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# The mentor-student dynamic in raising concerns. A grounded theory approach.

By Tricia Brown

Part-time PhD student (year 4)

Cardiff University



# Purpose of the Study

## Aim

To explore the process of raising concerns from a student nurse and mentor perspective and to develop a model or framework to create new understanding.

## Research Questions

- How do student nurses make decisions to speak up and raise a concern?
- How does the mentor-student relationship influence this process?
- What strategies do student nurses utilise to raise concerns in clinical practice and how do mentors respond to them?
- What are the outcomes and impact of raising the concern?

# Background



## Freedom to speak up

An independent review into creating an open and honest reporting culture in the NHS

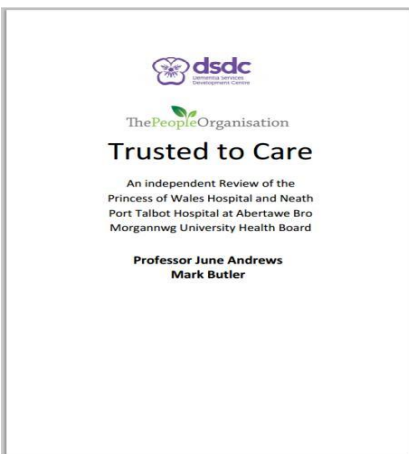
Sir Robert Francis QC

February 2015

Changes from  
The Keogh  
Report



- Mentors are qualified nurses who facilitate learning, supervises and assess students in a practice setting (NMC 2008)
- ‘The current university-based model of training does not focus enough on the impact of culture and caring’ (Francis 2013b)
- ‘Students are a fresh pair of eyes, keen to learn and provide constructive challenge’ (Francis 2015).





# Methodology – Constructivist Grounded Theory



## Phase 1

Semi-structured interviews

- Student nurses (N=7)
- Nurse Mentors (N=7)
- concurrent data collection & analysis – iterative approach.
- Initial & focused coding
- Comparison of mentor & student data
- Memo writing
- Emerging categories

## Phase 2

Focused Interviews

- Theoretical sampling
- Student nurses (N=9)
- Nurse Mentors (N=6)
- Personal Tutors (N=6)
- Documentary analysis – policies and guidelines.
- Developing categories
- Comparing/theorising between student nurses and mentors



# Strategies used to raise a concern

## Student

- Informs personal tutor
- Speaks to the mentor
- Bypasses mentor & informs manager
- Uses informal strategies
  - Questioning
  - Displaying positive role modelling
  - Use of humour

## Mentor (response to concerns raised)

- Escalate concern to manager
- Takes action collaboratively with student
- Attempts to brush off concerns raised
- Retaliates by raising concerns about student



# Tentative categories

## Negotiating Dynamics of power

- Developing rapport
- Fitting in
- Trying to please to pass
- Making connections
- Bypassing mentor
- Using university as a safety net

## Navigating the waves

- Debating & sense making
- Learning your place
- Fearing repercussions
- Playing the naïve student
- Emotional turmoil
- Finding their voice

## Empowering and Enabling

- Seeing black & white
- Equipping students with the right tools
- Students as change agents
- Empowering mentors to respond to concerns raised.



**POWER**

## Emerging theories.....

**SPEAKING UP/  
VOICE**

*“you are very aware that you are at the mercy of your mentor. The power balance is with the mentor” (Carys, student).*

*“Then I’d gone down to the nurses station where everybody was and nobody would make eye contact with me and nobody spoke to me, so I stood there and I felt like a spare part” (Ryan, student).*

*“The mentor has got the power essentially to fail you and to fail the course so the relationship is a very tricky one to negotiate” (Kim, personal tutor)*

*“ My mentor was very close with the ward manager to the point where I think if I had spoken to her she would be like ‘don’t speak about her like that’ (Mel, student)*

# Theory- practice gap



## Emerging theories.....

### Enculturation

- “If they did go ‘oh right they said to do it this way in university?’. Um you would sort of make an excuse for it then and say ‘no usually I would do it like that, but because we are so pushed for time and the patient is going for a procedure in 10 mins we are not going to get it done otherwise. This is why we are doing this, but no it’s not the right procedure” (Nicola, mentor).
- “There’s a gap between expectation and reality which students perceive as a concern when in fact it is reality” (Sian, Director of Learning in Practice)
- “They don’t teach you like ward culture and they don’t teach you how you handle bullying in a ward. They teach you about getting tasks done but not about when you are short staffed or when you have to get stuff done quickly. I don’t think it’s realistic.” (Paula, student)
- “Fitting in with the team is everything I think’ (Donna, student)

### socialisation



## Emerging theories.....

“So I explained to my mentor that I was really not happy about what was going on in there and I don't think it's safe. My mentor agreed with me and when we went back to handover everyone around the table were like 'yes we've skirted around this problem for too long'. (Sally, student).

“They spoke to the student and said, 'you need to bring this up with university' which made me think, 'well you're a nurse, why didn't you bring it up through your channels?' Why put it on a student to have to do that?” (Barbara, Personal tutor)

“I guess its down to us and our mentor training to be aware that students do raise concerns and we must encourage these difficult conversations as its our job. We need to look out for our patients and our colleagues we are working with” (Ellie, mentor)



# So what ....

Whether students provide ‘constructive challenge’ and raise concerns is context dependent. It is rarely “spur-of-the-moment”, but based on factors such as;

- The student’s understanding of power dynamics and fitting in.
- Their ability to navigate relationships and make sense of what they see and hear.
- The support provided to enable and empower speaking up.
- The students are developing their professional identity and this appears to influence all of the factors above



# So what ....

## Recommendations to include;

- Strategies to equip students to confidently raise concerns
- Developing support mechanisms for students to enable them to raise concerns in a supportive environment.
- Preparing mentors to support students through the raising concerns process.



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**ANY QUESTIONS?**