Peer Mentorship for the Internationally Educated Nurse: An Appreciative Inquiry

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Within nursing, mentorship between the graduate and student nurse relationship has been a longstanding strategy to support students' clinical placement knowledge and praxis. More recently, peer mentorship between the student-to-student relationships has gained interest within academic settings. However, this area has little research focusing on mentorship processes and outcomes; particularly those related to Internationally Educated Nurses (IENs) and their transitioning into being a learner within an academic setting while acclimatizing to Canadian life. This exploratory project, using an appreciative inquiry (AI) approach, focuses on the peer-mentorship aspect of the student nurse advocacy program (SNAP) with IENs registered as learners at Langara College in the School of Nursing. Specifically, this research project identifies the strengths and needs of IENs registered in a post-degree certificate program, as well as those of their peer mentors. A purposive sample of eight participants voluntarily enrolled in the project wherein each IEN was paired with a peer mentor from SNAP, a Bachelor of Science in Nursing, student. A thematic analysis of data obtained from focus group discussions and a survey questionnaire suggest all participants bring a number of strengths to the mentorship process. Four themes were identified: cultural understanding, trust and support, college integration, and blending of roles. This last theme, blending of roles, provides an alternate view of what is meant by mentorship. Furthermore, the findings suggest key attributes simultaneously support the transition of IENs and build upon the capacities of the peer mentors. Participants identified strategies that can enhance the resources and services provided by SNAP which will inform future IEN education. These strategies and the continued analysis of data will be further explored in phases design and destiny of Appreciative Inquiry (AI) in the next stage of the project.

Keywords: *Internationally Educated Nurses, Peer-Mentorship, Re-Entry Bridge-In Programs, Transition*

Introduction

In Canada, the current and projected nursing shortage is well-documented (Canadian Institute for Health Information 2015, Canadian Nurses Association 2009). However, the investment in educating Canadian educated nurses (CENs)

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alone will not overcome the nursing shortage. Internationally educated nurses (IENs) play an increasingly important role in addressing the nursing shortage, thus supporting clinical practice and patient safety. Approximately, 9% of nurses employed in Canada today are internationally educated. As a result, the recruitment, immigration, and education of these nurses is on the rise (Citizens and Immigration Canada 2013).

To ensure an adequate supply of qualified nurses, academic institutions have taken on the dual role of graduating CENs as well as facilitating the successful transition of IENs into the workforce through the development of re-entry bridging programs. IENs substantially contribute to our rich understandings of nursing and cultural diversity. However, coming from various countries and backgrounds, their transition into our educational institutions, culture, and nursing practice can be challenging. Many face language barriers, culture shock, economic issues, homesickness, and social isolation (Austin 2005). When entering a nursing education program to support their transition, IENs may face further challenges. The scope of nursing practice, student and educator relationships, and academic expectations may be different from their prior experiences. Thus, IENs may encounter a broad range of challenges as they adapt and transition into Canadian society, Canadian nursing culture, and the Canadian healthcare system (Jose 2010, Newton et al. 2012). Ramji (2016) found similar findings with IENs, who had integrated successfully into the Canadian workforce. However, even after successful integration, there were continued experiences with discrimination and inequality long after the transition. These feelings of discrimination subsequently impacted patient safety, as many IENs felt uncomfortable asking questions and advocating for their clients (Hale 2013, Ibitayo 2010, Ramji 2016, Sherwood and Shaffer 2014, Tan and Alpert 2013).

Langara College offers a re-entry, bridging program for IENs, which provides a Post-Degree Certificate (PDC) in Nursing Leadership and Management. Anecdotally, many of the IENs registered in this program express similar challenges as those cited in the workplace literature. As Ryan (2010) noted, these can translate into difficulties in "understanding differences", "connecting to others", and ultimately "feeling devalued". Often, these challenges are accentuated by the short timeframe between arriving in Canada and starting the program. Unlike other re-entry programs, IENs can enroll in the PDC program on a study visa. Many IENs arrive within only a few days or weeks of starting the program. Although the College provides a number of services to support IENs' transitions, the nursing faculty is interested particularly in strategies that may enhance the first days and months of transition.

