



ORIGINAL ARTICLE

The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement programme for nurses working in the forensic setting

Zoe Davey,¹  Debra Jackson² and Catherine Henshall¹

¹Oxford Institute of Nursing Midwifery and Allied Health Research, Oxford Brookes University, Oxford, UK, and

²Faculty of Health, University of Technology Sydney, Ultimo, New South Wales, Australia

ABSTRACT: *This study aimed to evaluate a mentoring programme embedded in a work-based personal resilience enhancement intervention for forensic nurses. This qualitative study formed part of a wider mixed-methods study that aimed to implement and evaluate the intervention. Twenty-four semistructured interviews were carried out with forensic nurse mentees and senior nurse mentors; these explored their experiences of the mentoring programme and any benefits and challenges involved in constructing and maintaining a mentor–mentee relationship. Qualitative data were analysed thematically using the Framework Method. Four key themes relating to the initiation and maintenance of mentor–mentee relationships were identified: finding time and space to arrange mentoring sessions; building rapport and developing the relationship; setting expectations of the mentoring relationship and the commitment required; and the impact of the mentoring relationship for both mentees and mentors. Study findings highlight the benefits of senior nurses mentoring junior staff and provide evidence to support the integration of mentoring programmes within wider work-based resilience enhancement interventions. Effective mentoring can lead to the expansion of professional networks, career development opportunities, increased confidence and competence at problem-solving, and higher levels of resilience, well-being, and self-confidence.*

KEY WORDS: *mentoring, nursing, qualitative research, resilience.*

Correspondence: Zoe Davey, Oxford Institute of Nursing Midwifery and Allied Health Research, Faculty of Health and Life Sciences, Oxford Brookes University, Jack Straw's Lane, Marston, Oxford, OX3 0FL, UK. Email: zdavey@brookes.ac.uk

Declaration of conflict of interest: No conflicts of interest declared.

Authorship statement: CH and DJ were responsible for the conception and design of the study and revising the manuscript. ZD was responsible for data collection, analysis, and drafting the manuscript. ZD, CH, and DJ were all responsible for final approval of the version of the manuscript to be published. Each author takes public responsibility for the content of the manuscript and has 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.

Zoe Davey, CPsychol, PhD, MSc, BPsych (Hons).

Debra Jackson, AO, RN, PhD, FACN.

Catherine Henshall, PhD, MA, MN, RN.

Accepted April 30 2020.

INTRODUCTION

The changing, and often challenging, healthcare needs of growing and ageing populations, alongside fast-paced changes to the structure and provision of care, have resulted in increased pressures on health services internationally (Black 2013, Burmeister *et al.* 2019, Goyen & Debatin 2009, NHS 2014, Wanless 2002). Increased healthcare demand has been compounded by current and projected shortages in the number of staff required for the delivery of quality care over the next decade, particularly amongst nurses, midwives, and health visitors (Health Workforce Australia 2014; Institute of Medicine 2010; NHS 2017; Unruh & Fottler 2005). In

the United Kingdom (UK), a recent report on National Health Service (NHS) staffing trends highlighted a number of key areas of concern including high levels of staff attrition; decreased applications and retention rates within preregistration nurse training programmes; pressure on international recruitment strategies; worsening staff retention; increased reliance on agency staff; and a lack of investment in ongoing staff training and development (Buchan *et al.* 2019).

Evidence suggests that increasingly pressurized working conditions, experiences of workplace adversity, and incidents of staff burnout are major contributors to intentions to leave the nursing profession and absenteeism internationally (Buchan *et al.* 2019; Burmeister *et al.* 2019; Heinen *et al.* 2013). In particular, job satisfaction, staffing, team dynamics, stress, managerial style, and supervisory support are all driving factors affecting retention, with younger, less experienced nurses most at risk of leaving (Burmeister *et al.* 2019; Halter *et al.* 2017). A recent review found that the experience of stress and burnout of mental health staff is particularly problematic compared to staff in other clinical areas, with consequent knock-on effects on individual well-being, productivity, and patient care (Johnson *et al.* 2018). In addition, nurses working in forensic settings are often exposed to physical assaults from patients, who also have higher rates of self-harm and suicide attempts than in other clinical areas (Clarke *et al.* 2011). Forensic inpatients present as challenging and complex cases and can remain on wards for many years, often with little evidence of progress apparent (Davoren *et al.* 2015). However, despite mental health being identified as a strategic priority for the NHS, the number of mental health nurses rose less than 0.5% between 2017 and 2018, with a reported drop of 2.6% in areas outside of community mental health (Buchan *et al.* 2019).

It is crucial that attention is sharply focused on developing and implementing staff retention strategies as a means of alleviating the substantial and detrimental consequences of a decreased nursing workforce (Buchan *et al.* 2019; Health Workforce Australia 2014). The NHS National Retention Strategy was launched in 2017 to decrease nursing turnover rates in all trusts (NHS Improvement 2019); the strategy advocated for investment in workplace interventions and training, and the provision of additional mentoring support for nurses and other healthcare professionals.

