



Professional Immigrant Nurses: The Role of Mentoring in Competency Assessment

Desiree May Lleva

Jonathan Baquirin

Degree Thesis
Degree Degree Programme
2019

DEGREE THESIS	
Arcada University of Applied Sciences	
Degree Programme:	Bachelor's Degree in Nursing
Identification number:	
Author:	Desiree Lleva, Jonathan Baquirin
Title:	Professional Immigrant Nurses: The role of Mentoring in Competency Assessment
Supervisor (Arcada):	Denise Villikka
Commissioned by:	The Finnish National Research Project, TyöPeda
Abstract:	
<p>This study discusses the role of mentoring in the assessment process of immigrant nurses. The purpose of this study is to identify ways through which professional nurses can transition into working life within Finland expeditiously while maintaining quality care and ensuring patient safety. The questions that led this investigation are: (i) what is the role of mentoring in competence assessment of professional immigrant nurses? (ii) what are the potential benefits and risks in using a mentoring model for assessing competencies among professional immigrant nurses? In this study, a literature review was conducted. A qualitative content analysis was used through an inductive approach. The nursing theory of choice is Joyce Fritzpatrick's Life perspective rhythm model. Findings suggest that a mentorship model as a medium to achieve professional development benefits both mentors and mentees. The evidence suggests notable emerging aspects of professional development involving improved transition and adaptation for immigrant professional nurses and enhanced overall satisfaction for both mentors and mentees. Specific aspects of development comprised concepts of empowerment, increased self-confidence and improved engagement. Conclusions suggest that mentoring is one avenue whereby immigrant professional nurses can benefit as it lends support in determining their level of proficiency and in identifying any gaps.</p>	
Keywords:	Competency assessment, Immigrant professional nurses, Mentoring, Professional development
Number of pages:	39
Language:	English
Date of acceptance:	6.5.2019

CONTENTS

1	Introduction.....	5
2	Background.....	6
2.1	Nursing Education	6
2.2	Mentoring in Nursing	6
3	Theoretical framework.....	10
3.1	Concepts in the Life Perspective Rhythm Model	10
3.2	Relating the theories and models with the thesis topic	12
4	Aims and research questions	13
5	Methodology	14
5.1	Data collection	14
5.1.1	<i>Implying Inclusion and Exclusion Criteria.....</i>	<i>16</i>
5.2	List of Chosen Articles.....	18
5.2	Content analysis	20
5.2.1	<i>Step 1. Reading, Condensing and Coding.....</i>	<i>21</i>
5.2.2	<i>Step 2. Formulating and Listing Categories</i>	<i>22</i>
5.2.3	<i>Step 3. Emerging Sub-theme and Theme from Categories.....</i>	<i>22</i>
5.3	Ethical Considerations.....	24
6	Findings.....	25
7	Discussion	29
7.1	Development through mentorship	29
7.2	The Role of mentoring in competence assessment	30
7.3	Factors Influencing the Mentoring Process	30
7.4	The Life Rhythm Theory in light of the mentoring process.....	32
8	Conclusions	34
8.1	Strengths, limitations, and recommendations	35
	References	37
	Appendices	39

Figures

Figure 1. Core concepts of the Life Perspective Rhythm Model	12
Figure 2. Illustration of the data collection process.....	18

Tables

Table 1. Illustration of the categories and coming up with a theme.....	24
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1 INTRODUCTION

Optimum healthcare is achieved through proper planning, proper staff education or training, and proper communication. Immigrant nurses have played a huge role in healthcare centers and hospitals by filling in the gap in understaffed areas. Although Immigrant nurses are surely competent enough to provide optimum healthcare, factors such as poor communication skills, differences in educational systems, assessment methods, and level of experience are present. Because of scarcity of jobs in third world countries as well as inadequate salary amount, nurses and other professionals seek for greener pastures and end up going through tough times adapting and fulfilling requirements needed to be a part of the healthcare team in reputable hospitals abroad. However, with the help of mentoring, immigrant nurses are exposed to different situations and culture alongside someone with enough experience in the field. With this, different assessment process is used to identify whether immigrant nurses have the competencies needed to practice nursing in a foreign environment. (Division, of Health Care Services, 1983)

Joyce Fritzpatrick's Life Perspective Rhythm Model is used to support this study, which is explained in chapter 3. It was chosen because it focuses on the developmental progress of a person that relates to his environment. The aims and goals of this study are stated in Chapter 4. As to chapter 5 the methodology of the study is explained. This study utilized a literature review as a source of data collection.

The authors were able to gather 20 articles in total, which were taken from Arcada's available database. In Chapter 6, the articles were condensed and findings were listed and explained based on the identified articles. As for the discussion and conclusion chapters, the study was further analyzed and the authors were able to provide the readers with further opportunities to continue this type of research.

2 BACKGROUND

Hiring nurses abroad is one solution to resolve staff shortage. Elli Heikkilä and Selene Peltonen of the Institute of Immigration in Turku Finland have mentioned that the solution to prevent a shortage of nursing staff that may occur in Finland in a span of 10-15 years is to recruit immigrant nurses to fill in the gap. (Peltonen & Heikkilä 2002)

2.1 Nursing Education

According to the Division of Health Care Services, it is the priority of nursing education to produce competent Registered Nurses who are ready to face a wide range of roles and responsibilities whether it be in a hospital, a nursing home or even in a private setup. It is the nurse's duty to support a healthy community by providing optimum healthcare services of each individual depending on their needs whether it be basic or specialized. In addition, a nurse is to be knowledgeable no matter if they work in the lowest to top management levels. As a colleague, nurses are to be able to mentor and hand down knowledge and evidence-based practice. (Division, of Health Care Services, 1983)

Being the profession with the widest range of responsibilities in the hospital, nurses are required to have outstanding communication skills because of the need to communicate with the multi-professional teams including physicians, different allied health workers such as physical therapists and laboratory technicians together with housekeeping, building maintenance and other support personnel. (Division of health care services, 1983)

2.2 Mentoring in Nursing

According to Shea and Gianotti (2009), mentoring is an encompassing term that has existed for years in many disciplines. As an evolving profession, evidence-based nursing has worked its way through the years to improve quality patient care with the help of research and mentoring. It is a progressive, mutually rewarding relationship where his or

her career, as well as the mentor, also obtains benefits from the mentee. Thus, giving no limitations on time, participants and goals are made. (Shea & Gianotti, 2009)

According to Grossman et al 2013, mentoring is an excellent opportunity for nurses to experience a collaborative network that promotes rapport between individuals. However, there is an advancement in the mentoring method that involves more than two individuals. With this method, nurses benefit not only within the nursing workforce but also within networks outside the organization. (Grossman & Sheila, 2012) Shaw and Fulton agreed that mentoring or partnership is an excellent channel that promotes support in order to promote engagement between individuals that counteracts feelings of isolation. Thus, having the opportunity to consult and resolve issues and ideas with someone who has more experience and understands the situation offers an avenue for growth. (Shaw & Fulton, 2015)

To provide confident and reliable nurses, a mentor has his way of empowering. Grossman added that empowerment and assistance promote good work relationships through appropriate conduct and by respecting one another's capabilities in their designated fields for them to be able to contribute ideas for the improvement. There are also various factors that affect empowerment such as cultural differences, leadership styles of a nurse and other administrators. Taking these factors positively, nurses are able to use their leadership ability in empowering others to make a difference in their routine and improve studies to strengthen the nursing profession through evidence-based practice and partnership toward both clinical and academic excellence. (Grossman & Sheila, 2012)

Mentoring is considered to be essential in the nursing profession. Mentoring provides support and assistance in establishing career satisfaction. Finally, mentoring helps to ensure quality outcomes, and optimum career assistance in times of difficulty (Vance & Olson 1998).

