentorship of students. *British Journal of Community Nursing*, 10(1), pp. 21-23.

Licqurish, S. and Seibold, C. (2008) 'Bachelor of midwifery students' experiences of achieving competencies: The role of the midwife preceptor'. Midwifery, 24(4), pp. 480–489.

Liehr, P. and Smith, M.J. (1999) 'Middle range theory: Spinning Research and Practice to Create Knowledge for the New Millennium'. *Advances in Nursing Science*, 21(4), pp. 81-91.

Llewellyn, G., Sullivan, G. and Minichiello, V. (1999) *Designing health research: Sampling in qualitative research*. *Handbook for research methods in health sciences*. Sydney, NSW: Addison-Wesley.

Longo, J. and Sherman, R.O. (2007) 'Leveling horizontal violence'. *Nursing Management*, 38(3), pp. 34-37.

Loue, S (1999), Textbook of Research Ethics. Theory & Practice. London: Kluwer Academic / Plenum Publishers.

Lúanaigh, P.Ó. (2015) 'Becoming a professional: What is the influence of registered nurses on nursing students' learning in the clinical environment?' *Nurse Education in Practice*, 15(6), pp. 450-456.

Lowes, L. and Prowse, M.A. (2001) 'Standing outside the interview process? The Illusion of objectivity in phenomenological data generation'. *International Journal of Nursing Studies.,* 38, pp. 471-480.

Lynch. M. (2016) *Social Constructivism in Education*. Available at: https://www.theedadvocate.org/social-constructivism-in-education/ (Accessed 6. April.2021)

McAuley, J. (2006) 'Hermeneutic Understanding' in Cassell, C. and Symon, G. (eds.) *Essential Guide to Qualitative Methods in Organizational Research*. London: Sage, pp. 192-202.

McClure, E. and Black, L. (2013) 'The role of the clinical preceptor: an integrative literature review'. *Journal of nursing education*, 52(6), pp. 335-341.

McDonald, K. (2017) *How to Work with and Lead People Not Like You: Practical Solutions for Today's Diverse Workplace*. John Wiley & Sons.

Macfarlane, J. (2020) 'Positive psychology: social connectivity and its role within mental health nursing'. *British Journal of Mental Health Nursing*, 9(2), pp. 1:12.

McGhee, G., Marland, G.R. and Atkinson, J. (2007) 'Grounded theory research: literature reviewing and reflexivity'. *Journal of advanced nursing*, 60(3), pp. 334-342.

McIntosh, A., Gidman, J. and Smith, D. (2014) 'Mentors' perceptions and experiences of supporting student nurses in practice'. *International journal of nursing practice*, 20(4), pp. 360-365.

Madhavanpraphakaran, G.K., Shukri R.K. and Balachandran, S. (2014) 'Preceptors' Perceptions of Clinical Nursing Education'. *Journal of Continuing Education in Nursing*. 45(1), pp. 28-34.

Malone, G.P. and David, R. (2012) 'Pillow, and Augustine Osman (2012). The General Belongingness Scale (GBS): Assessing achieved belongingness'. *Personality and Individual Differences*, 52(3), pp. 311-316.

Maslow, A.H. (1968) *Toward a psychology of being.* New York, NY: Van Nostrand

Maslow, A. (1987) *Motivation and Personality* (3rd ed). New York, USA: Harper and Row.

Matua, G.A., Seshan, V., Savithri, R. and Fronda, D.C. (2014) 'Challenges and strategies for building and maintaining effective preceptor-preceptee relationships among nurses'. *Sultan Qaboos University Medical Journal*, 14(4), pp. 530-536

Melia, K.M. (1982) ''Tell it as it is'—qualitative methodology and nursing research: understanding the student nurse's world'. *Journal of Advanced Nursing*, 7(4), pp. 327-335.

Merritt, A. and Boogaerts, M. (2014) 'Creativity and power: A qualitative, exploratory study of student learning acquired in a community nursing setting that is applied in future settings. *Contemporary nurse*, 46(2), pp. 225-233.

Merrell, J. Olumide, G., Ashrafunnesa, Culley, L (2014) 'Work in progress 'Nurse Educators Views on Preparing pre-registration Nursing Students in Wales for Practice in Multi-Ethnic Environments. *Journal of Research in Nursing* 19 (6) pp490-501

Mertz, N.T. and Anfara, V.A. (2006) 'Conclusion: Coming full circle'. *Theoretical frameworks in qualitative research*, pp. 189-196.

Midgley, K. (2006) 'Pre-registration student nurses' perception of the hospital-learning environment during clinical placements. *Nurse education today*, 26(4), pp. 338-345.

Miles, M.B., Huberman, A.M. and Saldaña, J. (2014) *Qualitative data analysis: A methods sourcebook*. 3rd. London. Sage PublicationMill, J.S. and Dryer, D.P. (1969) *Collected Works....Religion and Society*. Routledge & Kegan Paul.

Miller, A. (2004) *Mentoring students and young people: A handbook of effective practice*. Routledge.

Milligan, F., Wareing, M., Preston-Shoot, M., Pappas, Y., Randhawa, G. and Bhandol, J. (2017) 'Supporting nursing, midwifery and allied health professional students to raise concerns with the quality of care: a review of the research literature'. *Nurse Education Today*, 57, pp. 29-39.

