

MENTORING: IMPROVING TRANSITION TO PRACTICE

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ABSTRACT

Nurse graduates indicate the transition from student of nursing to registered nurse (RN) is a difficult conversion. This impending change of role and accompanying higher expectations placed upon newly graduating RNs causes concern for students as their Bachelor of Nursing program nears completion. A career mentor scheme is suggested as a way to better prepare final year students for this transition. Evaluations indicate the positive impact the scheme has made on both mentors and mentees as it has enhanced their career development.

INTRODUCTION

The role of a RN in today's health care facilities is complex and demanding. Students of nursing undertake university study to prepare both theoretically and practically to undertake this role. Although students have a structured university program which supports their development to fulfil the expectations of the workplace, consistently, finishing students voice their feelings of being underprepared for their impending change in status.

A nursing mentor scheme is suggested as a way to promote assimilation of final year students of nursing into the complex arena of health care. This paper discusses the Queensland University of Technology's (QUT), Australia, nursing mentor program in relation to similarly named overseas programs. In the QUT nursing mentor program, final year students of nursing, are allocated for a period of one university year to an RN, who volunteers his/her time to be involved in the nursing mentor program. Within the students' university program, they already have 10 weeks where they attend prescribed, assessed, clinical practice for five days a week (four weeks in semester one and six weeks in semester two). This clinical practicum is considerable and has evolved in response to feedback from both graduating students and employers who considered graduating students were underprepared for their role as beginning level RNs. Despite the increased clinical hours within the final year, students continue to describe feeling inadequate about their preparation for transition to practice. In response to students' feedback, the QUT School of Nursing in 1992, became part of the inaugural university wide, Career Mentor Scheme program. Other participating disciplines included geology and journalism.

The QUT mentee is defined as a final year student who voluntarily, seeks additional professional guidance from an experienced RN. This model defines mentoring as: 'a developmental, caring, sharing, and helping relationship where one person invests time, know-how and effort in enhancing another person's growth, knowledge and skills...' (Shea 1994, p.13). It also includes '...professional nurturing and guiding the novitate'

(Butterworth 1992, p.11) with the experienced practitioner providing ‘...sponsorship, guidance, education and personal assistance’ (Bidwell and Brasler 1989, p.23) to a novice.

This RN or mentor, acts as a guide, professional colleague, tutor, supporter or informal counsellor. The QUT mentorship program does not involve any component of student assessment and this is thought to be a particular strength over schemes outside Australia. Rather, the scheme promotes the development of a professional and sometimes personal relationship between individuals intent on improving the mentee’s transition to practice.

QUT has indemnity insurance cover which is already in existence for students’ clinical practicums, and this cover has been extended to include the Career Mentor Scheme program. The indemnity insurance ensures legal issues are examined and facilitates flexibility of activities within the mentorship relationship. This paper suggests that ‘social learning theories’ explain the theoretical underpinnings of the learning processes that occur within the QUT nursing mentor program. The benefits, limitations and mentor/mentee responses to the QUT program are also discussed.

SETTING THE SCENE

Historically, nurse education programs were based upon the concepts of formal apprenticeships. Apprentices (trainee nurses) were under the tight control of a master practitioner (the ward sister) whilst engaged in labour of low skill and knowledge complexity requiring minimal specialisation (Maggs 1983). Recent changes in the social climate coupled with rapid advancement in medical technology and practices have radically altered the nature of nursing today. Current nursing practice reflects sophisticated specialised nursing knowledge and skill in a collaborative patient care environment, thereby placing increasing burdens of accountability on nursing staff. A substantial change in practice has also occurred with changes to the education system to university-based programs which see nursing students entering complex practice environments as students rather than workers. Consequently, students’ clinical experience is reduced and the emphasis during this time has an educational focus rather than being task orientated.

