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Trusted to Care: the role of trust in mentoring

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Mentoring is a relational process in organizations which shapes the development of employees during different stages in their tenure with their employer (Kram, 1985). Mentors play a variety of roles depending on the stage of the mentee's career development and the formal mentoring roles they have been assigned by their organization (Noe, 2006). The type of mentoring mentees receive is dependent on the type of organization (e.g. education, health care, management) and its particular concerns in developing future and current employees (Donovan, 1990; Putman, Bradford, & Cleminson, 1993; Yonge, Billay, Myrick, & Luhanga, 2007). There has been a lot of work focussed on what makes a good mentor-mentee relationship, and on the perceptions and experiences of mentors in their work environments, however there has been very little work on the role of trust in mentors experience of mentoring.

In this chapter we will examine trust in mentoring relationships with specific attention to a sample of nurses who were interviewed during a period in which they mentored pre-registration nursing students. Trust emerged spontaneously in many of the interviews, suggesting that it is a salient feature of the mentoring context. In the chapter we explore the immersion of mentors within a complex network of overlapping dyadic relationships that manifest at different stages of their mentoring activity.

Our chapter contributes to the literature on mentoring and trust. Firstly, we highlight the ways in which mentors use trust to provide students with safe environments in which they learn and develop a capacity for reflective practice, Secondly, recognising that mentors are

themselves vulnerable we expose their vulnerabilities that arise from contact with students and the wider collegial network they are part of. Thirdly we draw a link with third party trust (Burt & Knez, 1995, 1996; Ferrin, Dirks, & Shah, 2006) and show how vulnerabilities arise through the actions of third parties, through what we refer to as *trust by extension*. Finally we highlight a process of amplification which mentors use to enable them to manage multiple high stakes present in their context.

The chapter is organised into five sections. We begin by providing a short analysis of the organizational context of nurse mentoring in the UK, before looking at trust as an issue that is central to both the professional and mentoring roles of nurse mentors. Focussing on the data from our interviews we then discuss the use of trust as a tool for developing learning, as well as the implications arising from the role of mentors as learning facilitators and assessors. We then consider the extension of trust by third parties using examples from our interviews to illustrate the idea that threats to perceived trustworthiness in this context originate outside of the respective dyadic relationships that mentors form with students and others. Next we look at strategies that are employed by mentors which involve their sense of trust in a student, that enable them to make difficult assessment decisions. Finally we reflect on the mentoring context and suggest ways in which mentoring practices and workplace assessments could be transformed to take a greater account of trust.

The Organisational Context of Nurse mentoring

Nurses form the backbone of the UK National Health Service (NHS). They have a professional duty of care to patients, an obligation to cooperate with colleagues, and a responsibility to maintain the integrity of the profession. One of the key roles of nurses lies in the training and development of student nurses in the workplace. In the UK, Nursing

students, who are recruited by higher education institutions (HEIs), follow a closely defined curriculum and spend a carefully accounted-for fifty percent of their time in supervised practice (Nursing and Midwifery Council, 2004), in placements generally between 4 and 12 weeks duration over three years of the full time training. The professional body (Nursing and Midwifery Council (NMC)), HEIs and healthcare providers work collaboratively to develop students into their professional roles: HEIs organize the curriculum, allocate students to placements, audit, monitor and support the placements; the clinical areas provide the practice contexts for learning. Additionally, the NMC (2008a) mandates that student nurses are supported and assessed by trained mentors[1] during each of their practice placements. It is, therefore, essential that there is a sufficient and reliable supply of mentors in the workforce to meet these educational demands.

Reflecting established assumptions about mentoring (Chartered Institute of Personnel and Development, 2009), mentors are a more experienced colleague, someone who can pass on support, guidance and advice. In contrast, in nurse education, placement mentors must specifically facilitate, assess and evaluate learning (NM C, 2008a). Their activities cover an immense range: reporting, partnership working, assessing students, supporting learners and colleagues, delivering care, maintaining standards of practice, continuing professional development and demonstrating their own continuing proficiency. Nurse mentors are accountable to a number of different agencies: their professional body (NMC), their employer, the partner HEI, their own and other students, their patients and their colleagues (see Figure 1).