Within the workplace literature, there is substantial research devoted to mentorship and how this strategy can successfully support IENs' transitions to practice (Coffey 2006, Ryan 2010, Bakenko-Mould and Elliott 2015). However, the literature is relatively silent about how this strategy might support IENs' initial academic, cultural, and possible practice transitions. Within the college, the pre-existing Student Nurse Advocacy Program (SNAP) provides the opportunity to explore the notion of peer mentorship for IENs. The SNAP is a student led mentorship program that provides confidential, safe spaces for dialogue among

baccalaureate in science nursing students. Could the pairing of IENs enrolled in the PDC program with SNAP mentors be beneficial? Using an appreciative inquiry (AI) approach and a qualitative research design, the aim of this research is to explore the peer mentorship aspect of the SNAP program, specifically in relation to the following questions:

1. What are the needs of an IEN registered in a PDC program at Langara College in the School of Nursing?
2. How will participants describe their experience in SNAP's mentorship program?

In the literature review that follows, we start with a definition of the IEN and present the empirical evidence that supports the various challenges these nurses face. We then examine mentorship within the field of nursing and end this section with an overview of the AI approach.

Literature Review

Internationally Educated Nurses: Lived Experiences and Transitional Hurdles

IENs, as by definition, is any nurse who has completed entry to practice competencies in their country of origin, and arrive in their host country motivated to embark on a new opportunity to join the workforce. Even with their keen interest, transitioning into professional practice in a foreign country is a major undertaking for IENs (Atack et al. 2012, Neiterman and Bourgeault 2013). Within the literature, research foci has been greatly based on the lived experiences and transitional impediments faced by IENs into the professional healthcare workplace. The leading challenges of new ways of living and communication barriers; language, fluency, and the scope of nursing practice, all lead to impaired integration to the workforce (Austin 2005, Higginbottom 2011, Smith and Ho 2014, Tregunno et al. 2007). Communication is frequently cited as IENs principle challenge, and Tregunno et al. (2007) found this to be quite emotionally trying for IENs. In the clinical context, differences emerge in documentation of care, measurements, medication names, and nurse-patient relationships (Smith and Ho 2014). Blythe et al. (2009) reported comparable findings to those of Smith and Ho (2014) that communication was the greatest barrier. However, highlighted that linguistic competency in social and cultural dimensions and subtleties of communication such as: tone, stress, body language, and shared understanding, interfered with successful integration to the workplace. Understanding humor is included with these subtleties as creating additional social gaps to successful health care team integration (Blythe et al. 2009). Barriers in communication are overwhelming and can result in frustration for IENs, their coworkers, and patients (Smith and Ho 2014, Xu and He 2012). Xu and He (2012: 215) summarized the literature and found that challenges in communication "present real and potential risks to patient safety and quality of care".

IENs are significant to the nursing workforce in Canada, and it is vital to acknowledge that they bring a variety of knowledge, skills, and experience from their native country (Adeniran et al. 2008). Adeniran et al. (2008) conveyed that transitional challenges of IENs are not attributable to lack in knowledge or clinical skills, but are rather associated with socio-cultural differences. Although re-entry programs work to ease transition and bridge various knowledge gaps of past and new experiences, IENs are still subject to certain difficulties. Atack et al. (2012) identified that prior to entering a re-entry program most IENs have endured long absences from studies. Therefore the readjusting into a student role, along with making a huge cultural adjustment to an unfamiliar education system, is a disorientating experience; adding to the challenges of a foreign country and education system. Atack et al. (2012) claimed that the ability to undertake multiple roles--managing time between school, family, and work responsibilities--is considered to be a serious obstacle. Findings by Atack et al. (2012) inferred that the inclusion of socialization and mentoring opportunities within the curriculum of a re-entry program may improve the transition to student role.

