

Student Nurses' Perceptions of a Good Mentor: A Questionnaire Survey of Student Nurses in the UK, USA and Jordan

Dr. Zaid Al-Hamdan RN. PhD

Assistant Professor for Nursing Management
Community and Mental Health Nursing Department, Faculty of Nursing
Jordan University of Science and Technology
Irbid. Jordan

Dr John Fowler RN. PhD

Independent Consultant, Experiential Mentor, Leicester, UK

Dr Hala Bawadi, RN, RMW, PhD

Assistant Professor
Faculty of Nursing
Applied Science University, Jordan

Dr Peter Norrie, RN, PhD

Principal Lecturer and Senior Research Fellow
School of Nursing and Midwifery
De Montfort University, UK

Lynn summers, RN, MSN

Clinical Instructor
The University of Texas at Tyler.USA

Ms Dowsett Debbie

Senior Lecturer
School of Nursing and Midwifery
De Montfort University, UK

Abstract

Aims and Objectives: In 1995, students in the UK identified five characteristics of a good mentor. After 14 years, the author repeated the study to investigate whether students still identify the same characteristics of a good mentor.

Design: Cross-sectional descriptive study.

Methods: The study was conducted in the UK, USA and Jordan to validate the previous study in countries with different cultures and different mentorship systems. After ethical approval was granted, a structured questionnaire was distributed to a convenience sample of nursing students from one university in each country.

Results: A total of 336 students participated in the study: 38.7% from the UK, 10.7% from the USA and 50.6% from Jordan. Comparing the mean and median scores for each of the five qualities for the three countries, the highest means and medians were for the quality "has relevant knowledge and skills". For the four other qualities, there were similarities between UK and the USA, while the Jordanian nursing students had different mean and median scores.

Key words: clinical teaching, mentors, nursing education, preceptorship

Introduction

Nursing is a stressful profession, and nursing students and newly qualified nurses need strong support and guidance to cope with integration into the profession.

Mentorship is an important resource for students; a well-functioning student–mentor relationship supports students’ and nurses’ professional development (Shen & Spouse 2007). Clinical teaching expertise and quality mentorship are both vital to the clinical training and internship experience of students. Nurses who take the mentor role should have special qualities.

In 1995, one of the authors undertook a small qualitative study in the UK and identified five characteristics that were identified as qualities of a good mentor by student nurses registered by the English National Board. A summary of the study was published in 1995 (Fowler 1995) and a literature review was published in 1996 (Fowler 1996). The findings from this study were subsequently adapted for student nurse supervision and incorporated into the teaching of mentor preparation courses at De Montfort University, Leicester, UK. A further adaptation of the findings to pre-registration student nurse mentoring was published a few years later (Fowler *et al.* 2008). In 2009, some 14 years from the publication of the original study, the author revisited the five characteristics of good supervision and mentoring to determine if they had stood the test of time, particularly in light of changes to nurse education within the UK. In addition, it was of interest to examine whether the good characteristics were common to international nursing cultures.

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

Background

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 sources were also reviewed. A multidisciplinary approach was considered important and databases such as AMED and the British Education Index were included to identify articles on the mentoring experience in other professions, for example, professions allied to medicine, 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 cited studies and other relevant literature.

