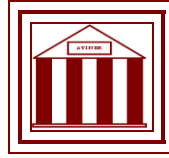


**Athens Institute for Education and Research
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**ATINER's Conference Paper Series
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**Student Nurses' Perceptions of a
"Good" Mentor: A Questionnaire
Survey of Student Nurses in Two
Different Cultures**

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An Introduction to
ATINER's Conference Paper Series

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Abstract

In 1995, students in the UK identified five characteristics of a good mentor. After 14 years from the original work the author carried out this study again to investigate whether students still identify the good mentor on the same characteristics. The study was done in the UK, Texas (Western culture) and Jordan (Eastern culture) to validate the study in different countries with different culture and different mentorship system. After ethical approval was granted, the questionnaire was distributed to a convenience sample of nursing students in Jordan, Texas and UK. 336 students participated in the study: 38.7% of them were from the UK, 10.7% from Texas and 50.6% from Jordan. Comparing the mean and median for the three countries and the five qualities, the quality scoring the highest mean and median was "has relevant knowledge and skills". Regarding the other four qualities we found there are similarities between UK, USA, and the Jordanian nursing student have put them in quite different pattern.

Keywords: Clinical Teaching, Mentors, Nursing Education, Preceptorship

Background

Nursing is a stressful profession. Nursing students and new nurses need strong support and guidance to cope with integration and socialization, especially at the beginning. Mentorship is an important step for them. A well-functioning student-mentor relationship supports students' and nurses' professional development (Shen & Spouse, 2007). Clinical teaching expertise and qualities of the mentors play vital role in the clinical training and internship experience of the student; therefore, the nurse who takes the mentor role should have special qualities. In order to identify these qualities one of the authors undertook a small qualitative study in 1995, in the UK which identified five characteristics that students on post registration English National Board (ENB) courses identified as qualities of good mentor. A summary of the study was published in 1995 (Fowler, 1995) and its underpinning literature review was published in 1996 (Fowler, 1996). The findings were subsequently adapted for application to student nurse supervision and incorporated into the teaching of mentor preparation courses in the author University (De Montfort University, Leicester, UK). The adaptation to pre-registration student nurse mentoring was published a few years later (Fowler et al., 2008). In 2009 some 14 years on from the original work the author decided to apply for some research funding in order to revisit the perceived 'good' characteristics of supervision and mentoring and examine if they had 'stood the test of time' particularly in light of the changes in nurse education within the UK. In addition it would be interesting to examine how those identified 'good' characteristics transferred across international nursing cultures.

Thus the study sought to validate the original research findings, examining if the those qualities identified as 'good' characteristics of the supervising/mentoring nurse continue to be viewed in the same way, or if additional qualities are now seen as necessary. In addition this validating study adds a comparative analysis by undertaking the same research with nursing students undertaking training in the UK, Texas USA from Western culture and Jordan from Eastern culture.

Literature Review

Search Methods

A comprehensive review of the literature on mentoring was conducted using electronic databases, reference lists and other available literature. Articles were sourced from AMED, ASSIA, BNI, CINAHL, the Cochrane Library, OVID, the British Education Index and ERIC. Indexes of these were also reviewed. A multidisciplinary approach was important so databases like AMED and British Education Index were included to capture articles on the mentoring experience in other professions for example Professions Allied to Medicine (PAMs) social work, medicine, dentistry and education. The search terms used were: characteristics, features, factors, mentor, mentoring,

mentorship, professional development, post registration training and education. An initial strategy of reviewing articles in English from the previous six years was expanded to include frequently quoted studies and other relevant literature.