Mentorship: Successful Strategy

The plethora of published work relating to mentorship deduced that individuals in most professions, including nurses, benefit from the experience of relational practice (Andrews and Wallis 1999, Banister et al. 2014, Benner 1984, Houghton 2014, McIntosh et al. 2013, Smith et al. 2015). A central advantage lies within the inherent value in the development of one's practice. This implication suggests that mentorship is a successful strategy; becoming a fundamental component of a nurse's professional life. Andrews and Wallis (1999) identified that copious amounts of studies focused on the supervision of nursing students, but also noted a trend. There is currently a shift moving toward exploring the experiences of newly graduate nurses, with particular attention on the process and practice of mentorship. Nash and Scamell (2010) identified the necessary skills to build a successful mentorship relationship, while Wheeler and Cooper (2010) highlighted that a successful mentorship is iterative and evolves over time. What is evident is that there is no one model or framework of mentorship that is seen as best practice, and the choice of model is directly dependent on context and participant. Furthermore, there still remains confusion among scholars on the meaning of the concept of mentorship. Most recently, Baxley et al. (2014) in their book, entitled, *Mentoring today's nurses: A global perspective for success*, offers its readers an alternative perspective on mentoring, that of global mentoring. Adapting the Zey's (1991) Mutual Benefits Model, a unilateral, business model designed to attend to the organization benefits, these authors contend that their concept of global mentoring is more reciprocal and mutually beneficial in nature for the mentor, mentee, the organization. They added, that their model can help generate new nursing knowledge. The Global Mentoring Process Model is based the principles of trust, communication, respect, and most significantly, culture as "… the context of "global" is in a universal mentoring process that encompasses nurses across varied cultures" (Zey 1991: 44).

Bray and Nettleton (2007), and Jokelainen et al. (2011), asserted the concept of mentorship is difficult to define because it is often used interchangeably with other terms; such as supervisor, preceptor or facilitator. Hawkins and Fontenot (2010) provided the richest definition of mentorship, which was used for our project. They define mentorship as a supportive relationship, typically built on trust between two people--one with more experience who serves as a role model, the mentor, and one with less experience, the mentee. Underlying this characterization of mentorship, however, is an imbalance in equitable power sharing. Historically, power imbalances have existed in the mentorship relationship, which is largely attributed to experience and knowledge. As shown by personal stories from nursing students, Law and Chan (2015) identified that power imbalances can lead to mistrust. They reported that one student's experience resulted in the discouragement to freely speak to her mentor regarding the best interest of the patient. Whereas another student needed the support and experience of her mentor to confront a physician, and received it, in order to advocate for the patient. One can conclude that nursing students are then challenged in becoming mentors upon graduation, having inconsistent positive experiences. Smith et al.'s (2015) work claims that nursing students are familiar with the concept of mentorship and the assumed role of mentee. However, are often presented with few opportunities to practice this role of mentor, potentially leading them to perform the role unsatisfactorily upon graduation. These authors' assertions imply that the approach to mentoring is key to supporting the model and building capacity in this regard.

Peer mentorship in post-secondary education has shown to be an effective solution to foster the transition to becoming a mentor. Vaidya (1994) concluded that peer mentorship enhanced student mentors' relational skills. McLean (2004) suggested that peer mentorship broadened qualities such as patience, maturation, and compassion. Within nursing education, Glass and Walter's (2000) study discovered that participants experienced shared learning and caring, reciprocity, commitment to one another's success, and friendship. Dennison (2010), described peer mentorship as an untapped resource in fostering leadership skills among nursing students. However, there is a paucity of research exploring the relationship between mentorship and IENs, let alone peer mentorship, within the context of nursing education; specifically focusing on those registered in a re-entry bridging program. Therefore, due to this gap, we sought out to explore this concept in greater detail using an AI approach.

Appreciative Inquiry: A Fitting Methodology

Developed by Cooperrider and Whitney (2005), AI is a research action-based model that assumes that individually, and collectively, people have unique abilities, experiences, and contributions that can be further channeled into strength-based understandings, insights, and visions for the future. This model assumes that focusing on positive experiences, perspectives, and question posing, leads to positive sustainable change. This model has four successive stages: (1) discovery, (2) dream, (3) design and (4) destiny. The AI approach, represented below in Figure 1, shows how each stage of the model informs the next.

