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Methodological considerations of undertaking research with clinical mentors in the UK: A critical review of the literature

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Summary The subject of this paper is critical review of the reported research approaches used when undertaking clinical mentor research in the UK. The term 'Mentor' is used to denote a clinical practitioner who is responsible for the teaching, assessing and supervision of student nurses undertaking clinical practice. Imperatives such as new quality assurances in the UK are cited as part of the rationale for conducting the review. In these new initiatives, clinical placements are viewed as an integral feature of Higher Education Institution's (HEI) nurse education provision. Within these new quality assurance processes, there is an emphasis on the importance of clinical learning environments and the impact that mentors have on student learning. A critical review of 19 reports that have clinical mentors as their target population was undertaken. Factors such as the subject areas of the studies reviewed, research methodologies, sampling issues, responses rates and ethical considerations were the focus of the critical appraisal. It was found that most studies used postal survey approaches. Methodological weaknesses were found to relate to such things as questionnaire design, sampling and poor response rates. It is concluded that the study gives further insights into the debate about the rigor of nursing research and particularly nurse education research and therefore is of interest not only to nurse education researchers but also to nurse researchers generally.

Introduction

Major contributors to students' learning, teaching and assessment in clinical settings in the UK are practice mentors. The term mentor has been

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the subject of much debate since its introduction by what was known as the English National Board (ENB) on commencement of the Project 2000 initiative (Morle, 1990). Phillip et al. (1996a) relates that a review of the literature reveals a lack of consensus concerning definitions of the term mentor. However, more recently the ENB and Department of Health (DH) (2001) have attempted to provide clarity to the situation by stating that mentors have three primary roles, which are to

- facilitate student learning across pre- and post-registration programmes;
- supervise, support and guide students in practice in institutional and non-institutional settings and
- implement approved assessment procedures.

Thus the term mentor in the UK is normally used to denote teachers, supervisors and assessors of student nurses' clinical practice.

The following section of this paper examines some of the quality assurance initiatives that are currently being undertaken in the UK and the potential impact this has had on research into mentor provision.

Background

The Quality Assurance Agency in England has been commissioned to undertake a major review of all National Health Service (NHS) funded health care programmes during the period 2003—2006. The review processes have been developed in partnership with DH and statutory bodies such as the Nursing and Midwifery Council (NMC). Watson et al. (2005) describe how, these new approaches have brought together the professional and university quality assurance procedures. The system developed is one of peer review and is carried out by specialist teams of professional peers. Jones (2004) also relates how prior to these new initiatives, clinical placements were considered an additional asset to HEI provision. However, these new quality assurance processes have intensified the importance of clinical learning environments and the impact mentors have on student learning. Also crucially those in clinical settings are now considered equal partners in the review processes, which as Burns and Paterson (2005) identifies is reflective of the responsibilities that both HEIs and NHS providers have in preparing nurses withthe skills necessary to cope with the complex nature of today's clinical practice.

Rationale for the study

The recent quality assurance initiatives in England have given fresh impetus for educational nurse researchers to undertake research that has clinical mentors as their target population. Additionally I have previously undertaken audits that have had mentors as the target population and have experienced a number of difficulties when undertaking these projects. All these projects have incorporated reviews of the literature. I, therefore, decided to combine and extend these reviews so as to identify issues and some possible solutions that other researchers undertaking similar projects may find useful.

Research questions

The research questions that were formulated to give focus to the review undertaken are as follows:

1. What research projects have been conducted in the UK that have clinical mentors as their target population since the introduction of project 2000 programmes?
2. What research methods, sampling approaches and response rates are reported in the mentor studies identified?
3. What are the reported difficulties involved in undertaking such research?
4. What measures have researchers deployed to overcome these difficulties?

Methods

The methods used in the study are those associated with critical review of the available evidence or published studies that have had mentors as their target population. In order to identify the relevant studies, a number of searches of the literature databases were undertaken. These included, for example, ASSIA, CINAHL, Medline, PsycINFO and Science Direct. The inclusion criteria included studies that were UK-based and were post-Project 2000. That is exclusion criteria included only studies dating from 1990 onwards. Reason for only including studies post-project 2000 is that the current mentor roles were introduced at this time.

Search words used when searching the electronic databases included such things as clinical mentors, assessors, or supervisors in combination with, for example, preparation, updating, continuing professional development and role evaluation.

In addition back-chaining methods from pertinent literature and hand searches of relevant nurse education journals were also undertaken. There was also an attempt to access relevant 'grey' literature such as ENB and DH research reports, relevant research conferences publications and research theses lists. However, crosschecks of the grey literature with published papers revealed a number of duplications. I therefore decided to use only the published versions of the various research studies.

