Clinical education

Manipulating mentors' assessment decisions: Do underperforming student nurses use coercive strategies to influence mentors' practical assessment decisions?

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ABSTRACT

There is growing evidence of a culture of expectation among nursing students in Universities which leads to narcissistic behaviour. Evidence is growing that some student nurses are disrespectful and rude towards their university lecturers. There has been little investigation into whether they exhibit similar behaviour towards their mentors during practical placements, particularly when they, the students, are not meeting the required standards for practice. This paper focuses on adding to the evidence around a unique finding — that student nurses can use coercive and manipulative behaviour to elicit a successful outcome to their practice learning assessment (as noted in Hunt et al. (2016, p 82)).

Four types of coercive student behaviour were identified and classified as: ingratiators, diverters, disparagers and aggressors, each of which engendered varying degrees of fear and guilt in mentors. The effects of each type of behaviour are discussed and considered in the light of psychological contracts. Mechanisms to maintain effective working relationships between student nurses and mentors and bolster the robustness of the practical assessment process under such circumstances are discussed.

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1. Introduction

Ensuring that an effective relationship exists between student nurses and their mentors is recognised as pivotal to a sound clinical experience. The United Kingdom Nursing and Midwifery Council (NMC, 2008, p25) identify *"Establishing an effective working relationship"* as the first principle of learning and assessment in practice. For over thirty years it has been widely accepted that there is *"a galaxy of toxic mentors"* (Darling, 1985, p43) who compromise such relationships and make students' practical experiences unpleasant or difficult (Darling, 1986; Kilgallon and Thompson, 2012; Stuart, 2013; Clutterbuck, 2014; Gopee, 2015). However, the existence of such mentors is only one factor in managing students' learning; students themselves have parts to play in this and these may also negatively affect outcomes.

Concerns are now being raised about a culture of expectation being generated by universities where students are regarded as customers with rights and expectations and which encourages narcissistic behaviour in classroom settings (Twenge and Campbell, 2009; Twenge et al., 2012; Twenge, 2013; Vaillancourt, 2013; Hodges, 2015). The negative consequences of this situation, in terms of the behaviour of students towards their university lecturers, have been reported in other settings (Gallo, 2012; Shanta and Ellason, 2014). However, there has been little investigation into the possibility that students might behave negatively in clinical areas and, in particular, there appears to be limited examination of student nurses' responses to feedback that they are not performing to the required standards in practical assessments.

The main study, which followed previous work in this area (Duffy, 2003, 2006, Black, 2011), demonstrated the overall factors which enabled mentors to fail underperforming student nurses in practical assessments (Hunt, 2014; Hunt et al., 2016). As noted in the abstract the aim of this paper is to focus on adding to the evidence around a unique finding, regarding the coercive and manipulative behaviours student nurses employ to ensure a successful outcome to their practice learning assessment (as noted in Hunt et al. (2016, p82)). A framework for classifying the types of behaviour that students exhibited towards mentors who gave them feedback about their lack of competence is presented and

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recommendations are made about actions which can enhance mentors self-assurance when students behave coercively or manipulatively, so that the integrity of the assessment process is not undermined.

The ideas presented here may be unthinkable to some in the nursing profession, and indeed prompted this expansion of the findings from this one theme (Hunt et al., 2016, p82). It was considered essential that the difficulties which coercive students can cause mentors are made evident and that a robust discussion about how to manage this is initiated so that such behaviour does not continue to flourish unchallenged.

2. Background

The young are four times as likely to show narcissistic personality traits as those over the age of sixty-five (Stinson et al., 2008) and this is considered a symptom of a western culture of entitlement (Twenge and Campbell, 2009). Narcissistic personality traits include: an exaggerated sense of one's own importance; a belief in a right to unlimited success; an expectation of favourable treatment; a tendency to take advantage of others and a lack of empathy (Kernberg, 1967; Kohut, 1968). Overindulgent parenting and self-esteem focussed education systems are recognised as contributing to this (Twenge et al., 2012). It is suggested that, in the United Kingdom (UK), the National Student Survey (NSS, 2015), a key league table by which universities are judged, may contribute to this culture of entitlement (Canning, 2014). Universities are motivated to meet students' demands so that they rate highly in the NSS which improves their attractiveness to potential new students.

