

Clinical education

Are Norwegian mentors failing to fail nursing students?

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ABSTRACT

It is highly important that nursing students are well educated and become safe and competent practitioners. This article presents the findings from a quantitative study investigating if Norwegian mentors fail to fail nursing students not achieving the learning outcomes in clinical studies in the bachelor's programme in nursing, in addition to the factors influencing their decisions. A survey was conducted among nurse mentors in hospital- and home-based nursing care in two Norwegian municipalities, and 561 nurses answered the questionnaire. The findings indicate that mentors sometimes fail to fail nursing students in clinical studies. Important factors influencing this decision were that the students did not put the patient's life at risk and that the mentors gave the student the benefit of the doubt. The mentors in our study thought that failing to fail students was not related to personal challenges and burdens. They also felt a lack of support from the educational institution. The findings suggest some future directions for nurse education programmes. The training of mentors, especially in managing failing students, and better support from liaison lecturers from the educational institution are important. It is also suggested that nurse education programmes together with mentors discuss the distinction between unsafe practices and learning outcomes for clinical studies.

1. Introduction

The role of the nurse mentor is to support the professional development of students and to prevent failing students from becoming registered nurses in order to safeguard the public from incompetent practitioners (Luhanga et al., 2008a). Watson and Harris (1999) revealed that some practitioners did not feel that it was their role to fail students. A key finding in their report was that some nurse students are allowed to pass clinical assessments without having demonstrated sufficient competence. Recent qualitative research (Black, 2011; Duffy, 2003, 2006; Hauge, 2015; Hughes et al., 2016; Hunt et al., 2016; Luhanga et al., 2008a) and quantitative research (Brown et al., 2012; Gainsbury, 2010) indicated that mentors are failing to fail nursing students who do not achieve the learning outcomes in clinical studies. In some countries, the national standards are intended to ensure that students achieve the learning outcomes to support their incipient professional career (Hunt et al., 2012). SUFAL (2014), the Norwegian Nursing Education Network, has developed national learning outcomes to ensure equal standards in nursing study programmes.

Hunt et al. (2016) refer to the reluctance to fail student nurses as an international issue, as it is important that only nurse students who meet

the required standards are allowed to become registered nurses. In fact, the assessment of students' competency is a worldwide concern for all practice-based professions (Brown et al., 2012). However, if the mentors do not fulfil this role, underperforming students may enter a professional register with potentially negative consequences for the client group concerned (Cleland et al., 2008; Duffy, 2003; Luhanga et al., 2008a). These issues lead to our study, which concerns why nurse mentors do not fail nursing students who do not achieve the competence required.

2. Background

According to the guidelines for the Norwegian Bachelor Programme in nursing, educational institutions and the practice field have a joint responsibility to facilitate, organize and conduct the clinical studies during all three years, which represent 50% of the total study programme. The nurse mentors are responsible for guiding and assessing the student, in addition to the primary task of caring for and treating patients. During the clinical studies, the nursing students regularly receive written assessments based upon the expected learning outcomes. The nurse mentor is responsible for the assessment. At the end of a

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clinical placement the mentor gives an assessment on the student's accomplishment regarding the required practical and theoretical outcomes and the mentor and the liaison lecturer makes a joint decision on whether the student should pass or fail (Kristoffersen and Lillemoen, 2010).

Hauge (2014) qualitative research on all nurse education programmes in Norway showed a large variation in the failing rate in clinical placement. In an international literature review (Hauge, 2015), barriers to failing underperforming students were identified. There were different reasons for allowing students to pass even though they did not reach the baseline in terms of their degree of competence. The mentors indicated that they sometimes acted too late, experienced a lack of support from the liaison lecturers or had a negative experience from earlier cases of not passing students. Moreover, some of the mentors were influenced by the students' personal situation. If the students cared for the patients, it was difficult to fail them even though they did not achieve the learning outcomes. Other mentors were afraid of being labelled a “bad” mentor. In addition, a key factor for several mentors was the lack of time and experience in assessing and failing nursing students not achieving the learning outcomes in their clinical placement. Some mentors could not document their concern, and let students who did not achieve the learning outcomes pass. Finally, the mentors' perceptions of the university's support had an impact on their decision.

A review by Hughes et al. (2016) analysed the issue of failing to fail and highlighted five main themes: the difficulty of failing a student, the emotional process for nurse mentors, the need for confidence, unsafe student characteristics, and the importance of university support. The result suggested that the failure to fail is an issue with complex facets.

No studies from Scandinavia investigate whether nursing students pass their clinical studies without achieving the learning outcomes (Hauge, 2015). Our research questions are as follows:

1. Are Norwegian mentors failing to fail nursing students not achieving the learning outcomes?
2. Which factors influence the passing of nursing students not achieving the learning outcomes?
3. When and where do mentors seek support in the process of assessment?

3. Methods

This study has a quantitative descriptive design. Most studies on “failing to fail” are qualitative (Hauge, 2015), and a quantitative design was chosen to explore the findings from previous studies on a larger scale.

3.1. Sample

There is no national register of nursing student mentors in Norway that can be used as a basis for recruiting respondents but nurses are obligated to mentor nursing students. Therefore, the research group knew that many nurses in these services had experience in our field of study: mentoring nursing students. We have a purposive sample (Polit and Beck, 2017; Robson, 2002) consisting of nurse mentors in one hospital and several nursing homes as well as home-based nursing care in two municipalities. The units selected cover typical clinical studies in the bachelor's programme in nursing. A large hospital and a large municipality were chosen to recruit enough respondents. The respondents were recruited from municipalities in other parts of the country to avoid any conflict of interest. The respondents did not have responsibility for students from the university where the researchers are employed.

