Is there a need to re-prioritise the visibility & accessibility of personal tutor support?

An investigation of pre-registration mental health student nurses’ perceptions of the personal tutor role

Paul Millwood


ABSTRACT

The changing face of healthcare provision within the National Health Service including increased demand for high quality care, evidence based fitness for practice, and the development of a competent workforce, have been significant drivers in the movement of nurse education into university-based Higher Education (NMC 2008, DH 2006).

Within this change process, the nurse educator role has sought to respond to the growing challenges of meeting the academic, clinical, and pastoral needs of nursing students. However, the provision of support across the theory and practice elements of the curriculum highlight the complexity of this role, and particularly the personal tutor element when endeavoring to facilitate and support a student's knowledge and clinical skills development (Dobinson-Harrington 2006, Murphy 2000).

Indeed, the literature that has focused on the personal tutor role indicates a sense of confusion between the multifaceted nature of this role, and the nurse tutor’s primary teaching, academic, research, administration, and student support responsibilities (Griscti et al. 2005, Crotty 1993a & b, Clifford 1996, 1999). This encouraged the writer to undertake an exploration of Mental Health student nurses’ experiences of accessing personal tutor support, during their studies at the institution at which he is employed as a senior lecturer.

This study utilised the format of three focus groups and follow-up semi-structured interviews to generate a rich source of narrative accounts. Participants indicated that the personal tutor role is central to enabling a positive and supported learning experience. Within the clinical practice setting, they identified a need for the provision of personal support, particularly when experiencing crisis situations and academic difficulties. Overall, they suggested the need for closer links with personal tutors across their university and clinical learning experiences, and for greater communication between personal tutors, clinical mentors and students in practice.

This study acknowledges the diverse, complex and multi-faceted nature of the combined lecturer and personal tutor role, and highlights the increasing demands this placed upon lecturers in terms of additional academic, teaching, learning and administrative duties. Despite the small scale nature of this study, participants indicated dissatisfaction in relation to the overall quantity and quality of personal tutor support across the theory and practice of mental health nursing and would like to see improvements.
INTRODUCTION

This paper intends to highlight the significance of personal tutor support to student nurses during their clinical and academic programmes leading to registration. Furthermore, it will consider the influence of developments within higher education that have impacted on mental health student nurses' perceptions and experiences of receiving support from this role.

The literature underlines the changing nature of healthcare provision within the National Health Service, including increased political demand for high quality care provision, evidence-based nursing practice, and the development of a competent and 'fit for purpose' workforce, being among significant drivers in the movement of nurse education into university based Higher Education (DH 2008, NMC 2008).

Within this radical change process, the nurse lecturer role has sought to respond to the growing challenges of meeting the academic, clinical and pastoral needs of nursing students. However the provision of support across the theory and practice elements of the curriculum highlight the complexity of this role, and particularly, the personal tutor element when endeavoring to facilitate and support students nurses’ knowledge and clinical skills development (Dobinson-Harrington 2006, Murphy 2000).

It is of significant concern that the literature that has focused on the personal tutor role indicates a sense of confusion between the multifaceted nature of this role, and the nurse tutors' additional teaching, academic, research, administration and student support responsibilities. (Barriball 2008, Griscti et al. 2005, Crotty 1993a & b, Clifford 1996, 1999). Arguably, this has contributed to the increasing gap between the theory and practice of mental health nursing, reduced the visibility of personal tutor contact time within the clinical areas, and contributed to a failure to identify and respond to the personal and professional needs of student nurses in a holistic manner.

This encouraged the writer to undertake an exploration of Mental Health student nurses' experiences of accessing personal tutor support within his work context as a senior lecturer in mental health.

THE STUDY

AIMS

This research aimed to explore mental health student nurses’ reflections and experiences of accessing personal tutor support and sought to underline the pivotal importance of the provision of a comprehensive model of student support within a tripartite partnership between the student, academic, and clinical support staff.

METHODS

DESIGN

The research process adopted a qualitative exploratory approach to accumulate dense and in-depth narrative accounts recorded within three focus group interviews, and follow-up semi-structured one to one interviews. The preference of focus groups was founded on the practical applicability and integration to this study, and as the medium to capture the uniqueness and wholeness of participants’ experiences and perspectives. Additionally, follow-up interviews enabled participants to explore potentially sensitive issues in greater detail with the writer (Charmaz 2006, Gomm et al. 2000). Within this forum it was anticipated that the participants' narrative experiences and opinions would be influential in aiding the design of the personal tutor support role, evaluating students’ levels of satisfaction with this role and in helping to shape and inform service developments (Glitz 1998).