Mitchell, T.D. (2013) 'Critical service-learning as a philosophy for deepening community engagement'. In *Deepening community engagement in higher education*. Palgrave Macmillan, New York, pp. 263-269.

Mitchell, Eby and Ragins (2015) *My Mentor, My Self: Antecedents and Outcomes of Perceived Similarity in Mentoring Relationships*. Available at: https://reader.elsevier.com/reader/sd/pii/S0001879115000433?token=EB51FEFE0EDE3EE23D3A9C81B4EFEBB53286C62A8D8C890508F96ECA5933340DC51DB4821E1FC0BF35A1DA3AC5231663&originRegion=eu-west-1&originCreation=20220117145418 Accessed 19.1.22

Moll, L.C., 2013. *LS Vygotsky and education*. Routledge.

Møller, J.E., Kjaer, L.B., Helledie, E., Nielsen, L.F. and Malling, B.V. (2021) 'Transfer of communication teaching skills from university to the clinical workplace–does it happen? A mixed methods study'. *BMC medical education*, 21(1), pp. 1:11.

Monrouxe, L.V., Rees, C.E., Endacott, R. and Ternan, E. (2014) ''Even now it makes me angry': health care students' professionalism dilemma narratives'. *Medical Education*, 48(5), pp. 502-517.

Moorman, C., Zaltman, G. and Deshpande, R. (1992) 'Relationships between Providers and Users of Market Research: The Dynamics of Trust within and between Organizations'. *Journal of marketing research*, 29(3), pp. 314.

Moreno, J.L. (1947) 'Contributions of sociometry to research methodology in sociology'. *American Sociological Review*, 12(3), pp. 287-292.

Moule, P., Aveyard, H. and Goodman, M. (2016). *Nursing research: An introduction*. Sage.

Moustakas, C. (1994) 'Transcendental phenomenology: Conceptual framework'. *Phenomenological research methods*, pp. 25-42.

Moustakas, C. (1994) *Phenomenological Research Methods*. London: SAGE Publications Ltd.

Mumford, A. and Honey, P. (1992) 'Questions and answers on learning styles questionnaire'. *Industrial and Commercial Training*.

Murphy, F., Rosser, M., Bevan, R., Warner, G. and Jordan, S. (2012) 'Nursing students' experiences and preferences regarding hospital and community placements'. *Nurse Education in Practice*, 12(3), pp. 170-175.

Murphy, M. (2012). 'Mentoring students in medicines management'. *Nursing standard*, 26(44), pp. 51-57.

Myall, M., Levett-Jones, T. and Lathlean, J. (2008) 'Mentorship in contemporary practice: the experiences of nursing students and practice mentors'. Journal of clinical nursing, 17(14), pp. 1834-1842.

Myers, L. P. (2019). A social realist account of constraints and enablements navigated by South African students during the four year professional accounting programme at Rhodes University, South Africa. (Doctor of Philosophy). Rhodes University, Grahamstown, South Africahttps://www.researchgate.net/publication/333775938_Insider_Research_Ethics_Professionalism_and_Positionality [accessed May 11 2023].

Nash, S. and Scammell, J. (2010) 'How to use coaching and action learning to support mentors in the workplace'. *Nursing times*, 106(3), pp. 20-23.

Nassa. A. (2020) 'Effective nursing leadership. Transforming toxic work environments'. *Palliative Medicine and care international journal*. 3(2).

Nettleton, B., Bray, L., 2007.Current mentorship schemes might be doing our students adisservice. Nurse Educ. Pract. 8, 205–212.

Nettleton, P. and Bray, L (2008) 'Current Mentorship Schemes Might be Doing our Students a Disservice'. *Nurse Education in Practice*, 8, pp. 205–212.

Newell, R. and Burnard, P. (2011) *Research for Evidence-Based Practice in Healthcare*. 2nd edn. Oxford: Blackwell Publishing.

Newington. L and Metcalf. A. (2014) 'Factors influencing recruitment to research: a qualitative study of the experiences and perceptions of research teams'. *BMC Medical Research Methodology*. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903025/ (Accessed 21 August 2018).

NHS (2021) *5 year forward View.* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf Accessed 18.3.21

Nixon, J. (2014). 'Looking at the culture of nursing through fresh eyes'. *Kai Tiaki: Nursing New Zealand*, 20(1), p. 26.

Noone,J.,Najjar. R.,.Quintana. A.D.,Koithan.M.S.,Vaughn. S.(2020) Nursing workforce diversity: Promising educational practices Journal of Professional Nursing 36, (5),pp 386-394 Available at https://doi.org/10.1016/j.profnurs.2020.02.011

Nolan, C. (1998) 'Learning on clinical placement: the experiences of six Australian student nurses. *Nurse Education Today*, 18(8), pp. 622-629.

Nolan, M. and Dellasega, C. (1999) ''It's not the same as him being at home': creating caring partnerships following nursing home placement'. *Journal of Clinical Nursing*, 8(6), pp. 723-730.

Norman, K. (2015) 'How mentors can influence the values, behaviours and attitudes of nursing staff through positive professional socialisation'. *Nursing Management*, 22(8).

Northway, R. (2000) 'Disability Nursing Research and the Importance of Reflexivity'. *Journal of Advanced Nursing*, 32(2), pp. 391-397.