Characteristics that are reflected as a common denominator in mentoring are that first, the mentor should have more knowledge and experience in the relevant field or have mastered the discipline needed for the job as compared to the mentee. Second, is that the mentor provides a lasting interaction between the mentor and mentee. Last would be the end goal

of mentoring which is to provide sufficient teaching that would result in independence and career satisfaction of the mentee. (Loue, 2010).

Shaw and Fulton have mentioned that assessment of learning implies that assessment is done to determine the learner's level of improvement. This is done at the end of every learning experience. Such a method is called 'summative assessment' which is represented by figures that are the basis of the overall performance of the learner. (Shaw & Fulton, 2015).

Mentoring has also been confused with coaching and other forms of training. Mentoring may vary in its application but it has the main intention of improving both the experienced and an inexperienced individual in different aspects in their lives. (Grossman & Sheila, 2012).

2.3 Assessment process in Nursing

Mentoring is characterized in many ways in the nursing profession. The most common idea of mentoring is the pairing of two individuals with opposite levels of experience in the same field and rendering as much information as necessary. As long as mentoring is known for being a standard term for supporting and assisting in improving one's skills and knowledge, more information will arise to define the term. (Grossman & Sheila, 2012).

Shaw and Fulton also mentioned there are two types of knowledge to be considered in the assessment process. The knowledge of a person in knowing what to do in every situation is based on explicit knowledge, which is knowledge gained as the result of education the knowledge concerned on how to do a certain task is defined as tacit knowledge, which is knowledge gathered through experience. However, there are additional factors that can affect the assessment of an individual's knowledge and skill. For example, there may be

hidden extra credits that are noticeable beyond the standard set of skills needed. Therefore, mentors should become aware of the range of demands needed in a specific situation together with the level of understanding in making judgments on the performance of their mentees. (Shaw & Fulton, 2015).

3 THEORETICAL FRAMEWORK

In this study, the Life perspective rhythm model was used to bring clarity to our topic. It was formulated by Joyce Fritzpatrick in the year 1989. This model was chosen for this study because of the issues facing immigrant nurses today who wish to immigrate and work in their profession within the country of in Finland. It relates on how immigrant nurses experience the process of competence assessment and how they adapt to the work environment and healthcare system present in the country.

3.1 Concepts in the Life Perspective Rhythm Model

According to Fritzpatrick (1989), “Nursing is said to be focused on enhancing the developmental process toward health so that individuals may be led to develop their potentials as human beings.” Thus, edging towards the four main concepts involved in the model. The model states that human development progresses in rhythms that occur continuously as the person relates to the environment. In nursing, the general concept of the model focuses on the professional satisfaction of a nurse in relation to a meaningful life through work experience that nurtures empowerment during task turnover. (Fritzpatrick & Whall, 1989)

The first concept is that of the *person*. This concept encompasses both the self and others. Here, the model recognizes individuals as having unique biological, psychological, emotional, social, cultural and spiritual attitudes. The person is looked upon as a unified whole and an open system. (Fritzpatrick & Whall, 1989) This implies, that the person as an open system is influenced based on how its unique characteristics influence responses from interactions with its environment. A practical example is that every individual has a different point of view when dealing with patients’ needs, some see it as an easy task that has an easy cure, but some categorize it as one that needs higher medical attention. The concept also suggests that a two-way system or in other words a relationship where a line between the mentor and the mentee, or even the nurse and the patient influence individual responses. (Fritzpatrick & Whall, 1989)

The second concept is that of *health*. Health is defined as the ever-changing state of being stemming from interactions of the person with its environment. It is an aspect of the human dimension that undergoes continuous development. Optimum health is the recognition and application of both innate and gained human potential collected from effective and satisfying relationships with others, goal-oriented action, and care of self. This concept underlines the importance of a positive and productive relationship with the environment or other people as a way to reach optimum health. (Fritzpatrick & Whall, 1989)

Figure 2 shows the core concepts of the Life perspective rhythm model and how they relate to each other as interpreted by the researchers.

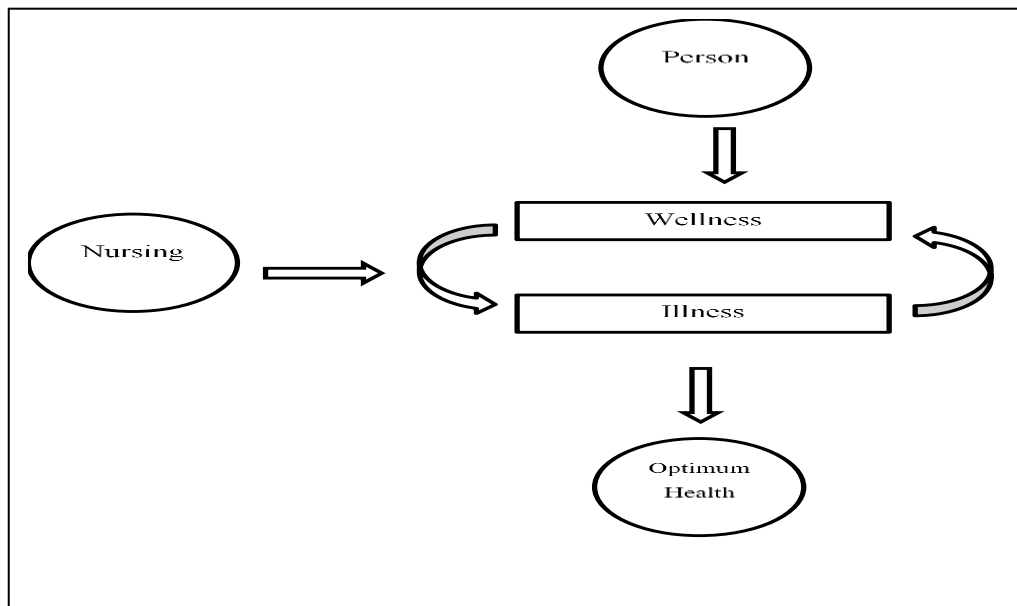


Figure 2. Core concepts of the Life Perspective Rhythm Model as interpreted by the researchers.

