




# Shall I tell my mentor? Exploring the mentor-student relationship and its impact on students' raising concerns on clinical placement

Patricia Brown MSc, RN, Clinical Teacher, PhD Student<sup>1</sup>  | Aled Jones PhD, RN, Reader<sup>2</sup> | Jane Davies PhD, RGN, RSCN, Senior Lecturer, Post-Doctoral Research Fellow<sup>2</sup>

<sup>1</sup>Cardiff and Vale University Health Board, Cardiff, UK

<sup>2</sup>School of Healthcare Science, Cardiff University, Cardiff, UK

## Correspondence

Patricia Brown, Cardiff and Vale University Health Board, Cardiff, UK.

Email: BrownP9@cardiff.ac.uk

## Funding information

This research was funded by Cardiff and Vale University Health Board (Programme fees for PhD). However, This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

## Abstract

**Aims:** To explore student nurses' and nurse mentors' perceptions and experiences of raising concerns on clinical placement and the influence (if any) of their relationship on this process. A secondary aim is to consider the above, from a regulatory perspective in light of current literature and policy developments.

**Background:** Raising concerns whilst on clinical placement has been shown to be challenging for student nurses internationally. Registered nurses in the UK (in this case called "nurse mentors") facilitate learning and assessment in practice. However, limited research exists on the influence of the relationship between the nurse mentor and student nurse on the raising concerns process.

**Design:** A qualitative approach was used to undertake secondary thematic analysis of interview data. The primary data set was generated during a PhD study, focusing on the mentor-student dynamic and the possible influence of this relationship on students' raising concerns.

**Methods:** 30 individual semi-structured interviews were subjected to concurrent and thematic analysis. Interviews were undertaken with student nurses ( $n = 16$ ) and nurse mentors ( $n = 14$ ) between April 2016-January 2018. The COREQ 32-item checklist was used during the preparation of this article.

**Findings:** The following three interrelated analytical themes were generated from the data, "developing a mentor-student relationship," "keeping your mentor sweet" and "the mentor role in the raising concerns process."

**Conclusion:** Our analysis of participants' experiences and perceptions offers an original contribution to understanding the factors associated with student nurses raising concerns in practice. Student nurses and most mentors believed that students should be encouraged and supported to raise concerns, but students' decisions were strongly influenced by their perceptions of the immediate interpersonal and educational context. Similar barriers to raising concerns have been shown to exist

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2020 The Authors. *Journal of Clinical Nursing* published by John Wiley & Sons Ltd

regardless of geographical boundaries, therefore the findings of this study are nationally and internationally relevant.

**Relevance to clinical practice:** This study provides new insight into the role of the nurse mentor in supporting students who raise concerns on clinical placements. The majority of the mentor participants believed that students should be encouraged and supported to speak up if they witness poor care or unprofessional behaviour. Focusing on the complexities around raising concerns in mentorship training and updates would provide a forum for open discussion amongst mentors and educators.

#### KEYWORDS

concerns, mentors, nurse, nurse education, nursing students, placement learning, qualitative study, staff-student relationships, whistle-blowing

## 1 | INTRODUCTION

Clinical placements are a fundamental part of nurse education internationally and provide students with opportunities to link theory to practise, develop clinical skill acquisition and enable students to be professionally socialised into the culture of the clinical environment (RCN, 2017; Thomas et al., 2015). Within the United Kingdom (UK), student nurses currently spend 50% of their undergraduate nursing programme in practice-based settings (NMC, 2010). As is the case internationally, nursing students in the UK undertake a variety of practice placements throughout their programme, providing a wide range of learning opportunities, but also exposing students to variable standards of care. Guidance published collaboratively by the UK's Nursing and Midwifery Council and General Medical Council in 2015 on, "Raising concerns and the Duty of Candour" (NMC & GMC, 2015) stipulates that all health professionals be open and honest if mistakes are made, or if concerns need to be raised. This requirement extends to student nurses whilst on placement. However, student nurses often find it difficult to escalate issues of concern on placement and fear the repercussions of doing so (Bellefontaine, 2009; Ion, Smith, Nimmo, Rice, & McMillan, 2015).

Nurse mentors play an important role in supporting and assessing student nurses during clinical placements. A mentor is defined as, "a registrant who facilitates learning, and supervises and assesses students in a practice setting" (NMC, 2008:45). Internationally, similar clinical education roles exist, such as; "preceptor," registered nurse buddy' or clinical facilitation models (Ashworth, 2018; Rylance et al., 2017). The nurse mentor is solely responsible for assessing the clinical element of the pre-registration nursing course. There is no grading of clinical practice within this programme, but students are required to achieve all clinical outcomes, before progression to the following stage of the programme. Current standards require students and mentors to spend at least 40% of the placement time working together directly or indirectly (NMC, 2008). However, recently published

### What does this paper contribute to the wider global clinical community?

- This study contributes to a better understanding of how the mentor–student dynamic influences student nurses' decision-making around raising concerns in clinical practice.
- The perceived approachability of mentors and supervisors is crucial in facilitating raising concerns.
- Highlights the need for more emphasis within mentor (or equivalent) preparation programmes on, aligning expectations between supervisor and student, responding to challenges and supporting and managing student concerns effectively.

NMC standards for, "student supervision and assessment" (NMC, 2018), mark a significant change. For example, the "mentor" role will be replaced by "practice supervisors," who will teach, guide and supervise student nurses and "practice assessors," who will be accountable for assessing the students' clinical outcomes. An "academic assessor" will liaise with the practice assessor in order to confirm the progression of the student's clinical learning.

The aim of this paper is twofold:

1. To explore student nurses' and nurse mentors' perceptions and experiences of raising concerns on clinical placement and the influence (if any) of their relationship on this process.
2. To consider the above, from a regulatory perspective in light of current literature and policy developments.

In doing so, we will outline some of the challenges inherent for student nurses when they identify concerns in practice settings.

## 2 | BACKGROUND

As a recent editorial (Derbyshire & Ion, 2018) eloquently articulates, the UK health service has a long and inglorious history of large-scale healthcare failings that caused serious, avoidable physical and psychological harm to patients and staff. These failings are often, if not always preceded by a period where organisations could have averted harm occurring had they responded to staff and, in some cases, nursing students' concerns (Ion, Smith, Moir, & Nimmo, 2016). The nursing students' role in maintaining patient safety has been promoted (Francis, 2015; Health Education England, 2016), with student nurses frequently presented as potential patient safety visionaries and advocates, providing a much-needed fresh pair of eyes (Francis, 2013; Keogh, 2013). Research studies have specifically explored students' perceptions and experiences of raising concerns and factors influencing their decision-making (Ion et al., 2015; O'Mara et al., 2014). However, there are a limited number of studies exploring the mentor-student relationship and its influence on student nurses raising concerns, a gap in the literature which this study addresses.