Nursing and Midwifery Council (2006) Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers. Nursing and Midwifery Council.

Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice: NMC standards for mentors, practice teachers and teachers. Available at: https://www.nmc.org.uk/standards/additional standards/standards-to-support-learning-and-assessment-in-practice/ (Accessed: 10 July 2016).

Nursing and Midwifery Council (2010) *Standards for pre-registration nursing education.* Available at https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf (Accessed; 17.1.21).

Nursing and Midwifery Council (2010) *Standards of Proficiency for Pre-registration Nursing Education.* London: Nursing & Midwifery Council. Available at: https://www.google.co.uk/?gws_rd=ssl#q=Nursing+and+Midwifery+council%2C+(2004)+Standards+of+Proficiency+for+Preregistration+Nursing+Education.+London:+Nursing+%26+Midwifery+Council (Accessed: 22 July 2016).

Nursing and Midwifery Council (2015) The Code. Professional Standards of Practice and Behaviour for Nurses and Midwives. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf (Accessed: 20th August 2018).

Nursing and Midwifery Council (2015) Standards to Support Learning and Assessment in Practice: Preparation for Mentors, Practice Teachers and Teachers. Available at : http://www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/ (Accessed: 23 November 2015).

Nursing and Midwifery Council (2018) Realising professionalism: Standards for education and training Part 1: Standards framework for nursing and midwifery education. Available at;https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf(Accessed: 11.01.2021)

Nursing and Midwifery Council (2022) Standards for Student Supervision and Assessment in Practice. Available at; https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/ (Accessed 8.2.23)

Standards for Student Supervision and Assessment in Practice, (2018) Available at; https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf (Accessed 8.2.23)

Nursing and Midwifery Council (2018a) *Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education.*

Available at: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf Accessed: 14th August 2018

Nursing and Midwifery Council (2018b) *Realising professionalism: Standards for education and training. Part 2: Standards for Student Supervision and Assessment*. Available at: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/ Accessed: 14th August 2018.

Nursing and Midwifery Council (2018c) *Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration nursing programmes*. Available at: https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/ Accessed: 14th August 2018.

The Nursing and Midwifery Council (2018) *What do practice assessors do?* Available at: https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/practice-assessment/what-do-practice-assessors-do/ PP.284-293.

O'Donohue, J. (1999) *Eternal Echoes: Celtic Reflections on our yearning to belong.* NewYork, NY: HarperCollins.

Omansky, G.L. (2010) 'Staff nurses' experiences as preceptors and mentors: An integrative review'. *Journal of Nursing Management*, 18, pp. 697-703.

Over, H. (2016) 'The origins of belonging: social motivation in infants and young children'. *Philos Trans R Soc Lond B Biol Sci*, Jan 19, 371(1686).

Ozcelik, H. and Barsade, S. (2011) 'Work loneliness and employee performance'. In *Academy of management proceedings*, Vol. 2011, 1, pp. 1-6. Briarcliff Manor, NY 10510: Academy of Management.

Papathanasiou, I.V., Tsaras, K., Kleisiaris, C.F. et al. (2017) 'Anxiety and depression in staff of mental units: the role of burnout'. In Vlamos, P. (eds.) *GeNeDis 2016. Advances in experimental medicine and biology*. Cham: Springer, pp. 185–197.

Parahoo, K. (1997) *Nursing Research. Principles, Process and Issues.* London: Macmillan Press Ltd.

Parahoo, K. (2006) *Nursing Research: Principles, Process and Issues*. Second Edition. Palgrave Macmillan Press Ltd

Parahoo, K. (2014) *Nursing research: principles, process and issues*. 3rd ed. Hampshire: Macmillan Press Ltd.

Parandeh, A., Khaghanizade, M., Mohammadi, E. and Nouri, J.M. (2015) 'Factors influencing development of professional values among nursing students and instructors: a systematic review'. *Global journal of health science*, 7(2), pp. 284.

Parr, C. (2012) 'Community Workforce Overburdened and in Decline'. *Independent Nurse*, 5(21), pp. 3.

Pashler, H., McDaniel, M., Rohrer, D. and Bjork, R. (2008). 'Learning styles: Concepts and evidence'. *Psychological science in the public interest*, 9(3), pp. 105-119.

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, California: Sage Publications

Pavey, L., Greitemeyer, T. and Sparks, P. (2011) 'Highlighting relatedness promotes prosocial motives and behavior'. *Personality and Social Psychology Bulletin*, 37(7), pp. 905–917.

Pearson, J. (1998). 'An exploration of the empowerment of nursing students in a clinical context'. *Nursing Praxis in New Zealand*, 13(3), pp. 45-55.

Pellat, G. (2006) 'The role of mentors in supporting Pre-registration nursing students'. British. Journal of Nursing,15(6), pp. 336–340.

Philibin, C., Griffiths, G., Byrne, P., Horan, A.M., Brady, C., and Begle (2010) 'The role of the public health nurse in a changing society'. *Journal of. Advanced. Nursing.*, 66, pp. 743-752.

Pigott, H. (2001) 'Facing reality: The transition from student to graduate nurse'. *Australian Nursing Journal*, 8(7).