Personal resilience can be defined as the ability to respond to challenges and difficulties positively, whilst retaining a sense of control over the environment (Hart

et al. 2014; Jackson *et al.* 2007; McDonald *et al.* 2012). Building personal resilience has been identified as an essential strategy for coping with work-related stress and responding to and overcoming experiences of workplace adversity, as well as helping to address problems with retention (Craigie *et al.* 2016; Foster *et al.* 2018a; Foster *et al.* 2019; Foster *et al.* 2018b; Jackson *et al.* 2007; Slatyer *et al.* 2017). Moreover, a recent review found that interventions targeted at burnout and improved patient care were effective, with good uptake amongst healthcare staff working in mental health services (Johnson *et al.* 2018). However, despite increasing evidence to support the potential impact of workplace resilience enhancement interventions for nurses (Craigie *et al.* 2016; McDonald *et al.* 2012; Slatyer *et al.* 2017), there is still a relative paucity of studies examining these within a mental health nursing context (Foster *et al.* 2018a; Foster *et al.* 2018b; Foster *et al.* 2019; Henshall *et al.* 2020).

A wide body of literature cites the importance of building collegial and external professional relationships and support networks within the wider context of developing personal resilience to workplace adversity (Daly *et al.* 2004; Jackson *et al.* 2007; McDonald *et al.* 2016; Tusaie & Dyer 2004).

The qualitative study reported on in this paper was part of a wider mixed-methods study that aimed to implement and evaluate a work-based personal resilience enhancement intervention for forensic nurses at an NHS Trust in the UK (Henshall *et al.* 2020). Part of the intervention consisted of a mentoring component whereby forensic nurses were matched with senior nurse mentors with the aim of contributing to the development of their personal resilience. This paper reports on the evaluation of the mentorship component of the intervention, in relation to its impact on the programme outcomes, as well as identifying any key facilitators and barriers to initiating and maintaining a sustainable mentor–mentee relationship within this healthcare context.

BACKGROUND

Mentoring is widely recognized as a mechanism for providing opportunities for workplace learning for nurses throughout their careers, whether in the form of preregistration nurse education, preceptorship, staff development, or clinical supervision (Nash & Scammel 2010). Despite this, research on the effectiveness of mentorship in clinical nursing practice is still relatively sparse (Gray & Smith 2000).

Involving the intentional matching of experienced senior staff with more junior, less experienced staff, mentoring relationships can be used to solve workplace issues; promote development and increase competence; empower mentees and improve self-confidence; develop professional identities and assist with career advancement; and provide immediate and contextual feedback (Gray & Smith 2000; McDonald *et al.* 2010, Spouse 1996). A recent review of the effectiveness and application of nursing mentorship programmes found them to be beneficial, with positive impacts on job satisfaction, professional competencies, and staff turnover rates (Zhang *et al.* 2016). The professional support, guidance, and nurturing offered by a successful mentoring relationship have been identified as one of the most important forms of protection against workplace adversity, helping to combat work-related stress, increase job satisfaction, increase a sense of belonging and purpose, and improve patient care (McDonald *et al.* 2016). Mentoring relationships have also been found to be mutually beneficial, with positive outcomes for mentors as well as mentees, including the benefits derived from helping other nurses, developing understanding of current challenges facing services, and retaining expertise (Clutterbuck & Lane 2004; McDonald *et al.* 2010). The development and implementation of successful mentorship programmes have positive, widespread implications for nurse managers and health services.

Previous literature has identified key individual and relational factors contributing to effective mentorship, including consistency between mentors' and mentees' perceptions and expectations of the relationship; acceptable and consistent levels of communication and one-to-one interaction; enthusiasm and accessibility of the mentor; and relevant seniority and previous experience of the mentor (Gray & Smith 2000, Hodges 2009, Jackson *et al.* 2015, Zhang *et al.* 2016). Equally, unsuccessful mentoring has the potential to cause adverse effects and dissatisfaction for both mentors and mentees (Green & Jackson 2014). Barriers to effective mentorship that have been identified include the establishment of imbalanced or assigned mentoring relationships that are not matched for personality and other factors; lack of time to commit to the relationship; insufficient mentoring skills or knowledge; and a lack of institutional support (Jackson *et al.* 2015; Zhang *et al.* 2016).