The third concept is *wellness-illness*. This concept is defined as a life rhythm experienced endlessly as a developmental process continuous. As more development is achieved, the rhythm of wellness-illness experienced starts to form a pattern that can be seen through manifestations of similar behaviors. The person experiences numerous states of wellness-illness in different contexts, and influencing a person's behavior during this process affects the whole developmental process positively or negatively. In the practice of nursing

as a profession, promotion of wellness practices is a foundational aspect. The patient in nursing can be in a state of wellness or illness depending on the quality of wellness promotion and maintenance practices received. (Fritzpatrick & Whall, 1989)

The fourth and final concept is *nursing*. In the context of this model, it is seen as a profession concerned with the meaning of life and health because it is a necessary aspect of the overall human experience to improve the quality of life. The goal of nursing is the enhancement and maintenance of optimum health. (Fritzpatrick & Whall, 1989).

3.2 Relating the theories and models with the thesis topic

The Life Perspective Rhythm Theory brought forward in chapter three, mentoring can be thought of as in significant ways through the concept of *person* and *wellness-illness*. The mentor and mentee are resonating concepts of *person* that are unique individuals with varying social and cultural characteristics in an interactive relationship. They influence each other through this relationship with each other and their environment and they exchange responses on how they translate these interactions through their given social, cultural and personal attributes and beliefs. (Fritzpatrick & Whall, 1989)

When it comes to the topic of this thesis, the mentoring relationship, in the same point of view of The Life Perspective Rhythm theory, can, therefore, be a life rhythm that people experience towards the continuous goal of achieving professional and personal development. The contexts of entering such a relationship may change, for example, a person may enter a mentoring relationship again in the unforeseen future maybe as a mentor instead of a mentee or vice versa. The end goal may also change, like if a person aims to achieve just a specific value or aspect of professional and personal development or change disciplines or professions altogether, but the engagement into the same type of relationship continuously qualifies it as a life rhythm. (Fritzpatrick & Whall, 1989)

4 AIMS AND RESEARCH QUESTIONS

In this section, the aim and research questions are brought forward. It can be argued that the aims and research questions are the most important part of a research. They show what has been found worth investigating by the study. (Gerrish & Lathlean, 2015)

In Finland, there seems to be a trend as the number of qualified nurses seeking to immigrate rises. This being the case, there seems to be a lack of a standardized approach within higher education regarding this student group when it comes to the assessment of competencies. Through this investigation, we hope to highlight the role of mentoring in supporting immigrant nurses transition into working life. In this study, the authors are aiming to find answers to the following research questions:

1. What is the role of mentoring in competence assessment of professional immigrant nurses?
2. What are the potential benefits and risks in using a mentoring model for assessing competencies among professional immigrant nurses?

5 METHODOLOGY

This chapter will present the methods used for the thesis as stated, this study is a literature review with a qualitative inductive approach to data collection and analysis. The content analysis was guided using the processes by Graneheim and Lundman (2004).

5.1 Data collection

The procurement of articles used for this literature review was conducted by formulating various search phrases consisting of two to four words that were used in three search engines. The three search engines were: SAGE, Science Direct, and Academic Search Elite (EBSCO).

The first search using SAGE was done with the Boolean: “Nursing AND Mentoring” which had 9026 results. To refine the huge amount of results, a second search was done with the same search phrase with the following advanced search parameters: "2008-2018" was placed as the custom range for publication date to retrieve more recent knowledge, and “Only content to which I have full access” was selected under type to allow full accessibility to relevant articles. This led to 4414 results. Since no additional advanced search parameters were available to effectively further refine the results and the number of results was still too large, subsequent searches were done by adding additional search words, using the same advanced search parameters mentioned above.

A second search was done with the phrase: “Nursing AND Mentoring AND Competence Assessment”, this led to 1137 results. Still, due to a large number of results, a fourth search was done with the phrase: “Nursing AND Mentoring AND Competence Assessment AND International Nurses”, this led to 588 results. At this stage, adding more search words was deemed unnecessary and ineffective since all the search words thus-far used already cover all the aspects relating to the concept, themes, and scope of the study. Thus, the remaining results were instead reviewed by reading firstly, through the titles and, secondly, through the abstracts. During this process, information was obtained and assessed according to relevance and similarities in keywords and concepts to the research questions, this served as preliminary inclusion and exclusion criteria and all irrelevant results

were eliminated. After reading through titles and abstracts, 18 articles were deemed relevant to be further read.

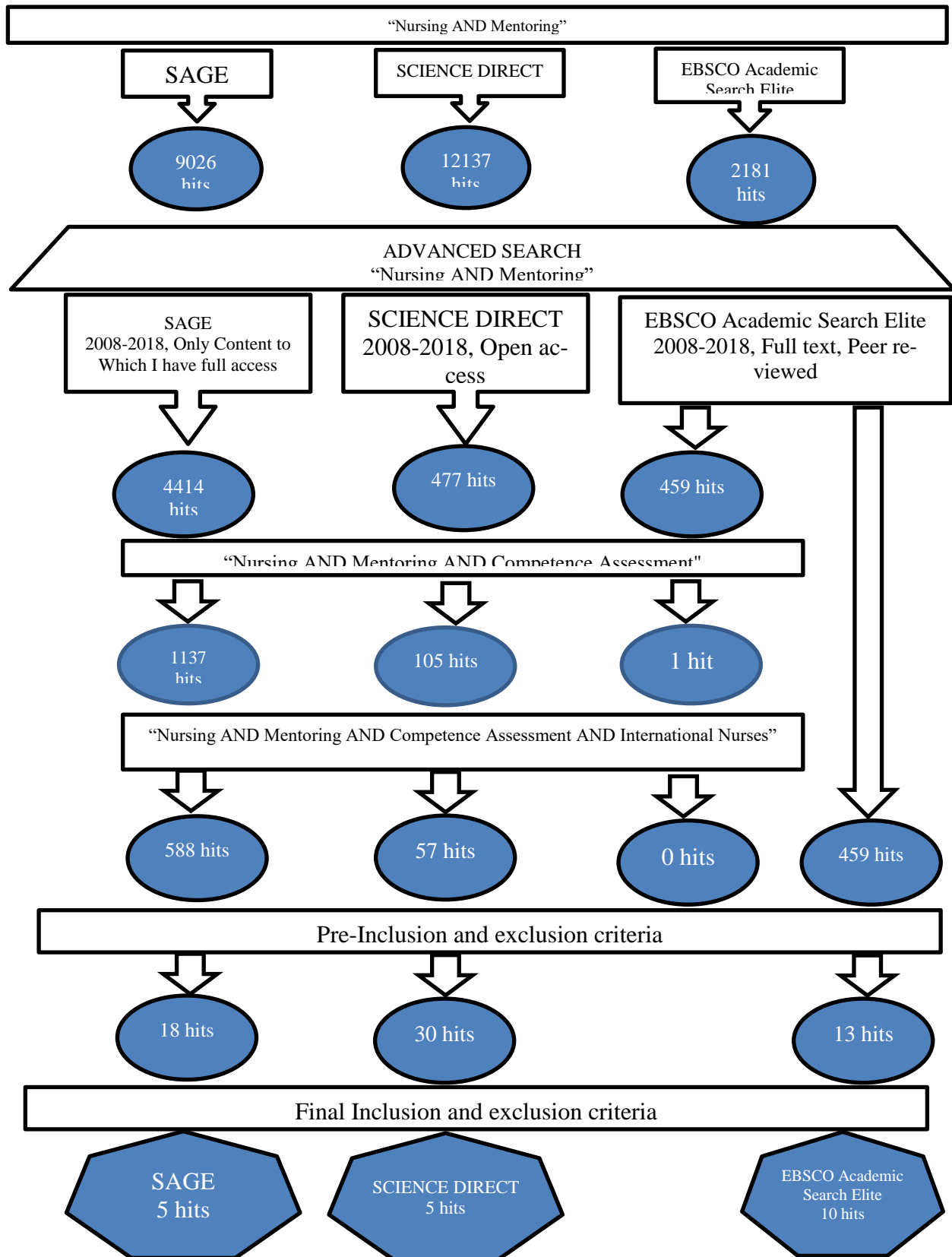
The same search process was then replicated, this time, using Science Direct. The first search using ScienceDirect was started using the same initial search phrase: “Nursing AND Mentoring” which had 12,137 results. Due to the huge number of results, a second search was then done using the same phrase and the following advanced search parameters: “2008-2018” was entered under years, and “Open access” was ticked under Access Type, this led to 477 results. Another search was done, still with the same advanced search parameters using the phrase: “Nursing AND Mentoring AND Competence Assessment”, this led to 105 results. Finally, a fourth search was also done using the phrase: “Nursing AND Mentoring AND Competence Assessment AND International Nurses”, which led to 57 results. Upon application of the preliminary inclusion and exclusion criteria mentioned above, 30 articles remained.

