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*“Exploring the role of the mentor
in the practice learning experience
of student midwives:
A qualitative study.”*

MASTERTHESIS

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List of Contents

Acknowledgements.....	II
Abstract.....	V
List of Figures and Tables	VI
1. Introduction.....	1
2. Background.....	2
2.1 Definition of the Term “Midwife”	2
2.2 Historical Background of Midwifery in the UK and Scotland	3
2.3 Midwifery Education in Scotland today	5
2.4 The Concept of Mentorship	7
2.4.1 General Definition of Mentorship.....	7
2.4.2 Preceptorship and Mentorship in Nursing and Midwifery	9
2.4.3 NMC Standards and Requirements for Midwife Mentors.....	12
2.5 Research on Mentorship in Midwifery.....	13
3. Aims and Objectives.....	16
4. Methodology	17
4.1 Approach and Study Design.....	17
4.2 The Role of the Author (Bracketing).....	18
4.3 Ethical Approval.....	20
4.4 Study Population and Recruitment.....	21
4.5 Interview Schedule.....	22
4.6 Face-to-Face Interviews.....	23
4.7 Approach to Data Analysis	23
4.8 Reflexivity, Validity and Reliability	26
4.9 Transferability	29

5. Results	30
5.1 Exhaustive Description of the Experiences.....	30
5.1.1 Mentor Characteristics	31
5.1.2 Communication	38
5.1.3 Organisation.....	44
5.1.4 Improvements for the System of Practice Learning	50
5.2 Essence of the Phenomenon	53
6. Discussion	55
6.1 Discussion of Methodology.....	55
6.2 Discussion of Results	57
7. Recommendations	63
8. Conclusion and Outlook	65
9. References	67
 Appendices	 74
A) Ethics Approval.....	75
B) Participant Information Sheet.....	76
C) Consent Form	80
D) Face-to-Face Interview Schedule.....	82
E) Transcripts of all 15 Interviews (on CD)	85

Abstract

Introduction: Student midwives in the UK spend at least 50% of their three year training time in practice placements. This ensures the development of practical skills so that newly qualified midwives can perform according to evidence-based practice when entering the labour market. At practice placements the student midwives are mostly guided and supported by midwife mentors. These mentors therefore play a key role in the successful supervision, teaching and assessment of students. This study explores the role of the midwife mentors in the practice learning experience from the student perspective.

Methodology: This qualitative study uses a phenomenological approach. The “bracketing” process is a key element of phenomenology and is the researcher’s attempt to set aside preconceptions to achieve objectivity. In-depth semi-structured interviews were conducted with 15 midwifery students at the University of the West of Scotland. The interviews were transcribed verbatim and analysed using Colaizzi’s (1978) thematic approach.

Results: Four main themes emerged from the data analysis which were of significant importance to the students’ experiences with their mentors at practice placements: The mentors’ characteristics, the communication, organisational factors and improvements suggested by the students. The essence of the study is that midwifery students make mainly positive experiences with their mentors. When it comes to negative experiences, they see the main cause in mentors who are obliged to become mentors and have not received sufficient training for their role. The main external factor that hinders student midwives in their professional development is a poor working atmosphere and conflicts with other staff members. Therefore, the following is recommended: To simplify the grading and paper work; To improve the mentor training; To better organise shift schedules; To implement a mentor valuation system; And to create a possibility to change to other mentors.

Conclusion und implications for practice: This study was able to identify deficiencies in the learning experience of student midwives. Provided recommendations can be implemented by the University of the West of Scotland. Furthermore, the findings of this study prepare the way for further research that could improve the student midwives’ experiences with mentors at practice placements in Scotland, the UK and elsewhere.

List of Figures and Tables

Figures

Figure 1: Colaizzi's steps for phenomenological data analysis. (Created by the author 13.04.2016)..... 24

Figure 2: Themes and categories extracted from interviews using Colaizzi's (1978) approach for phenomenological data analysis..... 31

Tables

Table 1: Organisational and interpersonal skills of mentors according to McKimm et al. (2007). 9

Table 2: Comparison between Mentorship and Preceptorship according to Yonge et al. (2007). 10

Table 3: Study aims and a summary of study results put in relation. 57

1. Introduction

In the UK 35,305 midwives were registered in 2008 (NMC, 2008). This demonstrates the central contribution of midwives to high quality health care for the population. Good health care can only be provided when midwifery programmes are based on high quality standards in education. The Nursing and Midwifery Council (NMC) ensures this through the implementation of standards for pre-registration midwifery programmes (NMC, 2015a). Student midwives in the UK spend at least 50% of their three year training time in practice placements. This ensures both, theoretical knowledge and the development of practical skills, so that newly qualified midwives can perform well when entering the labour market. At practice placements the student midwives are mostly guided and supported by midwife mentors. These mentors therefore play a key role in the successful supervision, teaching and assessment of students (NMC, 2015a). The training and performance as a mentor is compulsory for all registered midwives (Spouse, 2003). This raises the question of how well they perform in a role they do not willingly choose.

The University of the West of Scotland (UWS) is one of only three universities in Scotland that provide pre-registration midwifery programmes (UCAS, 2016). Therefore, they have a special interest in evaluating and improving their programme. This can be achieved by gaining a better understanding of what it is that makes a good midwife mentor from a student perspective.

This master thesis examines the role of the mentors in the practice learning experience of student midwives. This is a summary of students' narratives about their experiences with mentors and other staff members during their practice placements. The focus is to receive a comprehensive picture of the students' realities and how they perceived the work with mentors including positive as well as negative encounters.

2. Background

Firstly, it is necessary to define the term “midwife” to clarify the role of midwifery education in the following sections. A brief historical summary of midwifery with a focus on UK and Scottish governmental institutions gives the reader an idea about responsibilities and problems with midwifery education during the 20th and 21st century. This will lead to a short description of the current study programmes of midwifery in Scotland. The concept of mentorship in clinical education is of further interest since the study focuses on the student-mentor relationship in practice placements. To complete the background of this study, a summary of existing literature about this topic will be given.

2.1 Definition of the Term “Midwife”

The essential role of training and education in midwifery is reflected in the international definition of a midwife. The International confederation of Midwives (ICM), the International Federation of Gynaecology and Obstetrics (FIGO) and the World Health Organization (WHO) formulate the definition as following:

“A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

Scope of Practice

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the new-born and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”

(ICM, 2011)

2.2 Historical Background of Midwifery in the UK and Scotland

Midwifery has a long tradition dating back to the ancient Egypt and Greece. It used to be a profession that was learned by women through informal transfer of knowledge from experienced women to others (Towler, 1986). In England, the first official law on midwifery was signed in 1902. In Scotland, it took until 1915 to establish a national regulatory authority, called the *Central Midwives Board*. Midwifery became an approved profession with obligatory training and registration (The Royal College of Midwives, 2003). In 1919 the new founded Ministry of Health and the Board of Education first established requirements for the training and nomination of health visitors and midwives. In 1946 the National Health Service Act framed comprehensive medical services available for the whole population, not only in hospitals, but also home visits of nurses and midwives (Legislation.gov.uk, 2002).

In 1959 the Hammersmith Hospital, Battersea College of Technology and the Queen's Institute cooperated to provide a new concept of training for nurses and midwives. It was designed as a four year academic course that should enable participants to gain deeper knowledge and profound skills in their profession (SMNET, 2007). At that time, nurses often already registered, attended midwifery training courses. By 1975 training was offered at 116 schools in the UK. In 1983 the Nurses, Midwives and Health Visitors Act founded the UKCC (United Kingdom Central Council for Nursing, Midwifery and Health Visiting) which took over the responsibilities from the Central Midwives Board. The UKCC kept a register of all UK nurses, midwives and health visitors. They provided guidance and managed complaints about professional misconduct. Besides, National Boards were founded for each of the UK countries. They were responsible to monitor the quality of nursing and midwifery education.

The concept of mentorship in nursing and midwifery in the UK was introduced in 1987. The English National Board announced that qualified nurses should also be active as mentors or supervisors. They should support students during their practice placements by teaching, supervising and assessing the students' abilities

(Andrews et al., 2010). Over time, authorities had identified problems in the quality of newly qualified midwives. Furthermore, the whole profession was confronted with ongoing changes and new demands in health care. This is why in 1989 profound innovations in the education of nurses and midwives were initiated by the *Project 2000* to meet these new demands (UKCC, 1989).

Current academic midwifery programmes are based on these regulations but were adjusted several times over the last decades. These adjustments were needed because the *Projects 2000* curricula still resulted often in newly qualified midwives who were not fit for practice. Thereupon, the UKCC founded the “Fitness for Practice” commission for education (Darson, 1999). The aim was to enable students to develop clinical skills based on actual healthcare needs of patients. One suggestion was, e.g. to introduce students to clinical skills earlier in the programmes in order to improve their performances.

In 2002 the NMC took over the responsibilities from the UKCC including the “Fitness for Practice” commission. Several studies since then have shown that the system improved in general and newly qualified midwives now have better skills and attributes that enable them to be both flexible and responsive to a changing environment. Therefore, they now better meet the NMC standards for practice in midwifery (NMC, 2008; Lauder et al. 2008; Holland et al. 2010).

2.3 Midwifery Education in Scotland today

As mentioned before, the NMC is responsible to set standards for nursing and midwifery practice in the UK. Each nurse and midwife is required to meet these standards and to register as a qualified health professional before entering the work force (NMC, 2015a). According to the NMC every pre-registration course has to impart knowledge about the following guiding principles:

Midwifery education programmes have to ensure that students can practice **effectively and safely** so that they can take full responsibility for their actions. Furthermore, they must enable students to provide **women-centred care** and be able to operate and prioritise competing needs and demands (NMC, 2015a). This is not always easy, so students need to learn to make **ethical choices**. “The Code: Professional standards of practice and behaviour for nurses and midwives” is the main source of ethical advice for students (NMC, 2015b). The code supports awareness of legal and professional requirements that influence midwives when making ethical choices. Study programmes need to sensitise students for **respectful treatment** of individuals and communities and that discrimination and racism is not acceptable. Students need to learn **quality and excellence** by performing according to **evidence-based practice**. Besides, they need to be prepared to **life-long learning** after registration to keep up to date with the rapidly changing health care environment (NMC, 2015a).

All UK midwifery programmes have a minimum duration of three years in full-time (4600h). Registered nurses (level1) on the NMC can attend 18 months courses until their graduation (NMC, 2015a). The programmes are divided in theoretical and practical phases. Students are required to study theory at the universities for at least 40% of the overall time. A minimum of 2300 hours (50%) must be spent at practice placements. The NMC defines clinical practice as the part of the course where students work *“under direct or indirect supervision of a midwife when providing care to women and babies. The student is in direct contact with women and babies, planning, providing and assessing the need for and extent of midwifery care on the basis of their acquired knowledge and skills”* (NMC, 2015a).

Throughout the programmes students become more and more independent in their practice. Nonetheless, they have a supernumerary status for the whole programme to ensure experiences that promote the development of clinical skills. During the practice placements students should learn to deal with all different stages of women care: From early pregnancy, throughout the antenatal period, to labour and birth and finishing with postnatal care. Furthermore, the students should be given the opportunity to make experiences in different settings not only in hospitals but also e.g. attending home births or visiting birth centres. The pre-registration midwifery programme should enable students to work safely and effectively when assisting women with normal births. Moreover, they must become competent in detecting complications and making referrals to other health professionals (NMC, 2015a).

The supervision and guidance of students at their practice placements is provided by so-called mentors. They assume extensive responsibilities in the education of midwifery students. This is why mentors and students have to work together for at least 40% of the placement time (Goode, 2012). They are also responsible for the documentation of students' development and grading. Documents are passed on from mentor to mentor at each new placement so that judgements about progresses are possible (NMC, 2015a). The intensive collaborative work and the responsibility for the students' assessment make the mentor a central part of all midwifery education programmes.

2.4 The Concept of Mentorship

In order to understand the mentorship relationship between midwives and students, it is necessary to take a look at the origin and the general concept of mentorship. The closely related conception of preceptorship is of further interest because it enables to distinguish between the two. In the end, mentoring standards and requirements defined by the NMC in the education of midwifery students in Scotland will be summed up.

2.4.1 General Definition of Mentorship

Modern mentorship developed in the United States of America during the second half of the 20th century. By the mid-1990s the concept of mentorship was well-known and part of everyday speech. It evolved from the idea that experienced professionals share their knowledge and skills to promote the career of mentees. It developed from the idea of workplace equity to overcome phenomena such as the glass ceiling. Mentorship programmes were implemented to identify and address the problems of minorities e.g. to support women who are to this day often faced with discrimination when it comes to career development and promotions (Laird, 2006).

Despite the common acknowledgement about the basic idea there is still no official definition of mentorship. Bozeman & Feeney (2007) criticise that there is a lack of mentoring theory and research. Furthermore, they admit that there are enormous amounts of publications on the topic but they all try to describe the phenomenon instead of exploring the meaning and role of it. The absence of a common definition makes comparisons of studies on the topic almost impossible. Nevertheless, Zey's (1984) definition summarises the main aspects:

"A mentor is a person who oversees the career and development of another person, usually junior, through teaching, counselling, providing psychological support, protecting, and at times promoting or sponsoring. The mentor may perform any or all of the above functions during the mentor relationship" (Zey, 1984, p.7).