Personal Characteristics

Good interpersonal skills are cited by many authors with similar characteristics being valued across a variety of professions, for example medicine and dentistry, occupational therapy, education and nursing (Davies, 1999; Gupta & Lingham, 2000; Jokelainen, Turunen, Tossavainen, Jamookeah, & Coco, 2011; Jokelainen, 2013; Milner. & Bossers, 2004; Pritchard & Gidman, 2012; Waters, Clarke, Harris Ingall, & Dean-Jones, 2003; Wilson, Pereira & Valentine, 2002). In a study that gathered data from newly appointed social work educators using semi-structured telephone interviews, the ability of being capable of emotional affirmation, especially around the frustrations of work, and expressions of caring support is also noted as being motivating (Wilson et al., 2002). This highlights the need for mentors to be willing and able to share information (Waters et al., 2003). Mutual respect between mentor and protégé is also considered important for success, coupled with the need for mentors to be non-judgemental and open minded (SCOPME, 1998).

An emerging literary theme is the potential influence of cultural characteristics, age and gender on successful mentoring partnerships. Action research by Chow and Suen (2001) suggests that culture may influence the aspects of mentoring considered desirable. This qualitative study compared aspects of the mentoring role as defined by the English National Board (ENB) with Chinese expectations, discovering a greater dependence on mentors being acceptable in a Chinese culture than suggested by the ENB (Chow & Suen, 2001). Authors from other professions, for example dentistry (Davies, 1999) highlight that cross-cultural mentoring may be particularly challenging with some evidence that mature staff cope better with the additional stress (Koskinen & Tossavainen, 2003). Therefore ‘like pairings’ are suggested, as non-culturally sensitive mentoring partnerships may lead to the loss of staff (Koopman & Thiedke, 2005). This is undesirable in nursing in the UK, where attracting and retaining staff from Non -White British backgrounds is an important issue.

Although matching of age and gender is not regarded as universally important (Waters et al., 2003), it may assist some partnerships (Wilson et al., 2002). It is suggested that large age differences between mentor and mentee may lead to paternalistic relationships (Feldman, Folks & Turnley, 1999). Early studies suggested that same gender mentorship may be more productive than cross-gender matches, (Goldstein E., 1979) but contradictory findings are evident (Wilson et al., 2002). In articles relating mentoring to nursing, gender is rarely considered, perhaps because historically the workforce has been predominately female. Changes in the workforce’s demography however may raise the awareness of this issue. In other professions there is concern about the potential for power imbalances in mixed gender mentoring partnerships

thereby limiting the benefits. Although in workshops with medical trainees many participants were comfortable with cross-gendering mentoring, a lack of understanding with regard to differing domestic roles and the need to clarify personal boundaries was highlighted (Ramani, Gruppen, & Krajic Kachur, 2006). Research in Higher Education, however, suggests that given an option most mentees tend to choose a mentor of the same sex (Lee, 2001).

Broad agreement exists between healthcare disciplines regarding some of the desirable personal characteristics that assist the development of effective mentoring partnerships. Less clarity exists however with regard to culture, age and gender issues with the significance attached to these personal characteristics varying between disciplines. As highlighted by other authors (Ramani et al., 2006) a greater awareness of gender and culture issues in healthcare mentoring may be desirable. In this regard, nursing and medicine are following the lead of disciplines such as social work (Wilson et al., 2002) and education (Feldman et al., 1999) where a greater degree of awareness is already apparent. There is some evidence that gender issues in nurse mentoring may have been overlooked but changes in demography of the nursing workforce may increase its impact. Currently it is not known how these personal characteristics influence the choice of mentor by post registration nurses or whether mentor matching using specified criteria (Buddeberg-Fischer & Herta, 2006) would be helpful in ensuring effective partnerships. Students experienced anticipatory fear associated with their first practical placement. Students viewed their mentor as someone who would support, guide, assess and supervise students (Gray & Smith, 2000; Nablsi et al, 2012) Mentors also support students in their 'socialisation' within a clinical placement, easing the socialisation process, and developing circles of supportive friends and colleagues (Bulut, Hisar, & Demir, 2010; Zannini, Cattaneo, & Brugnolli, 2011).