The terms, "raising concerns," "speaking up" and "whistleblowing" have been used interchangeably and internationally within the literature, although, "raising concerns" has been suggested as a more positive, less stigmatised phrase to whistleblowing (Jones & Kelly, 2014). The term "whistleblowing" is broadly defined as, "a disclosure by organisation members (former or current) of illegal, immoral or illegitimate practices under the control of their employers, to persons or organisations that may be able to effect action" (Miceli & Near, 1984:689). In a healthcare context, whistleblowing refers to reporting misconduct in the workplace (Ahern & McDonald, 2002:303). In this paper, we use the term "raising concerns" with respect to student nurses communicating concerns to mentors during clinical placements.

Research studies on raising concerns within nursing have been undertaken in a number of countries including; the UK (Price et al., 2015; Tarrant et al., 2017), Australia (Jackson et al., 2010a, 2010b; Levett-Jones & Lathlean, 2009), Norway (Prang & Jelsness-Jorgensen, 2014), Israel (Mansbach, Ziedenberg, & Bachner, 2013), and Japan (Davis & Konishi, 2007), which clearly highlights the international relevance of this topic. International literature is drawn upon throughout this paper, showing that there is much evidence to suggest that some staff may feel unable to speak up and even when they do speak up, their colleagues and organisations more generally may ignore their concerns or respond inappropriately (Jones & Kelly, 2014; Morrow, Jones, & Kosir, 2016). For example, Attree (2007) focussed primarily on registered nurses' experiences of raising concerns in the UK, with findings suggesting that this is often perceived as a high-risk activity by staff. The personal costs of raising concerns for nurses' reporting poor care, include emotional effects such as depression and anxiety and a negative impact on personal and professional relationships (Peters et al., 2011; Wilkes, Peters, Weaver, & Jackson, 2011).

Authors have cited factors that influence student nurses' decision-making on reporting poor care (Bellefontaine, 2009; Monrouxe et al., 2014) and student nurses' experiences of raising concerns in clinical practice. The fear of negative repercussions has been cited as

a significant factor in student's decision-making, particularly in relation to the student's assessment and progression on the placement and "fitting in" with the healthcare team (Fagan, Parker, & Jackson, 2016; Levett-Jones & Lathlean, 2009). Recent systematic reviews have highlighted the need for further research on how students contribute to raising concerns whilst working in practice settings (Ion et al., 2016; Milligan et al., 2017).

However, research into the involvement of the nurse mentor within the process of students raising concerns has been minimal. Bellefontaine (2009) undertook a small-scale qualitative study to explore the factors that influence student nurses in reporting concerns about practice. One of the study findings revealed the significance of the mentor-student relationship in informing the student's decision-making on whether to report poor practice. Research on the related topic of empowerment and moral courage also highlighted the influential nature of the mentor-student relationship on the student's ability to question their mentor and to have the courage to challenge practice (Bickhoff, Levett-Jones, & Sinclair, 2016; Bradbury-Jones, Sambrook, & Irvine, 2011; O'Mara et al., 2014). However, these and other studies have all focussed on the student nurse perspective rather than the nurse mentor, with findings suggesting that an effective mentor-student relationship contributed to the student's sense of belonging and enhanced the quality of their placement learning (Levett-Jones et al., 2007; Webb & Shakespeare, 2008). However, the relational dynamic between the mentor and the student, and the influence of this relationship on students raising concerns in clinical practice has not been directly studied from the mentor perspective. These gaps in the literature will now be addressed and comprise this paper's original contribution to the literature.

### 2.1 | Aim

The aims of the study are twofold:

To explore student nurses and nurse mentors' perceptions and experiences of raising concerns on clinical placement and the influence (if any) of their relationship on this process.

To consider the above, from a regulatory perspective in light of current literature and policy developments.

These findings will be considered in light of the new NMC standards on "Student Supervision and Assessment" (2018), thus providing timely and critical discussion of a significant change in nursing policy in the UK. However, as discussed later, the findings also resonate with the experiences of students and registered nurses reported from several other countries.

## 3 | METHODS

### 3.1 | Design

A qualitative approach was used to undertake secondary thematic analysis of interview data. The primary data set was generated

**TABLE 1** Participant characteristics

Number of student nurse participants	Field of nursing practice	Age range	Year of nurse training
16	Adult (N = 11) Mental health (N = 4) Child health (N = 1)	18–25 years old = 9 26–34 years old = 2 35+ years old = 5	Year 1 = 6 Year 2 = 8 Year 3 = 2
Number of nurse mentor participants	Field of nursing practice/ speciality	Age range	Years as a mentor
14	Adult (N = 11) – community (N = 1) – surgery (N = 3) – Trauma & Orthopaedics (N = 1) – Medical (N = 3) – Rehabilitation (N = 2) – Critical care (N = 1) Mental health (N = 3) – Community (N = 3)	26–34 years old = 2 35–44 years old = 5 45+ years old = 7	5–10 years = 2 Over 10 years = 12

during a PhD study, focussing on the mentor-student dynamic and the possible influence of this relationship on students' raising concerns (PB). During secondary analysis, existing data were analysed to find answers to different research questions from the original research. This has been described as a valuable method to study sensitive issues in nursing (Long-Suthehall et al., 2011) and long been discussed as an appropriate approach to identify additional detail on the same research matter and to review research from the perspective of a different theoretical framework (Sherif, 2018). However, it is recommended that the research questions for the secondary analysis be sufficiently close to those of the primary research. This secondary analysis questions the same broad issue as the parent study (the mentor-student relationship) but diverges into a different approach to analysis (thematic rather than grounded theory) and one which takes into account recent regulatory changes to nursing education in the UK (NMC, 2018) which did not exist during the primary study.

The Consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2007) was adhered to when preparing this manuscript (see Appendix S1).

### 3.2 | Sample

Purposive sampling was used to recruit sixteen student nurses and fourteen nurse mentors who had knowledge and/or experience of raising concerns in clinical practice. Written permission was granted from clinical (ward managers) and university (Deputy Head of School) gatekeepers to undertake individual interviews. Student nurses from all fields of nursing, who had experience of raising a concern in clinical practice, were recruited to participate in the research study via the University's virtual learning environment. Student nurses were provided with the researcher's contact details, so that further information could be requested about the study, before a decision to participate was made. Information on the research study was provided on the local health board intranet page to recruit mentors. Posters were also

displayed in clinical areas, providing details of the study and the researchers contact details.

#### Inclusion criteria for the nurse mentors and students

- The requirement for nurse mentors to have undertaken an NMC approved mentorship programme and be compliant with current NMC standards for mentorship.
- Student nurses to have completed at least one clinical placement to be included in the study.

#### Exclusion criteria for the nurse mentors and students

- Nurses who had undertaken the mentorship programme but had no experience in supervising and assessing students were excluded from the study.
- Student nurses who had not undertaken a clinical placement were excluded.

