Evaluation of a pilot study of peer mentoring in undergraduate nursing programmes.

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Abstract: Peer mentoring may be described as a form of mentorship that usually takes place between a person who has lived through a specific experience, and a person who is new to that experience. An example could be an experienced student being a peer mentor to a new student, the peer mentee. This initiative was piloted at Staffordshire University within the School of Health. Science and Wellbeing. A final year nursing student offered peer support to a first-year nursing student via a platform of their choice. Guidance and support focused around theoretical work, clinical placements and general social support. The initiative appeared to have very positive results for both mentor and mentee and provided a 'safe' space to the junior student, and a 'confidence boost' to the senior student.

Keywords: peer mentoring; peer support; healthcare students; student mental health and wellbeing

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Introduction

Peer mentoring may be defined as a strategy offered to peers that includes the provision of ongoing emotional support or shared empathy (Theurer et al., 2020), in addition to acting as a learning partnership between a more experienced and a less experienced individual (Smith, 2017). Cust (2018) suggests that through one-on-one interactions and group meetings, peer mentors can be a useful resource and a knowledgeable guide andcompanion for new students – a thoughtful facilitator who provides access to people and resources, a role model and, ideally, a success advocate.

The aim of this paper is to evaluate a small pilot study of a peer mentoring initiative for undergraduate nursing students within a higher education setting. The perceived benefits of mentoring will be discussed, and the pilot mentoring initiative will be explained. A thematic analytical approach was used to create themes from the feedback obtained from the participants and these themes will be explored (Braun and Clarke 2006).

At Staffordshire University, the programme offers a package of four mentoring strands: Peer Mentoring, Professional and Alumni Mentoring, Further Education Mentoring, and Placement Mentoring. These strands aim to support students throughout their student journey, from their transition into higher education when starting their vocational studies, and beyond. The aim is to assist students to connect to services, peers, and industry experts to increase opportunities, ambition, motivation, integration, skills, and experience along the way.

The peer mentoring initiative was predominantly created in response to the huge impact of Covid-19 on student mental health, student experience, theoretical and clinical placement feedback and, due to its significant positive benefits, it will now continue to run and will be expanded to include further professions such as paramedic students and operating department students.

Many factors increase the daily stressors for university students. This may be particularly relevant to undergraduate nursing students as they need to engage in both intensive studying whilst juggling the complexities of ever changing placement areas (Cust 2018). Rastegar et al (2020) state that these stressors can affect both physical and mental health – leading to lower academic achievement and slower maladjustment to university life.

A study conducted by Altonji et al in 2019 suggests that peer mentoring is perceived by first year medical students to provide both psychosocial and academic benefits that appear to be independent of, and complimentary to,

those dervived from faculty mentoring. These benefits can be established with minimal expenditure of institutional resources. Peer mentoring efficacy may be increased, as suggested by Samuel et al (2019), by more deliberate matching methods and by training mentors in provision of guidance and feedback.

Altonji et al (2019) suggest that mentoring programs have led to an improvement in academic performance in addition to having a motivational effect upon learning. Mentoring programs are not only thought to assist with studies, but to also encourage teamwork and improve human relations. Furthermore, the mentors can experience their own personal growth by reflecting upon their interactions with the mentees (Seery et al 2021.) Akinla et al (2018) state that mentoring, ideally, can lead to a positive impact on both mentor and mentee. Mentors who participate in mentoring gained positive outcomes such as practice in forming relationships, increased understanding of others, and a heightened sense of responsibility (Bellon-Harn et al 2017).

Peer mentoring can be a positive approach to supporting students in their transition from academic 'university based' work to clinical placements through peer-to-peer conversations. The importance of a 'sense of belonging' has been shown to directly impact on retention and peer mentoring is often a key tool to support students to develop this (Humphrey and Lowe 2017).

Balancing both academic work and clinical placements can exacerbate the usual university stressors, and students may find themselves coping with additional problems and heightened anxiety. This will, in turn, impact upon their studies and general wellbeing. Mentoring is widely promoted as a key, effective strategy for supporting nursing students and new practitioners in clinical settings (Kehler et al 2017). Kehler suggests, however, that it is a complex process and requires the development of bounded and purposeful relationships, which should be underpinned by knowledge, experience, and the opportunity for reflection. Mentors and mentees require face-to-face meetings, discussion, effective communication channels and role preparation.

However, does it need to be overly rigid and complex? Could a relatively straightforward solution consist of a more senior student supporting a junior student - through a lived experience?

At the time of writing, the Covid19 pandemic was adding increasing stresses upon placement areas. Staffing levels were reduced, and patient admissions increasing at an alarming rate. The NHS (National Health

Service) was severely stretched with both patients and staff unwell with Covid19, in addition to many staff isolating following an exposure to Covid. These factors impacted upon the student experience, increasing their levels of stress and, ultimately, decreasing the support and supervision available to them. If support was offered from a fellow, senior student then this may have helped to ease the huge burden being placed upon practice assessors.