Findings

Subject themes of the papers

In total, 19 papers were identified that described studies of clinical mentor provision. The purpose of the studies broadly related to the following:

- Educational policy evaluation and Project 2000 initiatives: introduction of mentors in nurse education (Phillip et al., 1996b; Thomson et al., 1999; Twinn and Davies, 1996; Wilson-Barnett et al., 1995).
- Mentor preparation programme/study day evaluation (Byers, 2002; Devis and Butler, 2004; Rosser et al., 2004; Watson, 2003).
- Experiences of being a mentor (Atkins and Williams, 1995; Watson, 1999).
- Adequacy of mentor preparation for undertaking the role (Duffy et al., 2000; Jinks and Williams, 1994).
- The support mentors receive in clinical settings (Duffy et al., 2000; Watson, 2000).
- Perceptions of mentoring effectiveness (Andrews and Chilton, 2000; Haroon-Iqbal and Jinks, 2002; Jones, 2004).
- Placement evaluation (Sibson and Machen, 2003).
- Mentor attitudes to nurse education (Pulsford et al., 2002).
- Implications of contact with mentors for students (Jones et al., 2001).

Many of these papers introduce readers to a range of important issues concerning the role of mentors in nurse education. Preparation, support and professional development of mentors are frequently addressed areas. This review has, however, a focus on how this type of research has been conducted and some of the difficulties the various authors have encountered when undertaking their research. Nevertheless, it is acknowledged that underpinning the discussion and debate concerning mentor roles are many crucial philosophical issues concerning the role that clinical practitioners have as assessors of students' clinical practice. For example, few of the papers reviewed to explore the implications of assessment divide often experienced in the UK of academics being largely responsible for academic components of a programme and clinical practitioners clinical assessment. Whilst I am aware that I have presented this divide in simplistic terms and there are many exciting strategies that do not conform exactly to this model, I believe that it is an important issue that needs to be revisited and debated at a national level. However, as stated earlier this paper's focus is not so much about the findings authors report when conducting research with mentors but how they conducted their research. In particular, the paper seeks to identify commonly reported pitfalls and some potential solutions that researchers may deploy when conducting research that has mentors as the population of interest. Thus the following sections of this review will focus on the methodological approaches used by the authors of the studies reviewed.

Methodological approaches

The authors of the studies identified in the review conducted reported collecting both qualitative and qualitative data. For example, 13 of the studies identified used structured postal questionnaires or an activity diary to collect data. However, a number of authors report collecting both quantitative and qualitative data when using these methods. For example, Jones et al. (2001); Jones (2004) and Phillip et al. (1996b) state that they collected free text data using structured questionnaire approaches. Some authors also report the use of rating and Likert scaling techniques (Rosser et al., 2004) and others report the use of linear analogue scales (Thomson et al., 1999). Use of pre-validated questionnaires is not often reported although Andrews and Chilton (2000) state that they utilised Darling (1984) MMP scale in their questionnaire.

Some authors describe how they developed the questionnaire used in their study themselves. For example, Andrews and Chilton (2000) and Rosser et al. (2004) developed a questionnaire from a review of the literature, which in Rosser et al.'s study was then reviewed by an expert panel. Watson (2000) also describes how interview data informed development of the questionnaire used, whilst Haroon-Iqbal and Jinks (2002) used 'Placement in Focus' (ENB/DH, 2001) standards to structure their study questionnaire. However, Watson (2003) is

one of the few authors who describe undertaking questionnaire reliability measures such as Cronbach-α analysis and split half methods. Nevertheless, some authors do relate that they undertook pilot studies in order to establish the usability of the questionnaire they developed (Andrews and Chilton, 2000; Haroon-Iqbal and Jinks, 2002; Jones, 2004; Pulsford et al., 2002; Watson, 2003). Most authors report using descriptive statistical approaches to analyse their findings although Jinks and Williams (1994) do describe the use of inferential statistical analysis methods in their analysis. Byers (2002) also describes how a SWOT analysis was undertaken on the basis of the qualitative data obtained using a semi-structured questionnaire approach.

Another group of studies identified that had clinical mentors as their sample were three studies that deployed interview approaches (Atkins and Williams, 1995; Twinn and Davies, 1996; Watson, 1999). All these studies report the use of semi-structured interview approaches. Atkins and Williams (1995) and Watson (1999) describe use of interview guides although the authors have not stated how these guides were developed. Data from these studies were usually analysed using a content analysis approach.