3.2. Data collection

The data were collected in 2016. Access to the questionnaire was distributed by email to the managers in the hospital- and home-based nursing care. These managers distributed 2380 questionnaires to nurses. A total of 561 nurses responded to the questionnaire, which resulted in a response rate of 23.6%. Reminders were sent four times via email.

3.3. Questionnaire

We developed a 47-item questionnaire (see appendix) inspired by a questionnaire developed by Brown et al. (2012) and based on the findings from qualitative studies (cf. Hauge, 2015). The questionnaire was tested in a pilot study carried out in 2016 (Hauge et al., 2019 in press). In the pilot study, 336 questionnaires were distributed to nurses in two hospitals, and nursing homes and in home-based nursing care in one municipality; 122 questionnaires were returned. The reliability analysis indicated that the questionnaire had good internal consistency. The content validity indicated that the questionnaire measured if mentors are failing to fail and reasons for their decision. Minor changes were made following analysis, such as clarification if the supervisors had further education in supervision at the time they failed to fail a student. We also supplemented with more items focusing on the education institution (Hauge et al., 2019 in press).

All respondents answered demographic questions and questions about when and where they seek support when concerned about students. Respondents who reported that they had failed to fail students not achieving the learning outcomes were asked to respond to 30 statements using a 5-point Likert scale regarding the factors influencing the assessment process (1 = disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, 5 = agree). The statements were thematically organized into four sections.

3.4. Statistical analyses

The data were analysed using SPSS version 22. The internal consistency of the Likert scales was measured by Cronbach's alpha. The Mann-Whitney U test (significance level 0.05) was used to test for possible differences between subgroups in the sample. The Pearson chi-square (χ^2) nonparametric significance test was used in the analysis, given that none of the variables were normally distributed. The significance level was set to $p < 0.05$. The relationships between variables were analysed by cross tabulation. The Kendall-Tau test was applied to test for possible correlations between items (significance level 0.01). The exact p-values are reported in the text.

3.5. Ethical considerations

Brown et al. (2012) agreed that their questionnaire could be used as a basis for our questionnaire. As this study did not obtain personal data and no data were traceable to an email or IP addresses, it was not expected to be reported to the Norwegian Centre for Research Data. Research ethical principles were followed (World Medical Association, 2008). The management in the hospital, nursing homes and home-based care granted approval for the study. A cover letter was sent with the questionnaire, giving detailed information about the purpose of the study and granting confidentiality, anonymity, that their participation was voluntary, and that returning the completed online questionnaire implied their informed consent.

4. Results

The reliability analysis gave a Cronbach's alpha value of 0.83 based on the 30 Likert scales, which indicates good internal consistency (Nunnally and Bernstein, 1994). Among the respondents, 83.4%

(N = 457) disagreed or mostly disagreed that answering the questionnaire had been unpleasant.

4.1. Demographic characteristics and mentor experience

The total number of respondents was 561. The demographic details of the participants' gender roughly reflect the Norwegian nursing population as a whole (Statistisk sentralbyrå, 2017), with 67 male (12.1%) and 489 female (87.9%) participants. A total of 12.5% stated that they have educational credits in mentorship, and 19.8% had failed a student during their mentorship. On average, the mentors were 39 years old and had 12.4 years of experience as a nurse. The average number of mentored students was 8.7.

4.2. Are mentors failing to fail nursing students not achieving the learning outcomes?

A total of 94 participants (16.8%) said they had passed a failing student, and 2.3% of these said that they had done so more than twice. The highest failing to fail rate was found in the second academic year, with 58.2%, followed by 36.3% in the third year and 7.7% in the first year. It was more common to pass a failing student in hospital-based care (78%) than in nursing home- or home-based care (22%). A total of 7.7% of the mentors stated that they had educational credits in mentorship at the time they passed a failing student.

The Mann-Whitney U test showed that the respondents who had passed a failing student were significantly older ($p = 0.002$), had mentored more students ($p = 0.000$), and had more years of experience as a nurse ($p = 0.001$) than the others. Similarly, when concerned about the progression of a student, the experience of support from the liaison lecturer was related to the main question: The respondents who had passed a failing student rated this support significantly lower than did the other respondents ($p = 0.000$). The answers to the main question were not significantly related to the item on whether answering the questionnaire had been unpleasant.

4.3. Which factors influence the passing of nursing students not achieving the learning outcomes?

The factors that influence the passing of students, with which mentors mostly agreed or disagreed, are shown in Fig. 1 and Fig. 2.

Fig. 1 shows that the four most agreed upon statements were the following: a) The student did not put the patient's life at risk; b) I gave the student the benefit of the doubt; c) I experienced difficulty in giving priority to this in supplement to clinical tasks; and d) I experienced a lack of support from the liaison lecturer in the decision. The item on not putting the patient's life at risk was significantly correlated with several factors at the 0.01 level (Table 1).

Giving the student the benefit of the doubt was also significantly correlated with several factors at the 0.01 level (Table 2).

Difficulty in giving priority to mentoring showed significant correlations with several statements at the 0.01 level (Table 3).

Experiencing a lack of support from the liaison lecturer in the decision showed a significant correlation with two statements at the 0.01 level (Table 4).

Fig. 2 shows that mentors generally disagree that passing failing students has to do with personal challenges and burdens.