Professional Characteristics

Important professional characteristics of effective mentors include being respected as a professional and a good role model, as well as possessing relevant job-related skills (Jokelainen, et al., 2011; Nablsi, et al., 2012). Being ethical, honest, trustworthy and straightforward with no hidden agenda is highly regarded, along with a desire to develop others (Wilson, et al., 2002). Previous experience as a mentee is also considered beneficial (Gupta & Lingham, 2000) . In some disciplines, for example medicine and social work, there is evidence of the benefits of mentors and mentee sharing common ground.

Unsurprisingly, absolute confidentiality when mentioned, is seen as a characteristic of successful partnerships in the much of the literature reviewed (SCOPME, 1998; Waters et al., 2003). In nursing however mentoring is linked to the assessment of practice with mentors being required to pass, refer or fail a mentee if learning is unsatisfactory (NMC, 2006). This contrasts with other disciplines where the separation of mentoring from assessment or performance review, the traditional view of the role, is considered essential for

success (Gupta & Lingham, 2000). This dual role of mentoring in nursing may limit its ability to deliver long term professional benefits, as typically, the mentorship lasts for the time period of the module or programme only. In other disciplines, when evaluated, there is evidence that longer partnerships may be more successful. Programmes from 6 months to several years duration is not uncommon in occupational therapy (Milner & Bossers, 2004) and education (Wilson et al., 2002). Using a rigorous article selection procedure, Buddeberg-Fischer and Herta's (2006) literature review illustrates periods of mentoring for medical students of between 6 months and three years (Buddeberg-Fischer & Herta, 2006), while Wilson et al (2002) study indicated that in social work education partnerships can remain productive even after eighteen or more years. Practically, in nursing encouraging post registration nursing staff to maintain the same mentor over an entire programme may be helpful in maximising any benefits (Wilson et al., 2002).

Organisational Barriers

Although mentors are often supported by colleagues, organisational recognition may be lacking (Pulsford, Boit, & Owen, 2000). In nursing and medicine, it is suggested that mentor needs are not always recognised by their employers (Ramani et al., 2006; Rosser et al, 2004), with mentors sometimes feeling unrewarded and ill prepared. Mentor fatigue has also been recognised with tensions arising if a mentor is required to act as a personal counsellor or as a crisis intervention service (Ramani et al., 2006). Rosser and King (2003) suggest that post registration nursing mentors may already feel the perception of being under pressure (Rosser et al., 2004) It is important, therefore, that mentoring does not replace other organisational systems of support such as counselling and psychological support services.

A lack of time is highlighted as a barrier to effective mentoring (Ramani et al., 2006; Waters et al., 2003). Pulsford *et al* (2002) surveyed 400 mentors of pre-registration students and suggested that recognition by organisations of the need for dedicated mentoring time would be helpful (Pulsford et al., 2000) Protected time for mentoring is also suggested in medicine (Ramani et al., 2006). Whether post registration nursing mentors are offered the opportunity to be supernumerary or have additional staff cover is unreported. In Pulsford's *et al* (2002) survey mentors also requested more information prior to the mentee's arrival and more feedback after the placement, including the mentee's thoughts about their mentor's performance. If post registration nursing mentors would welcome similar information is unknown, but such activities are likely to add to the time burden of the mentoring process (Pulsford et al., 2002).

The effects of the dual function of mentoring in nursing, assessing and supporting are unknown. This departure from the traditional mentoring role may contribute to a 'task and finish' view of mentorship in nursing. This is probably undesirable, as evidence from other disciplines suggests that productive mentoring partnerships can exist for long periods of time. Significantly it may reduce the potential impact of mentoring to assist in the retention and development of staff. Where mentoring schemes of a longer

duration are evaluated, usually in work areas recognised as stressful like management and palliative care, (Rosser et al., 2004; Waters et al., 2003) they appear to be helpful in supporting nurses.