The last group of studies identified were large national studies that had mentors as a sub-sample group (Phillip et al., 1996b; Thomson et al., 1999; Wilson-Barnett et al., 1995). These studies used a variety of approaches including structured questionnaires, semi-structured interviews, and observations of clinical interactions and recording of diaries. All these studies were nationally based enquiries as opposed to previously described studies that were mainly locally orientated. Whilst only a few of the aforementioned studies reported external funding sources, all of this last group of large national studies do identify major funding sources such as the former English National Board and what was known as the Welsh Office Nursing Division.

Tables 1—3 give further details of the survey, interview and multi-method studies identified in this review.

Sampling issues

Other methodological issues explored in the studies reviewed concerned sample selection. Some authors of the studies reviewed report use of a convenience sample (Devis and Butler, 2004; Duffy et al., 2000) or purposive sampling approaches (Andrews and Chilton, 2000; Atkins and Williams, 1995 and Wilson-Barnett et al., 1995) or some surveyed the total population group (Jones, 2004; Watson, 2000). One author did report the use of random selection techniques (Pulsford et al., 2002), whereby one mentor from every second clinical placement area was chosen to participate in the study.

Some authors also describe how they used lists of approved mentors held by the HEI as the database for their study (Pulsford et al., 2002). However, the use of these types of databases was not without difficulties. For example, Phillip et al. (1996b) found that the complete lists of mentor's names were unobtainable. Duffy et al. (2000) also found database inaccuracies prevented identification of all adult branch mentors. Similarly Thomson et al. (1999) also found that database inaccuracies due to factors such as staff moving to another area or leaving. However, a few authors relate that they accessed the mentors study through students' allocations (Jones et al., 2001) and others identified their sample group through clinical managers (Phillip et al., 1996b).

Response rates

A further area of methodological interest is the size and reported response rates in the studies reviewed. For example, it was found that there were few large-scale studies reported. In the survey type research reviewed, the largest sample group was that reported by Phillip et al. (1996b) who had 955 respondents and the smallest study was that of Sibson and Machen (2003) who had 13 respondents. Response rates were variable and ranged from 100% for one of Sibson and Machen's sub-sample groups to Rosser et al. (2004) who reports a 25% response rate for one of their sub-samples. Over half of the studies reported response rates of less than 50%. However, Jones et al. (2001) describe that better response rates from community staff, which could be reflective of their working patterns. Devis and Butler (2004) give reasons for non-completion as being due to priorities of clinical care and because staff may not want to give controversial views.

A number of authors of the studies reviewed to cite various strategies they deployed to maximise response rates. For example, Watson (2000) uses the tactic of asking unit managers to encourage staff to return their completed questionnaires. Jones (2004) reports sending out a reminder letter to non-responders and Thomson et al. (1999) made reminder phone calls after

Table 1 Details of questionnaire studies that report having mentors as their sample group

Author	Research method	Details of sample	Sampling method	Number of respondents	Response rate
Andrews and Chilton (2000)	Postal questionnaire	Adult branch mentors	Purposive	27	22 (82%)
Byers (2002)	SWOT of qualitative questionnaire data	Community practice teachers	Purposive	35	NA
Devis and Butler (2004)	Postal questionnaire	Mentors at an acute trust	All mentors who had attended a trust study day	50	18 (36%)
Duffy et al. (2000)	Postal questionnaire	Adult branch mentors	Convenience	150	71 (47%)
Haroon-Iqbal and Jinks (2002)	Face-to-face/postal questionnaire	Mental health and community nurses	Total population	343	156 (47%)
Jinks and Williams (1994)	Postal questionnaire	District nurses mentors	Total population	74	61 (82%)
Jones et al. (2001)	Activity diary	Adult, child, mental health branch mentors	Not stated	270	117 (45%)
Jones (2004)	Postal questionnaire	Midwives mentors	Total population	79	42 (53%)
Pulsford et al. (2002)	Postal questionnaire	Pre-registration student mentors	Random selection	400	198 (49%)
Rosser et al. (2004)	Postal questionnaire	Macmillan specialist nurse mentors	Mentors who had attended two mentor training programmes	26 cohort 1	23 (88%)
				26 cohort 2	96% (25%)
Sibson and Machen (2003)	Postal questionnaire	Practice nurse mentors	Total population	7 year 1	7 (100%)
				8 year 2	6 (78.5%)
Watson (2000)	Postal questionnaire	All mentors at one trust	Total population	994	237 (overall 24%)
Watson (2003)	Self-admin questionnaire	Nurses undertaking mentor preparation programmes	Two student cohorts	127	115 (90.6%)

Table 2 Details of interview studies that report having mentors as their sample group