Furthermore, the models design assumes that questions that ask about positive aspects of a program or organization can bring new insights; and participants may be more inclined to reflect on what is working rather than dwelling on negative experiences. This model uses a strengths-based approach to gather data and uses deep understanding of moments when we are at our best. It helps people identify what they want more of and assists in creating a shared vision of the future; inviting them to make that vision become reality and sustain positive changes. The underlying tenet of AI is that growth will continue in the direction in which people choose to follow. The process of AI thus requires a particular way of asking guided questions that encourage positive thinking and individual interaction (Cooperrider and Whitney 2005, Knibbs et al. 2012).

Widely used in business and organizations, AI is cited as an emerging research methodology; in both the healthcare and education domains. Critics of AI disproved it as a true form of qualitative methodology because of its inherent positivist tenets (Bushe 2011, Clouder and King 2015). Watkins et al.'s (2016) integrative review concluded that most authors poorly executed all phases of AI. Therefore, alluding that AI could become a legitimate methodology if more attention were given to its rigour. Furthermore, most scholars limit to their work to a description of AI and the outcomes of their studies. Only recently has AI been recognized as a potential approach within health care, namely being used in quality improvement programming and change projects. Scerri et al. (2016), in exploring quality dementia care, discovered that positive care experiences are realized within five processes, and asserted that the findings provided an alternative, and more significantly, a pragmatic approach to greater understanding dementia care.

Figure 1. *Appreciative Inquiry 4-D Model*
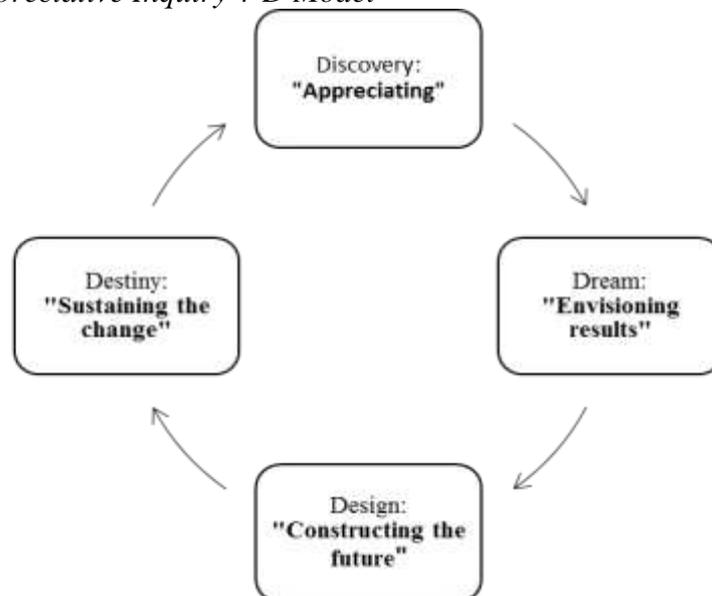
Source: Cooperrider and Whitney (2005).

In a follow-up study, Scerri et al. (2016) evaluated workshops to implement a person-centered dementia program. Involving all stakeholders resulted in a shared vision and the implementation of a number of strategies and policies. Shendell-Falik et al. (2007), and Trajkovski et al. (2015) illustrated that AI has the ability to not only facilitate trusting dialogue between team members, but also to eradicate mistrust. Within the education domain, AI is also developing as a research method. Calabrese (2006) utilized AI to build social capacity between secondary and post-secondary institutions. His findings suggested that AI promoted a mutually beneficial outcome in their existing relationship by which student success was improved. Giles and Alderson (2008) primarily utilized AI to discover the transformational lived experiences of students in a particular educational program.