Students’ limited periods of time within clinical practice settings reduces their ability to develop proficiency as clinicians (Theobald, Nancarrow and McCowan 1999). However, upon graduation they are expected to assume the role of RN with full responsibility for the care of a group of clients. Many institutions provide beginning RNs with a period where they work alongside an experienced nurse (preceptorship), however, this option is at the discretion of the facility and is not afforded to all graduates. Clare (1991) writes of the situation for new graduates in New Zealand in the early 1990s and

comments that ‘cost effectiveness... means cuts in the nursing workforce. This situation has inevitable consequences for student experience and for beginning graduate responsibilities’ (p.19). One may speculate that graduates experience reduced support during cost cutting exercises, which is potentially detrimental to their development and the subsequent care of clients.

One strategy to assist beginning level practitioners to prepare for the complex health care context is the use of mentoring partnerships. The suggested QUT model accrues a limited financial burden to the university and the health care facility involved, as the mentors volunteer for no financial gain. The university accepts responsibility for the organisation of the program and nurse academics organise the program as part of their academic role with administrative support from the university-wide mentor scheme coordinator.

Currently, the program is organised toward the end of the second year of the Bachelor of Nursing program when students are informed about the program and invited to register an expression of interest in becoming a mentee. Subsequently, early within the student’s final year, a second invitation is given to formally participate in the scheme. Students are required to complete a registration form containing demographic details, their clinical areas of interest and the goals they hope to achieve within the program. In addition, students need to submit a brief curriculum vitae. Prior to the commencement of the mentorship program, all students are expected to attend a briefing session where an overview of the aims and objectives of the scheme are discussed again with particular reference to the strategies which they may wish to utilise with their mentor. All students who complete these requirements are included within the program and a mentor is provided for them.

Mentoring in nursing is not a new concept. Florence Nightingale, used a mentor style program to promote the concepts and philosophies that she espoused (Tucker-Allen et al 1992; Steele and Baker 1992). The partnerships that Nightingale encouraged between qualified nurses and trainees were based on caring, sharing, support relationships (Tucker-Allen et al 1992) to enhance nursing practice. Such relationships can be equated to the mentorship programs of today. These programs are used to promote the positive transition for nursing graduates into clinical practice settings (Bidwell and Brasler 1989). Transition to practice includes socialisation into the work place (Dorsey 1992), acquisition of psychomotor nursing skills (Butterworth 1992; Hart and Rotem 1994), and promotion of effective communication (Woodrow 1994).

Socialisation into the norms and practices of nursing, and the feeling of acceptance by nurses in general (Goran 2001; Spouse 1998), is integral to the development of new graduates within the workplace (Stevens and Crouch 1998). Moreover, Woodrow (1994) suggests that mentoring offers students of nursing the opportunity to develop into caring professionals through direct

involvement with clinical practice in partnership with one's mentor, thereby reducing the theory practice gap.

Authors from the United Kingdom (UK) (Foy and Waltho 1989; Lee 1989; Woodrow 1994; Neary 2000; Neary, Phillips and Davis 1996) suggest that the mentor/mentee relationship should occur with a student or new graduate being paired with a more experienced nurse from the same or different clinical area. Authors, however, lack consistency in their definition and conception of mentoring. For example, Neary (2000) observed that the role of the mentor was ill defined with the overlapping of roles between assessor, supervisor and mentor. Phillips (1994) further suggests that the terms preceptor or personal tutor also refer to the mentoring relationship. This term confusion is more extensive than just the UK context. Stewart and Krueger (1996) highlight within the US, that studies discussing mentoring are inconsistent in their definition and 'despite wide use of the concept of mentoring in the nursing literature, most authors have either failed to define it or have viewed it as static.' (p.312).

A significant feature of the UK model, is the varying degrees of assessment required as part of the mentee/mentor relationship (Foy and Waltho 1989; Lee 1989; Woodrow 1992; Maggs 1994; Neary 2000; Neary et al 1996). Woodrow (1992) suggests this extends the boundaries of the role of the mentor. In fact, assessment '...may be detrimental to the development of positive interpersonal relationships necessary for mentorships to function' (p 814).