Author	Research method	Details of the sample group	Approaches to sampling	Number of participants
Atkins and Williams (1995)	Semi-structured interviews	Registered nurse mentors of under-graduate student nurses	Purposive sampling	12
Twinn and Davies (1996)	Semi-structured interviews	Adult and mental health practitioners	Through student allocations	37 (17 adult and 20 mental health)
Watson (1999)	Semi-structured interviews	Registered nurse mentors of pre-registration student nurses	Availability of mentors	15

3 weeks to non-respondents. However, other authors relate that maximising response rates was an important consideration when designing their questionnaires. For example, Devis and Butler (2004) designed a one-page questionnaire with the rationale that a short, easily completed questionnaire would increase response rates. Also Watson (2000) tried to ameliorate the effects of poor response rates in his data analysis by only including data from clinical areas with over 30% response rate. The rationale given for this was that there were no apparent differences between the wards that had reasonable or poor response rates.

Recruitment problems in the qualitative studies reviewed were not reported to be a particular issue in any of the studies reviewed. Atkins and Williams (1995) and Twinn and Davies (1996) stated that they tried to ensure that they had a representative sample group by including interviewees from a range of geographical and clinical settings. Watson (1999) describes how student and mentor pairs were used in her study. All do, however, report that the small sample sizes are a limitation of their studies and as a result their findings are not generalisable.

Ethical issues

The final methodological issue that was examined in the review conducted was that of ethical considerations. It was found that some but not all authors did report that they had gained ethical approval for their study either from the pertinent University or local NHS ethical committees (Phillip et al., 1996b; Watson, 2003; Duffy et al., 2000). Some authors did, however, state that they inferred consent of the respondents through receipt of completed questionnaire (Devis and Butler, 2004; Watson, 2000) and others stated that they considered ethical approval was not needed as the study was focused into the evaluation of an educational programme (Rosser et al., 2004)

Discussion

It is possible to distil a number of important issues that arise from the findings of the various studies reviewed. For example, there is the debate about who is best equipped to undertake assessment of student nurses' clinical practice and the gatekeeper function that is embodied in these roles. Who is best equipped to undertake such assessment may lead to fundamental questions such as the current role of nurse lecturers in the UK. Such things as the reliability and predictive validity of clinical assessments are issues that may also give rise to a number of other important research questions. However, as stated earlier the theme of this paper has been less about the findings of the individual studies reviewed and more about the methodological approaches used by the various authors whose work has been reviewed. The focus has been how researchers have reported undertaking their studies, the limitations they report and what strategies they have deployed to minimise these limitations.

Thus a number of methodological conclusions may be drawn from the review conducted. Generally it is clear that mentor research is a small but increasingly important area of nurse education research. It was, however, found that only few large funded studies have been conducted into this area of educational provision. This would appear not to be commensurate with the importance of the role of clinical mentors. Also these larger studies have been largely undertaken in the 1990's and as such would appear to be in response to Project 2000 initiatives and the need to evaluate these developments. It is disappointing that more recently small locally orientated studies appear to be the

Table 3 Details of mixed methods studies that report having mentors as part of their sample group

Author	Research method	Details of sample	Sampling method	Number of respondents	Response rate
Phillip et al. (1996b)	Focused semi-structured interviews	All Wales sample of registered practitioners	Participants nominated by managers	287	Not stated
	Reflective semi-structured diaries kept over a 10 day period	Mentors of Project 2000 students	Mentors of student volunteers	622	133 (21%)
	Questionnaires	Mentors of Project 2000 students	Aimed to have a total population sample	1332	955 (72%)[a]
	Observations of student/mentors in clinical settings	1 clinical sites throughout Wales	Student volunteers	Not stated	Not stated
Thomson et al. (1999)	Self-complete questionnaires	Community nurses, midwives and health visitors at three education centres in England for all stages of the study	Total population	561	247 (46%)
	Practitioner diary sheets		Total population	561	247 (46%)
	Semi-structured interviews		Volunteers from each of the three case study sites	24	N/A
Wilson-Barnett et al. (1995)	Semi-structured interviews	Adult and mental health practitioners	Purposive	17 (adult) 20 (mental health)	N/A
	Not participant observation of student/mentor interactions in clinical settings	As above	3 adult clinical case studies and	120 h of adult branch student/mentor interactions	All planned case study sites participated in the study
			3 mental health clinical case studies	188 h of mental health branch student/mentor interactions	Observations at two planned mental health sites not possible

[a] Number of mentors in a mixed sample group not stated.

most common type of study conducted with clinical mentors.