Polit, D.F. and Beck, C.T. (2010) *Nursing Research. Principles and Methods.* 7th edn. London: Lippincott Willaims and Wilkins.

Pollard, C., Ellis, L., Stringer, E. and Cockayne, D. (2007) 'Clinical education: A review of the literature'. *Nurse Education in Practice*, 7, pp. 315-322.

Price, B. (2013) 'Promoting Compassionate Care through Learning Journeys'. *Nursing Standard*, 27(48), pp. 51-57.

Pritchard, E. and Gidman, J. (2012) 'Effective mentoring in the community setting'. *British Journal of Community Nursing*, 17(3), pp. 119-124.

Punch, K.F. and Oancea, A. (2014) *Introduction to research methods in education*. Sage.

Queen's Nursing Institute. (2018) Report on district nurse education in the United Kingdom 2016-2017- and five-year review. Available at: https://tinyurl.com/y5v3twfu (accessed 27 August 2019)

Raines, S.S. (2018) 'Becoming the change we wish to see: The unexpected benefits of conflict resolution work'. *Conflict Resolution Quarterly*, 35(3), pp. 319-327.

Randle, J. (2002) 'Transformative Learning: Enabling Therapeutic Nursing'. In D. Freshwater (Ed.) *Therapeutic nursing*. London: Sage.

Raudonis, B.M., McLean, J. and Caubel, D. (2012) 'Connecting undergraduate nursing students with older adults. *Nursing Education Perspectives*, *33*(3), pp.193-194.

Ravitch, S.M. and Riggan, M. (2012) 'Conceptual frameworks and the analysis of data'. *Reason & rigor: How conceptual frameworks guide research*, pp. 81:106.

Ravitch, S.M. and Carl, N.M. (2016) *Qualitative Research: Bridging the Conceptual, Theoretical, and Methodological*. London. Sage.

Richards, B.F. and Cariaga, L.D. (1993) 'A comparison between students in problem-based and traditional curricula at the same medical school: preparing for the NBME Part I'. *Medical Education*, 27(2), pp. 130-136.

Richards, R.M. (1993) *The effects of student nurse community mental health placements on sufferers of mental health problems in the community*. Available at: https://doi.org/10.1046/j.1365-2648.1993.18121876.x(Accessed 19th December 2021

Ricoeur, P. (1991). From Text to Action: Essays in Hermeneutics. Evanston: Northwestern University Press.

Ritchie, J. and Spencer, L. (2002) Qualitative data analysis for applied policy research. *The qualitative researcher's companion*, 573, pp. 305-29.

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) *Qualitative Research Practice,* 2nd ed. London, Sage

Robinson, A.S., Andrews Hall, K., Cubit, M., Fassett, L., Venter, B., Menzies, (2008) 'Attracting students to aged care: the impact of a supportive orientation'. *Nurse Education. Today*, 28, pp. 354-362.

Robinson, S., Cornish. J., Driscoll, C., Knutton. S., Corben.V, and Stevenson, T. (2012) *National Nursing Research Unit: Sustaining and Managing the Delivery of Student Nurse. Mentorship: Roles, Resources, Standards and Debates.* London: King's College.

Rowan, P. and Barber, P. (2000) 'Clinical facilitators: A new way of working'. *Nursing Standard*, 14(52), pp. 35-8.

Royal College of Nursing (2009) *Guidance for Mentors of Nursing Students and Midwives: An RCN Toolkit*. Available at: https://www.rcn.org.uk/__data/assets/pdf_file/0008/78677/002797.pdf (Accessed: 8 July 2015).

Royal College of Nursing (2013) *Mid Staffordshire NHS Foundation Trust Public Inquiry Report: Response of the Royal College of Nursing.* Available at: http://www.rcn.org.uk/__data/assets/pdf_file/0004/530824/francis_response_full_FINAL.pdf (Accessed: 6 July 2015).

Royal College of Nursing (2016) RCN Mentorship Project 2015: From Today's Support in Practice to Tomorrow's Vision for Excellence. RCN, London. http:// tinyurl.com/zo9lgay (Accessed: 12 January 2021)

Royal College of Nursing (2019) *What to expect from your Mentor*. Available at: https://www.rcn.org.uk/magazines/students/2019/what-to-expect-from-your-mentor (Accessed: 11 January 2021)

The Royal College of Nursing (2021) *Practice Supervision (2019)*. Available at: https://www.rcn.org.uk/professional-development/practice-based-learning/practice-supervision

The Royal College of Nursing (2021) *Using the Coaching Model in Practice Supervision.* Available at: https://www.rcn.org.uk/professional-development/practice-based-learning/innovations-from-around-the-uk/using-a-coaching-model-in-practice-supervision

Ryan-Nicholls, K.D. (2004) 'Preceptor recruitment and retention: The preceptor partnership is the most effective means of ensuring that students integrate professional theory with clinical practice, but a growing lack of nurse preceptors may threaten the process'. *The Canadian Nurse*, 100(6), pp. 18.

Salmon, J. (2012) 'The use of phenomenology in nursing research'. *Nurse Researcher, 19*(3), pp. 4-5.

Jones-Berry.S., (2018) 'Nurse Leaders Warn that a Growth in Career Routes will add to Staff Burden'. Nursing Standard, 33(6), pp. 35-37.

Schön, D.A. (1983) *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.