In North America, Stewart and Krueger (1996) utilised evolutionary concept analysis to examine mentoring in nursing. They identified six facets of the mentoring concept. These concepts included: mentoring centres on a teaching and learning relationship; both mentor and mentee gain from the mentoring partnership; the primary focus is on enhancing the career of the mentee; mentoring acknowledges the knowledge levels of both parties; the relationship can extend for many years; and, appreciation is shown by the mentee when they act as a mentor in the future. The emphasis of the American model appears to centre on extending the relationship for a number of years, and enhancing the career development of the mentee (Carey and Campbell 1994; Stewart and Krueger 1996). Enhancing the career development of the mentee may be during the completion of the bachelor degree (Bidwell and Brasler 1989; Tucker-Allen et al 1992) or during subsequent employment as an RN (Carey and Campbell 1994; Stewart and Krueger 1996; Vance 1982). One study (Tucker-Allen et al 1992) has as its focus the retention of black American students who were mentored by black academics. However, Carey and Campbell (1994) suggest the professional career development and mentoring role progress along a continuum for the mentee, as they become more experienced in their professional role.

At QUT, the goal of the mentorship program is to facilitate transition to professional practice. In order to

achieve this, the mentorship program utilises current practising RNs as mentors to support final year students. Each student's registration form indicates areas of nursing interest and preferences and it is with this information that mentor and mentee are allocated. For example, a student indicating an interest in a future career in the operating room, will be allocated where possible, with a perioperative nurse. This ability to individualise the program to suit the needs of the partnership, promotes success of the arrangement which continues over the duration of the mentee's final year of study. Conversely, Lo and Brown (2000), Australian nurse academics, advocate the use of mentor arranged clinical practice providing second year students with block clinical placements where they are mentored by RNs. This reflects a need in their particular undergraduate program, as their program does not offer continuous blocks of clinical practice for their students. Lo and Brown's (2000) program is designed for second year students and appears to have a clinical skill focus as opposed to the QUT program which emphasises assisting the transition of final year students into the professional workforce. Some examples of the activities undertaken by QUT mentee/mentor partnerships are: assisting with preparation for future workplace interviews; attending hospital run inservice and educational seminars; undertaking clinical practice; and, the discussion of legal and ethical issues effecting nursing practice. The unique value of the QUT program is in the flexible nature, lack of formal assessment and stepping-stone to RN pathway.

SOCIAL LEARNING THEORY

An understanding of the learning processes that occur during a mentor program can be explained by social learning theories. For example, Krumboltz's Social Learning Theory of Career Decision Making was formulated to address the question of why people enter particular educational programs or occupations, why they may change and why they may express various preferences for different occupational activities at selected points in their lives (Mitchell and Krumboltz 1996). Mitchell and Krumboltz (1996) put forward four categories, which they consider influence the career decision-making path for any individual: genetic endowment and individual abilities; environmental conditions and situations; learning experiences; and, ways to approach responsibilities (Mitchell and Krumboltz 1996).

This Social Learning Theory of Career Decision Making suggests that personal beliefs and the work situation shape one's approach to learning new skills and may ultimately affect one's professional goals and performance (Gow 1996; Mitchell and Krumboltz 1996). Therefore, it is important to introduce reality checks and encourage students to expand their capabilities and interests in the workplace. Decisions should not be based entirely on existing concepts and preparation for changing

work tasks in an environment where one may not assume occupation stability is a way to empower them in career decisions (Goran 2001; Mitchell and Krumboltz 1996).

The QUT style mentorship program is fundamentally based upon the Career Decision Making Theory as it incorporates a learning context which provides an opportunity to undertake clinical skills and a diverse range of patient situations facilitated by the support and guidance of a nurse mentor. The mentor provides the reality check and stimulus to explore new areas. Moreover, mentorship is a potentially successful learning strategy (Rolfe-Flett 1995) which promotes career choice and development (Goran 2001; Pelletier and Duffield 1994; Woodrow 1994). It provides a forum for discussion, and is considered a potential generator of knowledge and expertise (Barlow 1991; Faugier 1992). Thus, it can be argued that career mentoring enables individuals to gain experience and psychomotor skill development outlined in Krumboltz's theory. Career mentoring '... expands both mentor and mentee capabilities and interests, prepares individuals for change, and empowers participants through its self-directive approach' (Theobald et al 1999, p.3). This self-directed approach focuses on meeting the needs of the mentee through the generous support, counselling, teaching and sharing of ideas offered by the mentor (Shea 1994).

