Being a nursing mentor in the intra-operative neurosurgical theatre/room

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INTRODUCTION

For the past twenty years, nurses have mentored an increasing number of nursing students in the operating theatre/room to counteract worldwide staff shortages.

However, the dual role of scrub/circulation in British intra-operative nursing is challenging, particularly in the complex technological neurosurgical OR (Marcus *et al* 2015).

Moreover, theoretical intra-operative nursing remains excluded from the British Nursing Curricula.

The knowledge about nursing mentors' experiences is essential to inform how clinical areas and universities can support staff, with the subsequent potential recruitment (Wareing *et al* 2017).

Considering nurses are their profession's gatekeepers, mentoring in the OR is also an ethical imperative for future patient safety.

LITERATURE REVIEW

Previous research considers mentoring a burdensome additional nursing role (Omansky 2010).

Literature patterns include facilitation of learning, mentoring benefits (knowledge update), constraints (time), lack of preparation/support and difficulty of assessment (Jokelainen *et al* 2011).

Still, most studies concern ward nursing (McClure & Black 2013).

Despite some literature focusing on students' experiences in ORs (Meyer *et al* 2016), there is no research solely focused on the mentoring experiences of intra-operative nurses.

RESEARCH QUESTION

How do nurses experience being mentors of nursing students in the intra-operative neurosurgical theatre?

METHODOLOGY

Conceptual Framework

Hermeneutic Phenomenology was applied to the qualitative research.

Data Collection

Seven intra-operative neurosurgical nurses volunteered and were interviewed in-depth, in 2021. Unstructured interviews revolved around the research question, lasted up to two hours and were audio-recorded. The inclusion criteria comprised prior mentoring training and support of at least one nursing student in the neurosurgical OR. The sample was representative: five female and two male nurses, aged between 20-40 years old, and graduated from overseas (4), UK (2) and Europe (1) from 5–20 years ago. Neurosurgical intra-operative experience ranged from 2-20 years.

Data Analysis

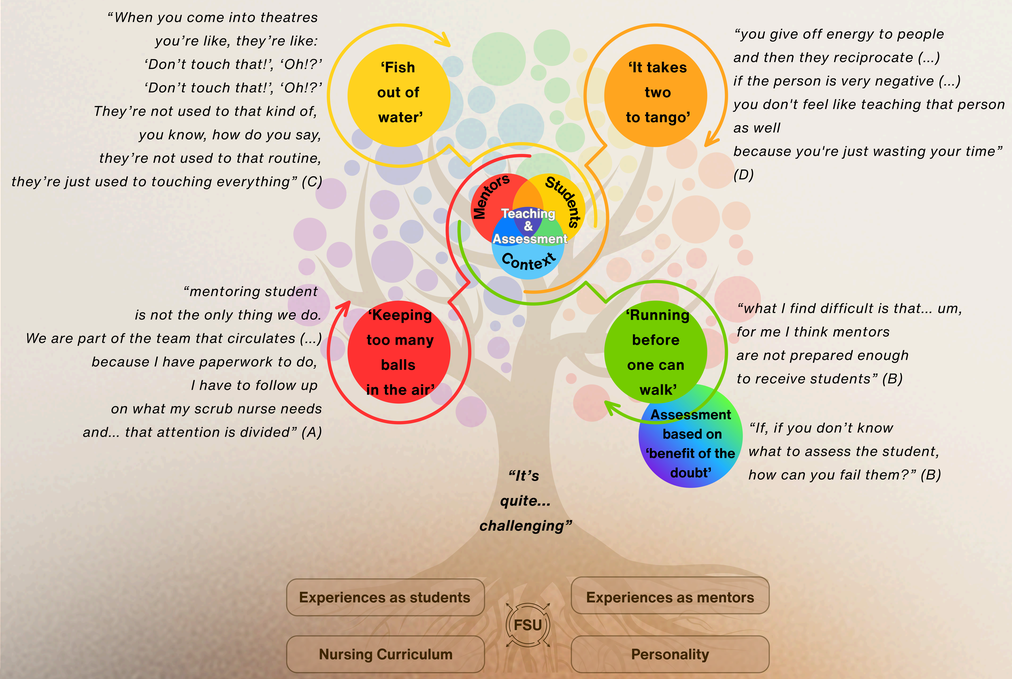
Data analysis started during the interview and was led by the participant's stories. These were clarified with paraphrasing and analogies, to become fused with the researcher's horizons of understanding (Gadamer 1960).