The first search using Academic Search Elite (EBSCO) was initiated with the phrase “Nursing AND Mentoring” which led to 2181 results. Another search was then made with the same phrase with the following search parameters: “2008-2018” under publication date, “Full text”, and since this database allowed it, “Scholarly (Peer Reviewed) Journals” was additionally selected to ensure information credibility, this led to 459 results. Another search was done using the phrase: “Nursing AND Mentoring AND Competence Assessment”, this led to only 1 result, and finally, the last search round was done using the phrase: “Nursing AND Mentoring AND Competence Assessment AND International Nurses”, which had zero results. Due to the absence of results, there was no other option than to go back to the results of the second and third searches and apply the preliminary inclusion and exclusion criteria. After reading through titles and abstracts, 13 articles were selected from this database.

5.1.1 Implying Inclusion and Exclusion Criteria

The total number of articles obtained using preliminary inclusion and exclusion criteria was 61. A second phase inclusion and exclusion process were then done, this time by reading the remaining articles in their entirety and judging them firstly, according to the extent they were related to each research question and secondly, checking that all articles provide relevant information that answers at least 2 of the research questions. After this second phase of assessing the articles, 20 articles remained for content analysis. In the figure below, the data collection process, and the method of implying inclusion and exclusion criteria, both the preliminary and second phase. In the figure below, the data retrieval process is depicted.

Figure 2: Illustration of Data Collection Process



5.2 List of Chosen Articles

The following 20 articles were selected based on the previously explained data collection process. Listed first is the title of each article, followed by the authors, name of the journal, date, volume issue and page number, source, and type of article.

1. Mentor experiences of international healthcare students' learning in a clinical environment: A systematic review. Mikkonen K., Elo S., Tuomikoski A.M., Kääriäinen M. (2016). *Nurse Education Today*. May 2016, Volume 40, Pages 87-94. Science Direct, qualitative.
2. Experiences of Nigerian Internationally Educated Nurses Transitioning to United States Health Care Settings. Iheduru-Anderson, K. C., & Wahi, M. M. (2018). *Journal of Transcultural Nursing*, April 2018, Volume 29(6), 603–610. Sage Journals, qualitative
3. Mentoring overseas nurses: Barriers to effective and non-discriminatory mentoring practices. Allan, H. (2010). *Nursing Ethics*. August 2010, Vol. 17, 5: pp. 603-613. Sage Journals, qualitative.
4. An Evaluation Study of a Mentoring Program to Increase the Diversity of the Nursing Workforce. Wilson, A., Sanner, S., McAllister, L. (2010). *Journal of Cultural Diversity*. Winter 2010, Vol. 17 Issue 4, p144-150. 7p. EBSCO, qualitative.
5. Mentoring as the Key to Minority Success in Nursing Education. Crooks, N. (2013). *ABNF Journal*. Spring 2013, Vol. 24 Issue 2, p47-50. 4p. EBSCO, qualitative.
6. Overseas Qualified Nurses' (OQNs) perspectives and experiences of intraprofessional and nurse-patient communication through a Community of Practice lens. Philip, S., Woodward-Kron, R., Manias, E., Noronha, M. (2018). *Collegian*. May 2018. Science Direct, qualitative.
7. Perspectives on enhancing international practical training of students in health and social care study programs — A qualitative descriptive case study. Hvalič-Touzery, S., Hopia, H., Sihvonen, S., Diwan, S., Sen, S., Skela-Savič, B. (2017). *Nurse Education Today*. January 2017, Volume 48, Pages 40-47. Science Direct, qualitative.
8. The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. Zhang Y., Qian Y., Wu J., Wen F., Zhang Y. (2016). *Nurse Education Today*, Volume 37, February 2016, Pages 136-144. ScienceDirect, qualitative.
9. Professional development and the role of mentorship. Ali, P. (2008). *Nursing Standard*. 6/25/2008, Vol. 22 Issue 42, p35-39. 5p. EBSCO, qualitative.
10. The Value of Mentoring in Nursing: An Honor and a Gift. Gruber-Page, M. (2016). *Oncology Nursing Forum*. July 2016, Vol. 43 Issue 4, p420-422. 3p. EBSCO, qualitative.
11. Improving the knowledge of labour and delivery nurses in India: a randomized controlled trial of mentoring and case sheets in primary care centres. Bradley, J., Krishnamurthy, J., Shaw, S., Cunningham, T., Fischer, E., Mony, P., Ramesh, B.M., Moses, S., Avery, L.,