Despite the many studies of mentoring in nursing, there is still few studies which discuss the qualities of good mentor perceived by nursing student and no single author has been able to replicate his/her study for the same population or in other countries to confirm the previous result. Therefore, this study will be the first to discuss these points and investigate Jordanian nursing students' perception of the qualities of a good mentor.

Purpose

This study sought to validate the original research findings, examining if those qualities identified as 'good' characteristics of the supervising / mentoring nurse continue to be viewed in the same way, or if additional qualities are now seen as necessary. In addition this validating study adds a comparative analysis by undertaking the same research with nursing students undertaking training in UK, USA and, Jordan.

Ethical Approval

Initial ethical approval was granted by the hosting University in the UK and subsequently reapproved in each country according to the local University ethical approval system. In Jordan the questionnaire was completely translated and the ethical approval granted from the universities where the questioners distributed. In the USA, it was modified to reflect the American language. Students were given an information sheet explaining the nature of the study and informing them of their rights to participate or not in the study.

Methodology

Design

Cross sectional descriptive quantitative study used to measure the perception of nurse's student regarding the good mentor from three setting represent two different cultures.

Setting and Sample

The questionnaire was distributed to student nurses who had completed 18 months or more of their training; this ensured that each respondent had at least two different experiences of mentorship on which to draw. In each country the questionnaires were distributed to convenience groups whilst they were in University.

The questionnaires were given out to students during a lesson, and enough time was given them to complete it and return it back to the researcher or lecturer. 130 questionnaires were gathered in the UK, 36 in Texas and 170 in Jordan with completed comments section and Likert scale with a respondent's

rate of 58% in the UK and 60% in Jordan. This information was not recorded in the USA (Table 1).

Table 1. *Number and Percentage of Participants from each Country*

Site	Frequency	Percentage
UK	130	38.7
Texas	36	10.7
Jordan	170	50.6
Total	336	100.0

Instrument

This study was interested in the views that student nurses have as to what qualities make a ‘good’ preceptor, mentor or clinical teacher. For the purpose of this study the authors define mentor as the qualified member of staff who is responsible for supporting, teaching and assessing a student nurse during their clinical training.

A survey questionnaire was used and for each of the five qualities, the participants asked to circle, on a 0 – 10 scale to what degree he/she disagree (0) or agree (10) on its importance as a quality of a ‘good’ mentor / clinical instructor.

Also they were asked if there of anything they could think of that they would add to that particular statement, to increase its importance. At the end the participants asked the following open-ended question: "From your experience as a current day student nurse, is there an additional 6th or 7th quality of a ‘good mentor’ that needs to be added to this original list?"

Results

In this study the researchers aimed to validate the original research finding and examine if student nurses view the qualities of a good mentor or preceptor in the same way. On a scale of 0-10, with zero equating with strongly disagree and 10 with strongly agree, the lowest mean score that any of the five qualities was rated, was 8.02. The most common median score was 10 (in 8 out of 15 possibilities). Thus there was overall general agreement in all three countries that these were important qualities of a mentor. Interestingly a Cronbach’s Alpha score (Table 2) was 0.755 for the five items, this demonstrates that although there was a 75% overlap in what the items were measuring; in another words the items were of a similar nature, but there was not a 100% overlap. Thus the items were measuring similar, but different aspects of the mentoring relationship.

Table 2. *Reliability Statistics for the Five Item*

	Cronbach's Alpha
Total Items 5	0.755
UK	0.749
Texas	0.734
Jordan	0.780

When respondents were asked to identify any other qualities that were not covered by those in the questionnaire, a number identified some nuances or emphasised certain aspect of the core qualities, but no substantially different qualities were proposed. But the participants from Jordan, where the culture is different from UK and USA, they added two qualities they found important. The first quality was age of the mentor, around 35% of the Jordan sample mentioned this point, normally the age of the student is range between 19-22 years and most of mentors are newly graduate nurse with age range from 22-25 years, which mean no gap in the age between the two groups. Gender was the other quality added by Jordanian nursing students, requesting same gender mentorship. Female student nurses prefer female clinical instructors. During their discussion with the researcher after completing the questionnaire, they related this preference to culture, emphasizing greater comfort and freedom in expressing feelings and requesting support from a female as opposed to a male instructor.