McKimm et al. (2007) try to provide a more thorough and comprehensive model of mentorship. They acknowledge it's complexity and variability dependent on surroundings, situations and people involved. McKimm et al. (2007) define a mentor as "*someone who helps another person through an important transition such as coping with a new situation like a new job or a major change in personal circumstances or in career development or personal growth.*" Furthermore, they point out some values and principles that should be the foundation of every mentoring relationship. It is for example important to acknowledge that people can change over time and have a desire to grow. Differences in learning and practice should be taken into account. According to McKimm et al. encouraging capabilities and developing competences should be the core aim of the mentoring relationships. Moreover, collaboration should be encouraged instead of competition, especially with respect to the allocation of opportunities within the whole organisation. Finally, reflection can be a key for understanding situations and experiences and can be helpful when applying new knowledge.

McKimm et al. list a number of roles a mentor can fulfil during the mentoring relationship. The following summary names the most important ones:

- Teacher / Educator
- Counsellor / Coach
- Motivator / Facilitator
- Process Consultant
- Role Model
- Friend

Furthermore, McKimm et al. define organisational and interpersonal skills that mentors should have.

Table 1: Organisational and interpersonal skills of mentors according to McKimm et al. (2007).

Organisational skills	Interpersonal skills
<ul style="list-style-type: none"> • Planning • Contracting • Recording • Structuring Sessions • Time Management • Scheduling • Evaluating • Assessing • Report writing • Maintaining Boundaries • Action Planning • Prioritising • Facilitating 	<ul style="list-style-type: none"> • Negotiating and influencing • Listening • Giving constructive feedback • Intervention - prescriptive, informative, confrontational, cathartic, catalytic, supportive • Questioning • Motivating and encouraging • Self-awareness • Coaching/Teaching • Reflecting • Non-judgemental • Non-prejudicial

This general mentorship model can be found in all professional disciplines. The concept is also well acknowledged and has now been used in the UK for decades within the nursing and midwifery profession. The concept of preceptorship is closely related to mentorship and can often be found in clinical settings. The concepts and terms are frequently used interchangeably in scientific literature although there are distinct differences (Yonge et al., 2007).

2.4.2 Preceptorship and Mentorship in Nursing and Midwifery

The term preceptorship is widely used to describe the education of nursing and midwifery students in their clinical practice learning placements. The term indicates the slightly different understanding of the underlying relationship. Normally, it is a one-to-one or one-to-many teacher-student interaction. The focus in clinical settings is less on the promotion of a career but rather the education and skill development of students with the aim to guide them to a successful graduation of a programme at a “Higher Education Institution” (HEI). The role of the preceptor is therefore a clinical teacher and educator who supports students in

transferring their academic knowledge from universities to practice experiences (Fullerton & Ghérissi, 2015).

Yonge et al. (2007) criticise that the terms preceptorship and mentorship are often used interchangeably and that this results in ambiguity. They point out the problem of comparability of studies investigating the two concepts. Nonetheless, they acknowledge the many similarities and therefore the difficulty for researchers to define the wording for their studies. Therefore, Yonge et al. try to give clear definitions and point out similarities and differences. Their aim is to establish a better understanding and usage of the terms “preceptorship” and “mentorship” in research. Table 2 summarises their findings.

Table 2: Comparison between Mentorship and Preceptorship according to Yonge et al. (2007).

Descriptor	Mentorship	Preceptorship
Oxford English Dictionary Definition	<ul style="list-style-type: none"> • Greek root: ment-, to remember, to think, to counsel. • From Homer. Name of Ithican noble whose disguise Athena assumes to act as a guide and advisor to Telemachus; • An experienced and trusted advisor 	<ul style="list-style-type: none"> • Means teacher, instructor, • From 15th century Latin. • A physician or specialist who gives a medical student practical training
Characteristics of Educator	<ul style="list-style-type: none"> • Older than learner • Possesses wisdom, experience, networks • Sometimes powerful, influential • Advanced career incumbent 	<ul style="list-style-type: none"> • Willingness • Teaching skills • Good communication • Experience • Competent practitioner
Core Activities	<ul style="list-style-type: none"> • Facilitator • Guide • Advisor, Counsellor • Support • Role Model 	<ul style="list-style-type: none"> • Teaching and Support • Orientation and Socialization to new Work Setting • Role Model
Outcomes for Learner	<ul style="list-style-type: none"> • Self-Actualisation • Guide to establish own place in profession • Enhanced problem solving and Decision making; improved Autonomy 	<ul style="list-style-type: none"> • Bridge Theory Practice Gap • Achievement of planned Learning Outcomes • Skill & Knowledge • Anxiety Reduction
Setting	<ul style="list-style-type: none"> • Nonspecific 	<ul style="list-style-type: none"> • Day to day clinical practice setting
Duration	<ul style="list-style-type: none"> • Years 	<ul style="list-style-type: none"> • Days to months
Participation	<ul style="list-style-type: none"> • Voluntary & altruistic 	<ul style="list-style-type: none"> • Part of Role Expectation

Descriptor	Mentorship	Preceptorship
Preparation	<ul style="list-style-type: none"> • No formal Preparation • Life, Education and professional Experience 	<ul style="list-style-type: none"> • Need Preparation for Role
Support	<ul style="list-style-type: none"> • Not usually required 	<ul style="list-style-type: none"> • Support needed from Peers, Administration and/or Faculty
Type of Relationship	<ul style="list-style-type: none"> • Close • Personal friendship 	<ul style="list-style-type: none"> • Functional • Not intimate Friendship
Evaluation	<ul style="list-style-type: none"> • Not involved in formal Evaluation 	<ul style="list-style-type: none"> • May have an Assessment Component

According to this list the educational concept underlying this study is rather “preceptorship” than “mentorship”. This can be seen in several aspects, e.g. here the mentor is a specialist who gives students practical training. Mentors are supposed to be competent practitioners themselves, have good teaching skills and be competent in communication. For students they are role models who teach, support and help socialising in the work environment. Furthermore, their main role is to assist students to apply theoretical knowledge from university in practice. Additionally, formal learning outcomes are set for practice placements. The setting for the mentor-student relationship is located in the clinical setting and is restricted in time to the duration of the placements (mostly several weeks to months). Midwife mentors in Scotland require formal preparation and they are normally supported by the clinical administration and faculties e.g. through the link-lecturers. The mentor-student relationship usually stays on a professional level and is rather functional than personal. Finally, midwife mentors are active in the assessment of student midwives.

2.4.3 NMC Standards and Requirements for Midwife Mentors

The NMC standards and requirements for mentors (NMC, 2006) are in line with the above presented definition of “preceptors” of Yonge et al. (2007). Nonetheless, the NMC Scotland refers to their clinical teachers as “mentors”. This is why the term “mentor” is used throughout the present study.

According to the NMC mentor standards (NMC, 2006) a mentor must be a registered midwife for at least one year and must have completed a mentor preparation programme. Mentors are responsible for the organisation and coordination of student learning activities in practice. Furthermore, they are obliged to set realistic learning objectives and monitor the students’ achievements throughout the placements. Giving constructive feedback and identifying concerns about the students’ performances are responsibilities as well. Besides, mentors should be able to support learning in an inter-professional environment. Also the student assessment is part of the mentor role. The following list is a summary of standards to support learning and assessment by mentors:

- Implement and react to practice developments to ensure safe and effective care as well as effective learning for students.
- Apply evidence-based practice in the mentors’ and students’ practice.
- Provide support to students according to their individual needs.
- Prioritise work so that student support is appropriate.
- Provide feedback about learning development and assessment.

2.5 Research on Mentorship in Midwifery

A systematic literature review was undertaken through the data bases of Google scholar, ProQuest and PubMed using the search terms: “midwives”, “students”, “mentors”, “preceptors”, “practice learning” and “practice placements”. There was little literature available on midwifery students’ experiences at practice placements. Most research was undertaken on nursing and midwifery combined. This makes sense since practice placements of nurses and midwives have a lot in common. Therefore, articles about both disciplines were included for this study. Research on mentorship in midwifery and nursing and also articles about students’ perceptions about mentors at practice placements were covered.

Most studies found that students in practice placements make diverse experiences with mentors, ranging from very positive to rather negative ones (Begley 2001; Begley, 2002; Chamberlain, 1997; Finnerty & Collington 2013; Gray & Smith, 1999; Higgs & McAllister, 2005; Hughes & Fraser 2011; 2000; Licqurish & Seibold, 2008; Magill-Cuerden, 2004 and Seibold, 2005). Without considering the mentoring quality, research has shown that mentors at practice placements mostly influence the student learning and development of self-esteem (Gray & Smith, 2000; Randle, 2001; Begley, 2002; Papp et al., 2003). Donovan (2008) quoted newly qualified midwives who highlighted the crucial role that mentors had played in developing an own identity as a professional midwife and how much the mentors had impact on their confidence as practitioners. This impact is dependent from the mentor-student relationship, how well they interacted and worked together during the practice placements (Fraser, 1999; Hughes & Fraser, 2011; Licqurish & Seibold, 2008 and Seibold, 2005). Brammer’s study (2006) showed that mentors are often confronted with strains caused by their double role. Some seem to have difficulties to fulfil their responsibilities as practicing midwives *and* mentors. The ability of mentors to cope with these difficulties and the perception of their own role as mentors contributes to either positive or negative learning experiences for the students.

Effective mentorship

In various studies students identified a wide range of attributes, behaviours and attitudes of effective mentors. Quality mentorship has been linked to the provision of support that was adapted to the individual students' needs (Al-Hamdan, 2014; Bradbury-Jones et al., 2011; Burns & Paterson, 2005; Hughes & Fraser, 2011; Levett-Jones, 2007; Maxwell et al., 2015; Murphy-Rozansk, 2008). Professionalism and role modelling was also valued in mentors (Bluff, 2002; Chesser-Smyth, 2005; Donaldson & Carter, 2005; Finnerty & Collington 2013; Gray & Smith, 1999; Hughes & Fraser, 2011; Jackson & Mannix, 2001; Licqurish & Seibold, 2008).

Furthermore, good teaching skills were named as essential by students. Chamberlain (1997) demonstrated that good mentors provide demonstrations of tasks, observe students during their practice and advise them if they are struggling with tasks. Understandable explanations and showing how theory can be translated into practice are necessary requirements for students to develop professional skills (Andrews & Roberts, 2003; Field, 2004; Jackson & Mannix, 2001; Licqurish & Seibold, 2008). Research of Finnerty & Collington (2013), Hughes & Fraser (2011) and Pope et al. (2003) have shown that students are motivated to put their theoretical knowledge into practice. Mentors are needed to deal with potential anxieties and uncertainties to empower students to become more independent (Chamberlain, 1997).

In addition, Chamberlain (1997) demands attention to the needs for flexibility in teaching methods. Therefore, good mentors request feedback from their students how helpful their teaching methods are and try to adapt these to the individual needs of students (Hughes & Fraser, 2011). A precondition for this is that mentors show interest in their students and want to support them in the best way possible (Gray & Smith, 2000; Jackson & Mannix, 2001). Feedback and reflection can be effective methods for mentors to deal with students who have experienced stressful situations during their shifts (Finnerty & Collington, 2013; Seibold, 2005).

Less effective mentorship

Older studies like Gray & Smith (2000) found that students identified 90% of the mentors as “not effective”. This is in line with results from Begley (2001, 2002) in which midwifery students made negative experiences with mentors. The study results identified a hierarchical system in which students did not receive the support they required to develop their practical skills. The workplace environment was described by students as unwelcoming and they experienced rudeness and belittling. In Chamberlain’s study (1997) on challenges students face at practice placements, students stated that they were too insecure to interrupt mentors in their practice to ask questions. One reason for the insecurity was either a feeling that the mentors were not approachable or students had already been rejected when they asked too many questions. Furthermore, mentors who put no effort in including students in the working team or ignored students, were perceived as unhelpful (Jackson & Mannix, 2001). Students also made negative experiences when unpopular tasks were delegated to them and learning opportunities were not provided (Gray & Smith, 2000).

Also more current research showed that bullying or intimidation of students does still occur in practice placements (Lash et al., 2006; Randle, 2001). Gray & Smith (2000) outlined that students figured out what mentors liked or disliked at the beginning of a placement and tried to adapt their behaviour to the individual preferences. This was because students realised that their assessment outcome was dependent on that. Therefore, a lack of objectivity and standardisation in the grading of students can be claimed.

Students identified reasons for poor mentorship in insufficient preparation and training for mentors (Andrews & Wallis, 1999; Duffy et al., 2000; Wilson-Barnett et al. 1995). Pollard (2008) argues that mentors need to understand their role better and know in detail what is expected from them. For this they need better training, preparation and support from universities and lead midwives at the placements.

3. Aims and Objectives

The aim of this study is to explore the role of the mentor in the practice learning experience of student midwives. The objectives of the study include the following:

- To explore student midwives' perceptions of the qualities, attitudes and behaviours which make an effective mentor.
- To uncover the challenges and problems students are faced with in the practice learning situation.
- To explore students' perceptions of the effectiveness of the existing system relating to practice placements.
- To make recommendations to ensure that student midwives have a positive and meaningful practice learning experience.

The overall aim of the study is to identify critical aspects as well as resources student midwives perceive in the support they receive from their mentors at practice placements. Structured and evidence-based results allow midwife mentors to recognise what is expected from them by students. This can contribute to an improvement of mentor-student relationships and lead to an overall improvement of training quality in practice placements.

4. Methodology

The following sections describe the methods that were used in this qualitative study. The first section specifies the study design, followed by a reflection about the researcher's role in the study. The third section gives information about ethical approval and how human rights of the participants were protected. Afterwards, the recruitment strategy, setting and study population are outlined, followed by a description of how the interview schedule was developed and used in the interviews. A closer look on data analysis will be taken. The following section discusses reflexivity, validity and reliability of this study. The transferability of the study is described in the final section.