Notwithstanding the criticism, it is fitting to use AI, as our project was designed to explore a sustainable positive change that could result from peer mentorship between BSN students who are a part of the SNAP and IEN students enrolled in the PDC programs. Another reason we chose to use AI is because it is a framework based on the belief that solutions to a problem already exist, and can be identified by focusing on what has worked well in the past. This can be facilitated by asking positive or affirmative questions to bring about change (Chandler 2012). Specifically, we sought to uncover how the relationship affected IEN's transition as a learner into Canadian culture.

Methodology

To help answer our guiding questions, AI served as the underpinning of our project. All investigators and research assistants were certified in Tri-Council Ethics as per the Canadian Institutes of Health Research. Following approval from Langara College Ethics Review Board, volunteers to participate in the project were recruited purposefully through a number of avenues. One session took place at the end of one of the PDC courses to recruit IENs. SNAP members were recruited through Langara email and the School of Nursing (SON) web board. These sessions also provided prospective participants with an overview of the project, benefits and risks, and investigator's contact information.

Inclusion criteria consisted of being a SNAP member in the 4th year of the BSN program, or an IEN student enrolled in the first semester of PDC program. Each participant volunteered and an informed consent was obtained. This resulted in a purposive, and targeted a sample of eight participants (n=8): four IENs and four SNAP members. Each pairing, initially connected with one another in a face to face gathering, and then subsequently chose the way in which to engage in peer mentorship over the course of one semester. The demographic composition of the participations included both genders. The mean age for the SNAP participants was 26 years (SD +2), and IEN participants was 29 years (SD +2). All SNAP participants were Canadian by birth, and all but one had prior peer mentorship experience. Working predominantly in either India or the Philippines, the IENs had a mean work experience of five years in hospital settings; including general and specialty areas. Within their work experiences, they had all been exposed to mentorship-type relationships in the workplace only. It is important to note that the

four SNAP participants had a dual role as research assistants; adding strength to the project's methodology design. Figure 2 illustrates the research team and participants' composition.

Figure 2. *Team and Participants Composition*
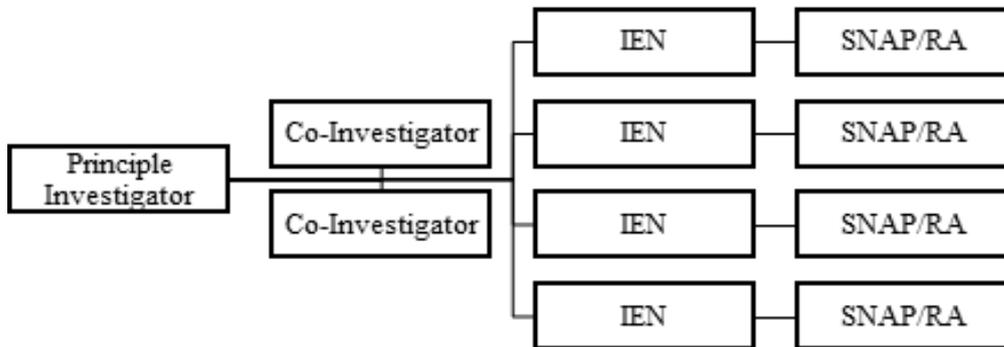
The primary data sources were an investigator-developed survey and focus group discussion. Surveys, especially self-administered, are beneficial to gather information from a group of participants (Fain 2004). The survey was administered online to each of the eight participants with a 100% return rate. Informed by the literature, the survey was composed of three open-ended questions, which were reviewed by the investigators for construct validity:

1. In general, why did you volunteer to participate in this peer mentorship program?
2. What specific expectations do you have of your peer mentor/mentee?
3. You bring a number of personal strengths to this peer mentorship relationship. Which ones do you view as your important strengths?

Focus group interviews are best used when conducting an exploratory project (Rothwell 2010, Vaugh et al. 1996). Moreover, focus groups have the ability to broaden perspectives surrounding diverse linguistic and cultural groups (Halcomb et al. 2007). If the purpose of the focus group is to deeply explore a theme, the literature recommends smaller groups; eight participants being the ideal number (Candido de Oliveira Salvador et al. 2015). In healthcare research, the utilization of focus group methodology is invaluable for determining interventions necessary to meet the needs of consumers.