Then, a further lengthy analysis (one year) followed Heidegger's *hermeneutic circle,* with emerging interpretations continuously checked against the researcher's *Dasein* from a reflective journal.

RESULTS

A tree diagram was developed to display the findings' interconnections:

- The roots of the tree represent the mentors' *fore-structures of understanding (FSU)*: the 'worldviews' about their previous *experiences as nursing students* and their undergraduate *Nursing Curriculum*, besides their *personality* and *experiences as mentors* in the intra-operative neurosurgical OR. The FSU not only ground but also explain their mentoring experiences/stories.
- The tree trunk reveals the unanimous answer to the research question: mentoring in the neurosurgical OR is '*quite challenging*'.
- The core of the tree branches shows the relationship between *mentors, students, and context,* which extends towards four interlinked interpretations: mentors were '***keeping too many balls in the air***'; nursing students in the neurosurgical intra-operative OR were '***fish out of water***'; '***it takes two to tango***' for teaching/learning; and nurses were '***running before one can walk***' when mentoring students, with the subsequent assessment based on the '***benefit of the doubt***'.



DISCUSSION

Mentoring students required '***keeping too many balls in the air***' due to the complexity of the neurosurgical context, dual scrub/circulation role, and being from overseas. Although there is no research about overseas mentors, these could have an additional language/culture challenge.

Students were considered as '***fish out of water***' due to their lack of basic knowledge. The problematic widespread lack of anatomy knowledge in nursing education has been highlighted in the UK since the 1980s (Connolly *et al* 2018).

Expectations for students to be invested in learning - as '***it takes two to tango***' - were hindered by students' lack of motivation, which is a paramount element for adult learning (Taylor & Hamdy 2013).

The unpreparedness to mentor meant that most nurses were '***running before one can walk***'. Still, research regarding ineffective training of nursing mentors, published in the past decade, continues to urge recommendations for universities to improve their support (McClure & Black 2013). Additionally, the successive lack of clear NMC guidelines and reduced mandatory mentoring training - from three months to one day - seem to be at play. Therefore, the lack of preparedness to mentor and objective assessment criteria in the intra-operative neurosurgical OR made assessment highly subjective and inflated, based on the '***benefit of the doubt***'. As a result, the problem of 'failing to fail' students (Duffy 2004) seems to persist. Nonetheless, failing underperforming students is essential to ensure future patient safety (NMC 2018).

CONCLUSION

This study shows that being a mentor of nursing students in the intra-operative neurosurgical OR is a significant challenge, regardless of nurses' prior undergraduate nursing education, mentoring training and experience, personality, and their students' knowledge and/or motivation to learn.

Considering that patient care is the main nursing duty, mentoring becomes an additional responsibility, overloading an already busy clinical dual role. Also, the unfamiliarity with the British Nursing Curriculum from all mentors led to unrealistic expectations about students' basic knowledge, particularly in the complex and highly technological neurosurgical intra-operative OR.

Consequently, there is a need for further academic development for nursing students and mentors, besides clinical support.

LIMITATIONS

This is a small qualitative study and results can only be extrapolated to similar contexts, nursing mentors, and students.

Although 'mentor' is still colloquially used in British intra-operative nursing to support students in practice, the current adequate terminology is practice supervisor/assessor.

REFERENCES

Oliveira Rosa, J (2025) Being a nursing mentor in the intra-operative neurosurgical theatre ***Journal of Perioperative Practice*** 35(9) 370-376