- Crockett, M., Blanchard, J.F. (2017). *BMC Health Services Research*, 17, pp. 1–8. EBSCO, qualitative.
12. Mentoring as a Teaching-Learning Strategy in Nursing. Riley, M., Fearing, A. (2009). *MEDSURG Nursing*. Jul/Aug2009, Vol. 18 Issue 4, p228-233. 6p. EBSCO, qualitative.
 13. Competence evaluation processes for nursing students abroad: Findings from an international case study. Tommasini, C., Dobrowolska, B., Zarzycka, D., Bacatum, C., Bruun, A.M.G., Korsath, D., Roel, S., Jansen, M.B., Milling, T., Deschamps, A., Mantzoukas, S., Mantzouka, C., Palese, A. (2017). *Nurse Education Today*, April 2017, Volume 51, Pages 41-47. Science Direct, qualitative.
 14. Challenges in the standardization of nursing education in Europe: A literature study focusing on the implementation of qualification frameworks. Eines, T. F., & Dale, K. Y. (2015) *Nordic Journal of Nursing Research*, December 2015. 35(4), pp. 235–240. Sage Journals, qualitative.
 15. Self-Assessed Competence of Experienced Expatriate Nurses in a Rural and Remote Setting. Aqtash S., Robb W.F., Hunter L.H., Almuhtasib M., Hamad A., Brownie S.M. (2017). April 2017, Volume 3. Sage Journals, quantitative.
 16. Interpretation of competence in student assessment. Cassidy, S. (2009). *Nursing Standard*. 1/7/2009, Vol. 23 Issue 18, p39-46. 8p. EBSCO, qualitative.
 17. Evaluating clinical competence assessment. Fahy, A., Tuohy, D., McNamara, M.C., Butler, M.P., Cassidy, I., Bradshaw, C. (2011). *Nursing Standard*. 8/17/2011, Vol. 25 Issue 50, p42-48. 7p. 2. EBSCO, qualitative.
 18. Self-assessment of nursing competencies – validation of the Finnish NCS instrument with Italian nurses. Dellai, M., Mortari, L. and Meretoja, R. (2009). *Scandinavian Journal of Caring Sciences*. Dec2009, Vol. 23 Issue 4, p783-791. 9p. EBSCO, qualitative.
 19. Objective Structured Clinical Examination as an Educational Initiative for Summative Simulation Competency Evaluation of First-Year Student Registered Nurse Anesthetists' Clinical Skills. Wunder, L., Glymph, D., Newman, J., Gonzalez, V., Gonzalez, J., Groom, J. (2014). *American Association of Nurse Anesthetists Journal*. Dec2014, Vol. 82 Issue 6, p419-425. 7p. EBSCO, qualitative.
 20. Assessing Nursing Students' Clinical Competencies Using a Problem-Focused Objective Structured Clinical Examination. Zhu, X., Yang, L., Lin, P., Lu, G., Xiao, N., Yang, S., & Sui, S. (2017). *Western Journal of Nursing Research*, September 2016, Volume 39(3), 388–399. Sage Journals, qualitative

5.2 Content analysis

Qualitative content analysis is a broad family of analysis methods that seek to draw descriptive conclusions derived from themes by identifying commonalities and differences in qualitative data before focusing on the relationships between its different parts or aspects. (Gale et al., 2013). There are various methods of qualitative content analysis, but the process can be summarized in three stages. The beginning of data analysis is when the data is broken down into as many parts or categories as researchers can identify. Next, is grouping these categories based on similarities in meaning or context into themes. Finally, the themes are placed together and analyzed to describe the emerging theory, idea or concept. (Parahoo, 2014). Elo and Kyngäs (2008) similarly described the process of content analysis to be represented in three phases: preparation, organizing, and reporting. (Elo & Kyngäs, 2008). (Here is an example of how to properly reference, great job!!:)

The qualitative content analysis approach by Graneheim and Lundman (2004) also broadly follow this three-staged process but attempts to further describe content analysis through more specific concepts: a manifest and latent content, unit of analysis, meaning unit, condensing, abstracting, content area, code, category, and theme. Manifest content in the analysis of a text is the literal component or the obvious description of components; the Latent content, on the other hand, deals with the underlying meaning and is more open to interpretation. Both manifest and latent content is analyzed during the process. Unit of analysis, as suggested by Graneheim and Lundman, are data or text that are large enough to be a whole but small enough to represent a context for the meaning unit. Meaning units are words, sentences or paragraphs that are interrelated through content and context. Condensing refers to the process of reducing the length of the meaning units while preserving the core structure of the text. Abstracting involves the creation of codes, categories, and themes while emphasizing descriptions and interpretations. This is the stage where concepts arising from the data are created. (Elo & Kyngäs, 2008). Content areas are parts of the text that tackle a specific topic. Codes are the labels of condensed meaning units in relation to context. Categories are a representation of the manifest content of the condensed text, which are essentially exhaustive and mutually exclusive descriptions of text. Themes are the representation of the latent content of the condensed text. Since data in

the form of text always have more than a single meaning and is, therefore, open to different interpretations at a certain degree, themes are not mutually exclusive and condensed meaning units, codes and categories can fit into multiple themes. (Graneheim & Lundman, 2004).

The inductive approach of data analysis in qualitative research allows the emergence of ideas out of the data collected. (Parahoo, 2014). This approach is useful when little is known about the topic being studied, such as the case in this study where little literature is still available concerning specifically the mentoring experiences of immigrant professional nurses. In using the inductive approach to Graneheim's and Lundman's (2004) method of qualitative content analysis, categories are therefore constructed by sorting and abstracting minor categories and themes are constructed from sub-themes with the whole data analysis process likened to an inverse pyramid, going from numerous numbers of meaning units that are condensed and abstracted to eventually form a major theme at the tip or end of it.

5.2.1 Step 1. Reading, Condensing and Coding

As stated, after application of inclusion and exclusion criteria, 20 articles were chosen for this study. These articles serve as units of analysis. The articles were individually and carefully read multiple times and all text in the form of sentences and paragraphs that were deemed relevant to the aims and research questions were singled out, these serve as meaning units. The process of condensing the data was then done by initially condensing meaning units per manifest content, meaning even if the text was reduced or condensed, the original words were kept as much as possible to ensure that the same integral meaning is kept. Secondly, the meaning units were condensed by latent meaning, where a meaning unit's underlying meaning was put into text by the researchers but not necessarily using the text's original words. After condensing, the process of abstracting was initialized by formulating sentences that represent relevant core concepts found in the meaning units, these words, therefore, serve as the codes of each meaning unit. When a word is used as a code, it changes from being a representation of a variable to being a variable itself. (Parahoo, 2014).

5.2.2 Step 2. Formulating and Listing Categories

All formulated codes per unit of analysis were then analyzed by the researchers according to similarities and were appropriately grouped. Categories were then formulated from each of these group of codes. After formulating categories for all codes of all meaning units, the categories were listed by the researchers according to similar underlying meanings. This process was made easier by highlighting categories deemed by the researchers as having similar underlying meanings under the same colors. Colors, like numbers and verbal descriptions, are utilized for coding purposes. Colored highlights are used to differentiate between categories that have similar meanings. (Parahoo, 2014). During this process, minor and major categories were formed from similarly grouped categories that were relevant to the study's aims and research questions.