McDonald *et al.* (2012) successfully developed and implemented a work-based personal resilience enhancement intervention for nurses and midwives in

Australia which involved the engagement of nurse participants in a mentorship programme with senior and retired nurses. The resilience enhancement programme intervention used in this study was modelled on McDonald *et al.* (2012) intervention (Henshall *et al.* 2020). The intervention consisted of six, day-long workshops over 12 weeks and incorporated learning objectives such as building hardiness, maintaining a positive outlook, achieving work-life balance, and reflective and critical thinking, and enabling spirituality, together with a mentoring component that involved matching the nurse participants with senior nurse mentors. Each session was facilitated by a member of the project team and an invited cofacilitator. The cofacilitators included senior managers, nurses, medical directors, and chaplains working in the Trust, who were considered experts in the areas of focus for each session. Further details of the programme are reported in a separate paper (Henshall *et al.* 2020). Analysis of pre- and post-programme surveys to evaluate the effectiveness of the intervention found that amongst a range of positive changes that mentees experienced due to the programme, the ability to interact with other mentees and mentors throughout the course was particularly beneficial (Henshall *et al.* 2020). However, a more in-depth exploration of which aspects of the mentorship component of the programme were beneficial, and an examination of the impact of the mentor-mentee relationship on the programme outcomes are required.

METHODS

Study design

This study formed part of a larger mixed-methods study consisting of quantitative pre- and postprogramme intervention surveys and qualitative interviews (Henshall *et al.* 2020). Here, we report on findings from the qualitative interview component, which pertain to the mentee/mentor relationship.

Setting, access, and recruitment

The study was undertaken at a mental health and community NHS Trust in the south-west of England. Ethical approval for the study was obtained from the Faculty of Health and Life Sciences Research Ethics Committee at the university sponsoring the research study (FREC 2017/21).

Study participants were recruited to the resilience enhancement programme using convenience sampling.

All nonagency, band 5 and 6 nurses registered with the UK Nursing and Midwifery Council, who worked on the forensic inpatient wards at the participating trust, were deemed eligible and were invited to participate in the intervention ($n = 80$). These nurses were provided with a participant information leaflet (PIL), which provided information about the study, by the Head of Nursing and Forensics' ward manager and were given permission to attend the programme during their working hours. Working and retired senior nurses with experience of working at band 7 or above in the trust were recruited as programme mentors by the research and clinical teams. However, senior nurses who were working in forensics were not invited to be mentors, on the basis that mentees might not wish to disclose sensitive work-related issues to a member of their own senior management team. Eligible senior nurses were provided with a PIL to explain the study purpose and were asked to contact the research team if they were willing to participate as a mentor.

Mentee and mentor study participants were divided into two sequential cohorts, to avoid the groups becoming too large to facilitate. In the first session of each cohort, nurse participants (mentees) and mentors were matched via a three-minute 'speed dating' session, in which each mentee asked each mentor three questions about themselves (questions could relate to personal or professional experiences of the mentors). At the end of the 'speed dating' session, each mentee listed their top three preferred mentors and, where possible, the session facilitators then matched the mentors to the mentees' preferences. This was done to promote mentee autonomy, as well as taking into account individuals' personalities, aspirations, and expectations, all of which have been highlighted as important components of the matching process in successful mentoring relationships (Jackson *et al.* 2015). The purpose of the mentee-mentor relationship within the programme was to provide mentees with an additional support mechanism in which they could work towards mutually agreed personal and professional goals (McDonald *et al.* 2013).

Data collection

Semistructured interviews were conducted with mentees and mentors following completion of the 12-week resilience enhancement programme. Prior to the interviews being undertaken, participants were asked to provide written informed consent. Mentees and mentors were also asked to complete a brief demographic form as part of the wider resilience enhancement

programme evaluation. The interviews were carried out either face to face at the participating trust or over the telephone depending on participant's preference.

Semistructured interviews were used to explore in depth the experiences of the mentees and mentors and to understand the benefits and challenges of constructing and maintaining the mentor-mentee relationship. A topic guide was used to guide the interviews with mentees and included questions specific to the mentor-mentee relationship such as: 'Can you describe your relationship with your mentor?' And 'How useful do you feel this relationship has been?'. A separate topic guide was used with mentors and contained additional questions such as: 'What form of contact have you used and why?' 'How likely is it that you will remain in contact with your mentee after the 12 week programme?' And 'What has been the best/most difficult thing about this mentor/mentee relationship?'. Interviews were digitally recorded and transcribed by a local transcription company. Data were deidentified at the point of transcription.

Data analysis

Interview data were analysed by a member of the research team (ZD) and were guided and managed using the Framework Method, whereby data are coded thematically and then charted into a framework matrix (Gale *et al.* 2013). Microsoft Excel was used to create the framework and capture the breadth of data from the interviews. Data were analysed using a predominantly inductive approach; however, an overarching and broad deductive framework was constructed using the core components of the interview topic guide (Henshall *et al.* 2020) Interview data that pertained to the mentor/mentee relationship were analysed thematically whereby themes from the raw data were identified before being linked together to identify relationships and any overarching themes, which were then charted into the framework matrix. To support this process and ensure analytic rigour, themes and a summary of findings were discussed at three team meetings between the researchers and the programme coordinators. In addition, following initial data analysis and charting, themes were discussed at three additional meetings with the research team (ZD, CH), including a member (DJ) who had been involved in the workplace resilience enhancement intervention in Australia (McDonald *et al.* 2012) on which the current programme was modelled. This allowed the findings to be considered within an international context, taking into

account cultural and societal perspectives, differences and variations in healthcare systems, and the impact this might have on the formation and longevity of nurse mentor–mentee relationships. To ensure accurate and complete reporting, the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) guideline was adhered to (Ogrinc *et al.* 2016).