### 3.3 | Data collection

Phase one individual interviews were conducted (PB) with student nurses ( $n = 7$ ) between April 2016–July 2016 and with nurse mentors ( $n = 7$ ) from December 2016–February 2017. Phase two of the study involved focused interviews from July 2017–January 2018, with an additional number of student nurses ( $n = 9$ ) and nurse mentor participants ( $n = 7$ ). All of the participants who agreed to take part in the study were interviewed, no participants were interviewed more than once. The first author interviewed all the research participants as part of her PhD studies and had training and experience of interviewing. The co-authors both hold PhDs and have extensive experience of analysing qualitative interviews. The first author (PB) was known to the majority of the nurse mentors' within her role as a clinical teacher. The interviews were conducted in a private room within the university or the health board. The duration of each interview was between 40 min and 1 hr. Table 1 below outlines the nurse mentors' and student nurses' characteristics.

An interview guide was developed, which was pilot tested before data collection commenced. A minor amendment was made to the guide before interviewing commenced and this involved re-wording a question to enhance clarity. Student nurse interviews were semi-structured and began with open questions about their experiences on placement. Similarly, the initial interviews with nurse mentors asked, "can you tell me about your experiences of mentoring pre-registration students?" The questions became more focussed on the nurse mentor and student nurse perceptions and experiences of the raising concerns process. The interviews were audio-recorded with the participant's permission and transcribed verbatim by the researcher.

### 3.4 | Ethical considerations

Research ethics approval was granted by the University and local health board Research Ethics Committee (IR-193697). All participants received written information about the study that explained the purpose of the study, participant involvement and the right to withdraw from the study at any stage, as well as outlining the benefits and any potential risks. Confidentiality and anonymity were assured with all participants being assigned a pseudonym, to be used in all generated data. Having confirmed to the researcher that they had read and understood the study information, all participants signed a consent form prior to interview. The participants all consented to the data being used for further publications, presentations and/or analysis. The first author (PB) was known professionally to a number of the nurse mentors and student nurses. It was acknowledged that a perceived power differential between a clinical teacher and student nurse or nurse mentor may have influenced the responses given by the participants during the interviews. In an attempt to minimise this, PB outlined her role as a researcher rather than a clinical teacher and considered how she dressed and positioned herself for the interview. In addition, participants were given control over the

location of the interviews in an attempt to redress the power balance and promote a reciprocal relationship (King & Horrocks, 2010).

The researcher was aware that examples of patient safety violations and sub-standard care could potentially be disclosed throughout the interviews. Within the consent form, the participants signed to acknowledge that the researcher would be required as a registrant to explore any safety concerns in relation to patient care if these had not been addressed. The emotive nature of raising concerns meant that there was the potential for participants to become distressed during the interview whilst "reliving" experiences of witnessing poor care or going through the process of raising concerns. Support mechanisms were put in place for mentors and students to access if required.

### 3.5 | Data analysis

The interviews were analysed by coding and thematically interpreting the transcripts; no software was used during this process. Specifically, this iterative process consisted of a pattern of reading and re-reading data, a method of analysis which eventually enables the progressive understanding of the interview data to interact with the research team's own thoughts (Coffey & Atkinson, 1996). The authors worked collaboratively to develop over-arching themes that captured student nurses' experiences of raising concerns, nurse mentors' perceptions of supporting students in raising concerns and the influence of the student-mentor relationship on this process. The analysis was undertaken, with the recent regulatory changes that affect student's clinical learning during placements in the UK in mind. Table 2 below provides an example of code development into themes.

### 3.6 | Rigour

PB undertook initial coding and preliminary data analysis of a sample of interviews. AJ and JD verified the analysis, a process involving iterative and systematic checking of data to ensure the fit between data and the conceptual work of analysis and interpretation (Morse et al., 2002). In addition, the analytical process was underpinned by ongoing critical reflection between the authors. The aim of the critical reflection was not for analysts to arrive at the exact same themes but for similar themes to merge, meaning the data were carefully analysed to provide a reduced yet accurate representation of the participants' views. Maintaining rigour through confirmability and dependability was achieved by writing field notes immediately following every interview (PB) and recording and sharing initial data insights with the other authors (Lincoln & Guba, 1985). Memos were also written to capture ideas, to aid thematic development, and to maintain engagement with the data (Lempert, 2007). The findings were not discussed with the participants, but the first author presented findings at a research conference and received feedback from student nurses that the themes identified resonated with their own experiences.

**TABLE 2** Example of code linkage to themes

Theme	Codes
Developing the mentor-student relationship	Orientating students
	Feeling welcomed
	Approachable mentors
	Maintaining boundaries
	Settling in
	Getting to know each other
	Building rapport
	Finding time
	Disinterested in learning
	Feeling unwanted
Keeping your mentor sweet	Keeping your mentor sweet (in-vivo code)
	Feeling pressured to sign off
	Beholden to your mentor
	Needing to please to pass
	Weighing up risks
	Outsider going in
Being labelled as trouble maker	

## 4 | RESULTS

Three overarching themes generated from the analysis of data are, “developing a mentor-student relationship,” “keeping your mentor sweet” and “the role of the mentor in raising concerns.” The findings provide an insight into the experiences of student nurses' raising concerns whilst on clinical placement and the nurse mentors' perceptions and experiences of their role when student nurses raise a concern. The dynamic between the mentor and the student and the influence of these relationships are explored. Pseudonyms were used for all participants.

### 4.1 | Developing the mentor-student relationship

Getting to know the clinical team and establishing rapport were important factors in enabling students to settle into their placement. Student nurses' and mentors talked about the key role that nurse mentors played in orientating students to the clinical area and making them feel welcome:

Yes, he was very warm and welcoming, and he really loved having students on the ward, so it was really nice. He wasn't scary at all.

(Sarah, student nurse, page 1)

Yes, if I go back to my first day on the ward and things like that, yes, it is nerve wracking. So, you want to see a nice smiley face, you know you walk into the staff room and you want to feel welcome. I try to do my best for the students.

(Claire, nurse mentor, page 2)

Being friendly, approachable and supportive were the most commonly cited attributes that students looked for in a mentor. Mentors were keenly aware of this and described being approachable as a pre-requisite for students to discuss problems encountered during placement, a view reflected in Paula's (student) extract too:

I think you should be able to speak to your mentor and raise concerns or like not be afraid to say, “Can I do this?”, or constantly checking. I really love my mentor and we used to have cups of tea together and like talk about, you know other things bar work.

(Paula student, page 1)

Well, first, I want to be approachable and I want them to think I'm a friend as well as a colleague, so that they can come and if there's a problem they can come to me.

(Fran, nurse mentor, page 2)

However, being friendly and collegial had to be balanced with maintaining professional boundaries, described by Yvonne (mentor) as the need “to be objective.” In the second data extract, Helen (student) similarly describes the importance of striking the right balance between being friendly and maintaining a professional relationship with the mentor:

It is difficult because you want to be sort of friendly with them but obviously you can't be overly friendly because you have to be objective in the end.

(Yvonne, nurse mentor, page 2)

I think there should be professional boundaries still. I wouldn't say go over their house for tea or anything but um I would say obviously get to know them personally and professionally and find out what interests they have so you can have that conversation with them. But, I also think that you should have that professional boundary and if they are doing something that they shouldn't be, then you can still have the opportunity to say, “maybe you shouldn't be doing that way, let's do this way”, without making a conflict.