Personal Characteristics

Good interpersonal skills were cited by many authors and were highly valued across a variety of professions, for example, medicine and dentistry, occupational therapy, education and nursing (Davies 1999, Gupta & Lingham 2000, Jokelainen *et al.* 2011, Jokelainen 2013, Milner & Bossers 2004, Pritchard & Gidman 2012, Waters *et al.* 2003, Wilson *et al.* 2002). In a study of newly appointed social work educators that used semi-structured telephone interviews, the ability to be capable of emotional affirmation, especially around the frustrations of work, and expressions of caring support were also identified as being motivating (Wilson *et al.* 2002, Waters *et al.* 2003). This highlights the need for mentors to be willing and able to share information (Waters *et al.* 2003). Mutual respect between mentor and mentee 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) suggested that culture may influence which aspects of mentoring are considered desirable. This qualitative study compared aspects of the mentoring role defined by the English National Board with Chinese expectations and found that a greater dependence on mentors was acceptable in a Chinese culture than suggested by the English National Board (Chow & Suen 2001). Studies from other professions such as 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 recommended because non-culturally sensitive mentoring partnerships may lead to a 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 has been suggested that large age differences between mentor and mentee may lead to paternalistic relationships (Feldman *et al.* 1999). Early studies suggested that same-gender mentorship may be more productive than mixed-gender matches (Goldstein 1979), but contradictory findings have been reported (Wilson *et al.* 2002). In previous studies of mentoring in nursing, gender is rarely considered, perhaps because the workforce has historically been predominately female. Changes in the nursing workforce's demography, however, may raise 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. In workshops with medical trainees, many participants were comfortable with cross-gendering mentoring, but a lack of understanding of differing domestic roles and the need to clarify personal boundaries was considered important (Ramani *et al.* 2006). Research in higher education, however, suggests that, given an option, most mentees tend to choose a mentor of the same gender (Lee 2001).

Broad agreement exists across 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 differences, with the significance attached to these personal characteristics varying between disciplines. As highlighted by other studies (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 the 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 would be helpful in ensuring effective partnerships (Buddeberg-Fischer & Herta 2006). Students often experience anticipatory fear associated with their first practical placement and students view their mentor as someone who will support, guide, assess and supervise them (Gray & Smith 2000, Nablsi *et al.* 2012). Mentors also support students in their socialisation within a clinical placement, easing the process and facilitating the development of circles of supportive friends and colleagues (Bulut *et al.* 2010, Zannini *et al.* 2011).

Professional Characteristics

Important professional characteristics of effective mentors include being respected as a professional, being a good role model and possessing relevant job-related skills (Jokelainen *et al.* 2011, Nablsi *et al.* 2012). Being ethical, honest, trustworthy and straightforward are 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, such as medicine and social work, there is evidence of the benefits of mentors and mentee sharing common ground.

Unsurprisingly, absolute confidentiality is seen as a characteristic of successful partnerships (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 there is a separation of mentoring from assessment or performance review and the traditional view of the role is considered essential for success (Gupta & Lingham 2000). This dual role of mentoring in nursing may limit the ability to deliver long-term professional benefits. The mentorship typically lasts only for the time period of the module or programme. In other disciplines, there is evidence that longer partnerships may be more successful. Mentorships from six months to several years duration are 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 identified periods of mentoring for medical students of between six months and three years (Buddeberg-Fischer & Herta 2006), while the study by Wilson *et al.* (2002) found that social work education partnerships can remain productive even after 18 years or more. 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 their colleagues, organisational recognition may be lacking (Pulsford *et al.* 2000).

In nursing and medicine, it has been suggested that mentors' needs are not always recognised by their employers (Ramani *et al.* 2006, Rosser M. *et al.* 2004), with mentors sometimes feeling unrewarded and ill prepared. Mentor fatigue has also been recognised with tension 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) suggested that post-registration nursing mentors may already feel under pressure (Rosser *et al.* 2004). It is important, therefore, that mentoring does not replace other organisational support systems such as counselling and psychological services.

A lack of time has been identified 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 found that organisational recognition 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 the study by Pulsford *et al.* (2002), 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 these activities are likely to add to the time burden of the mentoring process (Pulsford *et al.* 2000).

The effects of the dual (assessing and supporting) functions of mentoring in nursing are unknown. This departure from the traditional mentoring role may contribute to a 'task and finish' view of mentorship in nursing. This is undesirable because evidence from other disciplines suggests that productive mentoring partnerships can exist for long periods of time. Significantly, it may reduce the potential of mentoring to assist in the retention and development of staff. Where longer duration mentoring schemes are evaluated, usually in stressful work environments such as management and palliative care, they appear to be helpful in supporting nurses (Rosser *et al.* 2004, Waters *et al.* 2003).