4.1 Approach and Study Design

This study uses a qualitative design with a phenomenological approach. There is no commonly accepted definition of qualitative research. Nonetheless, what qualitative researchers have in common, is the belief that subjective and multiple realities exist which depend on the experiences of individuals (Smith, 2013, p. 11). Qualitative research uses a naturalistic approach which tries to perceive phenomena in real world settings which are not manipulated by the researcher (Golafshani, 2003). In comparison to quantitative research that seeks to generalise and predict, qualitative research aims at *"illumination, understanding, and extrapolation to similar situations"* (Golafshani, 2003). Therefore, qualitative studies try to make problems or situations visible and understandable.

Phenomenology can be understood as a philosophical discipline or as a research method. The German philosopher and mathematician Edmund Husserl (1859-1938) is considered to be the founder of phenomenology. His central idea was that consciousness was the one human experience that we all have in common. He strived to overcome biases in the personal perception that separates humans from pure consciousness (Wojnar & Swanson, 2007). The overall aim of phenomenology is to condense several individual experiences with a phenomenon to a profound but general description of the phenomenon's nature (Creswell, 2013, p. 76).

There are different types of phenomenology. The two main approaches are the hermeneutic phenomenology shaped by van Manen (1990) and the transcendental phenomenology influenced by Moustakas (1994). The latter one is applied in this study. In contrast to hermeneutic phenomenology which is more interpretative, transcendental phenomenology focuses on the pure description of experiences. One key element of Moustakas's approach is called "bracketing" or "epoche" which means that the researcher sets aside his or her experience to take an unprejudiced perspective towards the phenomenon. Emphasis is placed on "what" is experienced and "how" it is experienced (Creswell, 2013, p. 76). Therefore, this study investigates "what" kind of experiences the midwifery students made with their mentors at practice placements and "how" they felt.

4.2 The Role of the Author (Bracketing)

Husserl's concept of "epoche" or Moustakas's "bracketing" is the researcher's effort to "*achieve the state of transcendental subjectivity (neutrality) by putting aside prior understanding or preconceptions about the phenomenon under investigation*" (Wojnar & Swanson, 2007). Moustakas (1994) acknowledges that it is hardly possible to blank out all experiences, thoughts and feelings about a phenomenon. Yet, the attempt to do so, helps to maintain an ongoing mindfulness about the potential of biased thoughts when listening to interviewees and when analysing the data (Creswell, 2013, p.80).

The researcher is a post-graduate student in Health Sciences at the University of Applied Sciences in Hamburg, Germany. The academic education has a strong application focus and practice placements are part of the programme. The researcher undertook two internships at research institutions of universities one in her Bachelor's and one in her Master's programme. The present study is the result of a six month internship at the School for Health, Nursing and Midwifery at UWS. The work tasks and daily routines differed strongly from those of the practice placements of the midwifery students. Solely the general interest for health topics are shared by the researcher and student midwives.

Nonetheless, the researcher and study participants are all students. Therefore, there is a risk that the researcher takes sides for the students' point of view instead of keeping a neutral attitude towards their narratives. The researcher knows how a hierarchical relationship with a trainer or teacher is supposed to be. The researcher remembers an incident with a professor during her undergraduate programme in which she felt misunderstood and treated unfairly. Even though she was afraid to be graded worse, she stood up for her right and spoke openly about the problem with the professor. The researcher remembers how afraid she was and how hard it was for her to voice her concern. The researcher can understand every person who decides not to talk about a problem and deals with it on her or his own. When participants talked about such experiences, the researcher was aware that her prior experiences made her vulnerable for biases relating to this topic. Being aware of that helped the researcher to come back to an objective view for the description of the students' experiences.

At the beginning of and throughout the study, the researcher had only a general idea of the work of midwives, the different settings they work in and all the different responsibilities they have. It was a conscious decision not to gather information about these areas before the conduction of interviews. It was the attempt to have the least possible preconceptions about the student midwives' experiences as possible. Nonetheless, the researcher was conscious about the risk of "loosing" important information when students would talk about discipline-specific topics, she could not understand without background information. Keeping that in mind, the researcher paid particular attention to that during the interviews and asked for explanation of ambiguities when necessary.

Furthermore, the researcher has no personal experiences with midwives, neither as a patient nor as a friend. Moreover, the researcher has no experiences with mentorship or preceptorship programmes. Only theoretical knowledge about mentorship in its' general definition was gained during her Bachelor programme.

The author also is an outsider to Scotland, as a German Master student she spent her research practice placement at UWS, and had not been involved into the Scottish midwifery system. Being an outsider helped to take a neutral perspective.

Additionally, the researcher is an experienced interviewer who has been involved in two qualitative studies with a combined sample size of 32 participants before the present study. Her expertise helped to avoid any influence on the students that would direct them to a certain answer during the interviews.

Since the differing professional backgrounds and no personal experiences with midwives or mentors have been made by the researcher, one can assume that the data collection and analysis is as unbiased as possible. The researcher is confident that the students' experiences are pictured in a realistic way without colouring it with personal thoughts or feelings.

4.3 Ethical Approval

Ethical approval was granted by UWS's Ethics Committee (Appendix A). Participation was voluntary for students. Data collection was undertaken by the author who neither knew students nor mentors before the study in order to guarantee anonymity and avoid inappropriate influences on students. Participants received information sheets (Appendix B) about consent, confidentiality, data protection, the right to withdraw, potential benefits and potential harms of the study. Participants gave written consent to participate in the study (Appendix C). Data were stored securely and were made available only to the research team in accordance with the Data Protection Act (1998).

4.4 Study Population and Recruitment

The study population consists of all student midwives within UWS enrolled in the study year 2014/15. This includes a total of 170 students. The study uses a purposive sampling method in the recruitment of participants. Purposive sampling ensures that participants have the necessary skills and experience to address the aims of the study (Teddlie & Yu, 2007). Students from each of the three years of the midwifery programme were invited to participate in the study. A sample size of 15 participants was aimed at and reached. The researcher and supervisor assumed to reach saturation with this sample size.

Inclusion criteria were that students were currently actively engaged within the midwifery programme. Exclusion criteria were being absent from the programme at the time of recruitment.

Students were recruited to the study whilst on campus from November 2014 to March 2015. The researcher provided a short presentation about the study aim, study design and ethical standards in different classes. Afterwards, information leaflets and written consent forms were handed out to interested students. A contact for further questions and an address for handing in signed papers were provided. Student midwives had two weeks to consider whether they wish to take part in the study.

4.5 Interview Schedule

Interviews were held to gain information from the participants. These were semi-structured to stimulate and promote discussion. The use of a semi-structured approach enables the researcher to explore and probe for more in-depth detail of information (Wojnar & Swanson, 2007).

The draft interview schedule was developed using key elements from existing literature about clinical mentorship in nursing and midwifery. Furthermore, questions from other interview schedules of comparable studies were extracted and checked for usability. Ideas for questions were included from Parnell-Parmley`s (2004) Master thesis about effective mentorship in the nursing practice, Andrews et al. (2006) who focused on the mentors´ communication with students in practice placements and McIntosh et al. (2013) who investigated challenges and the best aspects of the students´ learning experiences in their practice placements. A list of questions was created and rephrased according to the present study´s aim.

Generally, the student midwives were asked about their experience with midwife mentors in practice learning situations. Topics were: Qualities, attitudes and behaviours which make an effective mentor; Challenges and problems students are faced with in the practice learning situation; Effectiveness of the existing system relating to practice placements, and finally, students were asked to think about ideas how to ensure that student midwives have a positive and meaningful practice learning experience. The complete interview schedule can be found as Appendix D.

The draft interview schedule was piloted with six student midwives. They reviewed the questions for their appropriateness and relevance. The students suggested minor changes in wording and changed the order of questions. In addition, they were asked to put forward any other aspects for exploration related to practice learning support. Students certified that all important aspects were taken into account and solely recommended including a question about the student assessment and grading in placements.

4.6 Face-to-Face Interviews

Interviews were held in a private room on campus on self-selected dates and times so that students felt comfortable and not under time pressure. Interview duration was between 30 and 45 minutes. The face-to-face interviews were audiotaped and transcribed verbatim afterwards (Appendix E). Given the fact that the author is not a native speaker, proof reading of the audiotapes and transcripts was organised. Further field notes were typed up as required.

4.7 Approach to Data Analysis

Phenomenological studies are conducted to *“reveal and unravel the structures, logic and interrelations”* collected in the interviews and other data sources. Data analysis is then the *“core stage of research efforts”* with the aim to describe fundamental characteristics of a phenomenon (Polkinghorne, 1989, p.50). Creswell (2013, p. 179) admits that the data analysis in qualitative research is a complex and challenging task for researchers. According to Thorne (2000) phenomenological data analysis requires researchers to engage themselves with the data, reflect it from various points of views and produce a rich description that allows the reader to understand the underlying structures of the phenomenon.

Creswell (2013, p. 182) points out that the data analysis is not a linear procedure in which one step after the other is performed. Instead, the steps are interrelated and the researcher goes back and forth in the process of data collection, organisation, reading, memoing, coding and description. The amount of collected data in qualitative research makes it necessary to develop and enhance the analysing process throughout the different steps. For this study, over eight hours of interviews were conducted that summed up to 104 pages of transcripts. This data was analysed using Colaizzi’s (1978) process for thematic data analysis. The following seven steps depict this process cited in Sanders (2003) and Speziale & Carpenter (2007):

1. The researcher should transcribe all interviews and make her or himself familiar with the transcripts by reading and re-reading them to gain a general idea about the content.
2. Significant statements in each transcript should be extracted and collected on an additional paper.
3. Underlying meanings should be formulated from the statements.
4. The meanings should be organised into themes, categories and codes.
5. The findings of the study should be embedded into an exhaustive description of the phenomenon under study.
6. The fundamental structure of the phenomenon should be made explicit.
7. Finally, research participants should be given the chance to check if results of the researcher are in line with their experiences.

Figure 1 visualises these different steps of the data analysing process of Colaizzi's (1978) approach.

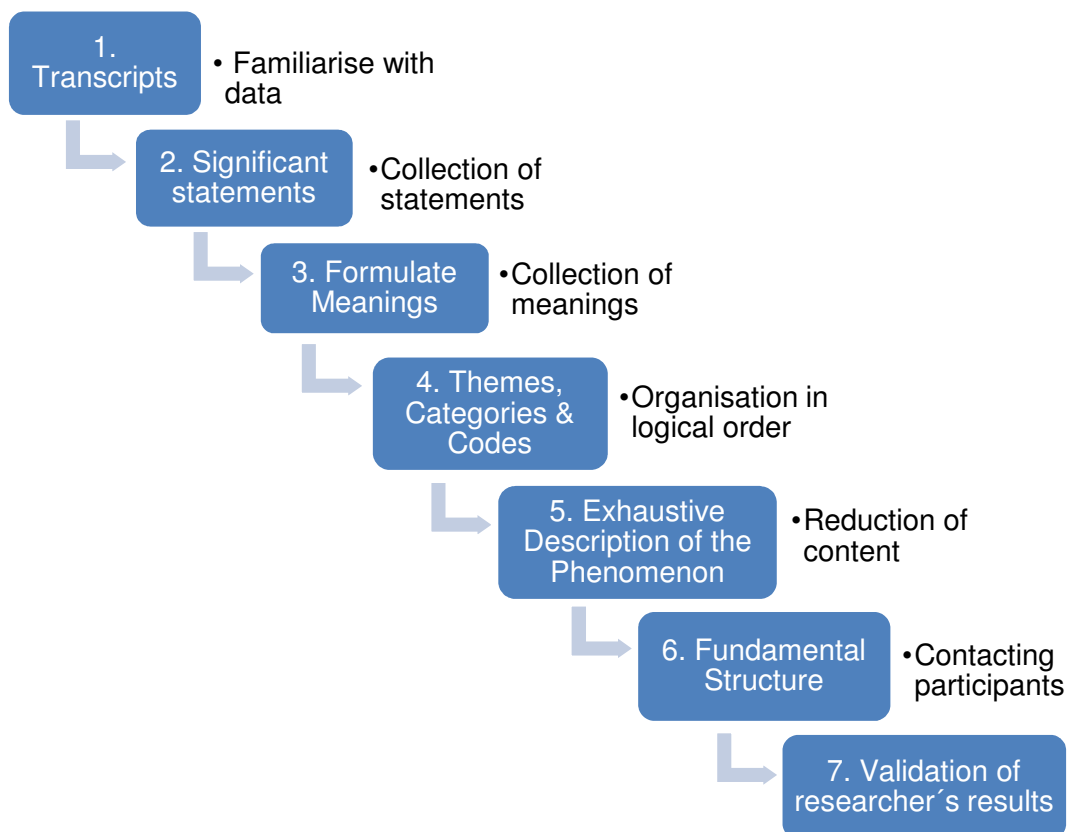


Figure 1: Colaizzi's steps for phenomenological data analysis. (Created by the author 13.04.2016)

1. The researcher read through each transcript several times to familiarise herself with the whole content and to develop a general idea about the experiences student midwives made with their mentors at practice placements. Throughout this step the researcher took notes about arising thoughts and feelings that could possibly influence the following data analysis. The notes were included in the “bracketing” paragraph.
2. The researcher used the data analysing software MAXQDA for extracting significant statements and phrases from each transcript. The software helped to create a document with statements and corresponding paragraphs in the transcripts. From 15 transcripts 812 statements were extracted. All statements were treated as equally important.
3. The significant statements were the basis for the formulation of meanings. The researcher created a list of all meanings with MAXQDA.
4. Afterwards, these meanings were translated into 22 codes. These were organised and grouped into categories that overlapped at some points. The researcher continued with identifying main themes for the categories. The naming of codes, categories and themes was an ongoing process throughout the data analysis.
5. The next step in Colaizzi’s approach is the writing of an “Exhaustive Description of the Phenomenon”. A number of quotations of significant statements were included in the description to allow the reader to gain a deeper insight in the students’ point of view.
6. The researcher reduced the description so that all aspects of the phenomenon were still included but summarised in the fundamental structure that describes the essence of the phenomenon under study: The students’ experiences with mentors at practice placements.
7. The final step of Colaizzi’s data analysis could not be applied in this study because the data analysing process was performed in Germany with no possibility to include the Scottish study participants in the validation process.