There was no relationship between failing to fail and educational credits in mentorship.

4.4. When and where do mentors seek support in the process of assessment?

The participants were asked when and where they would contact the liaison lecturer if they were concerned about a student's progress. Most of the mentors stated that they made contact with the liaison lecturer after unsuccessfully trying to address the issue (Table 5).

Furthermore, 73% stated that they would seek support from colleagues, 71.4% from the liaison lecturer and 60.3% from the nurse manager.

5. Discussion

In our study, 95 (16.8%) of the respondents reported having passed a failing student. This incidence verifies findings from international research (Brown et al., 2012; Duffy, 2006; Lankshear, 1990; Watson and Harris, 1999). Among the few quantitative studies on this topic, Brown et al. (2012) found that 18% had passed a failing student, a result that is quite similar to ours.

The highest failing to fail rate is in the second academic year, a finding that is not consistent with international findings. These findings show that it is easiest to pass students in clinical studies in the first and third academic years (Duffy, 2006; Jervis and Tilki, 2011; Luhanga et al., 2008a). This inconsistency may be due to the differences between study programmes. Our respondents also report that it is most common to pass a failing student in hospital-based care. Stave and Torp (2010) show that the workload for mentors is especially high in hospitals. Many respondents in our study acknowledge that it was difficult to give priority to mentoring in supplement to clinical tasks, a finding that correlates with those by Duffy (2006), Larocque and Luhanga (2013), Luhanga et al. (2008a) and Rutkowski (2007). Duffy (2003) highlights that time constraints and service pressures contribute to giving the student the benefit of the doubt. This finding is consistent with our results; difficulty in giving priority to mentoring is significantly correlated with giving the student the benefit of the doubt.

5.1. Mentors' challenges and support

Our findings indicate that support from the educational institution affects the assessment process. In particular, 54% stated that a lack of support from the liaison lecturer in the decision was a reason for failing to fail. This item was significantly correlated with a lack of support from the liaison lecturer during the placement and the mentor's belief that the lecturer would persuade him to pass the student. The lack of support from the liaison lecturer has been found in many other studies (Brown et al., 2012; Cleland et al., 2008; Dudek et al., 2005; Duffy, 2006; Hauge, 2015; Hughes et al., 2016; Luhanga et al., 2008b; Rutkowski, 2007). Mentors clearly want more support than they receive. In this connection, we can note findings that are not consistent with those of earlier studies, findings related to personal challenges and workload. Previous studies identify that failing a student sometimes was avoided because of emotional responses from mentors (Black et al., 2014; Duffy, 2003; Hauge, 2015; Larocque and Luhanga, 2013; Luhanga et al., 2008a, 2008b; Luhanga et al., 2014a, 2014b). Hauge (2015) review article shows that mentors experienced failing a student as a personal defeat and that it could conflict with the mentor's role as a caring person. Furthermore, mentors were concerned about what their colleagues would think about them and about being labelled a bad mentor. This last reason had an incidence of 19% in the study by Brown et al. (2012). The mentors in our study who admitted failing to fail a student mostly disagree with these factors. They generally experience these issues as less personally stressful and as being in conflict with their role as a caring person. It seems that they are largely able to distinguish between their own needs and experiences and those of their students.

Even though Fig. 2 shows that the mentors in our study highly disagree that failing is related to personal challenges and burdens, Table 3 shows that this factor is significantly related to difficulty in giving priority to mentoring. As we can observe here, being concerned about running into conflict with the student and not wanting to hurt the student's feelings emerge. Similarly, giving the student the benefit of the doubt is significantly correlated with the item on not having enough strength to handle the situation. The interpretation of this finding can be that failing to fail is also in some way related to personal challenges