(Helen student nurse, Page 3)

Unfortunately, not all student nurses received a warm welcome on their clinical placement. The excerpt below illustrates how the initial meeting between the mentor and student can have a profound effect on the student's sense of belonging on the clinical placement. In Owen's case, feeling rejected by his mentor appeared to have a negative impact on the remainder of the placement:

I think the worst experience I've had with a mentor on a placement was where a mentor didn't want to be my mentor. On my first day they said, ‘this person is going to be your mentor’ and then the next day that person hadn't spoken to me all day apart from saying like ‘hello’ I did not get another mentor until about a week later and that was on a placement where I didn't find my feet, I didn't really get a lot out of it. I just felt as if I was not wanted.

(Owen, student nurse, page 4)

The relationship between the mentor and their student was variable. Nurse mentors recalled how the dynamic affected their ability to build rapport with their student:

when you've got a student who is keen and motivated to progress with their learning and they have well set objectives and expectations from the placement, then you're motivated and able to say, ‘come

on this is happening lets go', whereas if it is like pulling teeth... I am saying that because it is quite difficult when you have a student who is disengaged but you don't really know why, and you've tried to give them that opportunity. It can be difficult to communicate with some people.

(Michelle, nurse mentor, page 3)

Students described how being supported by a friendly and approachable mentor, enabled them to feel more comfortable to raise concerns. Three of the student nurse participants recounted positive examples, where they felt comfortable in speaking directly to their mentors and were confident that the issues would be taken seriously. This is clearly demonstrated in Sally's harrowing account of visiting a patient during a community placement:

She had advanced dementia, she wasn't eating, wasn't drinking... Um she lived with her relative...She was totally bed bound. We were changing her dressings, she got really distressed, and her whole body was broken down from head to foot. She was covered in sores, covered in blisters.... It was horrific. She was just screaming crying, 'get off me get off me' and you think how much of this is dementia and how much of this is her actually telling me, "get off me?"

(Sally, student nurse, page 5)

Sally believed that this woman was vulnerable and required assessing by a specialist care team. No assessments had taken place, because the woman's relative was reluctant to allow healthcare professionals access into the home. This scenario was challenging for the community staff who were aware of their responsibility in adhering to the NMC (2015) code in relation to providing timely care, advocating for vulnerable clients and communicating effectively with people and their families. However, Sally had established a good rapport with her mentor and felt able to broach her concerns with her immediately:

When we left, I spoke to my mentor and said, 'I am really not happy about what's going on in there and I don't believe she is acting in her best interests.' So, my mentor brought it up for me in handover knowing I was concerned about it and then offered me the chance to say what I felt, and she backed me up. But, yes, it could have been awkward, because she might have felt that I pushed her in to doing it and when you're on the community, it's just you and your mentor all day going around. You have to get on with people and I was worried whether it would affect the mentor-student relationship, but it never did and she was lovely about it and understanding and said, 'you know you've done the right thing, don't worry about it'.

(Sally, student nurse, page 8)

Sally expressing her concerns directly to her mentor expedited the timely intervention of the specialist palliative care team who were able to assess the woman and provide effective pain relief and treatment. The data extract above, illustrates the support and reassurance that her mentor provided for Sally in raising her concerns.

Sarah was a first-year student nurse, working in a mental health setting, when she witnessed staff waking patients up early in the morning to wash them. Sarah was uncomfortable with this ritualistic practice, but due to a challenging mentor relationship, did not feel that she could discuss her concerns with her mentor. Instead, she met with the ward manager and link lecturer:

I didn't feel comfortable enough to speak to my mentor about it and I'd seen her doing some of the things I was unhappy with, so it was difficult. That was why I kind of bypassed her and went straight to the ward manager.

(Sarah, student nurse, page 6)

Not all students developed effective relationships with their mentor, and this had a negative impact on the quality of the students' learning experience on placement. Student nurses who found their mentors and/or the clinical team to be unsupportive or unapproachable, remained silent about their concerns, or more commonly disclosed their concerns to their personal tutor. The following quote by Emma, illustrates her lack of confidence in the clinical team, which resulted in her not voicing her concerns at that time. Neil (student nurse) and a student colleague, observed one episode of poor manual handling, but decided that the incident did not warrant reporting:

It wasn't just one member of staff, it seemed like it was the ward ethic. I didn't really know who I could have confidently raised it with. There wasn't anyone that stood out who I thought would deal with it professionally and confidentially.

(Emma student nurse, page 2)

Um there are things that have been borderline that I've thought, 'Ooh not sure about that'. It wasn't massively crossing the line, but it just looked a bit... We both saw it and weren't comfortable with it. I also think there is an element of learning from that. When you see stuff like that happening, you think, 'that looks bad' and bank that one as how not to do it. We deliberated over it for a bit and thought let it go.

(Neil, student nurse, page 5)

In the data extract below, Mel (student nurse) observed a friendship between her mentor and the ward manager and saw this as a barrier to raising concerns. In addition, she witnessed her mentor displaying poor practice, which influenced her decision-making and resulted in her reporting concerns to her personal tutor rather than her mentor:

I didn't feel I could go to my mentor. She was very very close with the ward manager to the point where I think if I had spoken to her, she would be like, 'don't speak about her like that', and they were friends outside work, so, I didn't feel like I could speak to her. As well, she [mentor] was also the one who at times did not lock things away, you know the trollies being left open.

(Mel, student nurse, page 5)

We were going through the competencies and she [mentor] said, 'what would you do if there's a drug error?' and I said, 'tell the patient first of all, go through and escalate it, record'. She said, 'No'. I said, 'excuse me, I don't understand?' and she said, 'It depends on the toxicity of the drugs. You probably wouldn't tell'. I asked, 'Why wouldn't you tell the patient because you are going to have to and bring medical team in and you don't know about adverse reactions?' and she said, 'well they will sue you.

(Carys, student nurse, page 3)

In the data extract above, Carys, discussed her concerns with her mentor, but received a hostile response. Following this, she escalated her concerns to the deputy ward manager who allocated a new mentor and addressed the issues in relation to medicines management.

A small number of student nurses witnessed their mentor displaying unprofessional attitudes and providing poor care. Raising concerns to their own mentor was considered challenging, particularly as the mentor was solely responsible for assessing the student in practice. However, in the data excerpt below, Brett emphasises the importance of students' challenging their mentors' practice in order to maintain patient safety:

It is appreciated though if they speak to us, however hard it might be, rather than going to the uni and saying 'that NAME omitted a tablet or gave an extra one etc.' which is clearly the wrong way and you are at fault for not bringing that to my attention. Why didn't you have the balls to speak to me at the time and save that person getting an extra tablet or not receiving medication? It's clear cut from my point of view.