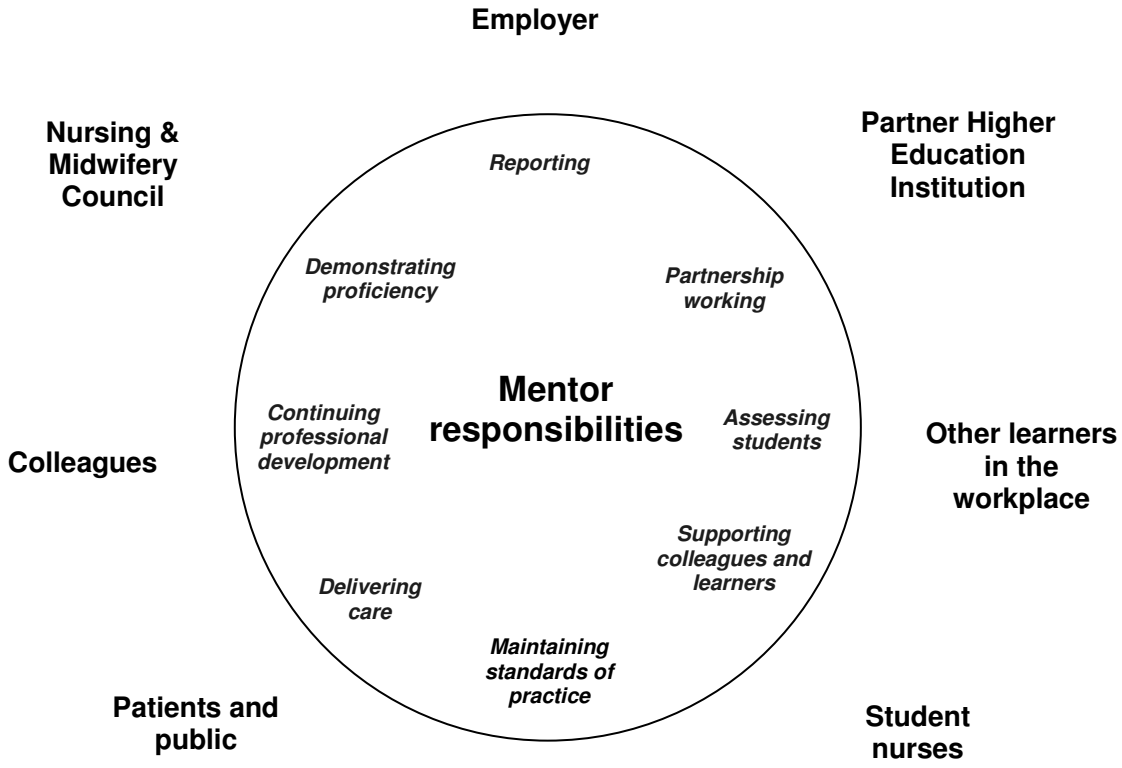

Fig 1: The range of responsibilities held by mentors in nurse education

Trust in the nursing context

We argue that within nursing trust is a central and critical component. Indeed in the UK the NMC code of conduct, states "The people in your care must be able to trust you with their health and wellbeing" (NMC, 2008b)

Our chapter follows the broad consensus on definitions of trust in the workplace: workers are willing to be vulnerable and take risks (for example relational or personal) with regard to the other fulfilling their positive expectations (Rousseau, Sitkin, Burt, Camerer, 1998; Whitener, 1997). This consensus assumes that people use evaluations of other's trustworthiness (framed in terms of their competence, integrity, benevolence and predictability) to enable them to make decisions about courses of actions to pursue, given the

levels of risk or vulnerability they are exposed to (Dietz & Den Hartog, 2006; Mayer, Davis, & Schoorman, 1995; Ross & LaCroix, 1996).

Interest in trust relating to the nursing workplace has emerged only relatively recently (Laschinger & Finegan, 2005; Pask, 1995). Previous research on trust in nursing has largely focussed on patient to nurse trust and trust of patients by nurses (Hupcey, Penrod, Morse, & Mitcham, 2002; Thorne & Robinson, 1988). Implicit in this is the assumption that patients trust nurses and that this is desirable and commonplace (Hupcey, Penrod, Morse, & Mitcham, 2001; Hupcey, et al., 2002). Yet, recent exposés in the media such as secret filming by whistleblower nurse Margaret Haywood of bad practice within the NHS (British Broadcasting Corporation, 2009), are putting nursing practice increasingly under scrutiny by the general public. Increasingly, there is a recognition that nurses need to earn trust in their relationships with both patients and colleagues (Bell & Duffy, 2009; Gilbert, 2005; Maben & Griffiths, 2008; Nursing and Midwifery Council, 2008b; Thorne & Robinson, 1988) through continuous demonstration of their clinical competence and personal integrity (Sellman, 2006).