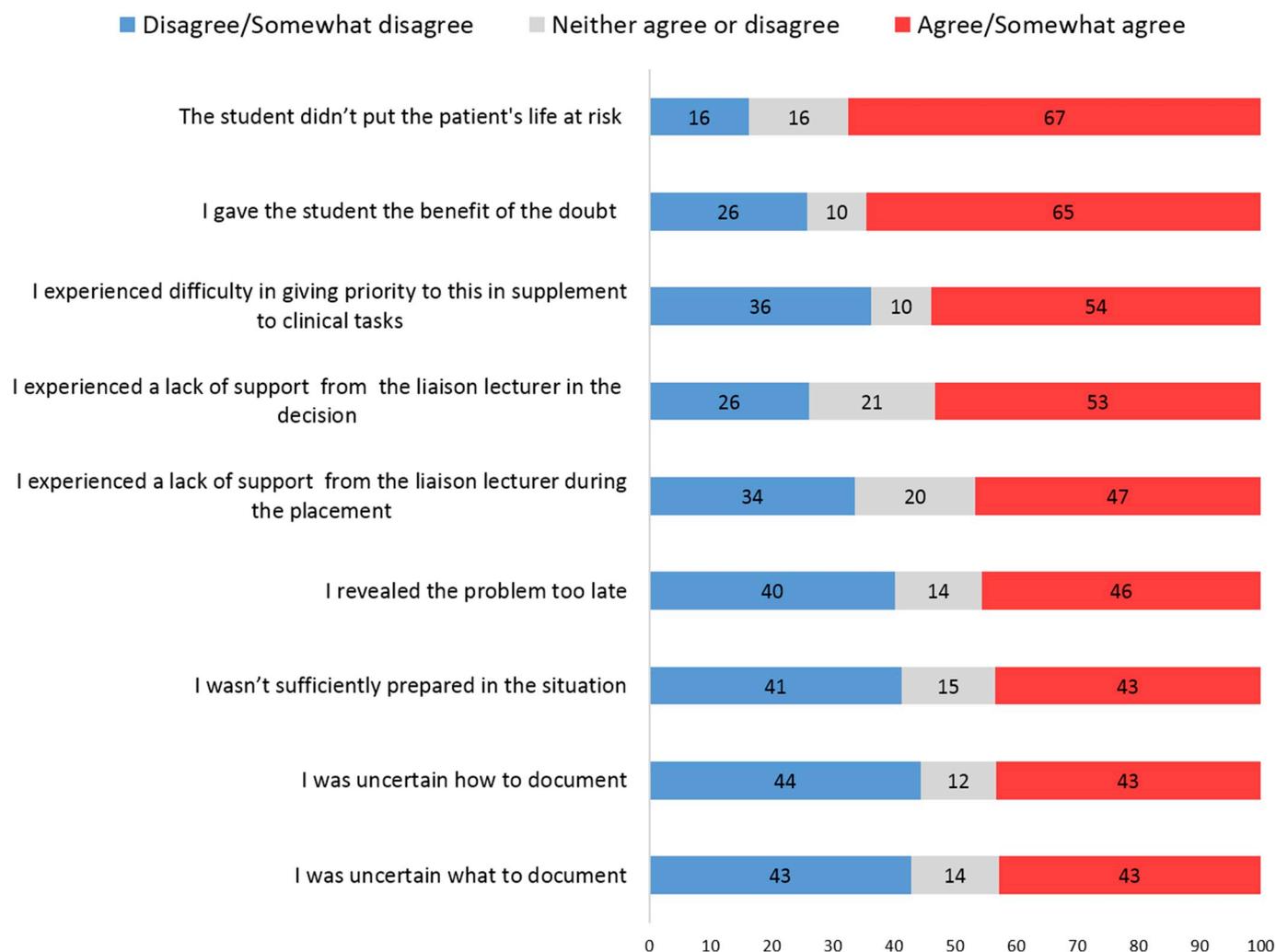


Fig. 1. Reasons for the decision: Statements with the highest level of agreement, in percent (N = 94).

and burdens for Norwegian mentors.

Hunt et al. (2016) claim that mentors frequently call for more support, but it is unclear what this support should consist of and how it should be delivered. Our findings indicate that mentors want support that strengthens their competence to handle the situation of addressing a failing student. Our study reveals reasons for failing to fail that match those of previous studies: the mentor discovered the problem too late (Duffy, 2006), the mentor did not feel prepared enough in the situation, and the mentor could not document to prove that his concern was valid (Brown et al., 2012; Duffy, 2006). In fact, the reason with the highest score in the study by Brown et al. (2012) was that the mentor could not document to prove that his concern was valid.

As noted above, Watson and Harris (1999) found that some mentors did not view failing a student as their responsibility. However, Luhanga et al. (2008b) found that the mentors recognized and accepted their role as gatekeepers to the profession. Bennet and McGowan (2014) found that mentors are aware of their role and their accountability for assessments of students in practice. Given that mentors are expected to protect the public through gatekeeping, Bennet and McGowan (2014) claimed that it is important how mentors are prepared and supported in their assessment of students. As we can observe, 43% of our mentors agreed that they were not sufficiently prepared in the situation and were uncertain with regard to how and what to document. It is therefore important that the university give the mentors the best opportunity to fulfil their role as mentors. Duffy (2003) offered several recommendations for preparation to mentorship, including the clinical

assessment and responsibility with potentially failing students. Furthermore, it is important that mentors acknowledge the available support and the consequences of failing to fail. Such a mentor preparation programme would give mentors more confidence to handle the situation. In Norway, we do not have an approved mentor preparation programme, but at the national level, this type of programme is being drafted as an important measure to ensure quality in clinical studies.

In our questionnaire, we asked the mentors from whom they would normally seek support if they were concerned about a student's progress. We found that the mentors, to nearly the same extent, would seek support from colleagues and from the liaison lecturer. Brown et al. (2012) found that the liaison lecturer was the first choice. Studies show that nurses handle mentoring tasks better if they obtain support from the university (Aigeltinger et al., 2012; Brown et al., 2012; Duffy, 2003; Kristoffersen and Lillemoen, 2010; Larocque and Luhanga, 2013; Luhanga et al., 2008b, 2014a, 2014b). Myrick and Yonge (2005) call attention to the fact that the student, the mentor and the liaison lecturer together form a teaching-learning triad in which each member plays a vital role in the success of the mentorship experience.

The findings in our study show that 71.7% (N = 401) would contact the liaison lecturer after unsuccessfully trying to address the issue if they were concerned about a student's progress. At the same time, 46% (N = 94) said that the reason was that they revealed the problem too late. According to Caspersen and Kårstein (2013), mentors express a lack of support and collaboration in mentoring, and they feel relatively isolated in the supervisor role. When mentors are uncertain about a