Seligman, M.E. (2011). *Flourish: The new positive psychology and the search for well-being*. Free Press.

Shabani., K. and Ewing. B.F. (2016) *Applications of Vygotsky's sociocultural approach for teachers' professional development*. Available at: https://doi.org/10.1080/2331186X.2016.1252177 Accessed: 9.4.21

Shardlow, S.M. (2012) 'Learning and teaching in practice learning'. *Social work education and training*, pp. 102-114.

Sharkie, R. (2005) 'Precariousness under the new psychological contract: the effect on trust and the willingness to converse and share knowledge'. *Knowledge Management Research & Practice*, 3(1), pp. 37-44.

Shea, P.J., Pickett, A.M. and Pelz, W.E. (2003) 'A follow-up investigation of "teaching presence" in the SUNY Learning Network'. *Journal of Asynchronous Learning Networks*, 7(2), pp. 61–80.

Shenton, A.K. (2004) 'Strategies for ensuring trustworthiness in qualitative research projects'. *Education for Information*, 22, pp. 63-75.

Silverman, D. (2013) *Doing Qualitative Research* 4th edn. Sage: London

Silverman, D. and Marvasti, A. (2010) 'Quality in qualitative research'. *Doing qualitative research*, pp.268-289.

Simon, M.K and Goes, J. (2013) *Scope, Limitations and Delimitations*. Available at: https://ders.es/limitationscopedelimitation1.pdf

Skiba, D.J. (2017) ‘Horizon Report: Knowledge Obsolescence, Artificial Intelligence, and Rethinking the Educator Role’. Nursing Education Perspectives, 38(3), pp. 165-167.

Skinner, E.A. and Belmont M.J. (1993) ‘Motivation in the classroom: reciprocal effect of teacher behavior and student engagement across the school year’. *Journal of Education. Psychology.*, 85, pp. 571–581.

Smith, D., Leonis, T. and Anandavalli, S. (2021) ‘Belonging and loneliness in cyberspace: impacts of social media on adolescents’ well-being’. *Australian Journal of Psychology*, 73(1), pp. 12-23.

Smith, J.A. (2017) ‘Interpretative Phenomenology Analysis: Getting the Lived Experience’. *The Journal of Positive Psychology,* 12(3), pp. 303-304.

Smith, J.A., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis:Theory, Method and Research*. SAGE Publications, London

Smith, M. and Camooso-Markus, C. (2002) ‘Perspectives in leadership: RN mentor program facilitates transition’. *Nursing Spectrum (New England Edition)*, 6, pp. 9.

Smith, P. (1997) *Research Mindedness for Practice: An Interactive Approach for Nursing and Healthcare.* New York: Churchill Livingstone.

Smith, S.G., Johnson, K.R., Davis, C., and Banks, P.B. (2021) ‘Belongingness matters. Belonging as a pathway to diversity, equity, and inclusion’. *J Am Col Dent*. 88, pp. 25–33.

Southern Nursing Research Society (2022) A journey to reach diversity, equity, and inclusiveness within SNRS. Available online DOI: 10.1002/nur.22225

Sommers-Flanagan, J. (2015) ‘Evidence-based relationship practice: Enhancing counselor competence’. *Journal of Mental Health Counseling*, 37(2), pp. 95-108.

Sosik, J.J., Godshalk, V.M. and Yammarino, F.J. (2004) ‘Transformational leadership, learning goal orientation, and expectations for career success in mentor–protégé relationships: A multiple levels of analysis perspective’. *The Leadership Quarterly*, 15(2), pp. 241-261.

Spencer-Oatey, H. (2013) ‘Critical incidents. A compilation of quotations for the intercultural field’. *GlobalPAD Core Concepts.* Available at: GlobalPAD Open House http://go.warwick.ac.uk/globalpadintercultural

Spouse, J. (2000) 'An impossible dream? Images of nursing held by pre-registration students and their effect on sustaining motivation to become nurses.' *Journal of Advanced Nursing*, 32(3), pp. 730-739.

Spouse, J. (2001) ‘Bridging theory and practice in the supervisory relationship: a sociocultural perspective’. Journal of Advanced Nursing, 33(4), pp. 512-522.

Stecker, T. (2004) ‘Well-being in an academic environment’. *Medical education*, 38(5), pp. 465-478.

Stephenson, K. (1998). 'What knowledge tears apart, networks make whole'. Internal Communication Focus, 36.

Strudwick, G. and Hardiker, N.R. (2016) 'Understanding the use of standardized nursing terminology and classification systems in published research: A case study using the International Classification for Nursing Practice®'. *International journal of medical informatics*, 94, pp. 215-221.

Tai, J.B., Canny, T., Haines, E., and Molloy,E.K., (2017) 'Identifying opportunities for peer learning: an observational study of medical students on clinical placements'. *Teach. Learn. Med.*, 29(1), pp. 13-24.

Taylor, A. (2018) All Things Being Equal – Improving our Approach Towards Equality, Diversity, and Inclusion (EDI) St Wilfrid's Hospice, Eastbourne, UK Available online Available at 10.1136/bmjspcare-2018-hospiceabs.74 Accessed: 21.12.22

The Equality Act 2010: Information and guidance on the Equality Act 2010, including age discrimination and public sector Equality Duty Online Available at: https://www.gov.uk/guidance/equality-act-2010-guidance Accessed: 21.12.22

Thomas, C.M. (2010) 'Teaching nursing students and newly registered nurses' strategies to deal with violent behaviors in the professional practice environment'. *Journal of Continuing Education in Nursing*, 41(7), pp. 299-308.