THE ROLE OF THE MENTOR

Seminal work by Darling (1984) presented the process of mentoring whereby individuals are guided, taught and influenced in their life's work in important ways. Darling (1984) proposed a paradigm in which she identified three aspects to the role of mentor: inspirer, investor and supporter. These characteristics suggest that the role of a mentor lies outside the traditional boundaries of academic nurse education (Darling 1984) and offers justification for the utilisation of clinicians as mentors rather than the US model with academic mentors.

Unlike the passive process of role modelling, mentoring is long term (Bidwell and Brasler 1989) and may involve career counselling, clinical role modelling, and consultation on professional issues (Butterworth 1992; Pelletier and Duffield 1994; Goran 2001). The mentor may utilise one or more of these approaches in their relationship with their mentee. The approach the mentor assumes, is in part, dependent upon consultation and the needs expressed by the mentee. A degree of self-motivation by the mentee is integral to the success of the mentoring partnership. This, together with a committed mentor, is fundamental to a successful partnership. The mentor can assist the mentee to establish personal goals and plan their achievements, facilitate the learning of specific clinical skills and encourage professional behaviour through appropriate role modelling and discussion.

RESPONSIBILITIES OF THE MENTEE

Ideally, the mentee takes on the responsibility for their self-directed learning and exploration. The mentee is expected to be able to communicate his/her learning needs and feelings about various situations in which they are involved (Simonsen 1997). In the authors' experience, effective communication and personal commitment on the part of the mentee and mentor is critical to the fundamental success of the partnership. Prior to being accepted into the nursing mentor program, it is important that the coordinators of the program ensure that students understand and recognise that the scheme is an additional demand on their time and personal resources. Students are advised that approximately two hours per week should be set aside when envisaging embarking on the program. To this end, QUT requests students wishing to participate in the scheme to submit a brief curriculum vitae, and outline their reasons for wanting to be part of the scheme, and their thoughts on how their goals can be met. This is not intended as an onerous task but rather to stimulate the student to think about the context of the program and how best they can utilise their potential mentor. As stated previously, aspects of this information are used by the academic coordinators of the program to pair the mentees with suitable mentors. Successful pairing has demonstrated predominately positive benefits associated with the mentor scheme, however there are some limitations which will be discussed shortly.

BENEFITS

The authors suggest that the greatest advantage of the QUT nursing mentor scheme, is that it is offered on a voluntary basis and as such attracts participants who are motivated to enhance the transition process. A number of authors state that mentorships have the potential to greatly enhance the acquisition of clinical skills at a time and pace that suits the learner (Lo and Brown 2000; Faugier 1992; Theobald et al 1999). Proficiency in the performance of clinical skills is an area that most concerns final year students and potential employers. The suggested QUT mentorship program, promotes the acquisition of clinical skills by enabling access to a positive learning environment free of any clinical assessment and any other constraints associated with the existing university program.

Each year toward the end of the mentor scheme, mentees and mentors receive a short evaluation questionnaire (eight items) and a reply paid envelope, inviting them to provide feedback on the Career Mentor Scheme. The questions are open-ended and as such allow participants the opportunity to express particular issues about various aspects of the scheme. Questions include how the scheme could be improved, the benefits of the scheme to the student, career choice (consolidation or change) and what activities worked well for the mentee/mentor. Since inception of the scheme the

responses have provided considerable feedback. Demographic data are also gathered on the questionnaire and the data are added to the pre-existing mentor scheme database for use during future programs. Discussion relating to benefits and limitations of the career mentor scheme are a summary of the responses gathered over the past five years.