In a study conducted by Knibbs et al. (2012), the core values of AI--positivity, applicability to practice, proactivity, and collaboration-- were incorporated into focus group methodology, and the nominal group process. The involvement of all participants in a focus group is essential in extrapolating valuable insights, and by using an AI approach, participants have equal opportunity to participate, feel valued, and are able to speak to their lived-experiences. Moreover, Knibbs et al. (2012) claimed that when AI is used in combination with the nominal group process, information can be aggregated and assuredly analyzed.

A focus group interview facilitator's guide was reviewed by the principal investigator and co-investigators, requiring small editorial changes. Participants were invited to a one hour focus group designed to obtain perceptions on their experiences. The one hour interview was held at the end of the semester and was led by one of the co-investigators who developed some opening semi-structured questions, which was also informed by the literature, with much of the ensuing discussion being unstructured based upon and extended by the participants. All participants received labels: "P1-P8" and the moderator "M1" which was captured in the transcription. Facilitation techniques in the focus group included follow up questions to summarize, compare experiences, and extend understanding. The interview was digitally audio recorded and simultaneously transcribed verbatim by a professional transcriber. The transcriber signed an informed consent and agreed to anonymous transcription. Any personal identifiers were deleted from documents prior to distribution. Each participant reviewed the transcript to ensure his or her voice was captured accurately. Two participants made a few corrections in the transcript. Throughout the project, private codes protected the identity of the participants and confidentiality of all data. All data was stored electronically on password protected computers with access by the research team only. Hardcopies of the data, and a memory card with the original audio recording were stored in a secure locked cabinet in the principal investigator's office at Langara College.

The data reduction and analytic strategy chosen was thematic content analysis which can be divided into six phases: (1) Organize the data; (2) Generate categories or themes; (3) Code the data; (4) Test emergent understandings of the data; (5) Search for alternative explanations of the data; and (6) Write-up the data analysis (Marshall and Rossman 2006). Data analysis was conducted jointly by a team composed of the investigators and SNAP participants. An inductive content analysis was used because of the exploratory nature this project and limited available research. Each team member individually familiarized themselves with the data through listening to the focus group audiotape, and reading and re-reading the focus group transcript and survey responses. Data coding was performed manually on these text sources and included highlighting words and short phrases, and writing conceptual notes. Over one month, the team met on a weekly basis to initially reflect upon and interpret the coded data and, then, collectively develop and revise themes. During this process, team members served as analytical sounding boards for each other, which encouraged interpretation, exploration of alternative explanations and emergence of refined themes. Four inter-related themes were identified and organized within the first two phases of the AI approach. We highlight each of these themes in the next section of the paper, by addressing our research questions.

Findings

Both the survey responses and focus group discussions became integral sources of data analysis. The survey data elicited the participants' ideas about mentorship and the strengths they brought to the mentorship relationship. Throughout this project, the SNAP and IEN mentorship relationships developed

and deepened through various forms of ongoing interactions. These forms entailed face-to-face meetings, phone calls, text messages and emails. The focus group discussion served to bring the participants together to reflect upon and discuss their interactions and experiences. The main themes identified were: 1) nurturing trust and support; 2) fostering College integration; 3) promoting cultural understanding; and 4) blending of roles.

Discovery

The discovery phase of AI seeks to identify the processes that worked well. From the participants' points of view, nurturing trust and support, fostering college integration, and promoting cultural understanding were seen as important themes in building and sustaining the mentorship relationship and collaboratively developing goals. These themes and the following discussion serve as foundational data to address our first research question: what are the needs of an IEN registered in a post degree certificate (PDC) program at Langara College in the School of Nursing?