(Brett, nurse mentor, page 10)

## 4.2 | Keeping your mentor sweet

The mentors' role as the primary assessor of students' clinical progress and achievement on placement was deemed a powerful role and a significant factor that students considered in relation to raising concerns to their mentor. The perception that raising concerns

to their mentor could affect their progression on the placement and the nursing course was cited by a number of students. The assessment processes are governed by university regulation, and students would have the right to appeal if they had evidence of the mentor refusing to sign clinical outcomes. Despite this, the fear of failing the placement appeared to influence students' decision-making on raising concerns as the data extracts below illustrate:

You do have that pressure on you to get competencies signed so that you can progress on to the next year. This was my final placement of the first year, so I had to get all my remaining competencies signed off on this placement in order to move on. So yes, there is that and that does make you feel like, if I complain are, they going to try and get one back on me by not signing my competencies and prevent me going forward.

(Cath student nurse, page 10)

What's always in the back of your mind is that your mentor has got to sign off my competencies and that is a big factor for us, well for me and I'm pretty sure I'm not alone ... This is the biggest thing that would stop me from speaking up, it's the assessment.

(Neil, student nurse, page 5)

Many of the nurse mentors were acutely aware of the power differential existing because of their status as clinical assessors and key arbiter of whether a student nurses' career progressed or stalled:

I definitely feel like students might feel like they've got a bit of a gun to their head. You know like, "oh god if I say anything, they are not going to sign me off". Yes definitely. I remember saying to one of them [student], "right that's it you can behave normally now, it's all sorted, and I've signed you off, so you can go away now (laughing).

(Nicola, nurse mentor, page 8)

What they need from us is to complete their portfolio and if they give you any reason not to complete their portfolio you are suddenly making their lives very difficult. They view the portfolio as another essay, and you are what they need in order to pass that essay. Therefore, they have to keep you on side and especially now the university have really tightened down on who can sign your competencies and stuff you have to absolutely keep your mentor sweet.

(Georgie, nurse mentor, page 6)

Raising concerns during clinical placements was therefore perceived as a risky and a potentially unwise move by students, especially



in terms of their progression on the degree programme. The pressure of needing competencies “signed off,” appeared to overshadow the student’s responsibility in raising concerns if sub-optimal care was observed. Emotive quotes such as, “gun to the head” and being “at the mercy of your mentor,” illustrate the perceptions of pressure and risk that seem to have a direct influence on students’ behaviours, who often referred to not wanting to “rock the boat”:

I think as a student you don't want to rock the boat, because you are very aware that you have to go back and work at that placement for however long and people do talk, so I think you are very aware that you are an outsider going in. It's not like I have been with that team or ward for a long time and I earned my place if you like. You are an outsider, so if you go in and start making trouble and you don't want it to affect your experience on placement and if you like, your own progress.

(Cath, student nurse, page 5)

The diagram in Figure 1, illustrates how the dynamic between the nurse mentor and nursing student can affect student nurses’ decision-making on raising concerns.

### 4.3 | The mentor role in the raising concerns process

The nurse mentors discussed the importance of supporting student nurses through the process of raising concerns. As discussed in the previous section, they understood that their assessor role could potentially be a barrier to students reporting. Despite this, one mentor admitted that she would be disappointed if her student did not speak to her directly:

I would be hurt if it was me that they couldn't approach. I'd like to think that I got a relationship with that student that they could come and approach me about anything really.

(Claire, nurse mentor, page 6)

In addition, nurse mentors underlined the importance of encouraging students to ask questions before raising concerns, especially as mentors believed that students sometimes lacked for a more nuanced understanding of the messy realities of practice. The following extract provides evidence of this, and that academic teachers during lectures and clinical skills teaching sessions reinforce the students’ obligation to raise concerns (“they get told they have a duty”), even though students had been known to misconstrue or misunderstand practices in context:

One of the things that I do say in the induction day is that, 'there are a lot of things that go on here that can be misconstrued if you don't understand the context in which it is. If you are in any doubt then you have to say, you have to ask. We can then explain to you why we've done that, and it may make more sense, or we can explain to you and if you still don't like it you can say something'. So, they kind of get told that they have a duty really to tell us.

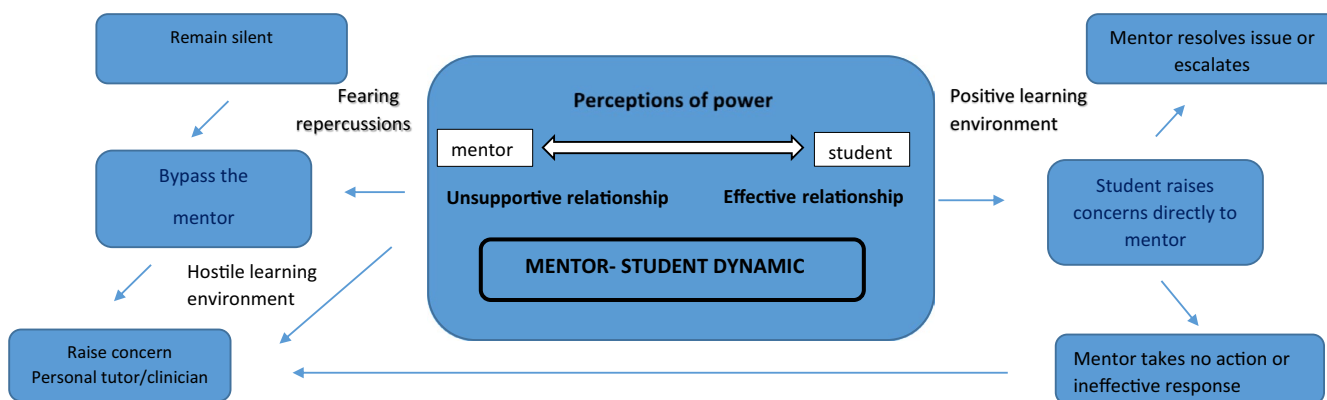
(Zara, nurse mentor, page 3)

Zara was one of the few nurse mentors who specifically discussed raising concerns with her students at the outset of the placement. This was not the case for all of the nurse mentor participants. Ellie (nurse mentor) queried why mentors did not always specifically mention raising concerns with their students in the data extract below:

Do you think it's partly fear, that we don't let them [students] know that they can raise concerns because it feels like it's a negative thing on us if the student has a concern to raise?

(Ellie, nurse mentor, page 9)

This was an isolated comment, but nevertheless provides an interesting insight into why mentors’ may not proactively encourage students to voice their concerns. Nurse mentor participants described the positive actions taken in response to students raising concerns. These included the following: providing reassurance and encouragement, accompanying students to escalate issues to managers, speaking directly to the



**FIGURE 1** The influence of the mentor–student relationship on students’ decision-making to raise concerns in clinical practice [Colour figure can be viewed at wileyonlinelibrary.com]

colleague responsible for the misdemeanour and commending students for speaking up.

A small number of the study participants felt that there was a need for more emphasis within the mentorship preparation programme on how to support and manage student nurses to raise concerns. In particular, responding to being challenged and having difficult conversations were areas that warranted further attention. Bringing nurse mentors and student nurses together was suggested as a forum to share experiences of raising concerns:

There is scope for more focus on dealing with concerns in the mentorship training. I'm just thinking about some of the colleagues I work with, if they were challenged, I don't think they would act. It needs to be addressed because people are encouraged to speak up now aren't, they. They raise concerns but I don't think some people it would go down very well. I think it would be quite a shock to some people if a student challenged them. I don't think they would know how to react to it but would take offence.