Next, the meaning units were organized in tabular form per unit of analysis or article to help the researchers read the meaning units in a systematic and organized manner for the whole content analysis process. Tables consisted of 5 columns with Meaning units in the first, followed by condensed meaning unit using the words from the texts or by manifest content on the second column, condensed meaning unit's latent meaning on the third column, codes on the fourth column and categories on the fifth and last column.

5.2.3 Step 3. Emerging Sub-theme and Theme from Categories

From the minor and major categories emerged a sub-theme and a theme. Table 1, below illustrates by unit of analysis, how minor and major categories were grouped and helped form a subtheme and a main theme.

Table 1. Illustration of the categories and coming up with a theme

Theme	Supporting Immigrant Nurses through Competency Assessment and Development Processes			
Sub-theme	Dimensions of the Recognition of Prior Learning and Assessment and Development Process			
Major categories	Approaches to competency assessment	Methodology in assessment	Dimensions of the assessment process	Development through mentorship
Minor categories	Holistic approach	Simulation	Developing & Learning	Benefits
	General approach	Self-assessment	Student involvement	Barriers
	Behavioral approach		Tackling differences	Risks
Units of analysis	13, 14, 16, 17, 20	15, 18, 19, 20	13, 14, 15, 17, 18, 20	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

5.3 Ethical Considerations

Ethics in research is defined as a person's morally driven actions with regard to conducting a systematic or scholarly investigation. The most crucial aspect of research is for it to be ethical. Nurse researchers should learn how to respect and incorporate ethics into their studies no matter how complex the ethics of research are. (Fitzpatrick & Wallace, 2006).

In conducting and writing this study, the researchers adapted the Arcada University of Applied Sciences' Thesis Writing Guide 2018 version 3.0 (3.10.2018) as their primary guideline. The Thesis writing guide especially outlines the guidelines to proper citation and referencing, which is a crucial aspect of ethical research writing. Proper recognition of authors and ensuring that readers can refer to all sources utilized in writing the study adds ethical value in that it gives due recognition to the authors and recognizes their right to published work while also ensuring the trustworthiness of the study. (Arcada Writing Guide, 2018)

In the process of selection for the articles to be part of this literature review, the researchers used their rights as students of Arcada to access multiple academic databases. All articles selected for this study were published articles in journals obtained through these academic databases, ensuring that no copyright infringement and violations were done. Paraphrasing was used to convey known concepts using the cited references and the Urkund software was used to check for plagiarism.

6 FINDINGS

In this chapter, the results of qualitative content analysis of the 20 articles chosen for review are presented in alphabetical order. Four major categories emerged during content analysis, namely: *approaches to competency assessment, development through a mentorship model, dimensions of the assessment process, methodology in assessment*. Minor categories that emerged are also presented under these major categories as well as the corresponding unit of analysis or articles in numerical representation in brackets.

The first major category is *approaches to competency assessment*. The literature shows three different approaches to competency assessment in nursing which are *a behavioral, general and holistic approach*. *Behavioral approach* gauges distinguishable behaviors or competencies; this approach pays attention to the implementation of technical skill, meaning that the precision of skill performance is used as a reference for competence. This approach involves the use of structured and semi-structured assessment tools like checklists to quantitatively measure attributes or behaviors, as well as skills or competencies. A *general approach* is a broad approach that discerns overall attributes like knowledge and critical skills, it places as much value on the completion of a skill as it does on the rationale behind it. This approach involves the use of an objective structured clinical examination as an assessment tool. The *holistic approach* focuses on the inclusion of a combination of skills, knowledge, values, and attitudes in the assessment process that is done in various clinical settings with the aim of ensuring safety and competence. This approach tries to pinpoint the relationship of attitudes, knowledge, and skills that are required of a nurse. [13, 14, 16, 17, 20]

The second major category is *development through a mentorship model*. Literature shows that there are *barriers, benefits, and risks* of using the mentoring model. *Barriers* involve poor mentoring ability, cultural barrier, role ambiguity and lack of time and support. Poor mentoring ability relates to the inexperience of mentors causing them to face various obstacles during the mentoring process as well as lack of specialized teaching skills such as the ability to mentor using a foreign language. For internationally educated nurses, poor leadership and failure to perform teaching during crucial times of the mentoring process

caused increased feelings of fear, anger, disappointment and lack of general support for the mentee from mentors. Failure to recognize and accept varying learning styles combined with an overall lack of preparation by mentors of overseas nurses can lead to mentor frustration. The lack of information about cultural differences for mentors means that they felt unprepared and unaware, which negatively impacts the mentoring process. Role ambiguity experienced by overseas nurses in being observed as students and professionals at the same time can be confusing for both mentors and mentees. The lack of support for mentors on different institutional levels like hospital administrations or mentee's universities may hindered the mentoring process. Lack of time, space and scheduling conflicts that are generally associated with mentoring serve as limits. The increased responsibility and workload experienced by mentors, and time commitment issues experienced in unofficial mentoring programs also emerged as barriers.

When it comes to *Benefits*, they comprise professional learning and development, personal development, improved knowledge and skills, success, increased satisfaction, improved retention, improved transition and adaptation, improved leadership, presence of support and stability. Mentors were seen to have helped enhance the professional learning, experience, and perception of mentees. Positive mentoring relationships support mentees and their professional development. Personal development emerges from the concepts of empowerment; improve self-confidence and engagement experienced by internationally educated nurses through mentoring. Improved knowledge and skills encompass development and improvement of studying and test-taking skills, nursing competencies, and output completion. The mentoring process helped improve student academic success and career outcomes. Overall personal and professional satisfaction and motivation was also experienced by both mentors and mentees.

After successful mentoring, the literature also shows that student pass rates, retention rates, and enrollment were higher. For internationally qualified or overseas nurses, mentoring assists in overcoming isolation, transition, and adaptation to the host countries. In addition, the process of mentoring shows to help leadership improvement by sorting out future potential leaders from mentors. Mentors serve as role models and figures of support and stability for mentees. Therefore, mentoring can promote intercultural communication

and enthusiasm for multicultural learning. Relating to *Risks*, they can arise from the presence of an increased possibility of discrimination in mentoring internationally educated nurses and handling this discrimination in order to improve the mentoring process.

[1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

The third major category is *dimensions of the assessment process*. Extensions are *development and learning*, *student involvement*, *tackling differences of assessment methods*, and *weaknesses of assessment methods*. In the category of *Development and learning*, competence assessment, can be defined as a process of examination, education, and evaluation that influences generic and holistic aspects of performance that ultimately improves development and learning. Next, *Student Involvement* influences the assessment process by developing a sense of responsibility and a solid knowledge foundation. *Tackling differences of assessment methods* arose from the incompatibilities of nursing qualification across borders and lack of uniformity of assessment models utilized in nursing. Tackling these issues, by improving learning criteria may reduce assessment variances and promote trust. *Weaknesses of assessment models* involved definitions of qualitative assessment models as being unclear, subjective and inconsistent and systematic models as lacking in the attempt to assess critical thinking, which is a crucial aspect of the assessment process that is hard to evaluate.