This continuing demonstration of competence highlights a feature of nursing that is also important in understanding the mentoring context. The requirement for continued competence demonstration can only exist in a situation where post-qualifying nurses' fitness to practise could somehow be in doubt. Indeed, Gilbert (2005) makes the observation that trust in nursing is created through a system of distrust within the organization. Supervision, as a way of controlling distrust, occurs from the moment a student enters their first placement and continues throughout their nursing career. Each practice placement that is passed builds evidence of the student's competence that needs to be actively and persuasively demonstrated at each point in their journey towards professional registration. However, mentors themselves are part of this system, and their practice as mentors may also be in doubt. Later in this

chapter we show how mentors deal with potential threats to their trustworthiness and reputation.

In assessing students, mentors may draw both on their sense of trust and their distrust of the student. This distinction reflects recent work on trust and distrust (Lewicki, McAllister, & Bies, 1998; Saunders & Thornhill, 2004) which suggests that distrust should not be viewed as the mere opposite or lack of trust and that both can exist together,. Instead, trust could be described as a confident positive expectation of a person's conduct, in contrast with distrust as a confident negative expectation (Lewicki, et al., 1998). In mentoring, a student may, for example, demonstrate they are knowledgeable and skilled in technical procedures, yet their integrity may be in doubt as a result of their inappropriate interpersonal conduct. The separation of trust and distrust is important for making sense of our data, particularly that relating to assessment but also to the concept of trust extension.

Past studies of trust in organizational settings have shown that influences on trust are not confined to the dynamics within isolated dyads (Burt & Knez, 1996). What other people have to say about a trustee may be just as important to a trustor as their own direct experience of the trustee (Ferrin, et al., 2006). This includes the transferability of third party trust to a trustor who has little or no direct prior knowledge of the trustee. There has been little research looking at how an individual's reputation for trustworthiness signals an associate's trustworthiness (for example in a mentor-student relationship) to an outsider (for example a patient or colleague). Our section on trust by extension will revisit this idea.

The group of mentors referred to in this chapter were invited to take part in three conversational interviews that wrapped around a period of mentoring, and to create short descriptions of different mentoring events during this time. In total, 29 conversational, in-depth interviews were carried out with 12 participants, who, between them described 28 events in diary format[2] (Searle, forthcoming). Some mentors spoke directly about trust in

their accounts of mentoring, and in other instances it was more implicit. Our exploration concerns events that occurred within the working lives of these mentors either during the study, or described retrospectively in the interviews. In the next section we highlight aspects of trust that appeared to be unique and specific to the position of nurse mentors.

Trust in facilitating learning

Professional knowledge has a "large and important tacit dimension" (Eraut, 2007, p. 404). The tacit nature of professional knowledge, and the significant challenges faced by students who need to learn from active participation in practice, require mentors to create a supportive environment for learning, and to foster opportunities to reflect on experience (Boud, Cohen, & Walker, 1993). Although reflection on practice can be a completely private activity, there is much to be gained by students sharing reflections with a mentor. However, reflective practice requires self-disclosure, owning up to mistakes or uncomfortable feelings that can arise in practice.

By building trust with a student, mentors aim to augment a student's ability to perform and to facilitate greater self disclosure. Building trust also mitigates student concerns that the actions of the mentor might exploit vulnerabilities or result in other adverse consequences to the student. The following extract acknowledges the vulnerability of the student and highlights strategies for increasing trust:

> *Sometimes they open up to you and that is a mark of trust and to me that shows that they're looking up to me, they need me to be something more than just this person that the university expects, to teach this person, assess this person and say whether*

> *they're alright or not, […] and sometimes you need to give them that little bit more; makes it more demanding of you but it's a lot more by far because then you've got that bond of trust and you can push them further, you can get more out of them and they do tell you stuff that perhaps they wouldn't necessarily tell anybody else […] and the number of students that have opened up various confidences is quite a lot.*
>
> (Shrimpy, interview 2)

This interview extract also illustrates an example of 'psychological safety', a team-based feature stemming from 'a sense of confidence that a team will not embarrass, reject, or punish someone for speaking up' (Edmondson, 1999, p.354). Psychological safety is important in this context because it not only facilitates learning behaviour at the individual level (Kolb & Kolb, 2005) but also organizationally (Tucker & Edmondson, 2003). In a supportive environment, with a high degree of psychological safety, mistakes can be brought into the open and vulnerabilities disclosed as several of our interviews showed. Such disclosure potentially leads to a high level of emotional intimacy and may contribute to fostering the development of feelings of friendships between the mentor and student (Kalbfleisch & Keyton, 1995).