Nursing students at QUT have consistently reported that there are major advantages in participating in the Career Mentor Scheme, and as one respondent wrote, it provides 'insight and understanding into a hospital ward culture'. This has been identified by others (Dorsey 1992; Butterworth 1992; Woodrow 1994) to be beneficial in the transition process. The student considered that being able to access a hospital ward allowed them to seek broader learning opportunities with their mentor. They had the opportunity to ask a wide range of questions that they felt unable to, when undertaking their required assessable clinical practicum. Another positive benefit of the scheme was that students were able to focus on establishing personal and professional relationships with nursing clinicians and other health professionals because of the extended nature of the program over the entire year.

Many students reported how they appreciated being introduced to a challenging professional environment by their professional 'buddy'. Comments made by students suggest this intimate support system is highly beneficial, enhancing student confidence and skill acquisition within the clinical environment. The possibility of being able to develop professional links with not only the mentor but a variety of nursing colleagues in the ward and hospital environment has also been discussed as a real plus by some students (Butterworth 1992).

Some examples of written comments received from the yearly evaluation of the QUT program, include the following benefits:

- 'I really felt part of a nursing team when people got to "know me" where I worked with my mentor';
- 'I feel less frightened now about next year when I will be expected to function as a registered nurse';
- 'It was a great way to gain skills at a time that suited me, knowing that I wasn't being assessed';
- 'The Mentor Scheme enabled me to receive more practical experience under relaxed conditions with a mentor who was tuned into the needs of a transitioning student'.

The questionnaires revealed that the activities undertaken by mentees and mentors were diverse and innovative. Such a range of activities within the program may reflect not only the individual needs of the mentees but also the broad range of activities and personal characteristics the mentors offer the partnership. For example, the opportunity to meet a mentor in her/his workplace to discuss the mentor's role in the organisation is viewed as insightful and helpful by students. Students have discussed being able to have an explanation of

workplace policies, procedures and infrastructure by his/her mentor as being invaluable to the enhancement of their confidence in the workplace.

A number of students reported that their mentor has been able to offer scholarly assistance in regard to clinically focussed assignments. On occasion, mentors have provided feedback and assistance regarding a student's resume and career direction. Some mentors/mentees comment that they have entered into discussions of contemporary issues about various aspects of nursing and related health disciplines. For example, case-mix, diagnosis related groups, hospital acuity systems and ethics of health care resources are among topics that students have debated with their mentor.

Without a doubt, the most favourably reported activity in which the mentees and mentors engage is working together to undertake supervised patient care. Undergraduate students state that they value the one to one ratio with their mentor as they rarely experience this in their university program. Students consider that being able to attend and participate at health service educational forums and in-service programs an added bonus to enhance their professional development. The data suggest that the frequency and type of activities vary depending upon the mentor's time, professional commitments and the student's responsibilities and particular interests.

Mentors indicate that they too benefit from the program as they gain insight into current graduating student issues. Some mentors comment that they enjoy spending time supporting enthusiastic students at the beginning of their career when a receptive ear and guiding hand is of such benefit. Still others consider that 'mentoring allows them to give something back to the profession in a worthwhile manner'. The mentor's participation within the program is frequently added to their curriculum vitae and is viewed favourably by employers. There are limitations to the program, however, and these will be outlined in the following section.

LIMITATIONS

Not all of the 340 third year students are able to participate in the program due to the limited number of mentors, however, to date, all those students who have applied have been accommodated. Progressively over the eight years, QUT has increased its numbers from 15 to 50 pairs. The academic coordinators annually recruit additional potential mentors for the following year's program by speaking individually with colleagues and directors of nursing to increase the mentorship program's capacity.

Student feedback over the eight-year period indicates that even with the best of intentions, it is difficult during the student's final year to find adequate time to spend with their mentor as a result of the extended clinical program and part time work and family commitments. Time

limitations for mentees coupled with mentors who are busy professionals with personal and social lives present challenges to the relationship. Student feedback on their questionnaire response form indicates that in some circumstances, restrictions were imposed at the work place, which challenged their relationship and reduced learning opportunities. For example, if the mentor has a management role in the ward it can be difficult for him or her to spend the time that the mentee requires, as the priority is given to client care. Students identified that sometimes their mentor was too busy to devote time to their needs.