[13, 14, 15,17, 18, 20]

The Fourth and final major category is *methodology in assessment*. From the literature emerged two methods of assessment utilized in nursing which are *simulation*, and *self-assessment*. When it comes to *Simulation*, it focuses on the assessment of skills as well as the transfer of knowledge to practice and skill acquisition over time. *Simulation* uses a nursing process-driven model that has the potential to improve clinical and critical thinking. The Objective Structured Clinical Examination is an example of the use of simulation as an assessment model. *Self-assessment* emerged as a competency evaluation method that bypasses cultural differences. It can be utilized to measure mandatory, general and unit-specific competencies. Self-assessment tools are comprehensive in that they help in the identification of learning needs.

[15, 18, 19, 20]

From the major categories above emerged a sub-theme, *Dimensions of the Recognition of Prior Learning and Assessment and Development Process* from which a single theme, *Supporting Immigrant Nurses through Competency Assessment and Development Processes*

7 DISCUSSION

In this chapter, a discussion is offered encompassing all of the elements in this thesis in light of the theory introduced in chapter three together with the findings and background on the thesis topic. Findings reveal that through the mentorship of immigrant professional nurses, emerges a concept for development which can be positively or negatively affected by factors involved in the mentoring process.

7.1 Development through mentorship

As stated, mentoring deals with the relationship between an experienced (mentor) and less experienced (mentee) for development. (Grossman, 2012). An effective mentoring relationship relating to nursing, can result in professional growth for both mentors and mentees. Findings show that the success of the mentoring relationship towards development is affected by barriers that stem from the innate nature of the mentoring process itself, and barriers that the mentor and mentee bring to the relationship. The mentoring process encounters barriers because of innate operational natures of the process itself. Findings show that increased workload and responsibility for mentors related to lack of overall time and support limited the mentoring process. Most difficulties experienced by mentors come into play when other roles and demands conflict with mentoring. (Wilkes, 2006). Lack of time stems from lack of support by hospital administration and educational institutions that requires mentors to perform mentoring at the same time as their other responsibilities, be it in the context of clinical mentoring where the staff nurse administering mentoring while being expected to do patient care duties at the same time or in educational institutions where teacher mentors administer mentoring in addition to performing their regular tasks. This seems to suggest that more effective mentoring can be achieved if clinical and teacher mentors are allowed more time to perform mentoring tasks exclusively, but the reality is, mentors just have to learn how to perform mentoring in relation to other tasks and demands. (Wilkes, 2006).

The possibility of discrimination also emerged as a barrier that becomes significant in mentoring immigrant professional nurses. Since there are differences in cultures, the risk of discrimination is innately present in the mentoring relationship. Minority individuals, broadly including groups of a different nationality, race or ethnicity continue to face difficulty in securing mentoring. Even in times when they do receive mentoring, it is most likely with a non-minority mentor, which raises the issue of differences in the relationship. (Loue, 2010).

7.2 The Role of mentoring in competence assessment

The assessment process has additional factors for consideration that are points for extra merit beyond the assessment of knowledge and skill. (Shaw & Fulton, 2015). Based on the findings, the researchers argue that the mentor is in the ideal position to perform competency assessment in coalition with the mentoring relationship. In emerging aspects of approaches of competency assessment, the holistic approach emphasizes the inclusion of values and attitudes and the behavioral approach emphasizes the assessment of skill performance aside from knowledge and skill. When discussing these findings in relation to the mentorship model, it strengthens the argument that the mentor performing the role of the assessor is in the best position to evaluate these attributes because the concepts of values, attitudes and skill performance are qualitative concepts that are best evaluated by actual and personal observation of the mentee. A mentor plays a key role in working with mentees in an environment where theory and practice begin to correlate. The mentor must balance the roles of friend, teacher, and assessor to achieve an objective evaluation of the mentee. (Kilgallon & Thompson 2012).

7.3 Factors Influencing the Mentoring Process

For this study, findings show that various factors arose from both mentors and mentees that contributed to barriers towards professional and personal development. Mentor factors contributing to barriers of mentoring immigrant professional nurses involved feelings

of frustration and confusion, because of weaknesses in mentoring ability related to weak leadership skills, lack of ability to recognize learning styles, and lack of knowledge of cultural differences. In discussing weak leadership skills and lack of ability to recognize learning styles, mentoring innately implies that the mentor has more knowledge and experience than the mentee, leadership, and awareness of learning styles are both aspects that are naturally expected of a mentor. This involves a question of selecting adequately experienced and knowledgeable mentors to have a productive mentoring relationship. Perhaps a more important but less easily correctible weakness than the first two mentioned is the lack of knowledge of cultural differences by mentors as shown by the findings. This lack of knowledge is a question of cultural competence. In nursing, cultural competence has been defined as having knowledge and understanding of a patient's culture, what health and illness mean as affected by culture, and how it affects health-related needs. (Purnell, 2014). In the context of this study where the relationship in focus is between mentor and mentee, the researchers want to place more emphasis on the element of self-awareness in cultural competence. Self-awareness involves a conscious emotional and intellectual process of knowing one's own values, beliefs, professional knowledge, and ethics. The achievement of self-awareness is crucial in the acquisition of new knowledge in relation to cultural differences into one's own base of perception. (Purnell, 2014). The literature seems to suggest that mentors acquiring information about significant cultural differences can benefit the whole process. Taking into consideration that the concept of culture is too complex to learn in a limited amount of time merely for the purposes of a mentoring program, information on cultural differences preceding the mentoring process could promote self-awareness among mentors. This is a more crucial element than the actual acquisition of information because it will allow mentors to approach culturally diverse mentees with an openness to differences that will come to light during mentoring. A discussion of issues in cultural differences requires that the mentor and mentee gain an awareness of the stereotypes that they bring to the relationship. (Loue, 2010).

Findings show that mentee factors that contributed to barriers involved feelings of fear, anger, confusion, and disappointment and poor integration in relation to unsuccessful

mentoring. Since the mentor-mentee relationship is rooted in the idea of a more experienced professional promoting support for the less experienced, the mentor factor seems to play a major role in the relationship, and thus, affect the success or failure of the relationship more actively and significantly, whereas the mentee plays a more passive and receiving role. The success of the mentor to administer mentoring will lessen negative emotions experienced by the mentee that in turn serve as barriers to personal and professional development. (Shaw & Fulton, 2015)

When these barriers are overcome, findings of the content analysis suggest that professional and personal development for both mentors and mentees is achieved. Notable emerging aspects of professional development involved improved transition and adaptation for immigrant professional nurses and enhanced overall satisfaction for both mentors and mentees. Notable aspects of personal development comprised concepts of empowerment, increased self-confidence, and improved engagement.