(Claire, nurse mentor, page 10)

I think it would be really interesting to have a workshop of many registered nurses and mentors. Obviously confidential but a really honest workshop with students. This would be like, 'you know this is my experience of bad situations where I've haven't got on with people, this is how I've handled it you know, something like that maybe'. I find I learn when me and my friends are all talking about our own experiences and are really honest about it.

(Paula, student nurse, page 8)

## 5 | DISCUSSION

This study has clearly identified the importance of the relationship between the mentor and the student nurse in terms of student decision-making about raising concerns. The findings demonstrate that an effective, collegial relationship between mentor and student promotes open communication and enables students to raise concerns as issues arise. However, our findings also resonate with previous qualitative research from a range of international settings showing that healthcare employees, including students, feel unable to raise concerns for a range of reasons, including, powerful norms, entrenched status differences, the possibility of personal retribution by colleagues and negative career repercussions (Jackson et al., 2010a; Levett-Jones & Lathlean, 2009). The general perception amongst healthcare staff is that those who speak up tend to fare badly; speaking up is considered a "high-risk, low-benefit activity" (Attree, 2007, 395; Jones, Lankshear, & Kelly, 2016). Previous research studies have demonstrated that student nurses similarly perceive raising concerns on placement as an activity that leads

to undesirable consequences for their placement experience and progression on the course (Harrison-White & Owens, 2018; Ion et al., 2016; O'Mara et al., 2014).

Our work resonates with these earlier studies and provides more depth and nuance in particular to the significance of the mentor-student dynamic when raising concerns in clinical practice. For example, student nurses in this study who had developed an effective, collegial relationship with their nurse mentor, felt able to broach issues immediately with their mentor and prompt action was taken in managing and resolving the issues identified. Conversely, the majority of students bypassed the mentor due to a disharmonious relationship and/or a fear of repercussions. It is also notable that our findings resonate with previous international studies, reinforcing that regardless of geographical location nursing students internationally have to consistently navigate clinical placements that are inimical to a "speak up" culture.

The concept of "context favourability" (Milliken et al., 2003) is useful to understanding why some healthcare staff raise concerns, whilst others do not. For example, a favourable workplace context, where employees are more likely to raise concerns, is one where the culture is seen as supportive with relatively little fear of negative consequences for those speaking up. The contribution made by our study is to demonstrate that student nurses are clearly assessing context favourability during clinical placements. Indeed, our findings contribute further depth of understanding to the notion of context. For example, we demonstrate that context favourability is assessed by students in terms of;

1. the immediate interpersonal context, such as the perceptions of a mentor's approachability, and
2. A less immediate but nonetheless significant educational context, relating to the mentor's role as clinical assessor and the influence of the nurse mentor in terms of the clinical progression of the student.

Addressing the question of whether these two layers of context interact in a causal manner is, unfortunately, beyond the remit of this paper. For example, whether a mentor perceived as approachable is less unlikely to "punish" a student for raising concerns by unfairly assessing the student as insufficiently competent to be "signed off."

It is of interest, however, that students did not provide examples of such unfairness by nurse mentors towards themselves or other students. In terms of context favourability, therefore, it appears the potential (rather than actual) risk to students' clinical/academic progression is sufficiently powerful for students to deem the context unfavourable for raising concerns, unless mentors are perceived as being approachable. The notion of "contagion" may be of relevance to explain the factors that result in such shared perceptions of raising concerns. For example, Jones and Kelly (2014) suggest that staff within organisations transmit information and perceptions about whether concerns are responded to positively by those in more senior positions. They discuss how staff, whose concerns are ignored, will communicate to others the futility of speaking up

and how such perceptions quickly spread and become normalised within organisations. It is conceivable that, in the case of our student nurses, perceptions of career/academic risk related to raising concerns have similarly spread and normalised, regardless of students' direct experiences. The findings of this study suggest that the nurse mentor can play a significant role in supporting students to raise concerns and assisting them in addressing issues as they arise. The nurse mentors interviewed all believed that their role was to encourage students to discuss concerns with them, although not all of the mentors proactively encouraged students to do so. This could be for a myriad of reasons including, but not limited to, a lack of insight, knowledge or training into the importance and subsequent consequences of not investigating concerns. There may also be reticence on the part of the mentor to hearing concerns which may affect the complexity of team dynamics within their units, the hierarchy in which they work or fear of reprisal from colleagues. This is not an exhaustive list but serves to provide examples of the reasons for not proactively encouraging students to report. A small number of mentors discussed the importance of raising concerns at the outset of the placement with their students and believed that this contributed to an environment that was conducive to voicing concerns and asking questions.

Recent UK policy changes suggest that regulators are conscious of this tension. The recently published NMC standards (2018) split into two the existing mentor role into a practice assessor who focusses primarily on the assessment of clinical competence and a practice supervisor who focusses on supporting and nurturing students on placement. Decoupling the assessment and supporting functions may negate the pressure of student's having to "keep the mentor sweet," theoretically at least. As a result, students may more freely raise concerns with their practice supervisor, as they do not "sign off" the student as competent, or otherwise.

However, the implementation of these new regulations will also see student nurses working with a wider variety of healthcare professionals who provide feedback to the practice assessor. At this stage, it is difficult to envisage how much time the student nurse will spend with the practice assessor and practice supervisor(s), but it is clear that students will be working more closely with a number of health care professionals. It is worth remembering, therefore, that building a supportive relationship where students perceive staff to be approachable requires time and effort. A practice supervisor's perceived approachability is crucial in facilitating a student to raise concerns. New preparation programmes for both the practice supervisor and practice assessor require a renewed focus on having difficult conversations, responding to challenges and managing the student expectations of clinical practice. In addition, the recently introduced NMC (2018) standards (part 2 section 1.5) require a nominated person (in addition to the practice assessor, academic assessor and practice supervisor) to support students and address student concerns. Although this may be a positive step in ensuring students are supported through the raising concerns process, it introduces a further and untested variable into an already complex and potentially contentious situation.

It will be of much interest to note how the new NMC arrangements for student assessment and supervision are implemented in practice. For example, the development of the team model (discussed above) introduces a number of individuals into the supervision and assessment process of student nurses whilst on placement. This is a complete departure from current mentorship arrangements which essentially focus on the one to one relationship between student and mentor. Team approaches may provide a wider and more accessible network of support for students who wish to raise concerns. Alternatively, a support network may unintentionally undermine the development of a trusted relationship with a single individual, which students have described as an important pre-condition for raising concerns.

## 6 | LIMITATIONS

Due to the purposive sampling strategy used, the findings cannot be generalised to other populations, which is common within qualitative research. The research was undertaken in one university and one health board, although nurse mentors from a range of specialities participated in the study. Establishing causal links between the age, gender and stage of training of the student nurse participants and their capacity to raise concerns was beyond the scope of this study. We also acknowledge that a small number of the nurse mentor participants had not had direct experience of supporting students to raise a concern. Nevertheless, they were able to discuss their perceptions on this topic and the interviews generated rich data about nurse mentor's perceptions and their potential influence on students' decision-making about raising concerns.