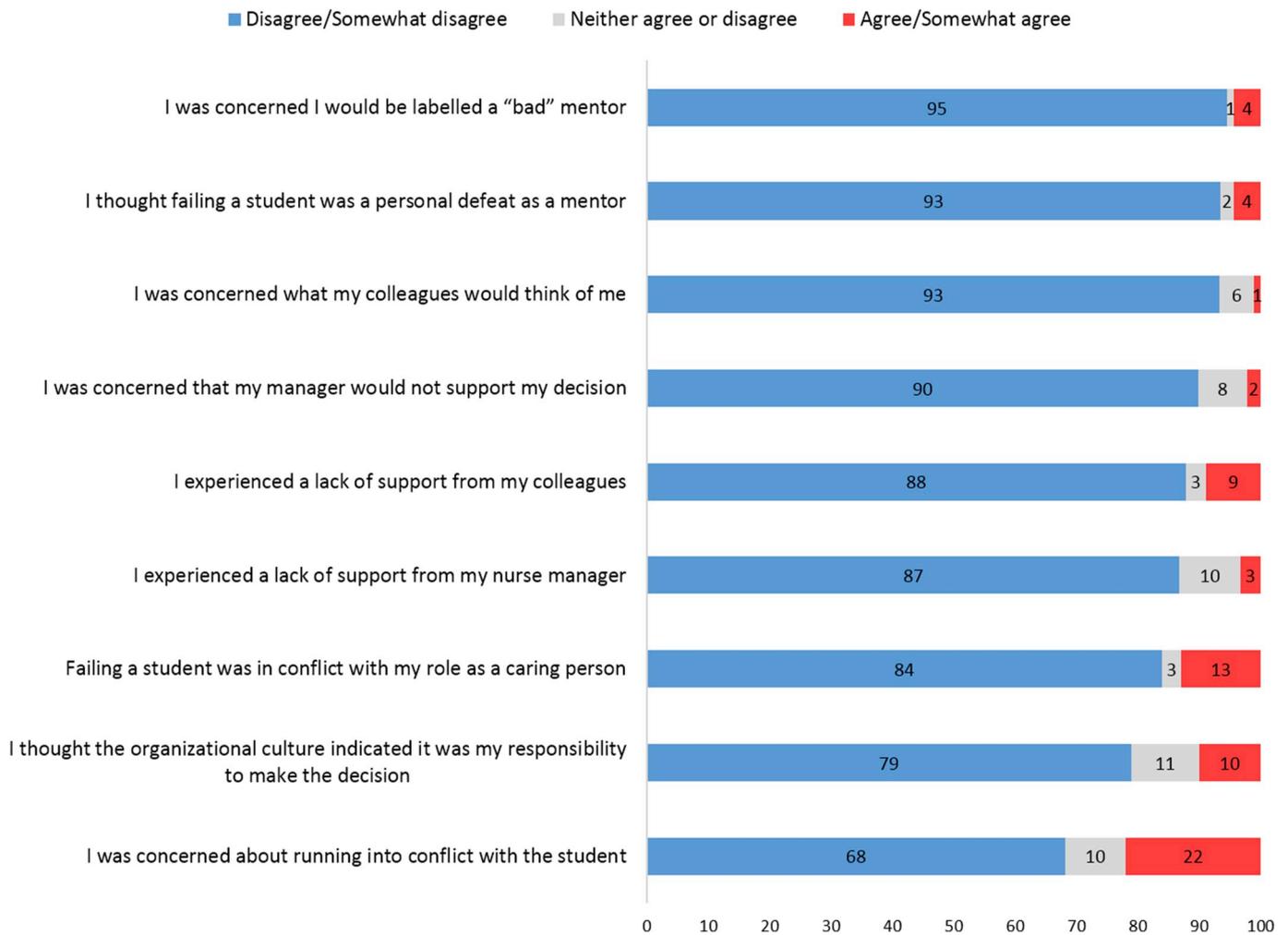


Fig. 2. Reasons for the decision: Statements with the highest level of disagreement, in percent (N = 94).

Table 1
Significant correlations with the item: Did not put the patient's life at risk (N = 92).

Items	Kendall-Tau	p
Giving the student the benefit of the doubt	0.37	0.000
Difficulty in giving priority to mentoring in supplement to clinical tasks	0.30	0.001
The student did her/his best	0.28	0.001

Table 2
Significant correlations with the item: Giving the student the benefit of the doubt (N = 93).

Items	Kendall-Tau	p
Did not put the patient's life at risk	0.37	0.000
Would not expose the student to the consequences of failing	0.34	0.000
Uncertain what to document	0.31	0.000
I did not have enough strength to handle the situation	0.30	0.001
Difficulty in giving priority to mentoring in supplement to clinical tasks	0.29	0.001
Uncertain how to document	0.28	0.001

student's level of competence, they also become insecure about what requirements they can demand. They therefore wish to establish a relationship with lecturers early in the period (Aigeltinger et al., 2012; Caspersen and Kårstein, 2013). Duffy (2013) and Hunt et al. (2016)

Table 3
Significant correlations with the item: Difficulty in giving priority to mentoring (N = 91).

Items	Kendall-Tau	p
Concerned about running into conflict with the student	0.38	0.000
Uncertain what to document	0.36	0.000
Uncertain how to document	0.36	0.000
Didn't feel confident to handle the situation	0.35	0.000
Did not have enough strength to handle the situation	0.35	0.000
Did not put the patient's life at risk	0.30	0.001
Giving the student the benefit of the doubt	0.29	0.001
Experienced a lack of support from my nurse manager	0.27	0.004
I did not want to hurt the student's feelings	0.25	0.005
Wasn't familiar with the formal procedure for failing students	0.23	0.009

Table 4
Significant correlations with the item: Experienced a lack of support from the liaison lecturer in the decision (N = 92).