RESULTS

Participants

Twenty-nine nurse mentees and twenty-two senior nurse mentors took part in cohorts 1 and 2 of the programme. Demographic data for these cohorts are presented in Table 1. Mentees were predominantly band 5 and 6 nurses with less than 10 years working in the profession. The majority were female and aged 30–49 years. Senior nurse mentors were all currently working and were mostly in band 8 positions with more than ten years of working experience in the profession. Most mentors were female and aged 40 years or above.

Twelve nurse mentees and twelve senior nurse mentors from cohorts 1 and 2 agreed to take part in the semistructured interviews. Mentees and mentors interviewed were spread evenly across the two cohorts 1 ($n = 6$; $n = 5$) and 2 ($n = 6$; $n = 7$), although a small

number of cohort 2 mentors were also involved in cohort 1 ($n = 3$). One mentor interviewed from cohort 2 withdrew from the programme prior to its beginning, due to a change in their role. The majority of mentees ($n = 9$) and mentors ($n = 9$) interviewed were female.

Main findings

Facilitators and barriers to the development of successful mentor–mentee relationships in the context of a workplace resilience enhancement programme were explored. Four key themes relating to the initiation and maintenance of mentor–mentee relationships were identified: finding time and space; building rapport; setting expectations; and impact.

Finding time and space

Finding appropriate times and locations for mentoring sessions was highlighted by both mentees and mentors as a potential barrier to developing a successful relationship. In particular, finding mutually agreeable times that were compatible with the programme's timetable and mentees' shift patterns without being in conflict with the programme's goal of promoting work–life balance was identified as a challenge. Few mentor–mentee partnerships met off-site or outside of working/programme days, despite being encouraged to do so; however, meeting just before or after shift/programme times, or during scheduled breaks, was common.

They felt that they couldn't ask for more time from their wards during a shift, so we met around the beginning of a late shift or we met on the lunch break of the course sessions, which was helpful. (Mentor A, Cohorts 1 and 2)

We weren't allocated protected time to meet with our mentors. We were meant to do that in our own time. And one of the things about personal resilience, which we kept going back to, is having that work-life balance, making time for you, not staying late. And yet, I was trying to stay late or come in early to meet with my mentor, which seemed counterproductive (Mentee A, Cohort 1)

Similarly, finding a suitable venue for mentoring sessions, particularly when mentee–mentor partnerships were based at different sites, was seen as problematic, as were overcoming barriers to communication such as the lack of access to email on forensic wards, which made planning meetings difficult.

The biggest challenge was the distance between us. (Mentor A, Cohorts 1 and 2)

TABLE 1 Cohort 1 and 2 mentee and mentor demographics

Participant characteristics		Mentees [†]	Mentors [‡]
Age (years)	18–29	3	4
	30–39	10	2
	40–49	10	4
	50–60	3	6
	>60	0	1
Sex	Male	5	3
	Female	21	14
Currently working	Yes	n/a	17
	No	n/a	0
Band	5	14	0
	6	11	0
	7	1 (seconded)	6
	8	0	10
	Others	0	1
Years in profession	<1	0	0
	1–5	12	1
	6–10	4	5
	11–15	5	1
	>15	5	10

[†]Missing demographic data $n = 3$.

[‡]Missing demographic data $n = 5$.

I've heard some people saying that the mentors live far, they can't talk, they can't meet (Mentee B, Cohort 1)
I know that the chap works on a very busy ward in [local town] where access to email communication is probably not as easily available for me with a laptop. I could have 24-hour access to my emails and don't have the demands of working on one of these wards as well.
(Mentor B, Cohort 1)

Whilst the provision of additional protected time was highlighted as a possible solution, several mentees and mentors acknowledged the need for flexibility from both parties in finding suitable times and spaces to meet.

I think at some level you have to make that sacrifice when you are mentoring somebody and I think that the mentee equally has to make some sacrifice of some sort. Because for me it meant that I had to work or to stay behind work for extra time to see her. And equally for her, she had to stay behind to see me. So, it was kind of a sacrifice which was agreeable between the two of us
(Mentor C, Cohort 1)

Building rapport

Finding opportunities to build and develop personal connections between mentees and mentors was viewed as important for initiating and maintaining this relationship. Mentor–mentee partnerships used a mix of communication channels to stay in contact, and the importance of planned, regular communication was acknowledged.