Thomas, S.P. and Burk, R. (2009) 'Junior nursing students' experiences of vertical violence during clinical rotations. *Nursing outlook*, 57(4), pp. 226-231.

The National Institute for Health and Care Excellence (2012) *Mentoring and Pre-registration Nurse Education*. Available at: https://www.evidence.nhs.uk/Search?q=mentoring+a+student+nurse (Accessed:10 July 2016).

Treweek, S., Lockhart, P., Pitkethly.M., Cook. J. A, Kjeldstrøm.M., Johansen. M.K. Taskila.T., Sullivan. F.M., Wilson.S., Jackson.C., Jones, R. and Mitchell E.D. (2013) 'Methods to improve recruitment to randomised controlled trials: Cochrane Systematic Review and Meta-analysis'. *BMJ Open*, 3.

Tulbure, C. (2011) 'Teachers for the Knowledge Society Do different learning styles require differentiated teaching strategies?'. *Procedia Social and Behavioral Sciences*, 11, pp. 155–159.

Underwood, M., Satterthwait, L.D. and Bartlett, H.P. (2010) 'Reflexivity and minimization of the impact of age-cohort differences between researcher and research participants'. *Qualitative Health Research*, 20(11), pp. 1585-1595.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1986). Project2000: A New Preparation for Practice. London: UKCC.

Van Manen, M. (1990). *Researching Lived Experience.* New York: State University of New York Press.

van Vorst, H. (2018) ‘Structuring learning processes by ladders of learning: results from an implementation study’. *Chemistry Education Research and Practice*, 19(4), pp. 1081:1095.

Van Wart, M., and Berman, E. (1999) ‘Contemporary Public Sector Productivity Values’. *Public Productivity and Management Review*, 22(3), pp. 326–47.

VonKrogh, G., Ichijo, K. and Nonaka, I. (2000) *Enabling Knowledge Creation: How to Unlock the Mystery of Tacit Knowledge and Release the Power of Innovation*. Oxford University Press, Oxford.

Wareing, M. (2011) ‘Workplace Mentor Support for Foundation Degree Students: A Hermeneutic Phenomenological Study’. *Journal of Clinical Nursing*, 20, pp. 545-554.

Warne, T., Johansson, U.B., Papastavrou, E., Tichelaar, E., Tomietto, M., Van den Bossche, K., Moreno, M.F.V. and Saarikoski, M. (2010) ‘An exploration of the clinical learning experience of nursing students in nine European countries’. *Nurse education today*, 30(8), pp. 809-815.

Watson, J. (1999) *Nursing: Human science and human care: A theory of nursing*. Jones & Bartlett Learning.

Weaver, R., Peters, K., Koch, J. and Wilson, I. (2011) ‘‘Part of the team’: professional identity and social exclusivity in medical students’. *Medical education*, 45(12), pp. 1220-1229.

Webb, C. and Shakespeare, P. (2008) ‘Judgements about mentoring relationships in nurse education’. *Nurse Education Today*, 28(5), pp. 563-571.

Wenger, E. (1998) *Communities of Practice: Learning, Meaning, and Identity*. Cambridge, UK: Cambridge University Press.

Wenger, E. (2010) ‘Communities of practice and social learning systems: the career of a concept’. In *Social learning systems and communities of practice*. London: Springer, pp. 179-198.

Whyte, W. and Nocera, J. (2002) ‘Belongingness’. In *the Organization Man*. University of Pennsylvania Press, pp. 32-46.

Wiersma, W. (2000) *Research methods in education; an introduction*. Boston, MA: Allyn and Bacon.

Wilkes, Z. (2006) ‘The student-mentor relationship: a review of the literature’. *Nursing Standard*, 20(37), pp. 42.

Williams, J. (2012) ‘Ensuring the Success of Nursing Student Practice Placements’. *Learning Disability Practice*, 15(7), pp. 39.

Willis, P. (2012) *The Willis Commission: Quality with Compassion the Future of Nurse Education.* Available at: http://www.williscommission.org.uk/__data/assets/pdf_file/0008/485009/Willis_Commission_executive_summary.pdf. (Accessed: 8 July 2015).

Wilson, A.M.E. (2014) ‘Application of Heideggerian Phenomenology to Mentorship of Nursing Students’. *Journal of Advanced Nursing*, 70(12), pp. 2910-2919.

Wimpenny, P. and Gass, J. (2000) ‘Interviewing in phenomenology and grounded theory: is there a difference?’ *Journal of Advanced Nursing*, **31**(6), pp. 1485–92.

Winsome, S.J. (2007) *Context and Roles in Community Nursing Practice*. Routledge.

Winstone, N. and D. Carless. (2020) *Designing Effective Feedback Processes in Higher Education: A Learning-Focused Approach*. New York: Routledge.

Wolff, K.H. and Simmel, G. (1964) *The Sociology of Georg Simmel*. New York: MacMillan.