Without a doubt, mentors have an important gate-keeping role for professional registration as well as for the development of competencies in their students that reflect the standards of the profession. Given the serious implications of student assessments, and recent warnings about failure to fail (Duffy, 2003), it is important for mentors to develop and maintain suitable boundaries with students. . For students, failing a placement is high stakes, potentially representing a loss of significant personal and financial investment. Having developed trust during the relationship with a mentor, they may perceive failing as a breach in trust or a betrayal of a friendship. For a mentor, the stakes are different but significant nevertheless. Not failing a student can have severe repercussions, as we discuss further

below. It also leaves them feeling uncomfortable, knowing that their student may feel betrayed:

> *I wouldn't want to be on the receiving end of someone who had just scraped through or got through on appeal...They don't see that, do they, because you've befriended them. They actually see it as a personal, or, betrayal […] they certainly make you feel guilty, because it is a personal thing*
>
> (Angel, interview 2)

We have indicated that trust is instrumental for the development and maintenance of professional practice through our discussion of its role in joint reflection on practice and the need for psychological safety. However, this process also sets up relationship expectations that result in breaches of trust when students fail.

Trust by extension

In many ways, students are the pivot around which mentoring is organised, and thus mentors find themselves at the centre of a host of multiple relationships, in which they juggle the stakes and their own vulnerabilities. In this section we discuss a new concept, *trust by extension.* Trust by extension involves third parties, who provide salient trust information about a relationship dyad to one of the members in the dyad. This is noticeable in the mentoring context described in this chapter, because the relationship between mentors and students takes place in a web of overlapping dyadic relationships, as the following two diagrams illustrate. Consequently there are potentially many examples of trust by extension, only some of which can be highlighted here. Figure 2 highlights two of the examples that are discussed below. *Trust*, depicted as flowing in a particular direction towards a trustee, is put

at stake by the flow of *third party information* to the trustor. *Practice* refers to aspects of performance or behaviour displayed in the context.