Items	Kendall-Tau	p
Experienced a lack of support from the liaison lecturer during the placement	0.62	0.000
I believed the liaison lecturer would persuade me to pass the student	0.34	0.000

Table 5

If concerned about a student's progress, when do you contact the liaison lecturer? (You may state several marks).

	Frequency	Valid Percent
When the problem arises	71	12.7
After unsuccessfully trying to address it	401	71.7
Prior to the interim assessment	80	14.3
Prior to the final assessment	0	0
Never	7	1.3
Total	559	100
Missing	2	0.4

found that mentors often question the student's performance at a very early stage in placement. Nevertheless, according to [Hunt et al. \(2016\)](#), many of the mentors wait to contact anyone, because they find it difficult to clearly express their concerns and are afraid to be perceived as stupid. They call for an easily accessible expert, usually the liaison lecturer, to help them handle and understand their impression. If the lecturer comes into the situation early, the mentor and the lecturer can collaborate well together on guidance. This collaboration can further facilitate a connection, which creates the possibility of transformation and growth for the student, something [Gillespie \(2005\)](#) emphasizes in the face of weak students.

5.2. Unsafe practice

Improving quality of care is the overall aim of nursing, and central to this is the prevention of unwanted incidents and improvement of patient safety ([Tella et al., 2013](#)). Some of our main findings can be understood from this perspective. [Amsrud et al. \(2015\)](#) found that clinical supervision influences skills development associated with patient safety. Further, [Luhanga et al. \(2014a,b\)](#) called attention to patient safety as crucial in quality healthcare, and a decisive theme to the nursing profession. In our study, the most common reasons for failing to fail were that the student did not put the patient's life at risk and giving the student the benefit of the doubt. These findings are consistent with those of several other studies ([Brown et al., 2012](#); [Duffy, 2003](#); [Hughes et al., 2016](#); [Lankshear, 1990](#); [Larocque and Luhanga, 2013](#)). We also found a significant correlation between these two items. The fact that mentors report that the student did not put the patient's life at risk as a reason for failing to fail can be interpreted to mean that supervisors have a narrow definition of patient safety, which might be a threat to this safety. Is benchmarking or the “bottom line” based on only whether the student places the patient's life at risk, or is benchmarking based on something more? [Skingley et al. \(2007\)](#) found that one characteristic of failing students is that he is a threat to safety, and [Duffy \(2003\)](#) found that another characteristic is unsafe practice. According to [Luhanga et al. \(2014a,b\)](#) unsafe practices include «a student's act or behaviour that reflects a lack of knowledge, skills, or clinical judgment, or any unprofessional or unethical conduct that threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the client, self, or other health care personnel» ([Luhanga et al., 2014a,b](#) p. 117). This definition clarifies that “the bottom line” is more than putting the patient's life at risk. [Scanlan and Care \(2001\)](#) found that only a few of the universities had clear standards in the field of safe and unsafe clinical practice. Such a clear definition is a prerequisite for the assessment of borderline students, and it is crucial that both the mentor and the liaison lecturer are aware of these students. [Duffy \(2003\)](#) and [Lankshear \(1990\)](#) found that when faced with a borderline student, mentors often pass the student, giving the individual the benefit of the doubt. We therefore support [Duffy \(2003\)](#) recommendation that borderline status should be debated within the profession.

[Hughes et al. \(2016\)](#) found it essential to identify the characteristics of unsafe practices among students, in order to recognize borderline cases and intervene at an early stage. As noted above, [Hunt et al. \(2016\)](#)

found that mentors often question the student's performance at a very early stage in placement, but many mentors waited to contact anyone. [Cleland et al. \(2008\)](#) and [Dudek et al. \(2005\)](#) found that one reason for failing to fail was a lack of knowledge of the expected standards. [Butler et al. \(2011\)](#) found that half of the mentors (N = 837) perceived that the indicators were not sufficiently clarifying in the competency assessment. Mentors also report that it is a challenge to understand the language in assessments tool ([Butler et al., 2011](#); [Dudek et al., 2005](#)). These findings indicate that mentors experience the competency assessment tool as difficult to understand and interpret, with the risk of large variations in expectations and requirements for students. This fact emphasizes how important it is for mentors and the university to draw up these tools together; doing so will enhance the wording of them so that mentors can understand them. Furthermore, it stresses the significance of continuous discussion between mentors and the university about what unsafe practice is. This discussion can also help mentors know what to document. As we observed, 43% of our mentors noted the issue of what to document.

5.3. Limitations and strengths of the study

This study was the first Norwegian survey to explore issues related to the failure to fail nursing students. Therefore, in an attempt to capture the main issues identified in the literature, the survey items were broad. Using a pilot study to assess the main questions of this survey was a strength. Although the results are consistent with those of national and international studies, the response rate limits the possibility of generalizing the results to any educational institution. While the findings are limited to clinical placements in Norway, these results are similar to other mentors' experiences and contribute to understanding the mentor's experiences of clinical assessment. The authors acknowledge their experience from clinical mentoring, which may affect the interpretation of the data. We emphasized reflections on preconceptions in all aspects of the research process throughout this study.

6. Conclusion

Our study confirms that Norwegian mentors are also failing to fail nursing students in practice. The factors that highly influence the passing of nursing students not achieving the learning outcomes are that the student did not put the patient's life at risk and the mentors gave the student the benefit of the doubt. The mentors in our study disagree that failing was related to personal challenges and burdens, and they experience a lack of support from the liaison lecturer during the placement.