Yang, F.X. and Wong, I.A., 2020. How do cyberspace friendships transition to favourable workplace outcomes? The self-team joint influence. *International Journal of Hospitality Management*, *85*, p.102363.

Yearley, C. (1999) ‘Pre-registration student midwives: ‘fitting in’’. *British Journal of Midwifery*, 7(10), pp. 627–31.

Yoon, J.Y., Appleton, T., Cecchini, M.J., Correa, R.J., Ram, V.D. Wang, X., Speechley, M. and Wilcox, J.T. (2013) ‘It begins with the right supervisor: Importance of mentorship and clinician-investigator trainee satisfaction levels in Canada’. *Clinical and Investigate Medicine,* 36(6), pp. 269-276.

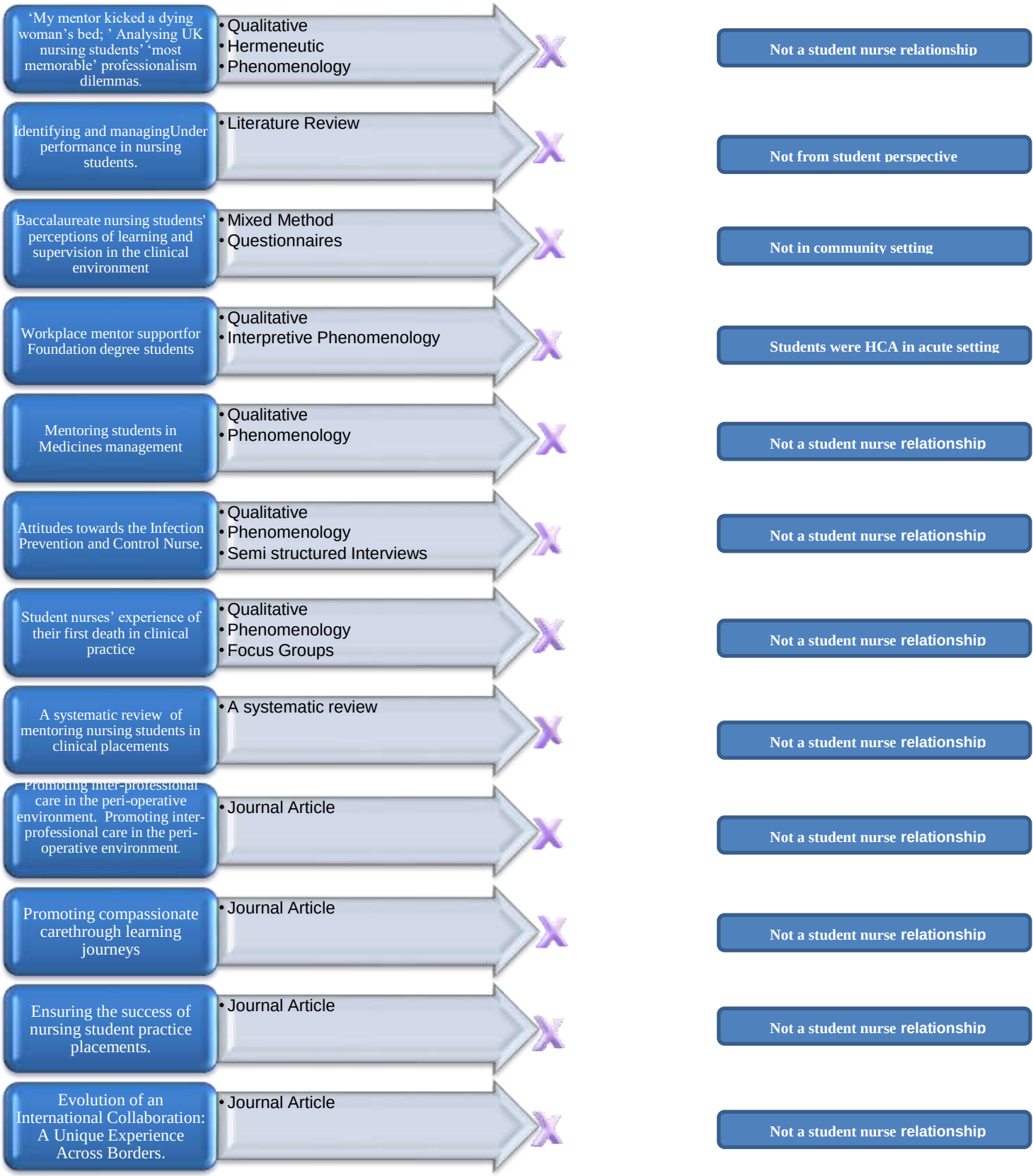
Zyry, P.A. (1999) ‘Professionalism--overcoming workplace negativity’. *Journal*; *Pitman*, 26(3), pp. 345-358.