## 7 | CONCLUSION

The findings of this study demonstrate that the relationship between the nurse mentor and student nurse can either facilitate or inhibit student nurses raising concerns. This has clear implications for patient safety. Student nurses' who witness poor care may decide to remain silent or alternatively voice their concerns to their personal tutor or other university staff. These decisions could potentially delay reporting that could have adverse effects on patient outcomes. Despite the inclusion of the raising concerns process in the current mentorship programme and updates, more focus on the influence of the mentor-student relationship and the impact on raising concerns is required. Mentors need to promote open communication at the outset of placements so that student nurses are reassured that any concerns will be explored and managed effectively.

Collaborative working between HEI's and placement providers is vital in ensuring that students are prepared to have difficult conversations in practice with their mentor and clinical managers. Moving towards a new model of practice learning provides us with an opportunity to ensure that new curricula and preparation of practice

assessors, academic assessors and practice supervisors focuses on supporting students to raise concerns confidently.

## 8 | RELEVANCE TO CLINICAL PRACTICE

This study provides new insight into the nurse mentors perspective of their role in supporting students who raise concerns on placement. The majority of the mentor participants believed that students should be encouraged and supported to speak up if they witness poor care. The inclusion of scenarios in mentorship training and updates would provide a forum for open discussion amongst mentors and educators.

### ACKNOWLEDGEMENTS

Thank you to all the nurse mentor and student nurse participants who kindly gave up their time to participate in this research.

### CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

### AUTHOR CONTRIBUTIONS

PB –acquisition of data. PB, AJ, JD: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; Involved in drafting the manuscript or revising it critically for important intellectual content; Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

### ORCID

Patricia Brown  <https://orcid.org/0000-0002-2115-555X>

### REFERENCES

- Ahern, K., & McDonald, S. (2002). The belief of nurses who were involved in a whistleblowing event. *Journal of Advanced Nursing*, 38(3), 303–309. <https://doi.org/10.1046/j.1365-2648.2002.02180>
- Ashworth, G. (2018). An alternative model for practice learning based on coaching. *Nursing Times*, 114(12), 30–32.
- Attree, M. (2007). Factors influencing nurses' decisions to raise concerns about care quality. *Journal of Nursing Management*, 15(4), 392–402. <https://doi.org/10.1111/j.1365-2834.2007.00679>
- Bellefontaine, N. (2009). Exploring whether student nurses report poor practice they have witnessed on placement. *Nursing Times*, 105(35), 28–31.
- Bickhoff, L., Levett-Jones, T., & Sinclair, P. M. (2016). Rocking the boat-nursing students' stories of moral courage: A qualitative descriptive study. *Nurse Education Today*, 42, 35–40. <https://doi.org/10.1016/j.colegn.2015.08.002>
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2011). Nursing students and the issue of voice. A qualitative study. *Nurse Education Today*, 31(6), 628–632. <https://doi.org/10.1016/j.nedt.2010.10.030>
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data analysis: Complementary strategies*. Thousand Oaks, CA: Sage Publications.
- Davis, A. J., & Konishi, E. (2007). Whistleblowing in Japan. *Nursing Ethics*, 14(2), 194–202. <https://doi.org/10.1177/0969733007073703>
- Derbyshire, P., & Ion, R. (2018). The lessons of Gosport for nursing education [Editorial]. *Nurse Education Today*, 70, 130–135. <https://doi.org/10.1016/j.nedt.2018.08.018>
- Fagan, A., Parker, V., & Jackson, D. (2016). A concept analysis of undergraduate nursing students speaking up for patient safety in the patient care environment. *Journal of Advanced Nursing*, 72(10), 2346–2357. <https://doi.org/10.1111/jan.13028>
- Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust. Public inquiry*. London, UK: The Stationary Office. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279121/0898](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279121/0898)
- Francis, R. (2015). *Freedom to speak up. An independent review into creating an open and honest reporting culture in the NHS*. Retrieved from [http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)
- Harrison-White, K., & Owens, J. (2018). Nurse link lecturers' perceptions of the challenges facing student nurses in clinical learning environments. A qualitative study. *Nurse Education in Practice*, 32, 78–83. <https://doi.org/10.1016/j.nepr.2018.07.012>
- Health Education England (HEE) (2016). *Improving safety through education and training*. Retrieved from [www.hee.nhs.uk/the-commission-on-education-and-training-for-patient-safety](http://www.hee.nhs.uk/the-commission-on-education-and-training-for-patient-safety)
- Ion, R., Smith, K., Moir, J., & Nimmo, S. (2016). Accounting for actions and omissions: A discourse analysis of student nurse accounts of responding to instances of poor care. *Journal of Advanced Nursing*, 72(5), 1054–1064. <https://doi.org/10.1111/jan.12893>
- Ion, R., Smith, K., Nimmo, S., Rice, A. M., & McMillan, M. (2015). Factors influencing student nurse decisions to report poor practice witnessed while on placement. *Nurse Education Today*, 35(7), 900–905. <https://doi.org/10.1016/j.nedt.2015.02.006>
- Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb, E., Luck, L., ... Wilkes, L. (2010a). Understanding whistleblowing: Qualitative insights from nurse whistleblowers. *Journal of Advanced Nursing*, 66(10), 2194–2201. <https://doi.org/10.1111/j.1365-2648.2010.05365.x>
- Jackson, D., Peters, K., Andrew, S., Edenborough, M., Halcomb, E., Luck, L., ... Wilkes, L. (2010b). Trial and retribution: A qualitative study of whistleblowing and workplace relationships in nursing. *Contemporary Nurse*, 36(1–2), 34–44. <https://doi.org/10.5172/conu.2010.36.1-2.03>
- Jones, A., & Kelly, D. (2014). Whistle-blowing and workplace culture in older peoples' care: Qualitative insights from the healthcare and social care workforce. *Sociology of Health and Illness*, 36(7), 986–1002. <https://doi.org/10.1111/1467-9566.12137>
- Jones, A., Lankshear, A. J., & Kelly, D. M. (2016). Giving voice to quality and safety matters at board level: A qualitative study of the experiences of executive nurses working in England and Wales. *International Journal of Nursing Studies*, 59, 169–176. <https://doi.org/10.1016/j.ijnurstu.2016.04.007>
- Keogh, B. (2013). *Review into the quality of care and treatment provided by 14 hospital trusts in England: Overview report*. Retrieved from <https://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>
- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London, UK: Sage Publications.
- Lempert, L. B. (2007). Asking questions of the data: Memo writing in the grounded theory tradition. In A. Bryant, & K. Charmaz (Eds.), *The Sage handbook of grounded theory* (pp. 245–264). London, UK: Sage Publications.
- Levett-Jones, T., Lathlean, J., Higgins, I., & McMillan, M. (2009). Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, 65(2), 316–324. <https://doi.org/10.1111/j.1365-2648.2008.04865.x>
- Levett-Jones, T., Lathlean, J., McMillan, M., & Higgins, I. (2007). Belongingness: A montage of nursing students' stories of their