Methodological approaches used in the studies reviewed were varied but use of postal questionnaire approaches predominated. This clearly gives rise to questions related to the need for more in-depth investigations into mentor provision. An under-addressed area would seem to be studies that explore mentor perceptions and experiences using qualitative research approaches. Also whilst some authors do describe acceptable and valid approaches to questionnaire design through use of pilot study work and reliability testing, many of the authors do not report using such techniques. Furthermore, most of the authors whose work has been reviewed do acknowledge their study's limitations in terms of the small sample sizes. However, the small sample sizes reported may also have resulted in the absence of random-selection of participants in all but one of the studies reviewed. Although a number of authors do report on use of total population groups. The small sample numbers in the survey studies also appears to have resulted in the fact that inferential statistical analysis of the data obtained has not been possible in the majority of the studies reviewed.

A further important issue related to the overall quality of the studies reviewed relates to problems and inaccuracies with HEI mentor databases that many authors report. These issues clearly give rise to uncertainties about actual survey population numbers and subsequent difficulties in reporting the exact response rates. However, it may be worthwhile noting that none of the authors discuss survey response rates or what maybe considered acceptable response rates. Badger and Werrett (2005) have undertaken analysis of recruitment and response rates in published nursing research in three peer reviewed journals and found similar deficits to the present review. For example, Badger and Werrett report that what is considered as an acceptable response rate is the subject of debate and experts differ in their recommendations. These may vary from 70% to 84% response rates as being 'good' to between 60% and 69% as 'acceptable', but 50—59% as 'barely acceptable'. In the present study, it was found that only seven authors of the studies reviewed reported response rates of over 50% for all or part of their target group. There are also a number of authors who describe various strategies that can be used to maximise response rates. For example, Locker (2000) concludes that use of telephone prompts and reminder letters in a randomised control trial with Australian dental practitioners gave significantly higher response rates. Use of these tactics was shown to result in an 89% response rate compared to a 78% response rate with the non-intervention group. Similarly Heywood et al. (1995) relate that accurate identification of the target population and gaining facilitated access to respondents increase response rates. Whilst some of the authors whose work has been reviewed do report use of some of these strategies to maximise response rates some, however, do not.

Similar issues with the interview studies reviewed do not appear to be so much to the fore. Most of the authors give details of participant selection and recruitment on a purposive sampling basis. However, it is often not recorded as to how many participants were approached to take part in the study and subsequently declined to do so. Detailed explanations of the qualitative data analysis techniques also are not usually given.

The final area examined in the review related to ethical approval. Many of the later studies reported that gaining ethical permission to undertake their study is in all probability related to the current rigor of research governance in the UK as exampled by the DH guidelines (DH). However, most of the authors of all the studies reported compliance with the normal ethical research conventions.

Conclusions

As stated previously, the rationale for undertaking this review primarily related to investigating how research techniques may be improved when undertaking research in clinical mentor provision. Imperatives such as new quality assurances in the UK were cited as part of the rationale for conducting the review. There are, however, other issues that may be brought into play. For example, Traylor and Rafferty (2001) give the findings of a bibliometric study of UK nursing research and identify that published nursing research in the UK is characterised by two fundamental areas of research interest. These Traylor and Rafferty term as 'endogenous' and 'exogenous'. The former relates to problems concerning nursing as a profession and the latter with problems focused on the nursing of patients. In their analysis, Traylor and Rafferty found that papers dealing with the education of nurses were rated second in the frequency scorings and provided an example of endogenous type research. Whilst endogenous nursing research does not appear to attract extensive funding, it often featured in high esteemed journals. Reasons for this are complex but in all probability relate to the move

of nurse education into the higher education sector and nurse education's endeavours to achieve academic credibility. Attaining academic credibility is on one level about achieving professional and individual status in terms of maximising individual and institutional research outputs. This clearly relates in the UK to the demands of the higher education Research Assessment Exercise, but broader concerns may also be of relevance. For example, scholarship is about developing new ways of thinking. Changing educational practices relates to the internalising broader definitions of scholarship and application of the evidence-based teaching and learning principles.

Finally, whilst it is acknowledged that this study has only focused on one small area of specialist interest, it is nevertheless disappointing to note that the reports reviewed often appear to have a number of methodological weaknesses. Whilst it is acknowledged that all research has limitations and all research adds to the body of knowledge even if it is not large scale or generalisable, some simple rules of how to conduct a robust piece of research appear not always to have been observed. It is, however, hoped that this review will help fellow researchers when contemplating research with clinical mentors to decide how best they can improve their research approaches. On a different level it is also thought that the study gives further insights into the debate about the rigor of nursing research and particularly nurse education research and therefore is of interest not only to nurse education researchers but also to all nurse researchers.

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