Initially it was done by email...we then exchanged phone numbers and from there we had a chat about what's convenient...and because they wanted to have a chance to know what else was available around in the Trust they came here. And then after that we met where we could have a coffee (Mentor E, Cohorts 1 and 2)

Having time to build the mentor–mentee relationship was also viewed as an important facilitator. Many mentees and mentors felt they were able to foster positive, rewarding relationships during the 12-week programme, but some felt this was not enough time.

I think it was a nice exchange but I don't think we had enough time to discuss things in depth. (Mentor D, Cohorts 1 and 2)

I think that it takes a little while to build up that relationship. You can't just say, this is my mentor. It's about finding someone you click with and things and someone that you can benefit from. And I think that we needed longer to find our flow and to find what

was going to be helpful for both of us (Mentee A, Cohort 1)

It was acknowledged that taking a flexible approach to the content and structure of mentoring sessions was conducive to the aim of establishing shared personal and professional goals, as well as creating an environment in which an open and constructive relationship could be established.

What's happened so far is when we've met we've checked in with each other and where we're up to and then that's dictated what we've talked about. And that sort of gains an open bond so that we can talk about whatever the person wants to talk about, gives them the freedom to set the agenda (Mentor F, Cohort 1)

Setting expectations

Setting clear and realistic expectations of the outcomes, steps involved, and commitment required from both mentees and mentors for the mentoring component of the programme was raised as an important factor contributing to the overall success of the mentor–mentee relationship.

When your diary's packed from eight in the morning to seven at night and you just are in this chaos of emails and texts and failed meetings, failed telephone calls, it does feel like, hang on a minute. This is exactly what I mean about having a relationship that's organised. We know when it's going to happen and we both commit to it and off we go (Mentor G, Cohort 1)

Whilst some mentors felt well prepared for their involvement in the programme, others would have liked additional, more timely, information and training.

I think it was pretty clear what was expected. It was quite flexible depending on what the mentee wanted which was what was important (Mentor A, Cohorts 1 and 2)

For me the problem was that the information came quite late on, and I didn't know what I was signing up to... when I managed to actually meet my mentee then I felt, okay, I know what this is about, this is good, I know where I'm going. But at first I felt a bit lost, a bit not sure (Mentor D, Cohort 1)

Similarly, both mentors and mentees suggested that the mentees would have benefited from further guidance on the role of the mentor and the expectations held of the mentees in this context, particularly around the issue of communication.

I don't know how much of a blueprint was put down about what they could reasonably expect from a mentor relationship? (Mentor H, Cohorts 1 and 2)

We don't really have any context of what this relationship is supposed to be, so I didn't really know what angle I was supposed to be coming at it from. I don't think the mentors did either, to be honest. I think it would have helped if there was some sort of framework for a dialogue (Mentee C, Cohort 1)

There also appeared to be some confusion, particularly on the part of the mentors, about what was expected by the programme facilitators with regard to the continuation of the mentor–mentee relationship beyond the life of the programme.

At the celebration event I think a number of us talked about that. About where's the end? And is it okay to keep going? Or should there be an acknowledged end? (Mentor G, Cohort 1)

We haven't met since the course finished, which was something that they said we could do if we wanted to. But I kind of got the feeling from [my mentor] that she'd signed up to be part of this pilot and that she wouldn't be (Mentee A, Cohort 1)

Impact

Despite some clear areas for improvement in both setting up and maintaining the mentoring component of the programme, both mentors and mentees recognized personal and professional benefits to their involvement.

For mentees, the mentoring relationship allowed them to explore new ways of dealing with workplace challenges and to build support networks outside of their existing team structures, clinical supervision, and management meetings.

It's a very good relationship...They listen, so it's kind of that relationship that I have somebody to talk to (Mentee B, Cohort 1)

I got a couple of really good pointers there. Things that were on my mind and concerning me about my own career. (Mentee C, Cohort 1)

Many mentees expressed a desire for the mentor–mentee relationship to continue beyond the 12-week programme, either as a continuation of the relationship or as a more informal touchpoint within their widening professional networks.

I will stay in touch with them, definitely...Probably more as a contact point and somebody to go to if there's something that I think they may be able to help with. (Mentee E, Cohort 2)

We spoke quite a bit and it was useful. I met her on the last day again, and we had a really nice conversation. She's offered to meet me again, which is nice. Yes, I plan to take her up on that. (Mentee C, Cohort 1)

For mentors, developing one-to-one relationships with nurses working in on inpatient wards in the forensic setting was a means of broadening their own professional network across the trust, providing them with a renewed insight and understanding of the day-to-day challenges facing staff, and the impact of pressures on the health system on clinical practice.