4.8 Reflexivity, Validity and Reliability

Reflexivity is an issue in qualitative research because of the researcher's involvement in the research process and the way she or he analyses the data (Haynes, 2012, p.72). Alvesson & Sköldberg (2000) state that: "*Reflexivity involves an awareness that the researcher and the object of study affect each other mutually and continually in the research process.*" According to Alvesson & Sköldberg (2000) there are two main factors that have to be regarded when talking about reflexivity: Interpretation and reflection. Researchers have to be aware that interpretive practice is more than just simple data analysis to describe reality. Instead interpretation is shaped by presumptions and values of the researcher. The second factor is reflection, which means that researchers consider themselves and their academic and cultural environment more carefully. Reflection in this sense is an interpretation of the interpretation. The researcher reflects on how his or her intellect, education, culture and assumptions influence the interpretation.

The researcher was aware that preconceptions and biases might influence the study outcome. Throughout the study process the researcher was cautious about this potential and tried to maintain objectivity during the data collection and analysis to minimise biases in the research conclusion. The bracketing which has already been discussed is part of this process.

Validity is defined as “*the extent to which the research findings represent reality*” (Field & Morse, 1995, p.244). Creswell (2013, pp. 250-253) gives a summary of often used strategies to strengthen validity in qualitative research. Creswell advises to use at least two of the seven following strategies in every qualitative study (p.253):

- Prolonged engagement and persistent observation
- Triangulation
- Peer review or debriefing, negative case analysis
- Clarifying researcher bias
- Member checking
- Rich and thick description
- External audits

There was a time restriction for designing and conducting the study due to the six month internship at the research institution. Therefore, most strategies could not be applied. Nonetheless, the researcher worked on clarifying potential influences and biases throughout the study process that are specified in chapter 4.2 “The role of the researcher (Bracketing)”. Furthermore, the researcher will give rich and thick description of the content of all interviews. Additionally, participants will be cited to give them a voice in the study. Hence, the reader will have a chance to decide if the researcher’s construction of the “essence of the phenomenon” actually reflects the description of what the students experienced with their mentors at practice placements and how they experienced it. Besides, the researcher and her supervisor put another validation strategy in place to address the potential problem that the researcher is not a native speaker. To ensure that all information was understood correctly, a member of the research team checked the transcripts for accuracy, completeness and logic.

Reliability in quantitative research refers to the idea of replicability and repeatability of a study (Golafshani, 2003). Dempsey and Dempsey (2000) consider two aspects of reliability in qualitative research as important: Accuracy of collected data and the data collection instrument (p. 135). The first addresses the problem that participants can potentially hold back information or give answers determined by social desirability. The latter aspect - the data collection instrument – again refers to the need of an unbiased researcher in order to achieve reliability.

The researcher addressed the first aspect by reassuring the students of confidentiality of all their statements. The fact that the researcher was a member of staff at the research institution only for a short time, and was herself a student also helpful to create an atmosphere where students could speak honestly and openly. The second aspect was taken into account by the “bracketing” process, high standards and experience in interviewing and a systematic data analysis on the basis of Colaizzi (1978). The researcher will give a detailed description of themes and categories that emerged in the interviews. Moreover, the researcher will try to show how these findings are corresponding with the study’s aims. Conformability or trustworthiness of the findings are considered by applying the standards for qualitative descriptive research. These are credibility and auditability (Dempsey & Dempsey, 2000).

4.9 Transferability

The study was conducted with midwifery students enrolled at UWS. Study results will give information about their experiences with mentors at practice placements. This information is relevant to students, mentors and the local programme management. The researcher hopes that also students, mentors and managers from other Scottish and British universities profit from the findings of this study. This is possible because of the very similar programme structures and organisation of practice placements. Beyond the UK, this study can contribute new ideas to midwifery education elsewhere, e.g. in Germany where profound changes in design and implementation of midwifery programmes are underway (Hellmers et al., 2006). So far, midwives in Germany have been trained in apprenticeships with block teaching at professional schools (HebAPrV, 2013). Meanwhile, seven German universities have already implemented Bachelor and Master programmes for midwifery (Gesundheit studieren, w.y.). Introducing the concept of mentorship or preceptorship in the practical training of German midwives, could influence the process positively. This study will give detailed information about which attributes are needed to make mentors effective in their teaching. These findings can be used for the implementation of midwifery education at HEIs in Germany. The negative aspects regarding mentorship at practice placements identified in the present study, can provide the basis for appropriate precautions when designing the new midwifery education system at practice placements in Germany.

5. Results

In the following section the reader will get a deeper insight of what students experienced with their mentors at practice placements and how they experienced it. Furthermore, a summary of students' experiences and therefore the essence of the phenomenon will be outlined.

5.1 Exhaustive Description of the Experiences

The analysis of the interviews shows that the aim of the study can be met by gaining a deeper insight in the perception of students regarding their mentors in practice placements. In the descriptive content analysis four main themes emerge: “**characteristics**”, “**communication**”, “**organisation**” and “**improvements**”. Mentioned characteristics of mentors show, that **behaviour**, **professionalism** and **teaching skills** are relevant for mentors to be effective. Further significant aspects are the **mentor-student relationship**, as well as the integration of students in the **whole team**. Organisational factors in the **university** and the **workplace** also play an important role. Finally, students suggest improvements for the system of practice learning regarding **the mentor training**, the **placements** and the **university**. Figure 2 presents the main themes and categories. The order of main themes is based on logical structure directing from the individual to the organisation. Categories are listed alphabetically within their main theme.

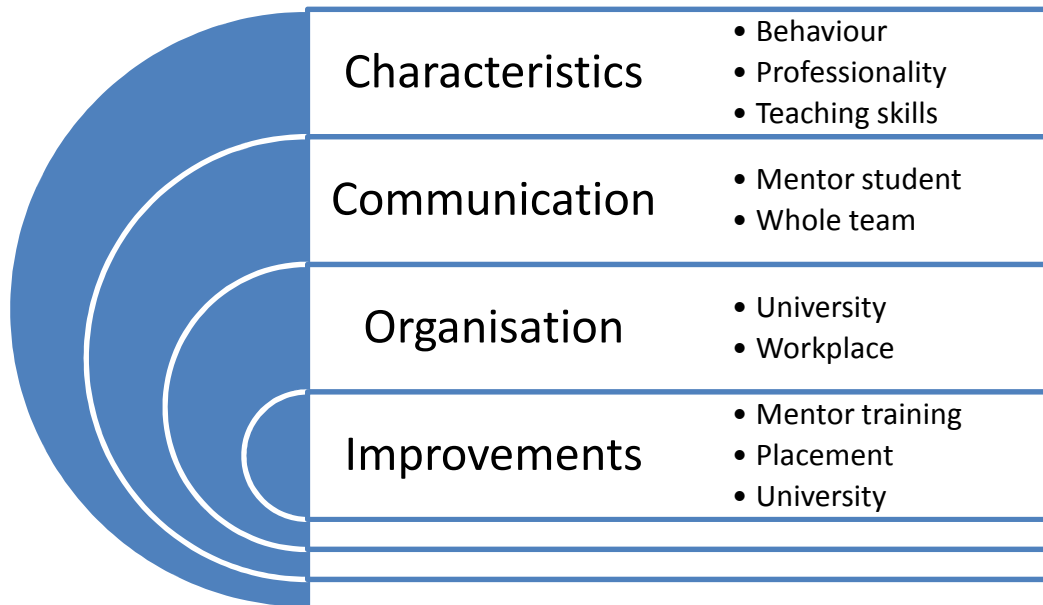


Figure 2: Themes and categories extracted from interviews using Colaizzi’s (1978) approach for phenomenological data analysis.

A further division of the categories in 22 codes is necessary to give detailed information of each category. The order of codes in the following description is determined by the frequency of quotation in the interviews.

5.1.1 Mentor Characteristics

The main aspect of this study is to find out which characteristics a good mentor should have according to the midwifery students. Three main areas came up: The mentor behaviour in general, their professionalism and their teaching skills.

Behaviour

The category “behaviour” comprises of four codes: Support is a universally shared requirement, and many wish to find patience, passion and empathy in a mentor.

Support (82)

All students agree that the most important characteristic of a good mentor is a supportive behaviour. One important aspect of “support” students long for and appreciate is that mentors clarify at the beginning of the practice placements what is expected from the students. The students state that they appreciate it highly if mentors encourage and motivate them in their practice. Furthermore, they want their mentors to have confidence in their abilities and skills. Student 1 gives an example of good support provided by her mentor:

“I knew that she was there and I knew that I had her support and that she was watching what I was doing but she also took a step back and made me feel like I could do this. I could handle this and she let me handle the situation on my own but she was still giving me support and that was encouraging for me.”

(Student 1, paragraph 11)

Most students are conscious that this is highly dependent on the stage of the programme. They want their mentors to take this into account and ask for structured support with respect to their individual stage of knowledge and skills. A student in her first year needs more support than a second or third year student. For most of the students, it is very important not to be left alone with patients in difficult and overstraining situations. Whereas, most students say that they generally feel very well supported, some also express negative feelings about inadequate support e.g. student 8:

“(...) there were times where I felt that I wasn't at a supervised level like I should be (...) and certainly I was unsupervised a lot of the time and getting on with things myself and writing up notes myself. I felt taking on a lot of responsibility and that's simply because I did not feel my mentor had the time to mentor me.”

(Student 8, paragraph 25)

According to the students a good mentor finds the balance between support and control. Additionally, students want mentors who create a working environment in which learning is facilitated and reflection about new experiences is possible. Not only within the relationship between mentor and student support is supposed to play a prominent role. Settling in a new working environment, especially the socialising with other staff members, requires support as well. If problems occur on

a social level, students expect their mentors to offer help and mediate between the students and other staff. If students and mentors are not on the same shift, mentors can also be supportive in organising other staff members whom the students can work with. Furthermore, students find it supportive when mentors paint a realistic picture of what life as a professional midwife could be like. Finally, students seek support when it comes to the planning of shifts and working hours. Flexibility and consideration of additional work from universities should be taken into account as well as personal challenges such as family and child care.

Patience (30)

Students describe mentors as good when they are patient and understanding, especially when new procedures and techniques are required.

“Particularly with me, they need to be patient because I might not always get everything on the first time. Or it is not that I don’t get it at the first time but I don’t have the confidence to go and just to see one and do one.”

(Student 9, paragraph 5)

Furthermore, students need mentors who are comforting and explain things in a friendly way. In general they appreciate kindness, politeness, honesty and reliability in a mentor. An often emerging topic is also respect.

“They need to be patient and they need to be respectful as well. There has to be mutual respect. If they are not able to treat you as a mature, as a competent individual then it is not going to work.”

(Student 15, paragraph 5)

Passion (16)

Passion for the own profession is an essential way to support midwifery students in their learning process. On the one hand, the passion of mentors can have a positive influence on the students in the way they approach their work. On the other hand, unsatisfied or discouraged mentors are at risk of passing on their negative attitude to students.

In case a mentor is not happy with her job, she should not spread negativity and still try to work on a professional level, she should definitely not discourage others from becoming a midwife.

*“One girl was saying she was dead enthusiastic and dead interested and one of the midwives said ‘Oh look at her, that’ll get knocked out of her soon.’”
(Student 11, paragraph 20)*

Next to the passion for the profession, students identify passion for being a mentor as equally important. Students want to see willingness and enthusiasm for teaching in a mentor. They need to feel wanted and not as a burden. Students state that most of their mentors are very good and passionate but some also experienced the feeling of being unwanted by a mentor which has necessarily a negative influence on the mentor-student relationship. In the situation of student 10 this negative attitude was not even a subliminal feeling but was expressed openly and in front of other staff members.

*“One of my mentors (...) quite openly said: ‘I didn’t expect to be getting a student, I don’t want one, I’m just back from my holidays, I’ve been off, I don’t need a student.’ Saying that openly was something to start off on the wrong foot. Hearing that made me feel: ‘Well, she doesn’t want me here.’”
(Student 10, paragraph 21)*

Empathy (13)

Students state that empathy is important in the mentor-student relationship. Two aspects are stressed in particular. Firstly, it is easier to build up a relationship to an empathic mentor. This promotes a good working atmosphere. Secondly, the students prefer mentors who remember what it was like to be a student and being not so experienced yet. An empathic mentor in this regard seems to be more successful in comforting the student and meeting their needs for mentoring and teaching. This can also be seen in the language and communication style of the mentor.

*“I think they need to remember that they were students once and they need to know what it’s like to be in that position.”
(Student 1; paragraph 35)*

Professionality

When students talked about the sub code “professionalism”, it became obvious that this term had different meanings for them: the professionalism itself, but they also related mentors’ experience and being a role model to this topic.