Despite the many studies of mentoring in nursing, few studies discuss the qualities of a good mentor as perceived by nursing students. No studies have been replicated for the same population or in other countries to confirm previous results.

The Study

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.

Design

Cross sectional descriptive quantitative study.

Setting and sample

The questionnaire was distributed to student nurses (130 in the UK, 36 in the USA and 170 in Jordan) 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, questionnaires were distributed to a convenience sample from a University. The questionnaires were handed out to students during a class and enough time was allotted for them to complete the questionnaire and return it to the researcher or lecturer. Completed comments section and Likert scale had a response rate of 58% in the UK and 60% in Jordan; this information was not recorded in the USA.

Table 1. number and percentage of participants from each country

	site	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	UK	130	38.7	38.7	38.7
	Texas	36	10.7	10.7	49.4
	Jordan	170	50.6	50.6	100.0
	Total	336	100.0	100.0	

Instrument

For the purpose of this study, the authors defined 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 indicate on a 0–10 scale to what degree he/she disagreed (0) or agreed (10) on its importance as a quality of a good mentor or clinical instructor.

Students were also asked if there of anything they would add to each of the statements to increase its importance. At the end of the questionnaire, the participants were 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?”

Initial ethical approval was granted by the De Montfort University, Leicester, UK and subsequently reapproved in each country’s local University ethical approval system. In Jordan, the questionnaire was translated into Arabic and ethical approval was granted from the universities where the questionnaires were distributed. In the USA, the questionnaire was modified to reflect American English. All students were given an information sheet explaining the nature of the study and informing them of their right to participate or not in the study.

Results

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). There was overall general agreement in all three countries that these were important qualities of a mentor. The Cronbach’s Alpha score (see Table 2) was 0.755 for the five items, demonstrating that there was a 75% overlap in what the items were measuring. The items were measuring similar but different aspects of the mentoring relationship.

Table 2. reliability statistics

	Cronbach's Alpha	N of Items
Total Intems	.755	5
Site		
UK	.749	5
Texas	.734	5
Jordan	.780	5

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. No substantially different qualities were proposed. Participants from Jordan, where the culture is different from the UK and USA, added two qualities they found important. The first quality was age of the mentor, which was mentioned by approximately 35% of the Jordan sample. The age range of Jordanian students is 19–22 years, and most mentors are newly graduated nurses with an age range from 22–25 years. The second quality added by Jordanian nursing students was gender; female student nurses prefer female clinical instructors. During discussion with the researcher after completing the questionnaire, students attributed this preference to culture, emphasising greater comfort and freedom in expressing feelings and requesting support from a female instructor.

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 discrimination 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, USA ranged from 8.36–9.69 with a median range of 9–10. The reasons for this slight variation in discrimination are not obvious from the data.

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 socialisation perspective.

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	.00	1.00	.00	1.00
		Maximum	10.00	10.00	10.00	10.00

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 (see Table 3). The quality that students from each country ranked highest, both in terms of mean and median scores, was "Has relevant knowledge and skill".

The comparative ranking of qualities by students from Texas, USA and the UK was quite similar, with a slight difference in the 4th and 5th ranking. Students from Jordan, however, had quite a different ranking pattern with the least important quality being a "Relaxed and supportive relationship". Quality of the mentor-student relationship is culturally dependent and relates to how people in authority are viewed. In 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: 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 were identified in the initial study by Fowler (1995), not only in the UK, but also in two different countries. In the three countries studies, the students' perception of a good mentor agrees with the results of other studies (Gray & Smith 2000, Nablsi *et al.* 2012).