I always find that in this job you learn something new every day...Listening to where they're coming from and about the pressure. Because obviously I don't work in the hospital environment at the moment and haven't done for four years. So, it's about [understanding] how difficult things are at the moment (Mentor I, Cohort 2)

On a more personal level, mentors saw their involvement in the programme as an opportunity to reflect on their own career choices and encounters with workplace adversity.

I think I've learnt a lot...I can reflect back on how I have gone through my own career. How I've had some difficult moments, and [how] being able to get support from people that I got on well with helped me through those. (Mentor J, Cohorts 1 and 2)

The majority of mentors indicated that they would like to continue to be involved in the mentoring component of the programme, seeing mentoring as an important aspect of their professional responsibilities towards staff development and well-being, providing additional and complementary support and guidance.

It's valuable. I believe in supporting colleagues, always felt that way, that we need to look after each other (Mentor E, Cohorts 1 and 2)

DISCUSSION

The findings of this study support existing evidence for the mutually beneficial role of supportive, professional work-based mentoring relationships for nurses outside of existing supervisory and other support structures. Participation in a mentoring relationship embedded in a work-based resilience enhancement programme was beneficial to mentees' professional development, self-confidence, and approach to workplace challenges. These findings reinforce previous studies which have identified the value of work-based

resilience interventions for nurses (Craigie *et al.* 2016; Foster *et al.* 2018a; Foster *et al.* 2018b; McDonald *et al.* 2012; Slatyer *et al.* 2017). However, a key strength of this study is the addition of a complementary mentoring component which aimed to provide additional support to mentee nurses. To our knowledge, this is the first time this combined approach, promoted by McDonald *et al.* (2012), has been used within the UK nursing context. Moreover, the study adds to the growing body of research looking at the benefits of resilience enhancement interventions specifically targeted at the mental health nursing workforce. In line with McDonald *et al.* (2012) findings, the mentors in our study also found the relationship rewarding. It provided them with the time to reflect on their own careers, re-engage with the challenges faced by frontline staff, and gain greater insight into the pressures being placed on staff working at the frontline of service provision. The mentoring relationship was an important part of the overall programme, and a key component in developing and expanding mentees' professional networks by introducing them to experienced senior nurse mentors who were familiar with the healthcare system and the trust, but who were not necessarily from a forensics background and did not currently hold positions within the same clinical teams as mentees (Henshall *et al.* 2020). The provision of social support to frontline healthcare professionals via open, nurturing professional relationships, including mentoring relationships with senior staff, is crucial to building resilience and feelings of self-worth, which can have a significant impact on staff retention and the delivery of patient care (McDonald *et al.* 2016, McGee 2006, Tusaie & Dyer 2004).

Findings indicated several key factors that contributed to the development of successful mentoring relationships within the context of the resilience enhancement programme, including flexibility and compatibility from both mentees and mentors with regard to work schedules and locations in order to find time and space to arrange mentoring sessions; clear and consistent communication with planned regular contact to allow sufficient time to build a strong mentor–mentee relationship; an open and collaborative relationship that incorporated shared personal and professional goals; and mutually agreed expectations about the outcomes, process, and commitment required from both mentees and mentors. This resonates with existing evidence around the personal, relational, and professional characteristics that comprise effective mentorship (Gray & Smith 2000; Jackson *et al.* 2015).

In contrast to many other studies in this area with shorter intervention periods (Foster *et al.* 2018b; Slatyer *et al.* 2017), our resilience enhancement programme spanned 12 weeks despite involving only six sessions. This was to ensure that mentees and mentors had sufficient time to develop and nurture their relationships and derive maximum benefit from their interactions. However, the length of the mentoring partnerships was substantially shorter than the 6-month minimum described in McDonald *et al.*'s (2010) study. Due to our study's relatively short follow-up period, we are unable to comment on the longevity or success of the mentoring relationships beyond the programme's cessation. However, our findings do demonstrate that a time frame of 12 weeks is sufficient to establish effective mentoring partnerships. This potential for effective mentoring over a relatively short time frame is important as, whilst some participants expressed a desire for continued involvement in current and new mentoring relationships, this may not always be pragmatic or feasible within the current healthcare climate in the UK. Sustaining the mentee relationship beyond a 12-week duration may be beneficial for some partnerships; however, this is not a prerequisite for successful programme outcomes.

In further contrast to McDonald *et al.*'s (2010) study, mentors involved in this programme were all working in senior positions within the same NHS trust as the mentees. The fact that both mentors and mentees were engaged in full-time employment may have impacted on the ability of mentors and mentees to find appropriate times to meet with regular frequency, due to the work pressures both parties were under. However, a clear advantage of utilizing working senior nurses as mentors is their ability to provide mentees with access to wider professional networks that are relevant and up to date and to be able to impart their working knowledge and experience to their mentees to facilitate proactive problem-solving.