PARTICIPANTS, CONTEXT & ETHICAL CONSIDERATION

The study sample comprised of fourteen mental health student nurses who were either in the first, second, or final year of their three year programme of studies.
Participants were informed and recruited following advertisement of the study to groups of students from which volunteers contacted the writer for further information.

The age of participants in the study ranged from twenty years to forty five years and illustrated the diversity of age groups and mature students accessing nurse education. Gender representation indicated a female to male ratio of 10:4. Cultural groups represented in the study were White-British, African, African-British African-Carribean, and Asian ethnicities. Within this context the sample is representative of the diversity of student nurses from different cultural backgrounds accessing nurse education at the university that has provided the setting for this study.

Beauchamp & Childress (2001) underline the importance of identifying and responding to ethical considerations that may arise from any research that involves human subjects. Equally, Ferdinand et al (2009) emphasise that issues including the access of informed consent, explanation of the research purpose, confidentiality, and protecting the safety and rights of participants are paramount principles related to ethical research. In line with these principles, ethical approval was obtained from the Faculty of Education, Law and Social Sciences Research Ethics Committee. Additional written information outlining the aims of the study was provided and written consent was obtained.

The data collection period was completed between March and May 2007.

FINDINGS

The narrative accounts of participants were interpreted on the basis of the following recurring themes: prior experiences of accessing support from personal tutors, expectations of student-centered support, and barriers to accessing personal tutor support.

Prior experiences of accessing support

Opportunities, accessibility and availability of personal tutor support were identified by all participants as important factors in supporting their academic learning and responding to personal difficulties. This was of particular importance during their clinical nursing skills placement experiences. Additionally, participants indicated that perceptions and expectations of support may be determined by the student’s stage of course progression, and personal factors, including prior learning and individual resilience, and significantly, outcomes related to previous requests for support.

Significantly, participants identified that: students had differing experiences of being supported in previous learning experiences during their secondary and further education. Furthermore, that there was a clear lack of understanding of the personal tutor role and the types of support available, and where this support could be accessed. In addition differing levels of personal confidence and assertiveness when requesting support influenced their tendencies to request future support. Nonetheless, some participants perceived the need for support as a sign of weakness and preferred to seek support from peers or family members.

The following narrative accounts reflect this theme:

“Sixth form college was really difficult, support wasn’t clearly advertised. Some teachers were more willing to answer your questions than others. This was problematic at the start of six form”. (Focus group)

“It was difficult to ask for support because some of the teachers were intimidating, so I felt uneasy about asking for help”. (Interview)

“During HE I didn’t access the university library until my final year. I wasn’t told and didn’t know enough about the facilities available or how to use them so they passed me by”. (Focus group)
Paul Millwood. Senior Lecturer in Mental Health, Birmingham City University, paul.millwood@bcu.ac.uk, PhD Student, Manchester BERA conference September 2009

“I never met my personal tutor during my three year course. Other lecturers restricted their availability for individual tutorial time to only one or two hours per week for all their personal students. There were no clear offers of support for students who were struggling with their essays”. (Interview)

Expectations of student-centered support

This theme was concerned with participants’ perceptions and experiences of the qualities, attributes and skills of personal tutors in supporting their learning across the theory and practice of mental health nursing. Interestingly, the teaching element appears to remain perceived as primarily taking place in the classroom or university setting and not the clinical context. However, personal tutor support was felt to be essential for student nurses who were experiencing personal or professional difficulties during practice placement experiences.

Interpersonal qualities that were identified as significant to the establishment of a positive student-personal tutor relationship included the following attributes and qualities: Approachability and friendliness, being welcoming and available when support was needed, trustworthiness, visible to students in clinical practice, engaging and willing to listen, inspiring and motivating.

The following comments illuminate this theme:

“My personal tutor is clinically experienced, supportive, always willing to offer guidance, is a positive role model, organised and always has time to see me”. (Interview)

“My personal tutor has never visited me when I am in placements”. (Focus Group)

“My personal tutor is a contact within the university. I would like more visits from her when I am out in practice”. (Interview)

“Having a personal tutor will help me to feel supported and know what is expected of me when I go onto the wards for the first time.” (Focus Group)

“I have got to know my personal tutor during my three years, and I feel more comfortable asking them for support with my assignments because I know them and they know me”. (Interview)

Barriers to accessing personal tutor support

A range of factors emerged that indicated organisational, contextual, personal, and interpersonal issues that impact on student nurses’ perceptions of the level and nature of support offered by personal tutors. Themes identified appear to relate to personal tutor availability, interpersonal communication skills, and course structure that can impact on uptake of support.