7.4 The Life Rhythm Theory in light of the mentoring process

When it comes to The Life Rhythm Theory the findings show how the mentoring relationship is in accordance to the concepts of *person* and *wellness-illness* introduced in chapter three. The mentor and mentee are resonating concepts of *person* that are unique individuals with varying social and cultural characteristics that are in an interactive relationship, which is the mentoring relationship. They influence each other through this relationship with each other and their environment and they exchange responses on how they translate these interactions through their given social, cultural and personal attributes and beliefs. This can be seen in the findings when poor leadership and failure to perform teaching during crucial times of the mentoring process caused increased feelings of fear, anger, disappointment for mentees or when mentors were seen to have helped enhance the professional learning, experience, and perception of mentees. Findings also show how positive mentoring relationships support mentees and their professional development.

The concept of wellness-illness is described as a life rhythm experienced endlessly throughout the process of continuous development. The mentoring relationship, in the same point of view, can, therefore, be a life rhythm that people experience towards the continuous goal of achieving professional and personal development. The contexts of entering such a relationship may change, for example, a person may enter a mentoring relationship again in the unforeseen future maybe as a mentor instead of a mentee or vice versa. The end goal may also change, like if a person aims to achieve just a specific value or aspect of professional and personal development or change disciplines or professions altogether, but the engagement into the same type of relationship continuously qualifies it as a life rhythm.

8 CONCLUSIONS

At the onset of this thesis, the aim was to highlight the role of mentoring in supporting immigrant nurses transition into working life. Although this study was an inductive qualitative review of literature, the two questions we used to guide this investigation were: (i) What is the role of mentoring in competence assessment of professional immigrant nurses? and (ii) What are the potential benefits and risks in using a mentoring model for assessing competencies among professional immigrant nurses? The main finding through this investigation was that the mentorship model can serve as a medium to achieve professional and personal development that benefits both mentors and mentees. Findings showed that mentors experience professional satisfaction in the process of helping mentees achieve success and development in both professional and personal aspects.

Though mentoring, in general, has realistic and operational limitations with regards to time and support. Hospital administrations and educational institutions that adopt a mentoring program may need to devote more time and resources to obtain successful mentoring relationships that foster development. Encouraging a mentoring culture is timely for the advancement of the profession and every nursing professional. (Grossman & Sheila, 2012).

In the mentoring of professional immigrant nurses, cultural aspects can act as catalyst for discrimination. To overcome cultural barriers, mentors and mentees must adopt an attitude of openness that can be achieved through self-awareness and allows the discussion of cultural differences and their effects on the mentoring relationship as affected by individual social, political and belief systems that one has. Findings of the study show that the major and active role of the mentor is highlighted in this regard. Experienced, knowledgeable, self-aware mentors contribute less to barriers but instead strengthens the mentor-mentee relationship to achieve development. (Shaw & Fulton, 2015)

Additionally in this study it was discovered that the position of mentors in the mentoring relationships may serve as an optimal place to inculcate competency assessment. Emphasis on the evaluation and assessment of values, attributes and skill performance aside from

just skills and knowledge and the qualitative nature of these concepts calls for a method of observation of nurses being evaluated in real life and actual situations which are already present in the mentorship model. In the performance of a mentor of assessor roles simultaneously, the balance between being the mentee's support figure and evaluator must be achieved to gain an objective assessment. And finally, assessment is a complex concept that calls for objective evaluation, but a successful mentor has the dedication and commitment to the role to foster student success and development. (Kilgallon & Thompson 2012). In closing, the engagement in a mentoring relationship allows both mentors and mentees to gain experience in a life rhythm that they can use throughout their journey of pursuing success and development in the human endeavor to find meaning in life. (Fritzpatrick & Whall, 1989).

8.1 Strengths, limitations, and recommendations

The strengths of this study lie in the trustworthiness and credibility of the data gathering process and, also the results or findings. The way to ensure trustworthiness in conducting content analysis is by choosing the best data collection method. (Elo, et. al., 2014). Selection of the most suitable method for data collection and the amount of data are crucial in establishing credibility. (Graneheim & Lundman, 2004). In this study, this equates to the methodology of searching for articles that answer the research questions to review.

All searches were conducted using multiple databases to obtain an ample amount of data. Searches were also purely conducted through these databases to ensure the credibility of search results and quality of literature. Another important point in considering the trustworthiness of findings in content analysis is that personal interpretation of the text is always present. (Graneheim & Lundman, 2004). This is especially true when condensing latent content and abstracting categories and themes. Also, when content analysis is done by two or more people, Kyngäs et al. (2014) suggest that researches regularly discuss varying opinions with regards to categorization. During the data analysis process of this research, both researchers conducted a content analysis of the data collected repeatedly and

discussed all differences in perception and interpretation while conducting coding and categorization to ensure trustworthiness.

The articles selected for content analysis in this study involved various groups such as immigrant professional nurses, international students, students, professional nurses. Once adequate studies are done and more data is available for analysis, it is recommended that another similar approach is conducted to study mentoring but this time, selecting a specific group for all articles to be analyzed. In the same way, the articles selected covered mentoring done in the context of teacher mentors and clinical mentors, future studies can focus on just one type of mentor exclusively.

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APPENDICES

Appendix 1: Table 1. Mentor experiences of international healthcare students' learning in a clinical environment: A systematic review. Mikkonen K., Elo S., Tuomikoski A., Kääriäinen M. (2016).

Meaning unit	Condensed meaning unit, using the words from text	Condensed meaning unit's latent meaning	Codes	Categories
A positive intercultural mentor in the clinical environment was found to enhance reciprocal learning and improve the experience of all involved...	Positive intercultural mentor enhances reciprocal learning and improves the overall experience	Positive intercultural mentor enhances reciprocal learning and experience.	Intercultural mentor, Improved learning and experience	Mentor, Improved learning and experience
mentor–student encounters characterized by lack of knowledge, skills, and time often occur; this indicates the need for additional support for mentors, especially if they are to remain motivated to teach international students	In mentor mentee encounters, barriers can influence motivation leading to the need of adequate resources when teaching and in learning	Barriers in mentor & mentees lead to the idea that additional support for mentors to remain motivated to teach international students is needed	Added support for mentoring international students helps to ensure adequate motivation levels and mentoring encounters	Added Support for mentors is needed to ensure motivation and quality teaching/learning
Inconsistent and inexperienced mentors inevitably encounter difficulties, but time pressures were perceived as being the fundamental problem	Inconsistent and inexperienced mentors encounter many difficulties in the mentor process, time pressure is the greatest	Inconsistent and inexperienced mentors encounter difficulties, where time pressure was the greatest	Inconsistent and Inexperienced mentors, face difficulties like time pressure	Inexperienced mentors have challenges like lack of time