In the UK, practicing nurses act as mentors to student nurses during their practical placements. Mentors must have been a registered nurse for at least one year before they can undertake additional continuing professional development to prepare them to teach and assess students (NMC, 2008). In other countries mentors are called preceptors, but in the UK the term preceptor is reserved for those who supervise recently qualified nurses who are consolidating their practice. Student nurses are allocated to a mentor at the beginning of a practical placement and work closely with them throughout in accordance with NMC guidelines (NMC, 2008; NMC, 2010). This process of managing learning can be further supported by colleagues with a higher level of teaching award, such as practice education facilitators or link lecturers.

Several studies have identified that mentors can be reluctant to fail underperforming students (Duffy, 2003, 2006, Black, 2011) and that they need substantial support to do this. Nevertheless, much of the published literature focuses on the support students need in practical placements. Scrutiny of mentors' performance suggests that they can, at times, display negative behaviour towards students including bullying (Topa et al., 2014; Hakojarvi et al., 2014), *"eating their young"* (Sauer, 2013, p43) and exhibiting *"toxic"* traits (Darling, 1986, p29, Clutterbuck, 2014). There has been less scrutiny of students' negative behaviour. However, growing concerns about the incivility of student nurses towards staff in academic settings have been reported in the USA (Gallo, 2012; Shanta and Ellason, 2014). Some anecdotal evidence also exists about negative student behaviour towards mentors in clinical practice (Cleary and Horsfall, 2010; Green and Jackson, 2013).

In the UK patients have raised concerns that weak students try to manipulate the system to their advantage if they think they are going to fail and have been observed behaving badly towards their mentors (Malihi-Shoja et al., 2013). In 2009, in a keynote speech to the Royal College of Nursing Congress, Ann Keen, who was then health minister, warned students not to do mentors a disservice (Kendall-Raynor, 2009). A survey by Nursing Standard also indicated that students could pressurise mentors into passing them

(Gainsbury, 2010) and Green and Jackson (2013) caution that mentors' experiences of students can be negative. These views are consistent with Passmore and Chenery-Morris (2014) observations that midwifery students exert pressure on their assessors, and concerns expressed by Canadian nurses that students conceal damaging evidence about their performance (Luhanga et al., 2010). Evidence from the medical profession suggests that as doctors progress they increasingly struggle to acknowledge errors in their practice because they find this a challenge to their self-image of competence and control (Banja, 2005). In social work this has been attributed to students' difficulty in objectively critiquing their own performance (Schaub and Dalrymple, 2013) and the tendency to blame external forces (Poletti and Anka, 2013). Furness (2011) noted that, when challenged about their practice, male social work students adopted a defensive stance. This evidence suggests that students can struggle to reconcile the service they expect to receive in a Higher Education Institution (HEI) setting with the standard of care they are expected to give in a care environment.

3. The overall study design

The principle aim of the main PhD study was to investigate what enabled some mentors to fail underperforming students when it was recognised that many were hesitant to do so. However, as the study unfolded, as in many doctoral journeys, supplementary objectives emerged, with the eventual findings from theme three: *"Tempering Reproach"* being reported here (Hunt et al., 2016, p82).

3.1. Methodology

In order to illicit as much depth as possible to the research process and subsequent findings, this study employed an interpretivist grounded theory (GT) approach which explored shared meaning and activity (Corbin and Strauss, 2008). This methodological approach was selected because it could provide explanations and offer recommendations for practical action. An overview of the method used is provided here, more details can be accessed in Hunt et al. 2016 publication and at: http://ethos.bl.uk/OrderDetails.do?did=1&uin=uk.bl.ethos.639728 (Hunt, 2014; full PhD study).

3.2. Accessing participants

The study was publicised in 56 universities in England which offered pre-registration nursing programmes. Theoretical sampling techniques were used to recruit thirty one participants, who had voluntarily responded to this call to be engaged with the study. The main criterion was that all participants had to have failed a student in practice and each volunteer had experience of failing at least one student in a practical assessment. Contributors comprised mentors (MA), practice educations facilitators (PEF) and link lecturers (LL) who all gave their written consent to participate. They represented the four fields of nursing in the UK, namely adult, child, learning disabilities and mental health nursing, and worked in hospital and community locations, in both the National Health Service (NHS)

Table 1
The role and field of nursing of participants.

	Adult	Child	Mental health	Learning disabilities	Total
Mentors	6	3	4	2	15
PEF	5	2	1	0	8
LL	6	1	1	0	8
Total	17	6	6	2	31