Nurturing trust and support

During this project, the SNAP and IEN mentorship relationships developed and deepened through various forms of ongoing interactions including face-to-face meetings, phone calls, text messages and emails. These interactions provided the basis for developing trust and support, which all participants identified as personal strengths and essential components of peer mentorship. Initially, part of the trusting relationship was about establishing boundaries. As one SNAP participant said "being respectful of my time ... I am a student myself, work as an ESN [employed student nurse]". Implicitly and explicitly participants spoke about trust as the mutual feelings of connectedness and caring, and the ability to count on each other. The concept of support appeared to arise from a general willingness to help. Initially, some of the SNAP participants seemed unsure about what forms of support to provide:

> "I also felt like because I don't know too much about your program, I didn't really know how to support sometimes. I felt like my experience was different than yours, like you knew way more than me. It was difficult to know in what capacity to be a mentor".

As SNAP and IEN participants learned more about each other, various forms of support arose. As one SNAP participant stated: "I like to learn other people's stories and backgrounds, offer support when needed". For the IENs, their comments provided specific examples of support spanning language use, empathy and emotional responsiveness:

> "She supported me in so many ways, so it was really great. I could improve my English, you know. We are texting so sometimes they may say like one sentence in three letters or something like that. Still, I improved a lot while talking to her, so that's been a great experience for her. All of us are sharing

some of these talks with our classmates so they can come up with their things".

"It made me feel better because it made me feel like, it's not only me, but everyone was struggling". "… She supported me in so many ways, so it was really great".

"I actually appreciate that they are very conscious about being sensitive to how I feel. Sometimes my mentor will nod, or suggest some words, etc. It really helps".

As their relationships continued to grow, mentorship took on more goal-directedness. One such goal transcending these relationships was that the IENs need to become more familiar with the College system.

Fostering college integration

Although the IENs viewed entering the PDC program as a tremendous opportunity, all were unfamiliar with Canadian and specifically Langara College's post-secondary educational systems. In comparison to their prior academic experiences, many expressed differences in educator-student relationships and student expectations. Thus, learning more about and integration into the College system became integral goals within the mentorship relationships. The SNAP participants had a vital role in helping them learn about aspects of classroom dynamics, software, and studying tips for examinations. As the IENs participants mentioned:

"It was really hard for us in the first few days, how to call them by name. For us, it was really disrespectful. Like in Indian culture, teachers are equal to the gods. We never call them by their names. We always call them by teacher, sir, etc".

"I got to know about D2L, ATI, inside the campus, or outside ...".

"I also learned a lot from her, like about studying for an ATI exam. She taught me not to study everything and showed me techniques and how to study".

Closely paralleling the IENs needs to understand and integrate into the College system was their broader desire to learn more about Canadian culture.

Promoting cultural understanding

Arriving in Canada, the IENs found many differences from their home country including the language, food, dress and weather. Beginning to understand a new country and its culture was both exciting and stressful. One major issue brought forth was understanding and conversing in English within a Canadian context. All IENs participants had been introduced to English through their previous nursing education, and spoke English as additional language. However, all identified differences in how English had been taught and spoken in their home

country. In Canada, English seemed very different, taking on various accents, abbreviations, colloquialisms and slang. Through their relationships with their SNAP mentors, IENs began to practice and refine some of these culturally embedded language nuances:

"I still feel nervous talking but sometimes it can be a relief. Like right now, it is helping my English".

"This is like a training ground for us, especially because our patients will be speaking in English. It is better that, as early as now, we practice and make use of our opportunities now".

"This has really improved our communication skills".

In addition, the IENs spoke about learning about Canadian activities, food and dress:

"They also showed us about Canada and the fun activities here".

"When it comes to Canada, they can really help us. So now I know about poutine. And I think wearing leggings is a Canadian thing".

"I got to know about Greater Vancouver, ATI, inside the campus, or outside, going for trips, etc. I got advice on which websites are reliable to get trips and things".

Within their mentorship relationship, the IENs appreciated that learning about Canadian culture was an ongoing process and what they had learned was some of the beginning steps. They had made the connection that these learnings supported their transition into the healthcare system. In terms of etiquette and expectations, some made distinctions about how people were referred to while others identified the importance of questioning authority figures such as physicians:

"I notice here that ... you ask for their names. In the Philippines, we make up [patient] names, like aunt or grandma".