Table 3. *Statistics Analysis for the Five Qualities According to the Site*

Site			Knowledge and clinical skills	Assess learning needs, supervise and evaluate learning	Aware of pressures and demands of the course and student's experience	Demonstrates effort in 'putting themselves out' to help student
UK	N	Valid	130	130	130	130
		Missing	0	0	0	0
		Mean	9.4538	8.9308	8.7846	8.0154
		Median	10.0000	9.0000	9.0000	8.0000
		Mode	10.00	10.00	10.00	10.00
		Minimum	5.00	4.00	1.00	1.00
		Maximum	10.00	10.00	10.00	10.00
Texas	N	Valid	36	36	36	36
		Missing	0	0	0	0
		Mean	9.6944	9.2778	8.3611	9.0833
		Median	10.0000	10.0000	9.0000	9.0000
		Mode	10.00	10.00	10.00	10.00
		Minimum	8.00	4.00	4.00	5.00
		Maximum	10.00	10.00	10.00	10.00
Jordan	N	Valid	170	170	170	169
		Missing	0	0	0	1
		Mean	9.2941	8.9765	8.9882	9.1598
		Median	10.0000	10.0000	10.0000	10.0000
		Mode	10.00	10.00	10.00	10.00
		Minimum	0.00	1.00	0.00	1.00
		Maximum	10.00	10.00	10.00	10.00

The greatest range or discrimination of the qualities was found in the UK with a mean range of 8.02 – 9.45 and median range of 8 – 10. The least discriminative was found in the results from Jordan with a mean range of 8.86 – 9.29 and median range of 9.5-10. The results from Texas ranged from 8.36 – 9.69 with a median range of 9-10. The reasons for this slight variation in discrimination are obvious from the information gained. Speculatively this could be an indication of the students’ compliance with the questionnaire as a token of authority or a less questioning culture of those nurses. Both of these possibilities are very speculative, but potentially interesting from a cultural and secondary socialization perspective.

The respondents were not asked to rank the importance of the five qualities, but a comparison of the mean and median scores for the three countries and the five qualities allows for a comparative ranking analysis (Table 3). It can be seen that the one quality that each country ranks as the highest both in terms of mean and median scores is that of “*Has relevant knowledge and skill*”.

The comparative ranking of Texas and the UK is quite similar, with a slight difference in the 4th and 5th ranking. Jordan however has quite a different pattern with its least important quality being seen as the “*Relaxed and supportive relationship*”. Quality of the mentor-student relationship is culturally dependent and relates to how people in authority are viewed. Thus in those cultures where hierarchical relationships are more formal, students may find a relaxing of those social rules less important and possibly more difficult to deal with (Table 4).

Table 4. *Comparative Ranking of Mentor Qualities in three Countries*

Site	Relaxed and supportive relationship	Knowledge and skills	Assess learning needs, supervise and evaluate learning	Aware of the pressures and demands of the course and students experience	Demonstrates effort in putting themselves out to help student
UK	2 nd	1 st	3 rd	4 th	5 th
Texas	2 nd	1 st	3 rd	5 th	4 th
Jordan	5 th	1 st	4 th	3 rd	2 nd

Discussion

This study validates the qualities of good mentors that was identified in the initial study by Fowler (1995) not only by the original country of the first population participated, but also by conformations of students from two different countries. In three countries, the results indicate that students’

perception of a good mentor is in line with other studies (Gray & Smith, 2000; Nablsi et al., 2012).