Methodology

The placement mentoring pilot for nursing students was launched in the summer of 2021 with 20 mentees and 19 mentors. The pilot ran for 8 weeks - the entirety of the junior students' clinical placement. This provided the students with access to a senior student for up to one hour a week to receive support regarding their work placement. This has been established following student listening events and positive feedback from a children's nursing degree mentoring pilot, ran at Staffordshire University, which demonstrated that mentoring helps students to feel more confident, to understand what to expect when on placement, and allay fears around being inexperienced (Cust 2018). Students were 'matched' on placement type – for example, adult nursing, placement experience e.g., ward or community. Students could also request a mentor with specific knowledge, or part of a particular community such as a BAME mentor, LGBTQ+ mentor, mature student, or a mentor with experience of mental health/ and or disability.

Mentors are selected on individual interest from students who have been through the placement process and who are willing to support a fellow student to navigate their way through this part of their learning. The nature of this role is to listen, share experiences, offer empathic support, and signpost as required.

The mentors were required to complete a training video which was developed by the mentoring team to prepare and support them in their role. This detailed the role, goal setting, professional boundaries and expectations, signposts as to where to seek support and an introduction to all the available resources. Confidentiality between mentor and mentee, how to report safeguarding issues, and appropriate boundaries within the mentorship were also discussed. The available resources included where to signpost mentees to if they required additional support outside of the mentors' remit, icebreaker activities and how to utilise a mentee/mentor

record form if they wanted to maintain a log of each meeting/peer support session.

The mentors completed a declaration form on completion of their training. If the mentors required further support or guidance within their role, they are encouraged to contact the mentoring lead or their personal tutor. The mentees also engaged in a preparation session with the mentoring team outlining available resources, expectations, and professional boundaries – in addition to who to contact if they require further support or have any queries about the program.

The 'interested' students completed a password encrypted, secure Microsoft form to provide their information and to gain a baseline evaluation. The students were then 'matched' based on course type, placement experience and, if required, their background/community. An email was then forwarded to both the mentor and the mentee to formally introduce them to one another and to remind both parties of the importance of professionalism and confidentiality. It was then the mentee and mentors' decision as to how they would communicate, how often and whether in person or via social media/app.

We are not prescriptive as to how mentoring should be delivered. Ideally a combination of face-to-face interactions (Covid19 restrictions allowing), and technology supported interactions using emails and video calls. Each partnership has their own aims/objectives and geography was a key consideration when considering the best method of delivery. We advised that participants interacted for up to one hour a week for the duration of the scheme. A record form was provided to use if this helped to guide sessions, this was kept confidential between mentor and mentee, and discarded on the closing date of the mentorship.

Mentees
- 0f 20 mentees there was a 45% response rate to the evaluation (15% to focus group and 30% to questionnaire)
- 80% of respondents were mature students
- 80% were BAME students
- 20% reported as having a disability

Mentors
- Of 19 mentors there was a 74% response rate to the evaluation (32% focus group 42% questionnaire)
- 38% of respondents were mature students

- 100% were white students
- 13% reported as having a disability

Mentees were 1st year students who were out on their final placement of the academic year, from either Adult, Child, or Mental Health nursing courses. The Mentors were 2nd and 3rd year students from either Adult, Child, or Mental Health nursing courses. These were the two student groups that were involved in the evaluation of the pilot.

All participants were recruited voluntarily through a series of student communication via the University webpage, or during several sessions delivered to all nursing students at various points.

Evaluation of the project was midpoint and was sent out via email (format: Microsoft form) after four weeks, and again at the end of the project at eight weeks. Eight weeks was the length of time allocated for the peer mentoring program to encompass the length of the placement area. During their time out in clinical placement the students may be feeling less connected to the university, their academics, and their peers. First year students were selected as mentees to gain the opportunity to have an experienced student as a mentor who had already undertaken several placements.

All participants gave both verbal and recorded consent for their feedback to be used (anonymously) within a presentation or publication.

Focus groups were held on completion of the mentoring process. With consent, the sessions were audio recorded and through the process of coding and categorising, common themes identified. The audio recorded content was listened to on several occasions and recurring terminology and points raised was highlighted. These were then collectively identified into themes through a process of thematic analysis. A simple questionnaire was also sent to each participant seeking their feedback about the mentoring program. The comments were collected and analysed with the audio recorded content from the focus groups.

Following coding and categorising the participants (both mentors and mentees) were contacted again to ensure that their comments had been interpreted correctly and what they were trying to say had been captured in context. These comments are from mentors and mentees generally, they were not necessarily 'paired' together.