Professionalism (61)

Professionalism is the second most mentioned characteristic that is important for a mentor. Students are interested in a friendly and good mentor-student relationship. Nonetheless, they point out that setting boundaries for a professional relationship is crucial. This is also described in mentors who are firm and show a certain level of strictness. Students point out that there might be a clash of personalities with mentors and students which can be dealt with, if the relationship keeps professional, so that mentors provide the same amount of support and teaching as to other students. Student 14 described that in the following quote:

“(...) obviously you are not going to get on with everybody that you work with. If you do it’s a bonus but that shouldn’t inflict the way that they are mentoring you and their practice (...). I would still approach the mentor and go to them for guidance and support.” (Student 14, paragraph 7)

This is reflected in students asking for mentors to keep personal problems away from the work environment. Furthermore, students would appreciate it if mentors could provide the same level of support regardless of the mentor’s stress level. They are conscious that this is not always possible in stressful situations, however, students hope that mentors take time to discuss and explain situations and procedures at a later time.

To students professionalism also means that mentors acknowledge the supernumerary status of the students and therefore don’t put workload systematically on the students’ shoulders to reduce their own.

Professional behaviour is also reflected in respectful interaction not only with students, but also with colleagues and patients. This respectful communication promotes team work and therefore the students’ learning experience.

Experience (31)

Students see it as valuable if a mentor has gained a vast amount of experience and can share her knowledge and skills with them. Confidence in the own practice seems to be equally important to students. Furthermore, students come to practice placements up to date in evidence-based practice. Therefore, they wish for their mentors to meet these standards. A deficient knowledge of best practice in mentors can lead to confusion and is counterproductive for the learning experience of students. Most students report high standards of evidence-based practice, but there are some deviations. Student 14 describes it very drastically:

“I have had only one mentor who has practiced according to the code but it is something that everybody is meant to do. And I only had one mentor who did that out of all the ones I have worked with on labour ward. So that would be the biggest thing: Not everybody is using the evidence-based practice and following guidelines.” (Student 14, paragraph 37)

Some students talk about experiences with mentors who are not confident with performing specific procedures like cannulation. Students are fine with it as long as the mentors make sure they can learn these procedures from other team members.

Role model (12)

In the definition of mentorship role modelling of mentors is one key element. Also the students in this study identify it as an important element in their education. They want a mentor to whom they can look up to concerning practical skills, behaviour towards colleagues, patients and moral standards. Seeing good examples of midwifery gives the students an idea about what they want to adapt in their own practice as professionals. Furthermore, they get an idea for their future role as mentors themselves. Students also talk about the possibility of learning from negative role models in the sense of what they don't want to adapt but in general they prefer to learn from positive role models within the working field. Student 5 sums it up in a short statement that mentors should: *“basically set an example to you to what a good midwife should be.” (Student 5, paragraph 7)*

Teaching Skills

The category “teaching skills” includes two major aspects: Being a teacher and activation. The first aspect defines the role of the mentor from a student point of view. The second aspect gives detailed information about the wish of students to put hands on practice.

Teacher (30)

Again students identify mentors according to the definition as teachers and point out their significant role in the education of midwives, not least because of the fact that half of the programme time is spent with mentors. Students describe the teacher role of mentors as a responsibility to guide students, to take them along and encourage them to become active and promote their learning. One aspect of a good teacher is to ask students about what they are doing and especially why they are doing it. The underlying idea is to ensure that students not only perform according to evidence-based practice but also know the theoretical background and bring both aspects into accordance. Therefore, it is important that mentors consider the individual level and personal interests of students to best promote their learning and achievement of goals set for the placement.

Activation (29)

When students come to new placements they usually are well prepared in theory knowledge. Students are normally keen on putting this knowledge into practice which is the essence of practice learning. Safety must be guaranteed at all times, which is why mentors should demonstrate procedures and talk students through them step by step until they feel confident to become active themselves. This point in the education programme seems to be critical. Some students express frustration about mentors who refuse to let students become active in certain areas even though these procedures are officially documented as goals of the practice placement. Others talk about experiences where they could only perform tasks they already knew but were not introduced to new procedures. In these cases students felt exploited as additional staff members just to reduce the workload of the mentors instead of progressing in their education. Nonetheless,

most students are very satisfied with their mentors who encourage and support them in developing practical skills. Student 1 shares a positive experience when her mentor encouraged her to become active and found the right balance between the student's independence, observation and intervention:

“She was very encouraging and she really empowered me. So she was supervising me and she was watching what I was doing but she wasn't doing it in such a way that made me feel nervous or made me feel like she didn't trust me. I knew that she was there and I knew that I had her support.”

(Student 1, paragraph 11)

5.1.2 Communication

The second main theme is communication which can be logically categorized in two areas: the communication between mentors and students in one-to-one situations and the communication between the student and the whole team at the workplace.

Mentor-Student

The category “mentor-student” contains the general communication skills of mentors and the feedback and reflective practice of mentors and students. Furthermore, students like mentors who are approachable and acknowledge the students' knowledge and skills. It is important to students that the mentor-student relationship is on a personal level in which prejudices and preconceptions have no room.

Communication skills (52)

Good communication starts with a friendly and welcoming introduction to the new practice placement for students. Getting to know the mentor and other staff members as well as the location and devices helps them to settle in quickly. Furthermore, students see it as essential that mentors are able to explain in a clear and comprehensible way. Students like it when mentors talk them through procedures and explain things step by step including background information. Besides, students want their mentors to speak openly with them.

They want the mentors to point out critical aspects or mistakes the students make. Nonetheless, a respectful conversational tone should always be maintained. When it is necessary to criticise a student it should be in a constructive way. Shouting and belittling students should not occur especially not in front of patients, families and other staff members. Students prefer to be confronted with mistakes or problems in a one-to-one conversation. Students are aware that language can become a bit rougher in stressful situations which seem to be no problem for them as long as the mentors stay calm and do not shout at them.

“I think students are quite, you know, you do have quite thick skin at times because you understand that it is a high, fast-paced environment. Sometimes people can speak at you quite sharply but you know that they are not aiming it at you. It’s just because of the environment and quite often you know they’ll apologise afterwards and say I’m sorry for speaking to you. It’s just in the circumstances and that’s good. But, you know, if they’re just kind of being nasty, then that would be the worst thing that could happen.”
(Student 3, paragraph 21)

Another aspect of good communication is to ask questions to ensure that students know the theory behind practice. Finally students need their mentors to be clear about what they want the students to do, e.g. if they should follow, examine the mentors practice, become active themselves or work independently.

Feedback and reflection (36)

Feedback and reflection is a very important aspect of good communication for students. Students appreciate it when mentors take time at the end of the shift to go through the events of the day, especially when critical situations arise. It helps the students to reflect their own behaviour and thoughts. Mentors can support students to assess situations correctly and promote their confidence with practice through feedback. It can motivate students when mentors comment on improvements students make during their placements.

Student 7 talks about the positive experience with ongoing reflective practice throughout the practice placements in contrast to a single final feedback session:

“A big part of practice learning is reflective practice. Some mentors take time to go over what had happened during the day and asking ‘Is there anything you want to know more about, anything that confused you?’ And that was really, really helpful. Whereas some left it to the very end of the placement but you can’t remember what had happened, you know, weeks before. So, the ones who did it throughout were really good. And that were also the ones who really cared about your learning.”

(Student 7, paragraph 10)

Furthermore, students take the final feedback of the practice placement very seriously. They wish to get critical but balanced feedback so that they know what they are good at and which areas they still can improve. Students point out that thoroughly positive feedback is as frustrating as complete negative feedback. Students see the chance of improvement in critical feedback as long as it is formulated in a constructive and polite way. Finally, students like it when mentors ask for feedback regarding their mentoring style and the provided support. Being open for changes and improvements can enrich the mentor-student relationship in both ways.

Approachability (28)

Students confirm that it is important for them that mentors are present. According to NMC regulations mentors and students have to work together at least 40% of their shifts. Nonetheless, students report that the more time they spend together, the better their learning experience is. During this time it is important for students to feel comfortable to ask all questions that arise no matter how simple they seem to be. Furthermore, students want to work in a surrounding in which asking for support does not create the negative feeling of being a burden. Instead they want to be encouraged to develop their skills. However, students realise that stressful situations make this difficult sometimes but they ask for approachability of their mentors in suitable moments after or at the end of the shifts.

Student 15 describes this phenomenon in a wider context of communication, criticism and approachability:

“There is a difference between constructive criticism and criticism given in a way that makes you feel small or stupid. Because when that happens the student withdraws and feels unable to ask the questions that they need to ask. It is like with anything else. If you have a bad experience you don’t want to repeat it. So you avoid that situation arise and I think that can have an effect on patients’ safety. If you feel unable to go and say: ‘I am not sure if I have got this right, could you check’ because you are afraid, they are going to say: ‘for goodness sake you should be able to do this by this stage’”.

(Student 15, paragraph 17)

Acknowledgement (7)

Students bring certain knowledge and skills to placements no matter what stage of programme they are at. Displaying trust in their abilities and acknowledging the contribution students make to the work of practicing midwives is described as motivating and supportive for the students’ professional development. If mentors give students the feeling of being useful it can have a positive influence on the mentor-student relationship and the students’ performance. Student 6 shares an experience she made with a mentor in a community placement. She brought some new research findings about skin care in pregnancy to her mentor and discussed it whereupon the mentor changed her practice according to the new information:

“(...) later on that day she said: ‘Have you noticed that I have changed my practice through discussions with you?’ (...) It wasn’t like I’m the midwife, you’re the student, you do as I say. It was just like she was very keen on the fact that: ‘you guys are out there learning now, you bring stuff to our table too’. And that was just great to know that she was actually appreciative.”

(Student 6, paragraph 18)

Personal relationship (7)

Students are interested in having a good relationship with their mentors. Having a relaxed chat with the mentor increases sympathy and creates a good working atmosphere. Students do not want to become necessarily friends with their mentors but they state that knowing some personal information e.g. the family

situation or potential burdens students and mentors have to deal with in private life can support understanding for each other.

Student 2 describes it as following:

“They need to also get to know you, I think. Because they need to understand your background as well, they need to understand you might have other things going on in your life. So you can’t always sort of have read your books and be up to date. You’ve got other assignments to do and lots of things to juggle as well, so it would be good if they could understand the whole person rather than just ‘there’s a student coming in to work with you for x amount of weeks and you must have done this, this and this and be at this standard.’”

(Student 2, paragraph 16)

Preconceptions (7)

Students express the wish that mentors should make no assumptions about the capabilities of students when they come to placements. On the one hand there are set standards for knowledge and skills of a first, second or third year student, on the other hand students don’t always feel competent enough to perform certain procedures on their own, especially on their first placements or when they come back to placements after a longer period of time at university. At the beginning of the placements mentors should evaluate with the students in which areas the students feel competent and in which more focussed support is needed. The individual pace of development should be taken into account. Furthermore, mentors should neither have prejudices against students, other staff members nor patients and their families. Personal preferences or clash of personalities should not intervene in the mentoring of students. Student 5 describes a positive example of a mentor who is unprejudiced:

“She (the mentor) had a really jovial kind of nature, you know. She got on really well with all her women and no matter what the situation was or where the woman was from or what their background, everything. It was just the same, every single person, she was always the same.”

(Student 5, paragraph 9)

Students also discuss the problem of prejudices some students have against certain mentors. Students coming back to university from placements often share their experiences. Negative statements about mentors can create prejudices that influence the upcoming mentor-student relationship in a negative way. Since the

relationship is an individual thing and can be good with one student but worse with another, it is important that also students try to be open-minded and not be influenced by rumours or opinions they hear before arriving at a new placement.

Whole team

Students generally also like the system in which they have new mentors at each new placement. Some students experience welcoming and friendly working teams. Students generally appreciate it to work not only with their mentors, but also with other midwives on the team. It enriches their experience and shows them different approaches to good practice. However, students sometimes receive conflicting advises from different midwives what can leave them confused.

Negative examples of team atmosphere are described as well. One problem that occurs from time to time is that staff members talk badly about others behind their backs. This makes students feel uncomfortable and leaves them wondering what is said about them, when they are not present. Some students use drastical wording to describe the team atmosphere e.g. “a bitchy environment” (Student 14, paragraph 37) or “staff room gossip” (Student 9, paragraph 22). Student 3 sums it up like this:

*“I would say it is ridiculous the bitchiness. (...) they never seem to like each other.”
(Student 3, paragraph 35)*

Some students experience bullying, insults, judgmental behaviour and constant criticism from staff members towards other colleagues or the students themselves. The hierarchy within the teams seems to play an important role since it is reported that especially some senior midwives occasionally talk in inappropriate ways to students.

Students also view it as problematic if the mentors do not feel comfortable and supported within the team. The fact that they work closely together makes them feel kind of attached to the problems the mentor is confronted with. These problems are experienced in a similar way by the students.

5.1.3 Organisation

Next to the mentors' characteristics and the communication at the workplace students describe that organisational factors immensely influence their experiences at practice placements. This main theme can be structured in two categories: organisation at university and organisation at the workplace.

University

Regarding organisational factors, the university is responsible for the framework in which student assessment takes place and how books have to be filled in by mentors. Moreover, the university plays an important role when implementing NMC regulations concerning the system of practice placements. One aspect is the work of link-lecturers who are the mediators between the university and practice placements. The university is also in authority of the mentor training to ensure midwives are prepared for their role.

Student assessment and further paperwork (56)

One of the mentors' duties is the final assessment of their students at the end of the placements. For students it is an important issue, since their academic success depends on it. Generally, the students agree that the grading system is good and most students feel graded fairly. However, some students identify some flaws concerning the grading:

Firstly, some express concerns that the grading is subjective and highly dependent on which mentor they have and how good the mentor-student relationship is. Students describe that some mentors grade systematically better than others. Furthermore, according to students some mentors still apply the old grading system or generally deny first year students an A. This seems to be a general problem since students express concerns about grading that is not based on the stage of education but on personal expectations of mentors.