The fact that mentors are failing to fail students highlights the importance of mentor education, especially with regard to managing underperforming students. Similarly, support from the liaison lecturer must prepare mentors for their role in a fail scenario. Ongoing support from the lecturer will mean a lot to the mentoring experience, and for the opportunity to support the student as a safe and competent novice practitioner.

Furthermore, it will be crucial that nurse education programmes and mentors continue the exploration of the distinction between uncertain practices and the conditions behind failing students.

Conflicts of interest

We conducted a pilot study, and the article on it is under consideration for publication in a Scandinavian journal.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2019.03.002>.

References

- Aigeltinger, E., Haugan, G., Sørli, V., 2012. Utfordringer med å veilede sykepleierstudenter i praksisstudier (Challenges in student nurse mentoring in clinical practice). *Sykepleien Forskn* 7 (2), 160–166.
- Amsrud, K.E., Lyberg, A., Severinsson, E., 2015. The influence of clinical supervision and its potential for enhancing patient safety – undergraduate nursing students' views. *J. Nurs. Educ. Pract.* 5 (6), 87–95. <https://doi.org/10.5430/jnep.v5n6p87>.
- Bennet, M., McGowan, B., 2014. Assessment matters – mentors need support in their role. *Br. J. Nurs.* 23 (9), 454–458. <http://doi.org/10.12968/bjon.2014.23.9.454>.
- Black, S., 2011. Being a Mentor Who Fails a Pre-registration Nursing Student in Their Final Placement: Understanding Failure. PhD Thesis. London South Bank University Retrieved from. https://my.rcn.org.uk/_data/assets/pdf_file/0008/458234/Black_S_PhD_Thesis_August_2011.pdf 4/8/2018.
- Black, S., Curzio, J., Terry, L., 2014. Failing a student nurse: a new horizon of moral courage. *Nurs. Ethics* 21 (2), 224–238.
- Brown, L., Douglas, V., Garrity, J., Kim, S.C., 2012. What influences mentors to pass or fail students. *Nurs. Manag.* 19 (5), 16–21. <http://doi.org/10.7748/nm2012.09.19.5.16.c9260>.
- Butler, M.P., Cassidy, I., Quillinan, B., Fahy, A., Bradshaw, C., Tuohy, D., Tierney, C., 2011. Competency assessment methods – tool and processes: a survey of nurse preceptors in Ireland. *Nurse Educ. Pract.* 11 (5), 298–303. <https://doi.org/10.1016/j.nepr.2011.01.006>.
- Caspersen, J., Kårstein, A., 2013. Kvalitet I Praksis: Oppfatninger Om Kvalitet Blant Praksisveiledere (Quality in Clinical Studies. Concepts about Quality Among Practitioners). Rapport/NIFU (Nordic Institute for Studies in Innovation, Research and Education); 14/2013. Nordisk institutt for studier av innovasjon, forskning og utdanning, Oslo Retrieved from. <http://hdl.handle.net/11250/280417> 4/8/2018.
- Cleland, J., Knight, L.V., Rees, C.E., Tracey, S., Bond, C.M., 2008. Is it me or is it them? Factors that influence the passing of underperforming students. *Med. Educ.* 42, 800–809. <http://doi.org/10.1111/j.1365-2923.2008.03113.x>.
- Dudek, N., Marks, M.B., Regehr, G., 2005. Failure to fail: the perspectives of clinical supervisors. *Acad. Med.* 80 (10Suppl. 1), 84–87.
- Duffy, K., 2003. Failing Students: A Quality Study of Factors that Influence the Decisions Regarding Assessment of Students' Competence in Practice. Caledonian Nursing and Midwifery Research Centre Glasgow.
- Duffy, K., 2006. Weighing the Balance: A Grounded Theory Study of the Factors that Influence the Decisions Regarding the Assessment of Student's Competence in Practice. Glasgow Caledonian University.
- Duffy, K., 2013. Deciding to fail: nurse mentors' experiences of managing a failed practice assessment. *J. Prac. Teach. Learn.* 11 (3), 36–58. <https://doi.org/10.1921/2102110304>.
- Gainsbury, S., 2010. Mentors still "failing to fail students. *Nursing* 106 (16), 2–3.
- Gillespie, M., 2005. Student-teacher connection: a place of possibility. *J. Adv. Nurs.* 52 (2), 211–219. <http://doi.org/10.1111/j.1365-2648.2005.03581.x>.
- Hauge, K.W., 2014. Få studenter stryker i praksis (Few students fail in clinical studies). *Sykepleien* 9, 46–49. <http://doi.org/10.4220/sykepleiens.2014.0101>.
- Hauge, K.W., 2015. Why are mentors failing to fail students who do not meet clinical performance standard? *Nord. J. Nurs. Res.* 35 (1), 20–28. <http://doi.org/10.1177/0107408314560325>.
- Hauge, K.W., Brask, O.D., Grønvik, C.U., Julnes, S., Bachmann, L., Bakken, H., Bergum, I.E., Heggdal, W.M., Gutteberg, A., Malones, B.D., Ulvund, I., 2019. Larpraksisveiledere sykepleierstudenter bestå praksisstudier uten oppnådd læringsutbytte? (Are Nurse Mentors Failing to Fail Students in Practice? A Pilot Study). *Klinisk Sykepleje* 1 (33), 23–29. <https://doi.org/10.1861/issn.1903-2285-2019-1-03>.