The following themes were identified: Lack of clear information at the start of and during course progression, conversely information overload, limited availability of personal tutors due to their teaching workload, and reluctance to “waste” personal tutor time. It is of some concern that some personal tutors were perceived as “unapproachable”.

Participants’ comments included the following:

“Large numbers of students allocated to one personal tutor will make it difficult to get to know or even see them individually. (Focus Group)

“At the start of my course I didn’t know where to go or what to do. Our induction wasn’t clear. Sometimes they told us things that were difficult to understand, but nobody felt confident to ask questions”. (Interview)

“They always seem very busy, or are not in their office when you try to get to see them, so you try not to take up their time. When you do need to see a teacher, they are always teaching or in meetings. This can make it difficult to arrange tutorials”. (Interview)

“I don’t really get on with my personal tutor. I prefer to get help from my friends on the course”. (Focus Group).
This study set out to identify, explore, and interpret a sample of mental health student nurses’ narrative accounts and perceptions of accessing and receiving support from the personal tutor role.

Overall, participants suggested that mental health student nurses need to be supported across the academic and clinical placement elements of their course, and perceived the personal tutor as a vital link between their nursing practice and university based learning.

Engaging students within this research process has emphasised the range of clinical, academic, and pastoral challenges faced by them and their peers during their academic and clinical curriculum and importantly the role personal tutors can play in supporting course integration and in caring for the emotional and personal needs of students during their learning journey.

Significantly, Project 2000 commenced the transition from the traditional hospital based apprenticeship model that was superseded by the notion of super-numerate status of student nurses and the transfer of nurse-education wholesale into institutions of higher education (DH 2000a, Humphreys et al. 2000, Eaton et al. 2000, Clifford 1999, UKCC 1986). Fundamentally, this physical move from traditional hospital-based schools of nursing to central universities influenced student-tutor contact time; particularly in the clinical areas, and signalled the continuing transformation of the nurse tutor role.

Yet the nature of nursing remains “a practice-based discipline as its actions are rooted in practice” (Brown & Libberton 2007: 4). This perspective underlines the pivotal importance of a values-based approach to nursing and professional identity that highlights caring, compassion, service, and indeed, vocation within the role of the nurse, and arguably is equally inextricably linked to the role of the personal tutor. Moreover, the increasing emergence of evidence-based knowledge, extended professional roles, and the move towards an all graduate nursing profession appear to magnify the current emphasis placed on academia, competency, and proficiency based nursing and professional practice. These developments have, and will be central to positioning the professional role of the nurse within health care. However, to be effectively implemented this necessitates a tripartite framework of student-centred support that integrates and aligns the needs of the student and the support required across the theory and practice based curriculum. Therefore, the role of personal tutor support appears essential to this framework of support.

This approach to student support must also be personalised, individualised, and based on the needs and wants of the student. Eaton et al. (2000) identified that student nurses’ expectations and their perceptions of learning and support change as they progress through their programme of studies. They suggest that this is shaped by prior learning experiences, the student’s style of learning, and individual outcomes in response to previous requests for support. On this point, contact between participants within this study and their personal tutors during their first, or second, placement appears essential in the induction of student nurses to university life and in commencing their professional nursing identity development. It is of some concern that very few student nurses who participated within this small-scale study indicated that they were visited by their personal tutors during this crucial stage of their early course progression.

Barriball (2008) suggests that the changing demands placed upon the nurse lecturer, and the personal tutor element of this role, have become increasingly administrative, process orientated, and mechanistic. Consequently, this has resulted in students and tutors feeling unsure, confused, unsupported, and at times over-burdened in the case of tutors providing student-centred learning and support. Furthermore, the therapeutic and caring context of the personal tutor-student nurse relationship appears diminished at the expense of demonstrating achievement of increasingly administrative activities.