Secondly, students sometimes have the feeling that mentors are not well prepared for the grading. They fear that mentors sometimes just tick boxes not knowing which skills are actually attributed to them.

Thirdly, there is a structural problem, because students also work along with other team members on certain tasks. Therefore, the mentors do not know how the students perform on these tasks. Hence, students identify a need for feedback from other staff members which should be taken into account.

Furthermore, students report downgrading, because they were not able to make a certain experience, e.g. handling an emergency. Students do not agree with this procedure, because they are not responsible for it.

Finally, students describe that sometimes mentors do not find enough time to complete the grading at work so that they take the books home with them. However, this takes the opportunity of a joint reflection away for both, mentors and students alike.

Students agree on the problem of too much paperwork in general which is required to be filled in by mentors. Some state that it is also too complicated and therefore more assistance is needed to support the mentors. Students view this as important, especially in regard to the limited time they already have. Many students feel bad about always asking their mentors to do the paperwork, although they see how busy their mentors are with other things. This is why they would like to have some kind of protected time with their mentors for the grading and paperwork.

System of practice placements (37)

Overall the students value the design of their university programme as effective. Students like the 50:50 distribution of time spent at university and at practice placements. They appreciate being introduced to the theoretical background and research of midwifery at university before they go out to the placements to put the theory into practice.

“First year was really good because we had the entire theory before we went out and then we completed a lot of our placements. So we knew all of it before we went out which meant we could do a lot more. I know somebody does it differently. So, they are a bit more restricted when they go out on placement, because they haven’t covered a specific area like maybe for instance, venepuncture.”

(Student 3, paragraph 33)

Students acknowledge the balance of theory and practice offered to them in the university programme. Generally, they feel well prepared when they go out to their placements. Nonetheless, they find it challenging to integrate to new working environments and new working teams over and over again. Some students see the positive aspects of it, e.g. the possibility of gaining a broad and representative picture of their future work. These students see the advantage of getting to know all different areas from which they can choose later on where to work as a professional. On the other hand, some students would rather like to go back to familiar wards for further practice placements to the same mentors they had before. These students complain about a lack of continuity within the programme.

Mentors and link-lecturers (37)

Students share very deviating experiences with their link lecturers. First of all, students want to be approached by mentors if there is a problem, before the link-lecturer is involved. According to some students their link-lecturers come to the practice placements for meetings, as it is required, two or three times during a placement. Other students state that some link-lecturers do not visit the practice placements a single time, instead they just call. Students describe the active link-lecturers as approachable and supportive for both, the students and mentors. For some students passive link-lecturers are no problem if they do not experience any problems. However, others feel left on their own devices.

Furthermore, students identify various potential problems when link-lecturers want to come to practice placements:

- Mentors often lack the time to meet the link-lecturer, because of busy shifts.
- Mentors and students work night or weekend shifts, to which link-lecturers do not come because of deviating working times.
- Sometimes mentors have not been able to fill in all the required paperwork which is to be signed off by the link-lecturers.
- Some mentors are afraid of negative feedback and avoid meetings.
- If there is a problem between mentors and students, students often are afraid to talk to their link-lecturers, because they fear future consequences, e.g. bad grading or a bad reputation in the whole team.

One student shares her experiences with two different mentors that cover both examples of active and passive link-lecturers:

“The first link-lecturer I had in first year I hardly saw her. She didn’t look through any of my paperwork. We didn’t ever have a meeting together with any of my mentors like we were supposed to. She briefly popped her head into the ward to say hello and left again. She (...) didn’t figure very much for me and then I got a new link-lecturer. It was a new lecturer that started at the university and it was completely different. She was there, she was making sure that things were getting done. She was quite thorough in talking to my mentor and asking if there was any areas that she wasn’t sure about. And it was my new link-lecturer who actually fought my case to have my grades upped as well and made sure that that was done. She was very good about it and very professional about it (...). So I’ve had a differing experience.”

(Student 8, paragraph 37)

Mentoring training (28)

The mentoring training itself is not part of this study. Nonetheless, students identify crucial points which are necessary for mentors to be efficient. Some students have the impression that there is a lack of standardisation concerning mentoring practice, especially when it comes to teaching methods and grading. The following list sums up the most important aspects students think should be improved in the training of mentors:

- According to students the wish to become a mentor should be a requirement for this role. No midwife should be forced to become a mentor.
- During the mentor training their role should be defined clearly.
- Mentors should be better informed what they can expect from students at the different stages of the programmes.
- Mentors need better training on how to fill in the grading books.
- Better training on teaching methods should be provided.
- Also training for ward sisters and coordinators in the hospitals is needed.

Workplace

Organisational factors at the workplace involve staffing numbers, time management, shift schedules and the provision of appropriate equipment.

Understaffing and lack of time (39)

Students point out that all midwives and also the mentors are under an enormous pressure during work caused by extremely high workload. Reasons for this can be seen in understaffing which leads to ongoing time pressure. This in turn leads to stress and adverse learning conditions for students. Students state that mentors often have no time for real mentoring and explaining things to them in detail. Therefore, students often just follow and watch their mentors but have few opportunities to improve their own practice and skills. Second and third year students who work on very busy shifts sometimes feel like additional staff and take

more responsibility than they should as students. This can be dangerous for patients' safety. Students often do not see their supernumerary status as fulfilled in reality.

"(One problem is the) cutting corners by being sort of understaffed or pushed for time. However, in every round that does happen. (...) Sometimes it feels like the ward is relying on students, whereas we're supposed to be supernumerary over and above the staffing. Because I have had many shifts where I felt: 'Oh my lord if we weren't here this place would be crazy.' (...) I find that a barrier to the learning experience because I am wondering about all the same stresses as a qualified midwife, trying to get your stuff done (...) whereas, I should be having an enriching learning experience."

(Student 9, paragraph 22)

This seems to be very important to students, because this situation hinders students to experience all these important aspects of good mentoring e.g. supervised practice, comprehensive communication, reflection and feedback as discussed above. All the things that are important for students for a good practice learning experience cannot be fulfilled by mentors who are under constant pressure and have no time for their students. Students do not blame their mentors for this, but see the responsibility in the NMC, NHS and hospital management.

Shift schedule (11)

The planning of practice placements and shifts is another important organisational aspect that influences the quality of students' experiences. Generally, students are satisfied with their working hours and the planning of shifts. Only few students recognise some problems. Some for example claim that it takes too long until they get informed about their next placement and especially about their planned shifts. Students with children or other responsibilities need more time to organise their private lives around the placements. Furthermore, it can be difficult for these students to work a lot on night and evening shifts, yet they are aware that this is what their professional lives will be like in the future. Other students report problems of working the minimum of 40% of their placement time with their mentors, because of organisational problems, e.g. different shifts, illness or annual leave. In these cases students work along with frequently changing staff members

which jeopardizes a structured and continuous support in their learning experiences.

Equipment (1)

One student mentions that it is helpful for her to have computers available at the workplace, so that she can use quiet moments to research background information and theory which is underlying her current practical work. It is also useful to get up to date with protocols, legislations and guidelines.

5.1.4 Improvements for the System of Practice Learning

When midwifery students are asked how the system of practice learning could be improved, they give a wide range of suggestions relating to mentor training, especially when it comes to grading, to organisational factors at the placements and to the university as well as link-lecturers. Most of these aspects are results of rather negative experiences students had made at practice placements.

Mentor training

As students describe the willingness to mentor as crucial, they recommend that only midwives who really want to be a mentor should be one. Furthermore, students think it should be made more attractive to become a mentor by providing incentives e.g. extra payment or extra time for mentoring. Additionally, students propose that midwives who return to the job after a longer period of time, should not be obligated to become mentors right away. Instead they should be given time to update and settle in first.

Students see a need for better mentor training, more standardisation in teaching methods and grading. According to students, grading can be improved by reducing complexity. One student suggests creating an online tool accessible for mentors and students which reduces the hand written paper work for mentors. This tool could be designed as a nation-wide grading system to simplify the work for mentors dealing with students from different universities. Moreover, students agree that tasks should only be graded if students were actually able to perform

these. This eliminates downgrading due to students not completing tasks since they were not covered, although they are required in the grading scheme.

“(...) sometimes you can’t plan when someone is going to deal with child protection issues or other social work. You can’t really plan that in the midwife space slot (...). It just depends on what is available. But it is how the mentors are grading you on what you have done, not what you didn’t do. That’s what is really important. But when that happened recently in third year, I had the confidence and said ‘I actually didn’t do that so you can’t grade me on something I didn’t do’. Whereas in first year, you just go along with it and say ‘ok, thank you for the B.’”
(Student 7, paragraph 54)

Finally, students suggest that feedback from patients and other staff members could be included in the grading to get a holistic picture of the students’ performance.

Placements

Students would like to have the opportunity to meet other students and staff members before the actual placements. This would facilitate the acclimatisation of students in the new work environment. Following up on this, students hope to get better socialising opportunities with other staff members e.g. working together with different midwives and spending time together during breaks which also creates a better team atmosphere.

Feedback and reflection are so important to students that they ask for more protected time to talk about events at the end of each shift, at least once a week. According to students, also more time for the completion of paperwork, planning and organisation is needed.

If problems or misunderstandings occur, mentors should talk about it with students right away, not at the end of the practice placement. Furthermore, students want mentors to talk to them first about problems, before approaching the link-lecturer. That gives the students the opportunity to explain themselves and many problems can be easily solved without the intervention of link-lecturers.

Some students would like to work with the same mentors again when going back to a former placement. This would provide more continuity for students. Furthermore, they ask to choose their mentor from the working team, or at least from two different midwives.

When it comes to working hours and shifts, students suggest working less night and evening shifts. They would also like their schedule earlier to be able to plan their private lives. If shifts of mentors and students do not match or if illness and annual leave endanger a positive placement experience, students propose the possibility of changing the mentor.

A monetary problem could be addressed by better funding for placements e.g. payment of travel costs.

The required 100% attendance at practice placements is very hard to achieve for students. This is why they ask for an opportunity to compensate sick days.

University

Since the students' experiences are so deviating and sometimes also negative, students would like to have a debriefing session after each placement at university together with lecturers and other students for reflection.

Some students have the idea that not only mentors should evaluate students but also students could evaluate mentors in order to pass on information to future students.

Concerning the work of the link-lecturers, most students wish to see them on a more regular basis. If it is not possible for them to visit the placements, students would also be willing to meet them at university. Students bring up the topic of conflicting roles of link-lecturers who are also working at the hospital of the student's placement. In these rare cases students recommend to receive a new link-lecturer.

5.2 Essence of the Phenomenon

The midwifery students at UWS experience their mentors as mostly effective. Mentors are perceived as good when they behave supportive towards the students and are patient with them. Additionally, positive behaviour such as kindness, politeness, honesty, reliability and respect towards students, staff members and families is desired. Furthermore, a passion for the own profession and being a mentor are seen as helpful. Empathy is identified as a promotor for a good mentor-student relationship.

Another important aspect is professionalism which includes setting boundaries in the mentor-student relationship. Mentors with experience who are working according to evidence-based practice standards are regarded as essential, so that students can view their mentors as role models in the professional context.

Concerning teaching skills, mentors who guide and support students are seen as more effective. Especially, mentors who encourage their students to become active themselves and trust their students' abilities are regarded as good mentors. Most students, with only few exemptions, describe their mentors as good and effective in this sense.

When it comes to communication, students expect no extra treatment but a normal polite and friendly interaction with their mentors. Moreover, students value reflective practice undertaken together with the mentors and also balanced feedback is seen positively. In general, it is necessary for a mentor to be approachable for student midwives to answer questions and provide support with problems. When students perform well and contribute actively to the work of the midwives, they experience acknowledgement as motivating and stimulating. Developing a personal relationship enables a better understanding for each other. Mentors who are free of preconceptions and judgements are experienced as good.

Regarding the communication between the student midwives and the whole team, students experience problematical situations. Students talk about bullying, judgements and gossip which creates an atmosphere in which students are often ill at ease. This environment that students describe as “ridiculously bitchy” hinders them in their development as professional midwives.

Organisational aspects can also contribute to a good or bad experience of student midwives at their practice placements. The university is one part that can simplify the organisational aspects for students. Grading and paper work is immensely important for students but they experience that filling in the complex books reduces the limited time mentors and students have together even more. Overall, the students view the system of practice placements as it is now organised by the university, as effective and well structured. There are two main organisational factors that students think could be improved: The structure of meetings with link-lecturers and the mentoring training. Workplace organisation is experienced by students in a rather negative way. Understaffing and constant high workloads generate a lack of time for mentors to actually mentor the midwifery students properly. Otherwise, students are satisfied with their shifts and working hours but experience problems when they receive the schedules only shortly before the placements.

When students are asked what they would improve on concerning their mentors and practice placements, the most prominent answer is that no midwife should become a mentor without wanting to be one. Students experience that the quality of a mentor depends on the intrinsic motivation to become one. The current system that makes mentoring compulsory for all midwives also creates mentors that are not able or willing to give the support to students that they need in order to make positive experiences at practice placements.

6. Discussion

In the following sections the study methodology will be de discussed in regard to the study design, the study population and the interview schedule. Furthermore, potential limitations of the study will be outlined. The researcher will go on with a discussion of the study findings. Firstly, a closer look will be taken on how the results correlate with the study aims. Secondly, it will be examined, in how far findings coincide with results from former research on the topic.