Themes emerging (Mentees)
- A fear of the unknown

- Being incompetent and making mistakes
- Failing
- Their relationship with their assessors

Mentees responded positively:

The mentoring scheme has helped improve my confidence 100%

The mentoring scheme has helped to alleviate fears of feeling inexperienced whilst on placement 100%

The mentoring scheme has helped me with my understanding of my placement 100%

The mentoring scheme has helped me to understand what is expected of me on my placement 100%

The mentoring scheme has helped to alleviate fears of failure regarding my placement

Mentee 1 -'*Yes, I think it's nice to be able to speak to someone who has experienced the same things and how they dealt with it. They will also have a different point of view than that of a tutor or a member of my own cohort.*'
Mentee 2 - '*I felt that I could ask really basic questions that I would have felt a bit silly asking my supervisor – for example, what type of shoe was acceptable!*'
Mentee 3 – '*I felt really comfortable with my mentor. I knew that they had been in the same position as I had and therefore, I didn't feel as if I couldn't ask simple questions. It helped so much especially as they are still students too.*'

Many junior students simply did not know what to expect from their assessor or their placement area, what they were expected to know in advance. Their mentor provided a 'safe space' to ask any question at all. The 'lived experience' of being a fellow student provided the mentee with the confidence to ask 'anything at all' without feeling 'silly or stupid.' They felt that because their mentor was still a fellow student then they were not deemed as 'unreachable' or 'scary.' In turn, the mentee felt less anxious and better prepared.

Mentee 2 - '*As I was going first placement and first placement, it was very helpful and informative. It gave me the boost to my confidence to face challenges in the placements.*'

Several students expressed similar anxieties and although they knew that could approach their academic tutors, or ask their clinical assessor, they often felt that they may be asking questions that were irrelevant or that sounded 'naïve' or information that they should know but may have missed at some point.

Mentee 4 – *'It's often not the big stuff that causes the most stress, it's the little things that build up and up and then become overwhelming. I would find myself in tears and I'd be thinking, you are being silly just ask but I just didn't feel right asking. With my peer mentor I could ask anything.'*

Mentee 1 - *'I found it useful when I wasn't sure about something and my mentor offered reassurance that this was totally normal, and she had experienced similar things.'*

They found their mentor to be an extremely useful resource that reduced their anxiety. It was a safe and secure 'go to' with 'lived' experience and they did not feel as if they would be judged at all for the queries or anxieties they may have.

Themes emerging (Mentors)

* Recognition (and acknowledgement) of their own experience/knowledge base
* A useful resource
* A sense of worth
* A sense of belonging

Mentors responded positively

The mentoring scheme has helped improve my confidence 75%

The mentoring scheme has helped me to feel empowered by helping others 88%

The mentoring scheme has helped me feel grounded before qualifying 80%

The mentoring scheme has helped me to acknowledge the wealth of experience and

knowledge that I hold 75%

The mentoring programme had a positive effect on the mentors too. Several of them described the program as a 'confidence boost.'

Mentor 1 – '*It made me realise that I do actually know things, I have learnt lots of stuff and can help others through their anxieties. It made me feel valued.*'

They discussed the fact that it made them realise that, perhaps, they do know 'something' and are not as inexperienced as they thought. Several of the mentors reported that it made them feel 'valuable,' a 'useful resource' and it gave them a 'sense of worth.'

Mentor 2 – '*I wish I had had something like this when I was in my first year, I think that it would have been so beneficial to me. I often found things out through trial and error which was not the best approach!*'

The mentors suggested that they enjoyed the role and wished that it were something they had experienced when they were first year students. All the questions they were asked were questions that they had really wanted to clarify when they were first year students – but often had to find out through 'trial and error' – which in turn was often incorrect and time consuming.

Mentor 3 – '*If I don't know the answer then I will do my best to find out. So really it is a learning curve for us both.*'
If the mentor did not know the answer, then they felt a responsibility to find out. This, in turn, increased their knowledge base too.
Mentor 4 – '*It boosted my own confidence as I felt as if I was really helping – and I knew the answers. It made me feel as if I may be ok when I graduate and the thought of being a newly qualified nurse seemed a bit less scary somehow.*'

Collaboratively several mentors reported that they felt less anxious about their pending transition to qualified nurse status as the mentoring role had addressed some of their anxieties about their perceived (self) lack of knowledge or experience.

Conclusion

Our second cohort of mentors and mentees are now allocated and will be arranging how they will be supporting and communicating with each other. We aim to gain feedback from this cohort too and compare the data accordingly.

A further enhancement to this project and the university commitment to the mentoring scheme has been the purchase of a platform, called MentorNet. This is currently being implemented across the university. The focus of the platform is to allow each mentee and mentor to have their own profiles, and to submit information about their studies and, for example, if they are a mature student/student carer etc. Mentees can also make suggestions as to what they would, ideally, like in a mentor. They can view all available mentors and the algorithm suggests potential matches.

Peer mentoring appears to have a positive effect on both mentee and mentor. This was a small, pilot study and further longitudinal studies would be beneficial with greater student numbers.

However, the program appears to build upon both participants confidence, sense of purpose, enhances communication, and provides a safe space for the mentee to feel secure and less anxious. There are also positive implications for the mentor too as it appears to reassure them that their knowledge base is a little wider than they had perceived it to be.

Certainly, for students (or indeed any healthcare practitioner), working in stressful conditions within a global pandemic, any resource that reduces anxiety and provides a 'safe' sounding board or space, is a very welcome addition indeed.

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