The literature search completed for this study highlighted the changing role of nurse lecturers and the personal tutor aspect of this role, the impact of the transition of nurse education into universities settings, and considered how this has influenced the provision of student support across academic and clinical learning environments (Barriball 2008, Griscti et al. 2005, Crotty 1993a & b, Clifford 1996, 1999).
Increasing student numbers, greater emphasis on evidence-based practice, and university driven education appear significant factors highlighting the need to identify and implement effective overarching academic and clinical support strategies to improve the quality of student-centred learning and support. However, whilst the literature and policies have identified student support as a priority; changing workloads and competing demands appear to adversely impact on direct personal tutor contact time availed to students during their practice placement learning experiences.

The importance of personal tutor contact time, particularly during clinical placement learning experiences, is indicated and suggests that this relationship can facilitate opportunities to reflect on theory, clinical skills development, and also provide an ideal role model.

The literature illustrates that student perceptions and expectations of personal tutor support can be influenced by previous learning experiences and course progression during higher education (Ertmer & Newby 1996, Eaton et al 2000, Price 2002, Reece & Walker 2003). Additionally, positive experiences of accessing support appear influential in the development of study skills, facilitated improved theory practice links, enhanced nursing skills development, and increased some students’ self confidence when making requests for clinical, academic, and pastoral support. Conversely, unsuccessful attempts to access support from lecturers or personal tutors often lead to negative feelings, avoidance, and often had detrimental outcomes on learning and course progression (Ertmer & Newby 1996, Price 2002, Reece & Walker 2003).

Despite the expressed importance of the personal tutor role, participants identified the need for improved contact from personal tutors during their clinical practice placements and emphasised the need for emotional and pastoral support from this role.

The personal tutor appears to provide a pivotal gate-keeping role in enabling student nurses to access supportive learning resources that relate to their personal, academic and clinical learning needs. When applied effectively this essential role can facilitate consistency, continuity, and structured proactive support and supervision when and where it is required throughout the students programme of academic and clinical studies.

Participants identified the importance of receiving clear information about the personal tutor role at the beginning of their course, opportunities to discuss their learning needs and course progression with their personal tutors, and the need for improved communication between personal tutors and clinical mentors in the practice area. However, visits from personal tutors to students in placements appear limited according to the findings of this study and suggest that competing priorities result at best in reactive input to placement difficulties from this role, or referral to other resources including the Practice Placement Managers, and Clinical Placement Support Unit. These services are perceived by participants as helpful for students. However, participants also indicated that the personal tutor role should be more actively involved in supporting students, clinical mentors, and the above resources particularly when students are in the clinical placement areas.

REFLECTIONS AND RECOMMENDATIONS

Completing this study has significantly influenced the writer’s practice and approaches to supporting personal students across their academic, clinical, and pastoral learning needs. This has included discussing with student groups at the beginning of modules the range of face to face, small group, and clinical placement visit arrangements that are available to support their learning. Additionally, scheduling and prioritising time to establish closer links with students and their placement mentors by arranging regular clinical visits to support learning experiences and pastoral support of students.

It appears essential to establish a structured framework to facilitate links between students, personal tutors, and clinical staff to negotiate the most appropriate forms of support for students both in university and clinical practice. This recommendation necessitates further exploration with colleagues in the researcher’s Faculty and a review of workload priorities.
In response to the focus group forums utilised within this study, I have also encouraged peer group and action learning set support groups both within my lecturing role, and where personal students are allocated to the same clinical areas.

Finally, it is important to underline the recommendations provided by the participants of this study and to seek to implement and share positive practice.

Participants have emphatically highlighted the need for more clinical and pastoral support from personal tutors, and the need to develop closer links between the clinical and academic elements of their nursing curriculum. On this point, there appear to be some inconsistencies within the setting of this study highlighting the need for further clarification and discussion with key stakeholders to agree the frequency and nature of clinical contact and support, and the overall impact this will have on the nurse lecturer role.

Despite the small scale nature of this study, participants indicated their interest and motivation to be engaged within the research process to shape student support, and the fundamental importance of personal tutoring in promoting evidence-based nursing practice, and the development of caring and empathic nursing qualities.

Pivotaly, there is a need to re-prioritise the personal tutor element of the nurse lecturer specification and to ensure they receive sufficient time to carry out this essential role in supporting students clinically and academically.

Similarly, personal tutors must all recognise the importance students place on this role and seek to establish constructive interpersonal tutor-student relationships that will encourage learning and establish a supportive context. Students must feel they are personally, professionally, and emotionally supported throughout their learning journey during their programme of nurse education. This will continue to ensure safe, competent and caring qualified nurses graduate from universities of higher education: Nurses who are equally able to support people (patients) in their care as well as other nurses.
References


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