6.1 Discussion of Methodology

This study used a qualitative design with a phenomenological approach. In regard to the study's aim to explore the role of the mentors in the practice learning experience of student midwives, this approach enabled a deeper understanding of these experiences. An exhaustive description of positive and negative experiences of students was possible because of the detailed narratives of students. Colaizzi's (1978) approach to thematic data analysis enabled the novice researcher to follow structured steps to end up with a description of the essence of the phenomenon.

Creswell (2013, p. 157) suggests a sample size for phenomenological studies between one and ten. The recruited study population of 15 student midwives was therefore more than sufficient. Saturation was reached in the data since the last two interviews provided no further information. The researcher succeeded in recruiting students from all three years of the programme so that different needs and expectations depending on the students' stage of programme could be taken into account. Students from first or second year had already made enough experiences in practice placements to give balanced information. Ethical considerations were made to protect participants' anonymity. No participants withdrew from the study, neither during the interviews nor afterwards.

The semi-structured interview schedule was designed following the work of more experienced researchers in the field. The draft interview schedule was piloted with six student midwives to ensure all important aspects of the phenomenon were covered. Only open-ended questions were included. All questions were understandable and made sense to the students.

A potential limitation of this study can be seen in the subjective nature of qualitative research in general. The researcher cannot guarantee complete objectivity during the data collection, analysis and description. According to Creswell (2013, p. 182) the quality of a study also depends on the researcher's soft skills, e.g. her or his "*insight, intuition, and impression.*" To address this problem, the researcher put effort in the "bracketing" before and throughout the study process. Furthermore, the study findings reflect the students' experiences with their mentors and therefore hold all limitations of self-reported data such as reflection bias or social desirability.

The study findings might not contain all aspects that relate to the experiences of all students midwives at UWS. The restriction of the sample size of 15 participants was necessary because of methodological reasons. Since the study participation was voluntary it might have led to a selection bias in participants. It is conceivable that students with particularly positive or negative experiences felt motivated to become part of the study. This was addressed through explicit questions in the interview schedule for positive *and* negative experiences of the students in order to provide balanced information for the reader.

A potential limitation could be the procedures put in place for validation purposes. Due to the limited time that the researcher spent at the research institution, there was no time to give the participants the chance for checking the preliminary findings for accuracy and credibility. Instead, a second member of the research team listened to all interviews and read simultaneously the transcripts to compensate the missing member checking. Furthermore, the researcher included a vast amount of direct quotations in the description of results. This was done to ensure that the description of the researcher and what participants really meant

were the same. It gives the reader the opportunity to decide whether the researcher understood the participants correctly or not.

Finally, this study provides a rather one-sided view on the mentor role in practice learning experiences of student midwives. It would have been desirable to include confirmatory and comparative analyses from the perspective of mentors and link-lecturers, but limitations of time and the focus of this study lead to a restriction to the students' perceptions.

6.2 Discussion of Results

The study aimed at exploring the role of the mentor in the practice learning experience of student midwives. A focus was put on attributes of effective mentors. Challenges and problems that students are confronted with in their practice placements were of further interest. In addition, the effectiveness of the whole practice placement system was examined. The researcher will provide realistic and achievable recommendations for UWS that address problems relating to practice placements identified in the present study. Table 3 shows how the study results relate to the study aims. The study results are rephrased for better understanding and then listed alphabetically in each box.

Table 3: Study aims and a summary of study results put in relation.

Study aims	Study results
To explore student midwives' perceptions of the qualities, attitudes and behaviours which make an effective mentor	<ul style="list-style-type: none"> • Acknowledging students competences • Assisting the students with organisational issues • Being a role model • Being a teacher • Being approachable • Being empathic • Being experienced and practicing according to evidence-based practice • Being friendly, kind, polite and honest • Being passionate about the profession and mentoring • Being patient • Being professional • Developing a personal relationship • Good communication skills • Giving fair grading according to set standards • Having no preconceptions • Allowing the students to become active • Promoting the students' socialisation in the whole team • Providing feedback and reflection • Providing support

Study aims	Study results
To uncover challenges and problems students are faced with in the practice learning situation	<ul style="list-style-type: none"> • Bad team atmosphere (gossip) • Being criticised in front of patients • Being made to feel as a burden and unwanted • Being unsupervised • Getting books filled in from mentors • Repeated integration to new placements • Not being allowed to put theory into practice • Receiving shift schedules too late to plan private life around the placements • Understaffing and lack of time • Unfair grading
To explore students' perceptions of the effectiveness of the existing system relating to practice placements	<ul style="list-style-type: none"> • Distribution of 50% university and 50% practice placements is liked by students • Link-lecturers are approachable for students on request • Meetings between mentors and link-lecturers do not take place as intended • Overall effective system
To make recommendations to ensure that student midwives have a positive and meaningful practice learning experience	<ul style="list-style-type: none"> • Better organisation of shift schedules • To create a possibility for students to change to another mentor • To implement a mentor valuation system • To improve the mentor training • To simplify the grading and paper work

The findings of the present study can be found in a number of other studies on the topic. Beglin (2010) identified also the mentors' professional expertise, their characteristics and interpersonal abilities, teaching skills as well as behaviours towards the students as essential for their effectivity. Gidman (2011) found comparable to this study that support from mentors who facilitate learning opportunities are regarded as helpful. Furthermore, patience and empathy for students, taking their individual learning paces and needs into account were found to be important in the present study and e.g. in Hughes & Faser (2011) and Finnerty & Collington (2013). Al-Hamden (2014) stated that: "(mentors) *putting themselves out to help students*" are valued. In the present study, student midwives formulated the underlying idea as a mentors' passion for the profession and for teaching and mentoring.

A potential clash of personalities between mentors and students was identified as problematic in this study. Hughes & Fraser (2011) pointed out that there were mentors who built up good relationships with students, but others had issues to establish such because of differing personalities. The role of the mentor contains the support and encouragement of students on the one hand, but on the other hand mentors are also responsible for the grading of students. These conflicting roles of mentors can lead to ambivalence and social tensions in the mentor-student relationship. This underpins the need for professionalism from both, mentors and students. In regard of professionalism, students expressed concerns about mentors who do not practice according to evidence-based practice. This seems to be a problem not only in the present study because Hughes & Fraser's (2011) participants reported the same issue. Furthermore, role modelling of mentors was important to study participants in order to find orientation in the profession and to develop an own identity as a midwife. This finding is supported by the results of various studies (Bluff, 2002; Bluff & Holloway, 2007; Donaldson & Carter, 2005; Finnerty & Collington, 2013; Gray & Smith, 1999; Hughes & Fraser 2011; Jackson & Mannix, 2001; Licqurish, 2007; Murphy-Rozansk, 2008; Pollard, 2008 and Vati, 2006) and therefore seems to be one of the most important factors for effective mentorship.

The students in the present study have similar wishes for the teaching styles of mentors as those in Hughes & Fraser (2011) and Andrews & Roberts (2003). The students liked to be asked questions about their practice in order to reflect about underlying theory while performing practically. This technique seems to be suitable as an attempt to close the gap between theory and practice that has been discussed in science for decades.

A precondition for this is that students are allowed to put hands on practice. Like students in this study, others experienced frustration about having theoretical knowledge but are kept away from practicing, told to observe instead (Chamberlain, 1997; Finnerty & Collington, 2013; Hughes & Fraser, 2011; Pope et al., 2003).

Findings about communication skills of mentors and other staff members are in line with findings from other research on this topic. Goode (2012) emphasised that students like to be welcomed friendly at a new placement. Mentors who take time to show students around and introduce them to other staff members, help students to settle in and create a sense of belonging, are regarded as effective. This will impact on the development of self-esteem and confidence in students and will motivate them to learn. In contrast to this, bullying, belittling or making the student feel unwanted creates a negative working atmosphere which hinders students to progress in their learning (Chamberlain, 1997; Goode, 2012; Jackson & Mannix, 2001; Lash et al. 2006).

To students, good communication includes provision of feedback and reflection. Finnerty & Collington (2013) refer to it as “*debriefing and fading*” through “*informal chatting*” after stressful or demanding situations. This helps students to put their experiences into context and help them to cope with stress. In any circumstance, it is valuable for students if mentors create an atmosphere where they feel confident to approach mentors in order to ask questions (Begley, 2002; Chamberlain, 1997; Gray & Smith, 2000; Licqurish, 2007). Like Bradbury-Jones et al. (2011), this study found that students who are valued by mentors and other staff members as learners, people and full team members feel better and more competent to practice. Since students have to spend only 40% percent of their time at placements with their mentors, they also work together with other staff members. Students in this study expressed that it is the mentors’ responsibility to organise somebody with whom they can work with. Goode (2012) found the same expectation of students but demonstrated that mentors did not see such planning as part of their role.

Students in this study were overall satisfied with their grading by mentors but also had concerns about a lack of standardisation and subjective assessment which is different from mentor to mentor. Gray & Smith (2000) confirm this as they found that students try to adopt their behaviour and performance to mentors’ preferences instead of trusting a standardised grading system. Students in general liked the current system of practice placement and stated that they experienced

the system as overall effective. This is a more positive picture than in the studies of Gray & Smith (2000) and Begley (2001, 2002) that indicate a majority of midwifery students experienced the work with mentors at practice placements as rather negative.

The role of the link-lecturer is seen ambivalent by students. If there are problems with mentors or other staff, students value the link-lecturer as a mediator and somebody they can turn to. In these cases, link-lecturers play an important role for students. On the other hand, if there are no special incidences, students do not need to meet their link-lecturers. However, students acknowledge that link-lecturers can be helpful for mentors to assist with the grading and paper work. Research indicates that the link-lecturer and student cooperation is rather limited because of time restriction caused by multiple roles the link-lecturers have to fulfil (May & Veitch, 1998; Ramage, 2004). These multiple roles can also be problematic for the relationship with students. On the one hand, link-lecturers are there to support students if problems occur. On the other hand, they are often practicing midwives themselves like the mentors. Therefore, students might be afraid that link-lecturers rather take sides for mentors. As a consequence students might avoid involving link-lecturers in problems in the first place. This would mean that students are left on their own devices with nobody they can turn to in difficult situations at practice placements.

Even though students in the present study found their mentors generally effective, they saw a need for better preparation and training for midwives to become mentors. These deficiencies were also identified by Andrews et al. (2006), Duffy et al. (2000), Murphy-Rozansk (2008) and Wilson-Barnett et al. (1995). Moreover, Cudmore (1996) criticised that mentors often do not take their role seriously and experience it as a burden. Andrews et al. (2006) however, did not see it as a lack of responsibility but mentors being overwhelmed by all the different duties. Especially, mentors who had been newly qualified and received little support from colleagues, struggled in their role. Furthermore, Andrews et al. (2006) stated that not all midwives have adequate abilities for the mentoring role. Likewise, students in this study expressed concerns about this and criticised the current system that

makes it compulsory for midwives to become mentors at some point in their career.

Additionally, mentors see themselves confronted with high workloads and time constrains. This seems to be a general problem in the midwifery profession since other research generated similar findings. Aston & Molassiotis (2003) pointed out that in the daily routines of midwives there is not enough time to mentor students appropriately. Similarly to the students in this study, Nettleton and Bray (2008) do not make the mentors themselves responsible for this situation but criticise a *“lack of commitment of time and resources as being a reflection of the low importance given to the role of the mentor and highlights this as having a negative effect on mentors, with them not getting the recognition they deserve”* (Nettleton & Bray, 2008).

The NHS Education for Scotland commission published a report as a response and proposal following the “Evaluation of Fitness for Practice Pre-registration Nursing and Midwifery Curricula Project in 2008 (NHS, 2008). The recommendations were to select mentors explicitly and provide incentives for those who willingly engage as mentors. Furthermore, longer and more in-depth preparation of mentors was advised (NHS, 2008). It is obvious that the NHS and placement institutions have already been aware of these problems for eight years. The situation has not changed yet since students in the present study report the same problems and even make the same suggestions as made in the NHS Education for Scotland report. In a nutshell, problems and deficiencies within the practical education of student midwives have already been identified by research. Furthermore, authorities had made recommendations for improvements regarding nursing and midwifery education in Scotland eight years ago but unfortunately, these have not been heard or - one might think – have been consciously ignored because of budget constraints (Smith & Yip, 2016).

7. Recommendations

This study aimed to explore the role of mentors in the practice learning experience of student midwives. An individual study with a small sample size like this does not provide sufficient data to influence NHS or NMC regulations. This would require a larger multi-centre study. Nonetheless, UWS can draw conclusions from this study and implement improvements within the frame of national guidelines and laws. Therefore, the researcher would suggest the following recommendations that seem appropriate and achievable:

- To simplify the grading and paper work

The university should try to reduce the complexity of the grading system for practice placements and provide detailed instructions for the completion of all paper work that mentors have to fill in for students.

- To improve the mentor training

The university is also responsible for the training of mentors. It is necessary to clarify the mentor role and responsibilities for midwives. Mentors should be better informed what they can expect from students at the different stages of the programmes. In the training courses a stronger focus on teaching methods and skills for effective mentorship should be set. Additionally, practical training for mentors in the completion of grading and paperwork should help to improve transparency and standardisation among mentors. Also training for ward sisters and coordinators in the hospitals is needed.

- Better organisation of shift schedules

If the university could collaborate with practice placement institutions to provide shift schedules to students at a fixed period of time prior to the start of practice placements, students would have better opportunities to plan their private lives. This should lead to a reduction of stress and frustration and therefore a better start at the new placements.