- clinical placement experiences. *Contemporary Nurse*, 24(2), 162–174. <https://doi.org/10.5172/conu.2007.24.2.162>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Long-Sutehall, T., Sque, M., & Addington-Hall, J. (2011). Secondary analysis of qualitative data: A valuable method for exploring sensitive issues with an elusive population. *Journal of Research in Nursing*, 16(4), 335–344. <https://doi.org/10.1177/1744987110381553>
- Mansbach, A., Ziedenberg, H., & Bachner, Y. G. (2013). Nursing students' willingness to blow the whistle. *Nurse Education Today*, 33, 69–72. <https://doi.org/10.1016/j.nedt.2012.01.008>
- Miceli, M. P., & Near, J. P. (1984). The relationships among beliefs, organizational position and whistle-blowing status: A discriminant analysis. *Academy of Management Journal*, 27(4), 687–705. <https://doi.org/10.2307/255873>
- Milligan, F., Wareing, M., Preston-Shot, M., Pappas, Y., Randhawa, G., & Bhandu, J. (2017). Supporting nursing, midwifery and allied health professional students to raise concerns with the quality of care: A review of the literature. *Nurse Education Today*, 57, 29–39. <https://doi.org/10.2307/255873>
- Milliken, F. J., Morrison, E. W., & Hewlin, P. F. (2003). An exploratory study of employee silence: Issues that employees don't communicate upward and why. *Journal of Management Studies*, 40(6), 1453–1476. <https://doi.org/10.1111/1467-6486.00387>
- Monrouxe, L. V., Rees, C. E., Endacott, R., & Ternan, E. (2014). 'Even now it makes me angry': Health care students' professionalism dilemma narratives. *Medical Education*, 48(5), 502–517. <https://doi.org/10.1111/medu.12377>
- Morrow, K., Jones, J., & Kosir, A. (2016). Speaking up behaviours (safety voices of Healthcare workers): A meta-synthesis of qualitative research studies. *International Journal of Nursing Studies*, 64, 42–51. <https://doi.org/10.1016/j.ijnurstu.2016.09.014>
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13–22. <https://doi.org/10.1177/160940690200100202>
- Nursing and Midwifery Council (NMC) (2008). *Standards to support learning and assessment in practice*. London, UK: NMC. Retrieved from <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-to-support-learning-assessment.pdf>
- Nursing and Midwifery Council (NMC) (2010). *Standards for pre-registration nursing education*. London, UK: NMC. Retrieved from <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>
- Nursing and Midwifery Council (NMC) (2018). *Part 2: Standards for student supervision and assessment*. London, UK: NMC. Retrieved from <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>
- Nursing and Midwifery Council and General Medical Council (NMC) (GMC) (2015). *Openness and honesty when things go wrong: The professional duty of candour*. London, UK: NMC & GMC. Retrieved from <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- O'Mara, L., McDonald, J., Gillespie, M., Brown, H., & Miles, L. (2014). Challenging clinical learning environments: Experience of undergraduate nursing students. *Nurse Education in Practice*, 14, 208–213. <https://doi.org/10.1016/j.nepr.2013.08.012>
- Peters, K., Luck, L., Hutchinson, M., Wilkes, L., Andrew, S., & Jackson, D. (2011). The emotional sequelae of whistleblowing: Findings from a qualitative study. *Journal of Clinical Nursing*, 20(19–20), 2907–2914. <https://doi.org/10.1111/j.1365-2702.2011.03718.x>
- Prang, I. W., & Jelsness-Jorgensen, L. P. (2014). Should I report? A qualitative study of barriers to incident reporting among nurses working in nursing homes. *Geriatric Nursing*, 35(6), 441–447. <https://doi.org/10.1016/j.gerinurse.2014.07.003>
- Price, L., Duffy, K., McCallam, J., & Ness, V. (2015). Are theoretical perspectives useful for explaining nurses' tolerance to suboptimal care? *Journal of Nursing Management*, 23, 940–944. <https://doi.org/10.1111/jonm.12239>
- Royal College of Nursing (RCN) (2017). *RCN guidance for mentors of nursing and midwifery students*. Retrieved from [https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjyL3G9PfgAhXOJVAKHVbTdcAQFjAAegQlCxAC&url=https%3A%2F%2Fwww.rcn.org.uk%2F-%2Fmedia%2Froyal-college-of-nursing%2Fdocuments%2Fpublications%2F2017%2Fmay%2Fpub-006035.pdf&usq=AOvVaw3yzk6P0337S9WmOJT\\_lryS](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjyL3G9PfgAhXOJVAKHVbTdcAQFjAAegQlCxAC&url=https%3A%2F%2Fwww.rcn.org.uk%2F-%2Fmedia%2Froyal-college-of-nursing%2Fdocuments%2Fpublications%2F2017%2Fmay%2Fpub-006035.pdf&usq=AOvVaw3yzk6P0337S9WmOJT_lryS)
- Rylance, R., Barrett, J., Sixsmith, P., & Ward, D. (2017). Student nurse mentoring: An evaluative study of the mentor's perspective. *British Journal of Nursing*, 26(7), 405–409. <https://doi.org/10.12968/bjon.2017.26.7.405>
- Sherif, V. (2018). Evaluating pre-existing qualitative research data for secondary analysis. *Forum: Qualitative Social Research*, 19(2), Article 7. <https://doi.org/10.17169/fqs-19.2.282>
- Tarrant, C., Myles, L., Bion, J., & Dixon-Woods, M. (2017). A qualitative study of speaking out about patient safety concerns in intensive care units. *Social Science and Medicine*, 193, 8–15. <https://doi.org/10.1016/j.socscimed.2017.09.036>
- Thomas, J., Binks, A., & Jack, B. (2015). Finessing incivility: The professional socialisation experiences of student nurses' first clinical placement, a grounded theory. *Nurse Education Today*, 35(12), e4–e9. <https://doi.org/10.1016/j.nedt.2015.08.022>
- Tong, A., Sainsbury, P., & Gray, J. (2007). Consolidated criteria for reporting qualitative research [COREQ]: A 32 item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Webb, C., & Shakespeare, P. (2008). Judgements about mentoring relationships in nurse education. *Nurse Education Today*, 28(5), 563–571. <https://doi.org/10.1016/j.nedt.2007.09.006>
- Wilkes, L. M., Peters, K., Weaver, R., & Jackson, D. (2011). Nurses involved in whistleblowing incidents: Sequelae for their families. *Collegian*, 18(3), 101–106. <https://doi.org/10.1016/j.colegn.2011.05.001>

## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

**How to cite this article:** Brown P, Jones A, Davies J. Shall I tell my mentor? Exploring the mentor-student relationship and its impact on students' raising concerns on clinical placement. *J Clin Nurs*. 2020;29:3298–3310. <https://doi.org/10.1111/jocn.15356>