Another limitation identified by both mentors and mentees relates to communication difficulties. As the mentor and mentee matching is based solely on the student's area of clinical interest, sometimes issues arise in relation to communication difficulties. In the past these relationships have been improved by the coordinators liaising and negotiating with each party to promote more effective communication and understanding.

During the first years of the program, feedback responses from less experienced mentors focused on the lack of clarity of the expectations of the university and the mentee. QUT has attempted to address this issue through a pre-briefing session where information and suggestions on participation strategies are provided with the opportunity for the mentors and mentees to meet for the first time. Written information brochures are given to the participants outlining the objectives, suggested activities and academic support contact details. A de-briefing session is also provided which allows participants to reflect on the successes and limitations of the program for future improvements.

RECOMMENDATIONS/FUTURE DIRECTIONS

Given the limited numbers of mentors available, it is imperative to enlist the support of existing mentors and hospital administrators (Lo and Brown 2000; Pelletier and Duffield 1994) in the recruitment of future mentors. By encouraging existing mentors to nominate colleagues who may be interested in being involved in future mentor schemes, together with a supportive management, mentor numbers participating in the scheme will continue to grow.

To promote success, the mentee and mentor can be encouraged to meet promptly after the launch of the scheme with a view to planning and negotiating the mentee's goals and objectives. Planning needs to consider the personal commitments of both parties and importantly, the university component of their final year. It may be helpful for the student if their mentor is available to debrief with them about issues arising during this extended period of clinical practice.

As discussed earlier, one of the more challenging issues with a mentorship program is the occasional communication difficulties that can occur between

mentors and mentees. Matching pairs based on clinical interest and goals alone does not always provide for harmonious relationships. Perhaps developing a more comprehensive questionnaire for mentor/mentees to complete to join the scheme, including their desires, capabilities and style of learning may assist to better match pairs. Alternatively, although time consuming, undertaking a brief interview of the mentee and mentors may circumvent some of the problems identified but this too would not be fool proof. An alternative method is to encourage potential mentees to seek their own mentor to join the program, thus with the knowledge that they have an existing compatible partnership.

The authors suggest that the prebrief session should be made a mandatory requirement for all participants to enhance communication of expectations concerning the scheme. Inviting a past mentee/mentor to talk about the positive benefits and pitfalls that they encountered may offer good support and stimulate meaningful discussion at the prebrief launch. Offering a mid year workshop or seminars on a topic of interest to mentees/mentors may also be a helpful idea to keep interest in the scheme and show commitment from the university (Lo and Brown 2000). Mentors and mentees should be invited to suggest areas of interest for these seminars or workshops.

In order to facilitate more efficient and easier communication a participating university could offer email access to participating mentors. This additional mode of communication would allow coordinators of the mentorship program and students who already have access to email, a more efficient way to communicate and provide support.

CONCLUSION

This paper has highlighted that the word mentor has a different application outside the Australian context. From the perspective of the QUT program, the nursing mentor scheme involves a final year nursing student being paired with an RN who volunteers their time and resources to promote the professional development of a student in his/her transition to the role of RN.

Mentoring is suggested as a strategy for the enhancement of learning and the Social Learning Theory of Career Decision Making (Mitchell and Krumboltz 1996) is suggested as a theoretical foundation on which to base its application. The application of the role of the mentor and mentee is pivotal to the success of the mentor program. The pairing of mentees with mentors of similar interest, together with liaison when communication difficulties occur assists and supports the program. There are a number of benefits and limitations for those participating in the scheme and this paper has outlined suggestions for minimising the negative outcomes. Following eight years of experience with this program, the authors suggest there is an overwhelming feeling of the positive nature of such a program in enhancing the transition for final year students of nursing.

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