- To implement a mentor valuation system

On the one hand, there are quality differences in the mentors' performances. On the other hand, the university has an interest in all their students having the opportunity to make positive experiences at practice placements. Therefore, the researcher wants to follow the suggestion of a student to implement a valuation system for mentors. This would have two advantages. Firstly, mentors would receive feedback about their mentoring style and how they can improve. Secondly, the university could investigate in mentors who constantly have been performing badly and have the chance to adopt appropriate actions e.g. provision of further mentor training.

- To create a possibility for students to change to another mentor

Students wish that no midwife should be obliged to become a mentor. They see the obligation to mentor as the main cause for conflicts in mentor-student relationships and poor mentorship quality. The researcher sees this point as valid and important. To address the students' wish, however, it would be necessary to involve the NMC and NHS. Since this is not possible in context of this study, the researcher identifies an alternative which does not directly address the underlying problem but provides an improvement for the students' situation when they are confronted with ineffective mentors. The researcher advises UWS:

- a) To create a possibility for students to report mentors who fail the NMC standards.
- b) To create a possibility for students to change to another mentor under defined and restricted circumstances.

The researcher wants to point out that this recommendation could lead to adverse effects in mentor-student relationships. Mentors might feel under pressure and put under general suspicion of misconduct. Therefore, the researcher advises to design the possibility to change to another mentor as an "ultima ratio", although generally possible in appropriate situations.

8. Conclusion and Outlook

The findings of this study confirm other research results. Supportive mentor-student relationships are crucial for student midwives to learn effectively at practice placements. The UWS midwifery students stated that they like to work with committed mentors, who enjoy their role as clinical teachers, are friendly and competent communicators and exemplify experience and evidence-based practice. The most valuable learning opportunities for student midwives were practicing under supportive supervision. Students point out that a positive working atmosphere in which the mentor puts trust in the students' knowledge and skills, empowers and motivates them. Mentors can support students through feedback and reflective practice in order to cope with stressors at work. The student midwives in this study made mainly positive experiences with mentors at placements and ensured that they were happy with the current system of practice placements. Nonetheless, each of the students also shared negative experiences with mentors and problems regarding organisational factors such as grading and paper work. Student midwives in this study identified that the role and work of mentors needs to be more recognised and appreciated. Mentors need more resources in form of time and support from hospital management and HEIs. It is the role of the NHS and NMC to create a framework for this. Furthermore, students made clear that better mentor training is needed. The students' major request is to change the recruitment of mentors from obligation to volunteering. The need for these changes has already been identified by the NHS in 2008. Unfortunately, no real changes have been made since then. Therefore, it is necessary that the HEIs in close cooperation with practice placement institutions become active themselves in order to improve the system.

This study did not supply new findings about the role of the mentor in the practice learning experience of student midwives. Most research so far focused on either individual attributes of mentors or organisational factors. However, the achievement of this study is the provision of a holistic picture of positive and negative aspects that took both, individual characteristics of mentors as well as

organisational factors such as HEIs and practice placement institutions into account.

This study can be seen as a start point for further scientific action. Firstly, outlined recommendations should be implemented by UWS and practice placement institutions. Secondly, further research is needed that explores the perceptions of mentors, hospital managers and HEI authorities about the current situation of practice placements in midwifery. They should be given the chance to identify deficiencies and potentials for improvement from their point of view. Thirdly, multi-centred studies should be undertaken from which well-reasoned recommendations can be derived on a national level. Fourthly, a dialogue with national authorities e.g. the NHS and NMC have to be opened to address existing problems and to ensure that student midwives in Scotland and the rest of the UK get the support from mentors they need to be fit for practice when entering the work force.

This study has the potential to contribute to an improvement in the practical learning of student midwives in Scotland, the UK and elsewhere. The study findings provide important information for HEI authorities, mentors, student midwives and practice placement institutions about what students need and wish for in a mentor and how an optimal clinical learning environment can be provided for students.

Mentors have a deep impact on how well students are prepared for practice. However, their influence goes far beyond because the current midwife students will be tomorrow's mentors. They will then pass on their individual experiences with mentors in either positive or negative ways to future students. It is now the time to improve the system of practice learning so that each student can make equally positive experiences at practice placements in order to become competent midwives and committed mentors themselves in the future.

9. References

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Appendices

A) Ethics Approval

Ref: AS/ESB

5th December, 2014

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Dear Simone

Outcome of School of Health Nursing and Midwifery Ethics Committee

Thank you for your recent submission to the above Committee.

I can confirm your submission was reviewed by the Committee, where the outcome has been:

- **APPROVED**

This outcome requires no further action.

Feedback from the Committee is attached for your information.

On behalf of the School Ethics Committee, I take this opportunity to wish you well with your study.

Yours sincerely



Professor Austyn Snowden
Chair
School of Health Nursing & Midwifery Ethics Committee

cc Dr Jean Rankin

School of Health, Nursing and Midwifery
Dr Heather Simpson, Interim Dean

B) Participant Information Sheet

Simone Hertig
Hamilton Campus
Caird building, room 3.29
Almada Street
Hamilton
ML3 0JB

Email: simone.hertig@uws.ac.uk
Tel: 07511 443515

PARTICIPANT INFORMATION SHEET

Title of study: Exploring the role of the mentor in the practice learning experience of student midwives: A qualitative study.

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact Simone Hertig if you would like more information.

What is the purpose of the study?

The purpose of this study is to explore the role of a clinical mentor from a students' point of view. Current student midwives at the University of the West of Scotland from all three years are invited to take part in the study. The study is part of the researcher's work towards a Master of Health Sciences degree with the University of the West of Scotland in cooperation with the Hamburg University of Applied Sciences.

Why have you been invited?

The University of the West of Scotland has a high interest to ensure and improve their midwifery study programme. The mentor-student relationship plays a central role in the education of midwives. However, research has not identified yet what essential characteristics, behaviours and skills are that midwife students appreciate in their midwife mentors. The study hopes to gain a better understanding of how support from student midwives for student midwives should look like. Results can be used to improve future mentor-student relationships. You have been invited to participate because you are a current midwife student at UWS. A maximum of 20 students will take part in the study.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you are interested in taking part you should contact Simone Hertig (details above) within 2 weeks of you receiving this information sheet and dated cover letter. She will answer any questions you may have and ask you to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

If you withdraw from the study you have the right to ask that any information collected about you be destroyed. A decision to withdraw at any time, or a decision not to take part, will not affect your study career. Your teachers and mentors will not be informed about your participation in the study.

What will happen to me if I take part?

If you consent to taking part in the study you will be invited to meet with the researcher. You will then be interviewed and asked to talk about your opinion, thoughts and experiences of clinical mentors in practice learning. The researcher is interested in all aspects of the student's experiences.

The face-to-face interview will take place on campus at a time and venue convenient to you. The interview will last between 30 and 45 minutes, depending on how much you want to tell.

The conversation will be recorded on tape with your consent. This is only for my recall of what you have said. No one else will have access to this recording. If you don't agree, field notes will be taken.

You are able to discontinue the interview and withdraw from the study at anytime.

What are the possible disadvantages and risks of taking part?

There are no risks involved but you may not feel comfortable talking about your personal experiences and thoughts with an unknown person.

It might be interesting for you that the researcher is not a permanent staff of UWS but is only here for the duration of this study. Furthermore, the researcher does not know any of the mentors.

What are the possible benefits of taking part?

There are no direct benefits for you to take part in the study. However, you will be contributing to new research regarding the concept of mentorship in midwifery. Results of this study may improve future mentor-student relationships and therefore the quality of practice learning experience for midwifery at UWS and possibly beyond.

What if something goes wrong?

Since the study is recording a conversation, no risks or harm to you are anticipated. In case of any unexpected event the researcher may decide to stop recording the session e.g. you become unwell. Referral to your personal tutor can be provided in case the conversation moves you and you would like to speak to a professional.

If you wish to complain or have any concerns about any aspect of the way you have been approached during the course of this study, please contact first the researcher or the study supervisor (Dr Jean Rankin 07720948534).

Will my taking part in this study be kept confidential?

All information collected about you during the course of the research will be kept strictly confidential, known only to the research team and stored in accordance with the Data Protection Act (1998). Information obtained will remain confidential and stored in a locked cabinet or on a password protected PC accessible only by the research team. The audio recordings made during this study will be used only for analysis and will be destroyed once the analysis is completed. No one outside the study will be allowed access to the original recordings. All other data will be kept securely for 5 years following the study then destroyed.

What will happen to the results of the research study?

It is intended that the results of the study will be published. A summary will be made available to you prior to publication or any presentation of the results. Verbal quotes you make may be published or included in the researcher's final dissertation but you will not be identified in these reports or publications.

Who is organising and funding the research?

The research study is being organised by Simone Hertig as part of the work towards her Master of Health Sciences degree. The study is sponsored by the University of the West of Scotland. There are no additional funds available for this study.

Who has reviewed the study?

This study has been approved by the University of the West of Scotland Ethics Committee.

Thank you for taking time to read this participant information sheet, which you may keep. If you decide to take part in the study you will also be given a signed copy of the consent form to keep.

Contact details

If you would like to take part in the study or require any further information, please do not hesitate to contact: Simone Hertig via e-mail simone.hertig@uws.ac.uk or phone 07511443515.

If you would like to contact someone other than the researcher, please phone the researcher's academic supervisor Dr Jean Rankin on 07720948534.

C) Consent Form

Simone Hertig
Hamilton Campus
Caird building, room 3.27
Almada Street
Hamilton
ML3 0JB

Email: simone.hertig@uws.ac.uk
Tel: 07511443515

Patient identifier: _____

CONSENT FORM

Title of study:

Exploring the role of the mentor in the practice learning experience of
student midwives: A qualitative study

Name of researcher: Simone Hertig

PI

1. I confirm that I have read and understood the information sheet dated 10.11.14 (version 1) for the above study. I have had the opportunity to ask questions and have had my questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time.
3. I understand that data collected during the study may be looked at by researcher or individuals from the research team.
4. I agree to take part in an face-to-face interview

5. I agree that the interview is audio taped.

6. I agree to verbal quotes being used in publication and the researcher's final dissertation.

7. I agree to take part in the above study.

Name of Participant (student)

Date

Signature

Name of Person
taking consent

Date

Signature

When completed, 1 for participant, 1 for research site file.

D) Face-to-Face Interview Schedule

Title of study: Exploring the role of the mentor in the practice learning experience of student midwives: A qualitative study.

Hello (name) and welcome to our meeting. Thanks for taking the time to talk about your experiences with your mentor at your practice placement. My name is Simone, I am an intern at the University of the West of Scotland. I am conducting this study on the one hand because the university is interested in your experiences relating to your mentors in practice placements and on the other hand I will write my master thesis about this study.

The information gathered today will help us to better understand your experiences and therefore also your needs and expectations towards the mentors at your practice placement. The results can help mentors to realize what is expected from them and how they can improve their support for you in practice learning situations.

You have been invited to take part because you are a current midwife student at the University of the West of Scotland.

There are no right or wrong answers, only your experiences and thoughts. To make it easier for me to really understand you, feel free to use examples or tell me also about things you are ambivalent about. Everything that is important to you is also important to me.

As you are already aware from the Information Sheet I hope, with your permission, to tape record our conversation. I am recording it because I don't want to miss any of your statements and I can't write fast enough to get them all down.

Can I just confirm that you are happy to be addressed by your first name? This is only for our conversation. Already in the transcription of the tape an anonym identification number will be used instead of your name. Your name will not be used in any written material associated with this study. It is important that you feel reassured that confidentiality will be upheld. I also want to remind you that I don't know any of your teachers at UWS or any of the mentors in the practice placements. None of them will ever know if you took part in this study or not.

Do you have any questions?

Then let's begin.

A) Part: Introduction and experiences of positive support situations

1. When you hear the word mentor what comes to mind?
2. In general, what characteristics should a mentor have to be effective in supporting you
3. How should a good mentor behave?
4. Think back to a time in your practice placement when you a good experience with your mentor. Please describe it for me.
5. Probes: Why was it a good experience for you?
6. Can you give me another example?
7. When you think of support from your mentor at your practice placement, how should it be?
8. What factors do you think influence your experience of good support through your mentor?
9. From these factors we've just discussed, what do you think is the most important?

General probes: Could you explain that further?
Is there anything else?
Can you give me another example of that?

B) Negative experiences of failed support and potential improvements

1. In general, when you think of support at your practice placement, what kind of things should never happen?
2. Tell me about a time when you didn't feel well supported by your mentor. Please describe your situation back then.
Probes: How did that make you feel?
What did that mean to you?
What should your mentor have done differently?
3. Can you give me another example when you felt not well supported?
4. In a perfect world, what would you change concerning the support you received from your mentor?

5. Probe: Can you think of further meaningful and realistic improvements concerning the support you receive from your mentor?
6. Which of these changes seem to be realistic to you?
7. General probes: Could you explain that further?
 Is there anything else?
 Can you give me another example of that?

C) Part: Other problems and effectiveness of system

1. What do you think about the whole system of practice learning?
2. What do you think about the effectiveness of this system?
3. What other problems occur in your practice placement?
4. How could these problems be addressed to improve the practice learning situation for student midwives?
5. General probes: Could you explain that further?
 Is there anything else?
6. Can you give me another example of that?
7. How well do you feel evaluated by your mentor?
8. What do you think about the cooperation between your link-lecturer and your mentor?
9. Is there something else you want to mention that seems important to you?
10. What is the most important statement that you made during our conversation?

Thanks very much for coming along today. If you'd like a summary of the results I will post or email them out to you, whatever you'd prefer.

E) Transcripts of all 15 Interviews (on CD)