Additionally, few mentoring sessions took place at locations off the hospital site, partly for pragmatic reasons but also because of a reluctance from both mentees and mentors to blur the boundaries between their professional and personal lives. Future programmes should carefully consider the impact of practical and logistical factors, such as working hours and workplace location, that may impact on the ability of mentees and mentors to regularly meet. In addition, establishing clear and flexible ground rules at the outset will help ensure that both mentees and mentors are in agreement as to the alignment of these personal and professional boundaries.

Limitations

The study recruited nurses working in the forensic mental health setting. Forensic mental health nurses encounter unique challenges with regard to working practices, routines, and client groups, and as such, the study findings may not be representative of the general nursing population. However, as highlighted, the senior nurse mentors were not from forensic mental health backgrounds, and their fresh and alternative perspectives on workplace-based issues were not limited to the challenges of a specific setting or clinical team. Moreover, findings from the wider study in which these participants were involved indicated that many of the workplace pressures identified centred around factors that are shared by nurses working in most care settings, such as staffing and workload (Henshall *et al.* 2020).

CONCLUSION

This paper has presented findings from the qualitative component of a mixed-methods study to implement and evaluate a work-based personal resilience enhancement intervention for forensic nurses at an NHS Trust in the UK. The paper reports specifically on the evaluation of the mentorship component of the intervention using qualitative interviews with 24 mentees and mentors who took part in the programme. The findings identify some of the challenges associated with the creation of sustainable and effective professional mentoring networks for staff in the forensic environment within the UK NHS. Together with previous research in this area (Gray & Smith 2000; McDonald *et al.* 2016; McDonald *et al.* 2010), the findings from our study highlight the mutually beneficial roles of senior nurses mentoring more junior staff across a range of clinical nursing environments. In particular, the study provides evidence for a mentoring programme integrated within a wider work-based resilience enhancement intervention as an effective means of establishing supportive and effective mentoring relationships.

RELEVANCE FOR CLINICAL PRACTICE

Effective mentoring relationships can lead to increased opportunities for nursing staff through the expansion of their professional networks, career development opportunities, increased confidence and competence at problem-solving, and higher levels of resilience, well-being, and self-confidence. All of these can engender improvements to the clinical environment and clinical

practice and contribute to the provision of high-quality patient safety and care.

ACKNOWLEDGEMENTS

Catherine Henshall is a National Institute for Health Research (NIHR) Senior Nurse and Midwife Research Leader and is also supported by the NIHR Oxford Cognitive Health Clinical Research Facility. The views expressed are those of the authors and not necessarily those of the NIHR, UK National Health Service, or the UK Department of Health and Social Care. We would also like to thank Lynda Dix and Karen Gray for their help in implementing and coordinating the resilience enhancement programme, as well as the nurses and nurse mentors who participated in the programme.

FUNDING INFORMATION

This study was funded by Oxford Health NHS Foundation Trust.

REFERENCES

- Black, N. (2013). Can England's NHS Survive? *The New England Journal of Medicine*, 369, 1–3.
- Buchan, J., Charlseworth, A., Gershlick, B. & Seccombe, I. (2019). *A Critical Moment: NHS Staffing Trends, Retention and Attrition*. London, UK: The Health Foundation.
- Burmeister, E. A., Kalisch, B. J., Xie, B. *et al.* (2019). Determinants of nurse absenteeism and intent to leave: An international study. *Journal of Nursing Management*, 27, 143–153.
- Clarke, M., Davies, S., Hollin, C. & Duggan, C. (2011). Long-term suicide risk in forensic psychiatric patients. *Archives of Suicide Research*, 15, 16–28.
- Clutterbuck, D. & G. Lane (Eds). (2004). *The Situational Mentor: An International Review of Competencies and Capabilities in Mentoring*. Aldershot, Hants: Gower.
- Craigie, M., Slatyer, S., Hegney, D. *et al.* (2016). A pilot evaluation of a mindful self-care and resiliency (MSCR) intervention for nurses. *Mindfulness*, 7, 764–774.
- Daly, J., Speedy, S. & Jackson, D. (2004). *Nursing Leadership*. Sydney: Elsevier.
- Davoren, M., Byrne, O., O'Connell, P., O'Neill, H., O'Reilly, K. & Kennedy, H. G. (2015). Factors affecting length of stay in forensic hospital setting: Need for therapeutic security and course of admission. *BMC Psychiatry*, 15, 301.
- Foster, K., Cuzzillo, C. & Furness, T. (2018a). Strengthening mental health nurses' resilience through a workplace programme: A qualitative inquiry. *Journal of Psychiatric and Mental Health Nursing*, 25, 338–348.
- Foster, K., Shochet, I., Wurfl, A. *et al.* (2018b). On PAR: A feasibility study of the Promoting Adult Resilience