Nursing students, regardless of culture, have similar needs and perceive a good mentor as having the five previously identified qualities. Parsloe and Leedham (2009) defined a mentor as one who possesses these qualities in the context of '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' (Gray & Smith 2000, Parsloe & Leedham 2009). Gray and Smith (2000) also acknowledged that the effect mentors on students may be long lasting, and it is useful for mentors to know how their qualities and behavior may be perceived by students (Gray & Smith 2000).

Despite changes in curriculum and teaching methods and the wide-spread dependence on the internet as source of knowledge, nursing students depend primarily on their mentor as a source of knowledge. Therefore, accurate knowledge and competent clinical skills had the highest mean and median for the participants in the three countries, indicating that it is the most important quality that students like to see in their mentor. Pritchard and Gidman (2012) emphasised 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 theories of the psychology of learning: cognitive, behavioural and humanist. Knowledge of teaching and learning theories will benefit nursing students, because the selection of appropriate teaching methods is critical in supporting nursing students to bridge the gap between theoretical and practical knowledge (Pritchard & Gidman 2012).

Supportive and relaxed qualities were considered more important for the students from the UK and USA than participants from Jordan. The support and relaxed attitude in the relationship have positive effects on the student learning process (Clynes & Raftery 2008, Jokelainen *et al.* 2011). Jokelainen *et al.* (2013) found that support for students in the UK and Finland is primary facilitated by mentors. Enabling an individual learning process involves supporting the student through addressing sources of anxiety; this positively influences their ability to learn and even develop leadership skills (Jokelainen *et al.* 2013).

Support and a relaxed attitude for the students from Jordan had a lower mean score than the other two countries. This is possibly due to the prevalence of collectivism culture, encouraging the student to seek support from different sources other than the mentor (Pritchard & Gidman 2012). Collectivism is not easy in a society with high power differentials and when people are always careful when they 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. They 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 who create a supportive and receptive environment enable students to air and address their anxieties.

Jordanian nursing students added two qualities: age and gender. While this finding was supported by Waters *et al.* (2003), it was not considered universally important (Waters *et al.*, 2003) According to Nablsi *et al.* (2012), Jordanian students view their instructor as a role model and supporter, reflecting the preference for older mentors with more knowledge and experience. Wilson *et al.* (2002) agreed with this preference, and a gap in ages of the mentor and mentee would lead to development of a partnership relationship, as would same gender (Wilson *et al.* 2002). However, Waters *et al.* (2003) found that age and gender are not as important as other qualities for a good mentor (Waters. *et al.* 2003).

Conclusion

A mentor has a major influence on a students' drive to learn and his/her capacity to adjust to new conditions. Mentors' activities and qualities play a vital role in the clinical teaching and students' education. This means that mentors should pay more attention to his/her role and the qualities that are perceived by students as being vital for good mentorship. Nursing schools and hospitals should also have training courses on mentorship, with an emphasis on communication skills and the qualities discussed above. It must be noted that this study was conducted with nursing students from one university in Jordan, UK and USA, and the findings cannot be generalised to all nursing schools in the three countries. However, as a preliminary study, our results represent an initial endeavour to recognise the qualities of good mentors as perceived by nursing students and the role of culture in identifying these qualities. We recommend replication of this study in several countries including the three countries participating in this study, with a larger sample size.

Relevance to Clinical Practice

It is very important to identify the qualities of good mentor because selection of mentors with good qualities is important and a foundation for being a good mentor. And this will lead to have effective mentorship, and enhance the learning experience for the student. Achieving this one initial, important goal will firmly support every other aspect of mentorship and do much to reduce the usual anxieties of the student on a new placement and effective mentorship is essential to ensure that students become competent practitioners and this will improve qualities of patient care.

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Contributions

Study design: **ZA, JF**; data collection: **ZA, HB, LS,DD**, Data analysis: **PN**; manuscript preparation: **HB, ZA, JF**.

Conflict Of Interest Statement

No conflict of interest has been declared by the authors.

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