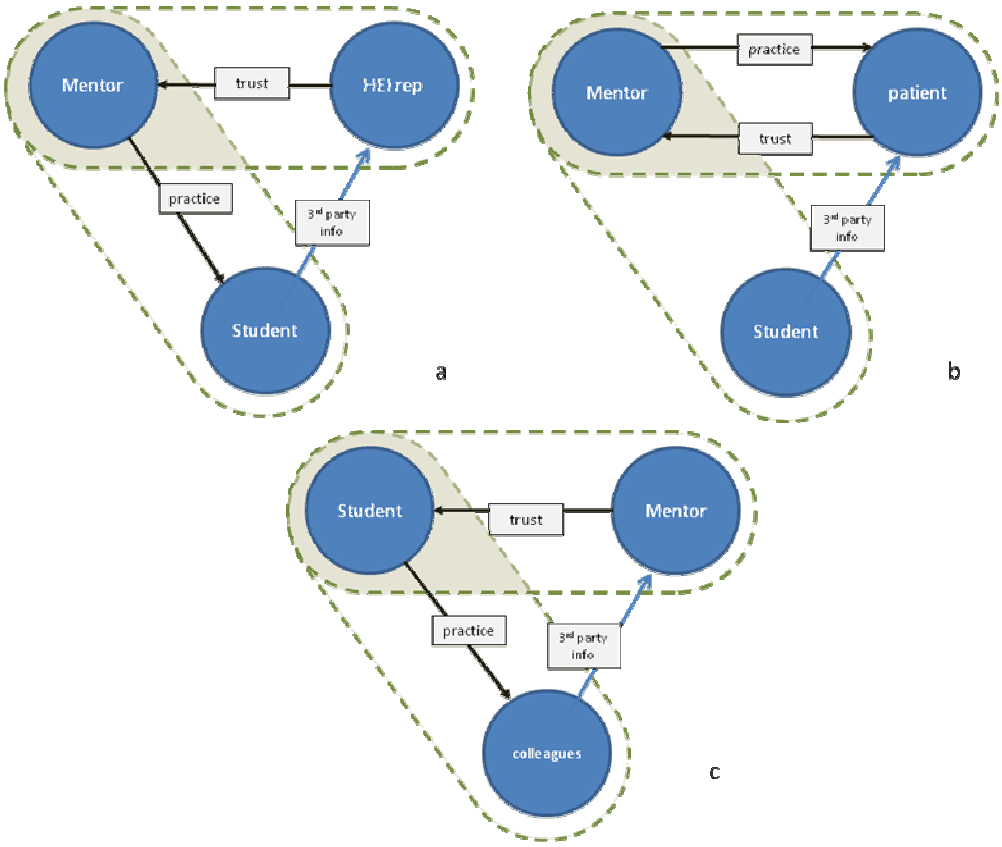

Fig 2a - c) Three examples of overlapping dyadic relationships

Our interviews showed that third party information given by students can put a mentor's reputation at stake. Two of Angel's students who were "quite silly and immature" (Angel, interview 2) gave highly negative feedback about the placement to the HEI after the placement had finished, despite numerous opportunities to deal with the issues during the placement. This scenario is represented by Fig 2a. The only recourse Angel had after the incident was to fall back on the already well-established reputation and rapport she had with the HEI's practice educator and reiterate her position and concerns about the students' suitability for the nursing profession. In many ways, though, she saw the unjustified damage to her professional integrity as potentially irreversible.

You get a reputation as to whether you are good or bad... and I see students moving around will talk about their placements and if they're gonna pass messages like that, fair enough […] but they were not looking at the whole scenario, and I think their expectations were far too high. That was an unfair comment and I think if they're gonna pass that on, that is very unjust.

(Angel, interview 2).

Our interviews revealed that mentors were acutely aware of the personal risks involved in their associations with a student. Clearly, students in the practice environment have access to their own network of relationships. They interact with patients, other nurses and members of the multidisciplinary team in what can be described as a series of dyadic relationships whose participants also form dyads with the mentor. What students do and say in their various interactions can put mentors in a vulnerable position, as the following quote about a students behaviour in front of patient illustrates:

[…] It was totally inappropriate where she challenged me and how she said it as well and in front of the patient

(Gina, interview 2)

The responsibility attached to mentoring a student can impose a stark realisation of mentors' professional credibility being at stake, potentially at the hands of the student, as we see in the example above and illustrated in Fig 2b.

It is always uncertain what skills and dispositions students bring with them and, more importantly, what they will learn during their placements. Mentors can be just as anxious about the tacit learning as they are about what they are directly teaching students. Tacit

learning itself and its sources cannot be specified, although it is certain to influence students' behaviour and have the potential to result in repercussions for mentors:

You do have to be careful because what you do does rub off on them

(Marion, interview 2)

The knowledge you pass on is very important, isn't it? I mean, your attitude, because students must watch how you interact with patients, don't they, and your standard

(Lisa, interview 1)

Moreover, mentors know only too well the implications of letting someone through to qualify without the necessary knowledge and skills:

You do make assumptions when somebody's trained this is the knowledge they have and it's quite scary when you find well actually they haven't.

(Lisa, interview 3)

These examples signify a special kind of vulnerability that could be unique to student placement mentoring contexts. Student attitudes and behaviours were reported as being pivotal to the relationship mentors had with patients and colleague. To manage these vulnerabilities, mentors used the supervision of students and other damage limitation efforts available to them.

An observation made in the literature is that trust only becomes a real issue when it is lost or absent (Hargreaves, 2002; Mollering, Bachmann, & Lee, 2004). An example of this

can be found in Emma's account of a student who was perceived as lacking the necessary attributes for the profession. Here, both patients and nurses seemed to be operating in a network of players who perceived the student as incompetent, and in which patients and workplace colleagues made available "second hand" knowledge (Burt & Knez, 1995) about the student's trustworthiness.