- Hughes, L.J., Mitchell, M., Johnston, A.N.B., 2016. "Failure to fail" in nursing – a catch phrase or a real issue? A systematic integrative literature review. *Nurse Educ. Pract.* 20, 54–63. <https://doi.org/10.1016/j.nepr.2016.06.009>.
- Hunt, L.A., McGee, P., Gutteridge, R., Hughes, M., 2012. Assessment of student nurses in practice: a comparison of theoretical and practical assessment results in England. *Nurse Educ. Today* 32, 351–355. <https://doi.org/10.1016/j.nedt.2011.05.010>.
- Hunt, L.A., McGee, P., Gutteridge, R., Hughes, M., 2016. Failing securely: the processes and support which underpin English nurse mentors' assessment decisions regarding under-performing students. *Nurse Educ. Today* 39, 79–86. <https://doi.org/10.1016/j.nedt.2016.01.011>.
- Jervis, A., Tilki, M., 2011. Why are nurse mentors failing to fail student nurse who do not meet clinical performance standards? *Br. J. Nurs.* 20 (9), 582–587. <http://doi.org/10.12968/bjon.2011.20.9.582>.
- Kristoffersen, N.M.J., Lillemoen, L., 2010. Veiledningsgruppe for studentansvarlige sykepleiere i klinisk praksis; utvikling av veiledningskompetanse. *Norsk tidsskrift for sykepleieforskning* 12 (2), 3–14.
- Lankhear, A., 1990. Failure to fail: the teacher's dilemma. *Nurs. Stand.* 4 (20), 35–37. <https://doi.org/10.7748/ns.4.20.35.s33>.
- Larocque, S., Luhanga, F.L., 2013. Exploring the issue of failure to fail in a nursing program. *Int. J. Nurs. Educ. Scholarsh.* 10 (1), 1–8. <https://doi.org/10.1515/ijnes-2012-0037>.
- Luhanga, F., Yonge, O., Myrick, F., 2008a. Failure to assign failing grades": issues with grading the unsafe student. *Int. J. Nurs. Educ. Scholarsh.* 5 (1), 1–14. <http://doi.org/10.2202/1548-923X.1366>.
- Luhanga, F., Yonge, O., Myrick, F., 2008b. Precepting an unsafe student: the role of the faculty. *Nurse Educ. Today* 28, 227–231. <https://doi.org/10.1016/j.nedt.2007.04.001>.
- Luhanga, F., Koren, I., Yonge, O., Myrick, F., 2014a. Strategies for managing unsafe precepted nursing students: a nursing faculty perspective. *J. Nurs. Educ. Pract.* 4 (5), 116–125. <http://doi.org/10.5430/jnep.v4n5p116>.
- Luhanga, F.L., Larocque, S., MacEwan, L., Gwekwerere, Y.N., Danyluk, P., 2014b. Exploring the issue of failure to fail in professional education programs: a multi-disciplinary study. *J. Univ. Teach. Prac.* 11 (2), 1–24.
- Myrick, F., Yonge, O., 2005. *Nursing Preceptorship: Connecting Practice and Education*. Lippincott Williams & Wilkins, Philadelphia.
- Nunnally, J., Bernstein, I., 1994. *Psychometric Theory*. McGraw-Hill, New York.
- Polit, D.F., Beck, C.T., 2017. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 10th. Wolters Kluwer, Philadelphia 2008.
- Robson, C., 2002. *Real World Research. A Resource for Social Scientists and Practitioner-Researchers*, second ed. Blackwell Publishing, Singapore.
- Rutkowski, K., 2007. Failure to fail: assessing nursing student's competence during practice placements. *Nurs. Stand.* 22 (13), 35–40. <http://doi.org/10.7748/ns2007.12.22.13.35.c6299>.
- Scanlan, J.M., Care, W.D., 2001. Gessler, S. Dealing with unsafe student in clinical practice. *Nurse Educat.* 26 (1), 23–27 2001.
- sentralbyrå, Statistisk, 2017. Tabell: 07938: personer med helse- og sosialfaglig utdanning, etter kjønn og alder (Persons with health and social education, by gender and age). Retrieved from. <https://www.ssb.no/sok?ok=07938> 4/8/2018.
- Skingley, A., Arnott, J., Greaves, J., Nabb, J., 2007. Supporting practice teachers to identify failing students. *Br. J. Community Nurs.* 12 (1), 28–32. <https://doi.org/10.12968/bjon.2007.12.1.22689>.
- Stave, O., Torp, T.R., 2010. Fokus på praksisstudiene i helse og sosialfagene. Rapport fra UHR's (Norwegian Association of Higher Education Institutions) kartleggingundersøkelse av eksterne, veiledet praksis som del av studieløpet for 115 helse- og sosialfagutdanninger.
- SUFAL, 2014. Sluttkompetanse bachelorgrad i sykepleie (final qualification bachelor degree in nursing). Retrieved from. <http://www.sufal.no/?p=145> 4/8/2018.
- Tella, S., Liukka, M., Jamookeeah, D., Smith, N.-J., Partanen, P., Turunen, H., 2013. What do nursing students learn about patient safety? An integrative literature review. *J. Nurs. Educ.* 53 (1), 7–13. <https://doi.org/10.3928/01484834-20131209-04>.
- Watson, H.E., Harris, B., 1999. *Supporting Students in Practice Placement in Scotland*. Glasgow Caledonian University: Department of Nursing and Community Health.
- World Medical Association, 2008. Declaration of Helsinki. Ethical principles for medical research involving human subjects. Retrieved from. <http://www.wma.net/e/policy/b3.htm> 4/8/2018.