- programme with mental health nurses. *International Journal of Mental Health Nursing*, 27, 1470–1480.
- Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J. A. & Furness, T. (2019). Resilience and mental health nursing: An integrative review of international literature. *International Journal of Mental Health Nursing*, 28, 71–85.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S. & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13, 117.
- Goyen, M. & Debatin, J. F. (2009). Healthcare costs for new technologies. *European Journal of Nuclear Medicine and Molecular Imaging*, 36 (Suppl 1), S139–S143.
- Gray, M. A. & Smith, L. N. (2000). The qualities of an effective mentor from the student nurse's perspective: Findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, 32, 1542–1549.
- Green, J. & Jackson, D. (2014). Mentoring: Some cautionary notes for the nursing profession. *Contemporary Nurse*, 47, 79–87.
- Halter, M., Boiko, O., Pelone, F. *et al.* (2017). The determinants and consequences of adult nursing staff turnover: A systematic review of systematic reviews. *BMC Health Services Research*, 17, 824.
- Hart, P. L., Brannan, J. D. & de Chesnay, M. (2014). Resilience in nurses: An integrative review. *Journal of Nursing Management*, 22, 720–734.
- Health Workforce Australia (2014). *Australia's Future Health Workforce - Nurses Overview*. Canberra: Department of Health.
- Heinen, M. M., van Achterberg, T., Schwendimann, R. *et al.* (2013). Nurses' intention to leave their profession: a cross sectional observational study in 10 European countries. *International Journal of Nursing Studies*, 50, 174–184.
- Henshall, C., Davey, Z. & Jackson, D. (2020). The implementation and evaluation of a resilience enhancement programme for nurses working in the forensic setting. *International Journal of Mental Health Nursing*, 29, 508–520.
- Hodges, B. (2009). Factors that can influence mentorship relationships. *Paediatric Nursing*, 21, 32–35.
- NHS Improvement (2019). *The National Retention Programme: Two Years On*. London: NHS Improvement and NHS England.
- Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington DC: The National Academic Press.
- Jackson, D., Firtko, A. & Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing*, 60, 1–9.
- Jackson, D., Peters, K., Andrew, S., Daly, J., Gray, J. & Halcomb, E. (2015). Walking alongside: A qualitative study of the experiences and perceptions of academic nurse mentors supporting early career nurse academics. *Contemporary Nurse*, 51, 69–82.
- Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K. & Thompson, C. (2018). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, 27, 20–32.
- McDonald, G., Mohan, S., Jackson, D., Vickers, M. H. & Wilkes, L. (2010). Continuing connections: the experiences of retired and senior working nurse mentors. *Journal of Clinical Nursing*, 19, 3547–3554.
- McDonald, G., Jackson, D., Wilkes, L. & Vickers, M. H. (2012). A work-based educational intervention to support the development of personal resilience in nurses and midwives. *Nurse Education Today*, 32, 378–384.
- McDonald, G., Jackson, D., Wilkes, L. & Vickers, M. H. (2013). Personal resilience in nurses and midwives: effects of a work-based educational intervention. *Contemporary Nurse*, 45, 134–143.
- McDonald, G., Jackson, D., Vickers, M. H. & Wilkes, L. (2016). Surviving workplace adversity: A qualitative study of nurses and midwives and their strategies to increase personal resilience. *Journal of Nursing Management*, 24, 123–131.
- McGee, E. M. (2006). The healing circle: Resiliency in nurses. *Issues in Mental Health Nursing*, 27, 43–57.
- Nash, S. & Scammel, J. (2010). Skills to ensure success in mentoring and other workplace learning approaches. *Nursing Times*, 106, 17–20.
- NHS (2014). *Five Year Forward View*. <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- NHS (2017). *Next Steps on the NHS Five Year Forward View*. <https://www.england.nhs.uk/wp-content/uploads/2017/03/NE-XT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- Ogrinc, G., Davies, L., Goodman, D., Batalden, P., Davidoff, F. & Stevens, D. (2016). SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): Revised publication guidelines from a detailed consensus process. *BMJ Quality and Safety*, 25, 986–992.
- Slatyer, S., Craigie, M., Heritage, B., Davis, S. & Rees, C. (2017). Evaluating the effectiveness of a brief mindful self-care and resiliency (MSCR) intervention for nurses: A controlled trial. *Mindfulness*, 9, 534–546.
- Spouse, F. (1996). The effective mentor: A model for student-centred learning. *Nursing Times*, 92, 32–35.
- Tusaie, K. & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice*, 18, 3–8; quiz 9–10.
- Unruh, L. Y. & Fottler, M. D. (2005). Projections and trends in RN supply: What do they tell us about the nursing shortage? *Policy, Politics, & Nursing Practice*, 6, 171–182.
- Wanless, D. (2002). *Securing our Future Health: Taking a Long-Term View*. London: HM Treasury.
- Zhang, Y., Qian, Y., Wu, J., Wen, F. & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. *Nurse Education Today*, 37, 136–144.