> *[…] the more and more the team worked with her and the more feedback I was getting, then it became evident that there was a real, serious problem.*
>
> *[…] she created tension and anxiety on the ward between the patients, who didn't want her treating them, she'd walk into the room and they'd all run away.*
>
> *[…] it meant that she had to have close supervision, every shift with me, which was quite hard work, because she did need such close supervision. She wasn't allowed to go and do anything at all on her own.*
>
> (Emma, interview 2)

In this example (also illustrated in Fig 2c), it is the reputation of the student that is threatened by third party information. In this context the extension of trust functions in support of the standard-maintaining role of mentoring. As the student failed to demonstrate trustworthiness, the default position of distrust (see Gilbert, 2005) was enacted through increasing supervision and monitoring.

When all of these contexts are viewed together, mentors appear to be locked into a system which is highly complex, abstract and ambiguous, and implicates them at a professional, but also personal level. Their professional credibility as mentor and nurse is constantly at stake. Such power asymmetries and the uncontrolled effects of student interactions with third parties set the scene for trust management strategies that enable mentors to tolerate their own vulnerabilities.

Amplification of trust contexts

Fundamentally, mentors, as nurses, have a responsibility to protect patients from harm and promote good practice. We have already seen that failing students is not an easy task for mentors but necessary for maintaining the professional standards. An ultimate litmus test applied by mentors, who were already alerted to problems regarding a student, was whether they could trust students to deliver care for their own family members or themselves. This led us to consider the cognitive strategies used by mentors to enable them to make decisions about students. One observation in our data was that mentors appeared to draw on scenarios which strengthen their intuitive feelings and cut through abstract competency statements that represent little of the real work of nursing, as Cate illustrated with a student she had major concerns about:

> *Had she got through, she would be registered, she'd be away... […] ... If I was to combine with that with, 'would I trust this woman look after my grandmother' the answer is no […]*
>
> (Cate, interview 1)

Cate was by no means the only mentor who used such strategies. Several mentors drew on these hypothetical situations, imagining what could happen and how it would make them feel. Some based their awareness on actual experiences with relatives, for example Angel:

My Dad was in hospital […], and […] his care, well I ... […] was just so upset about it […], and it wouldn't have taken an awful lot to stop and look and listen to what was going on and I just think if I can get through to these students ..., something like that, so that when I'm old, because these are the guys that are going to be looking after me when I go mad or get ill.

(Angel, interview 3)

Mentors appeared to exercise integrity by ensuring that students had a fair assessment and to avoid their own personal feelings impacting adversely on any of their assessments. Even so, our evidence suggests that the use of such amplification tactics has the capacity to become a 'decider' of a student's future. Mentors generally reported feeling equipped to distinguish between competent and incompetent students. However, bearing in mind the potential fallout of making a wrong decision on their reputation, mentors employed these shortcuts as a means for supporting decisions about students. Making assessment decisions is cognitively complex, furthered by a poor match between the practice and the assessment documentation.

It's not good enough to say a patient hasn't had good care you have to say why. And sometimes the [assessment] document doesn't really reflect, I feel, what the practice is

(Cate, interview 2)

Competency frameworks as used in practice assessments tend to be fairly abstract constructions and, although they mirror the practices to which they are applied, they can be difficult to verify and may be subject to assessor bias[3]. Furthermore, there is considerable uncertainty as to what competence actually refers to, particularly when it involves threshold

decisions about students being ‘good enough’ (Yorke, 2005, pp. 16-17).

Reliance on trust for decisions to fail students may help to reduce complexity and ambiguity (Lewis & Weigert, 1985, p. 967; Luhmann, 1979) by bridging gaps in information and allowing one to make a conceptual leap beyond the information and experience available at the time (Lewis & Weigert, 1985, p. 971). Thus our data seem to suggest that when the formal assessment becomes too complex, and there are high stakes, mentors draw on personal dimensions of trust by which to amplify aspects of the situation and strengthen their commitment to their decision.

However, the decision to fail a student is not something that is taken lightly. There was evidence in our data that some nurses clearly monitored their emotions, suggesting that they reflected on their own sense of trust and distrust during the process of forming a judgement, and protected their own integrity and professional standards by seeking out constructive opportunities to resolve ambiguities, and thus give students chances to redeem themselves and thus be seen to act fairly.

Conclusion

We have highlighted a number of ways in which trust is a vital aspect of mentors’ relationships with students and other stakeholders in nurse education. Trust emerges as both context specific and variable between and within contexts (Rousseau, Sitkin, Burt & Camerer, 1998). Insomuch as our study involves a close examination of a specific role, it highlights unique aspects of trust belonging to this role. Our work also contributes to a better understanding of the role trust plays in workplace learning practices and to the discussion of

trust in organizations and HR. At a more practical level, it allows us to consider strategies for providing better support to nurses working in such challenging roles.