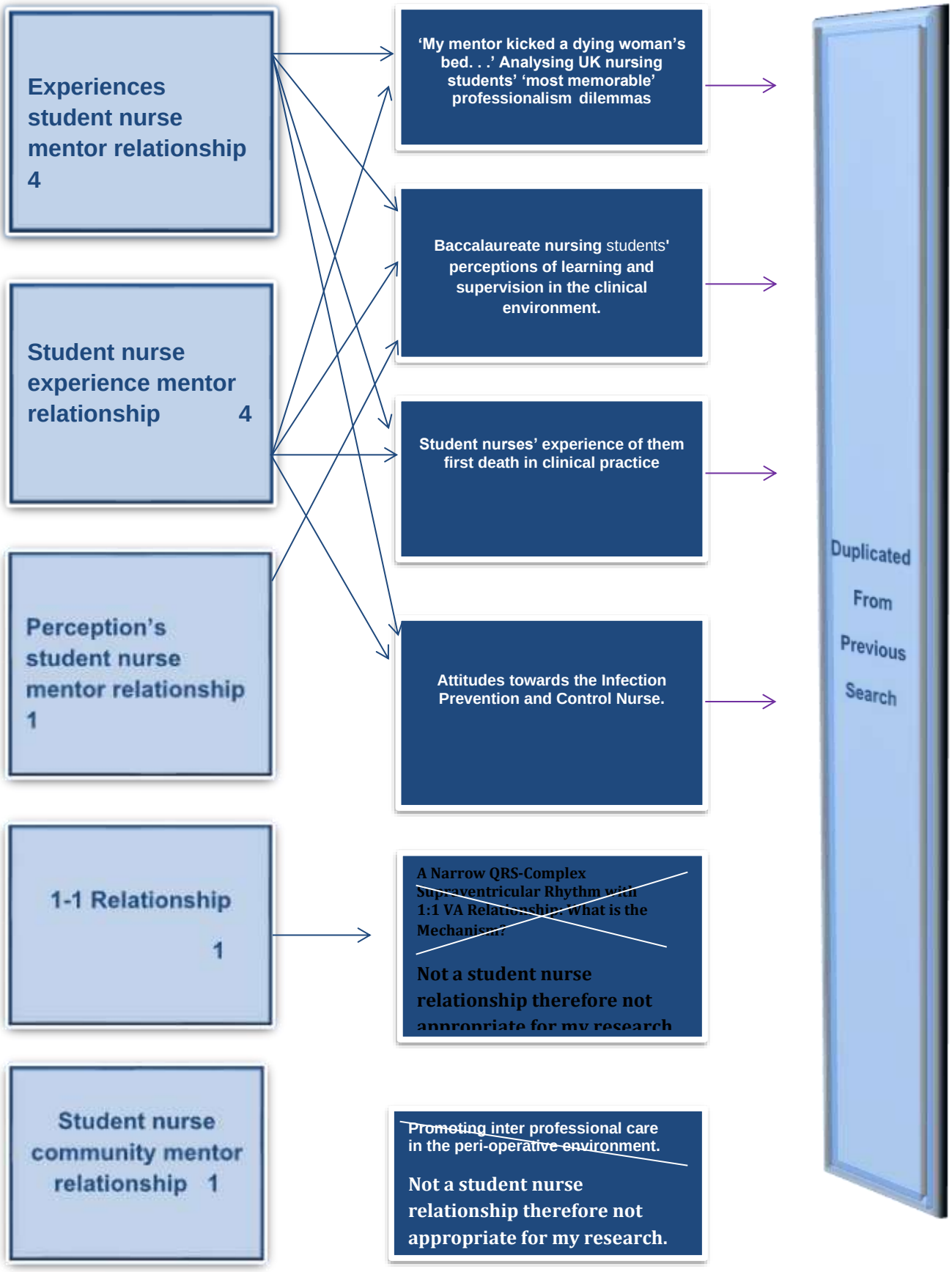
Appendices

Appendix one: Results retrieved from the literature search

	To Date	2011-2016
Student	113,664	10,928
Nurse	341,087	38,315
Community	153,375	12,582
Student and nurse	21,632	2,124
Mentor	3,203	346
Professional Relationship	2,099	220
Nurse and mentor	1,254	145
Student nurse mentor	264	87
Student nurse mentor Qualities		10
Student nurse mentor relationship	60	Details are shown in the diagram in appendix two 12
Experience's student nurse mentor relationship	40	Details are shown in the diagram in appendix two 4
Student nurse experience and mentor relationship	16	Details are shown in the diagram in appendix two 4
Perception's student nurse mentor relationship	12	Details are shown in the diagram in appendix two 1
1:1 Relationship	1	Details are shown in the diagram in appendix two 1
Student nurse community mentor relationship	1	Details are shown in the diagram in appendix two 1
Student Nurse Mentor 1:1 relationship	0	0
Student nurses' experiences and perceptions community and mentor	0	0
Student nurses' experiences and perceptions community mentor and relationship.	0	0

Appendix two: Figure of results retrieved from the literature search




Experiences student nurse mentor relationship 4
Student nurse experience mentor relationship 4
Perception's student nurse mentor relationship 1
1-1 Relationship 1
Student nurse community mentor relationship 1
'My mentor kicked a dying woman's bed. . .' Analysing UK nursing students' 'most memorable' professionalism dilemmas
Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment.
Student nurses' experience of them first death in clinical practice
Attitudes towards the Infection Prevention and Control Nurse.
A Narrow QRS-Complex Supraventricular Rhythm with 1:1 VA Relationship: What is the Mechanism?
Not a student nurse relationship therefore not appropriate for my research
Promoting inter professional care in the peri-operative environment.
Not a student nurse relationship therefore not appropriate for my research.
Duplicated From Previous Search

Appendix Three: Analysis of overarching themes