Nursing students, regardless of culture, have similar needs and perceive the 'good' mentor as having the five mentioned qualities. Parsloe and Leedham (2009) defined the a mentor as one who possesses these qualities in the context of: 'to support and encourage individuals to manage their own learning in order that they may maximise their potential, develop their skills, improve their performance and become the person they want to be' (Parsloe & Leedham 2009). Gray and Smith also (2000) acknowledged that the effect of effective mentors on students may be long lasting, hence it is useful for mentors to know how their qualities and behavior may be perceived by students in practice (Gray & Smith 2000).

Despite changes in curriculum, in teaching methods, and wide-spread dependence on the internet as source of knowledge; nursing students depend primarily on the mentor as the source of knowledge. Therefore, accurate knowledge and competent clinical skills ranked the highest mean and median for the participants in the three sites, indicating that it is the most important quality the students like to see it in their mentor. Pritchard and Gidman (2012) give emphasis on this quality, with students requesting mentors to be knowledgeable, not only in nursing knowledge, but also in learning theories like deep learning, surface learning and strategic learning (Pritchard & Gidman 2012). Mentors should also understand and implement various forms of psychology of learning theories: cognitive, behaviour and humanist learning Knowledge in teaching and learning theories will benefit nursing students, since the selection of appropriate teaching methods for is critical in supporting nursing students bridge the gap between theoretical and practical knowledge (Pritchard & Gidman2012).

Supportive and relaxed qualities were considered more important for the participants from UK and USA than participants from Jordan. The support and relaxed attitude in the relationship have positive effects on the student learning process, as emphasized by (Clynes & Raftery 2008; Jokelainen et al., 2011)

Jokelainen et al (2013) who mentioned the support for the student in the UK and Finland is primary facilitated by mentor. Enabling an individual learning process involves supporting the student through addressing sources of anxiety, which positively influences their ability to learn and even develop leadership skills (Jokelainen, 2013).

Support and relaxed attitude for the participant from Jordan have less mean from the other two countries. Possibly, this is due to as the prevalence of collectivism culture, encouraging the student to seek support from different sources other than the mentor. In collectivism it is not easy in a society with high power differentials; when people are always careful when deal with others and about what they say and how they say it. In Arab culture, the individual must pay respect to family elders, teachers and other elders, therefore they expect the mentor to always be firm and serious. Mentors have an important role in helping nursing students to be accepted and supported on clinical placements, influencing the nursing students' ability and motivating

engagement in clinical learning opportunities (Pritchard & Gidman 2012). Mentors support students with difficulties associated with a new environment, increasing their self-esteem and socialising students into the nursing role (Bulut et al., 2010). Mentors creating a supportive and receptive environment enable students to air and address their anxieties.

Jordanian nursing students add two qualities which are age and gender, while this finding is supported by Waters et al, (2003); however, when they mentioned, age and gender is not a universally important (Waters et al., 2003) According to (Nablsi et al., 2012) the Jordanian students view their instructor as role model and supporter reflecting the preference of older mentors with more knowledge and experience. Wilson et al. (2002) agreed with this preference, as gap in the age between mentor and mentee would lead to development of a partnership relationship, as would same gender (Wilson et al., 2002). However, as mentioned by Waters et al (2003), age and gender are not as important as other qualities for a good mentor (Waters et al., 2003)

Conclusion

The mentor has a major influence on the student's drive to learn and his/her capacity to adjust to new conditions. Mentor's activities and qualities, play a vital role in the clinical teaching and student's education. This means that mentors should pay more attention to his/her role and qualities that are perceived by students as being vital for good mentorship. Also Nursing schools and hospitals should have training course on mentorship, with an emphasis on communication skills and the other qualities discussed above. It must be noted that this study was conducted with nursing student of one university in each country, Jordan, UK, and USA, thus the finding can't be generalized to all nursing schools in three countries. However, as a preliminary study, our results represent an initial endeavor to recognize the qualities of good mentors as perceived by nursing students and the role of culture in identifying these qualities. For that we recommend replication of this study in several countries including the three countries participating in this study, with a larger sample size.

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