Building trust is clearly important in mentoring, for facilitating learning and nurturing the 'befriending' role of the mentor. However, managing the dynamics in multi-role and multi-function contexts is not without tensions. Negative aspects emerged from asymmetries in the relationship and these related particularly to mismatched expectations between mentors and students. Through placing high levels of trust in mentors as a result of befriending, students seemed more likely to perceive breaches in trust brought about by disappointing assessment results. Moreover, mentors considered their own integrity as an area in which they could potentially be vulnerable if they allowed themselves to get too close.

It is highly probable that there would be circumstances in other organizations where mentors are in a similar position of power over their mentees. Examples of this exist where a manger with responsibility for performance appraisal is also involved in mentoring a mentee to develop competencies that would enable them to progress in their career. It is not clear how mentors in other contexts respond to potential vulnerabilities that arise from their association with their protégés.

Our study indicated that since students have access to their own dyadic relationships in the workplace and in the partner HEI with, for example, patients, health care practitioners, lecturers, practice educators and peers, this has the potential to impinge on the trust dynamics between the mentors and these same individuals – a manifestation of trust by extension through overlapping, dyadic relationships. Not only is there the potential to cast mentors in a more or less favourable light, such extensions of trust could also be important in informing mentors about their students' performance. In one of our examples, we highlighted that third party information could alert mentors to their student's lack of competence, prompting them to intensify student supervision and monitoring. Extension of trust was an exciting discovery,

contributing to the debate on the role and function of third party trust in organizations. Our findings suggest that third party trust can exert an influence in mentoring in many more ways than our chapter outlined, making this potentially a rich area for further work.

Our investigations led to particularly poignant findings about the management of high stakes involved with borderline or failing students. We revealed how mentors manage their assessment of students by referencing to external and personal contexts of experience rather than solely with reference to objective competency frameworks and standards. We argued that this served the psychological need to reduce complexity and ambiguity as well as protecting mentors' own credibility. However this finding raises concern about whether the system set up to support mentors is adequate for ensuring that the assessment process is fully accountable.

Recruiting and retaining mentors is a constant challenge in nurse education. Previous work has suggested that lack of trust within the nursing workplace is a factor in poor recruitment and retention performance in nursing (Laschinger, Finegan, & Shamian, 2001; Laschinger & Finegan, 2005). Our data suggested that many mentors rely on shortcut strategies to deal with the overwhelming challenges involved in balancing their multiple roles. This involves reliance on evaluations of trust and construction of trustworthiness, often operating under constraints of incomplete or ambiguous information and other resources. Our work on trust extension also highlights a potential for reluctance to mentor or 'defensive' mentoring practices especially with students who may be perceived as risky.

An issue related to the above is that mentors appeared to have little say in the design of their mentoring roles, and struggled to represent their trust perceptions in the formal assessment processes. Perhaps this is because intuitive trust would not be considered a valid source of evidence in an assessment. A question exists as to whether their trust and distrust could be given a formal voice within practice assessment. This could permit mentors to

reflect more systematically and objectively on the intuitive judgment they are making of a student, and allow greater transparency over the way in which assessment decisions are reached. Giving trust a voice may also provide recognition of the important emotion work that assessment roles require of mentors.

Trust emerges as a pivotal and critical issue within mentoring processes. Our study reveals a number of stakeholders, whereby trust extends beyond the dyad of the student mentor relationship. It is unclear to what extent such extensions operate in other contexts, both in and outside of HR. However, investigating HR contexts that are similar to that of the mentors in our study should be able provide further evidence of the role that third party trust plays in complex organizational processes.

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[1] The term mentor is used in this context by NMC. In other countries different terms are used.
[2] Participants were identified by pseudonyms at the data collection stage. These pseudonyms are used throughout this chapter.
[3] Assessor bias is a complex set of affairs, involving potentially systematic biases due to recruitment of , differences in the variation between placements as well as personal variables directly related to assessors, such as leniency and severity as well as interpersonal variables such as liking and disliking to name but a few. For examples of this in assessing practice in educational and social work settings refer to recent literature on workplace assessment (Bond, 1998; Cope, Bruce, McNally, & Wilson, 2003; Murrell, 1993; Sharp, 2006; Tang, 2008; Yorke, 2005)