"Even in India, calling someone by name is disrespectful, so we can't do that, we can call them our sister, brother, auntie, uncle, or grandma, but we never call them by name. It was really different when we came here".

"For Canadians, it is a respectful thing to call them by name. I think it is right for this culture".

"Is it weird to come to Canada and always hearing that we should question the doctors?"

"We also cannot question doctor's orders. If you question, you go to HR and you don't have a job anymore".

"Here in Canada, if we didn't question the order that would potentially harm the patient, then it's our responsibility as well".

Dreams

Throughout this discussion of the first three themes, aspects of the IENs and SNAP participants' strengths, collaborations and understandings were revealed. They learned from each other in rich and personalized ways. This newly formed knowledge served as the basis for development of the fourth theme, blending of roles, which is examined in the AI dreams phase.

The second phase of AI is that of dreams. During this phase, the focus was on imagining an organization or a group at its best. The fourth theme, blending of roles, served as the basis for dreaming and addressed the second research question: how will participants describe their experience in the SNAP mentorship program?

Blending of roles

Traditional definitions of mentorship often assume a power relationship between the mentor and mentee, which is based upon differences in knowledge and experience. This type of relationship was absent in our data. The peer to peer mentorship relationship provided new learnings for both SNAP and IEN participants. Through the blending of roles or a fusion of both roles, both groups became mentors (teachers) and mentees (learners). The SNAP participants learned how personally and academically challenging the PDC program was. As one of the participants empathetically stated:

"They face a lot of extra challenges. Nursing is already a tough program, and then they have the added challenges of language barriers, finding housing, learning the Canadian culture, showing up to the right classroom, and your support system is not in the country, etc. There are all these extra challenges, and learning their stories has been inspiring for me. It was a mutual beneficial relationship".

The SNAP participants also identified how learning from their IEN participants enhanced their culturally orientated client care and inter-professional practice:

"You also talk about how it makes you more comfortable talking to other people. It helps us in the exact same way, because we are so used to speaking to people from Canada in English. To be able to talk to someone where it is not their first language, to have to adjust the way you say things, it helps with when we are going to have patients like that, too, right? It helps us the same way it helps you guys".

"Absolutely. I even just understand things better. I always considered myself sensitive to different things or culturally aware but I notice all these gaps where I had been ignorant. That's very important and will be beneficial

working in the future. There are so many internationally educated nurses in the work force here".

Appreciating the value of their collective learning, participants had a variety of ideas and dreams for the future of the peer mentorship. Most of these focused on integration and expansion:

"I have gotten a lot of insight into your program, which to be honest I didn't really know about. I knew there were international students but I didn't know how they fit into the college. In the future, I think it would be beneficial if BSN students were more involved in the program".

"I think in the future, if SNAP works with IENs, it would be nice to have an introduction to their program. I remember on the first day we logged into the Langara website to try and learn about the program. We asked you guys, but when you don't know about something it can be hard to ask. The more you know, the easier it is to ask".

"And any way to integrate the BSN and IEN program. We had a global health course this term so we are learning about different countries so why not have something in a post where we talk to an IEN and have a discussion about them. It could be incorporated easily into something like that, as we talk about culturally safe care throughout the entire program".

"There should also be PDC students in SNAP, all the nurses, not just the BSNs".

During this project, some of these recommendations had started to take form through informal means. Knowledge about the peer mentorship project had spread to the SNAP program and across the IEN cohort. The SNAP participants discussed some of their learnings and encouraged others to volunteer as future mentors for IENs. In turn, the IENs reported back to their cohorts on key learnings:

"Even though four of us are in the group, we all shared our experiences in SNAP with our class members so they won't miss anything ... like common opinions, or suggestions, or information about Canada, the college, etc., we would share with our classmates".

One example of this reporting back process lead to all IENs attending an event during student nurses' week:

"Yes, and she shared about the event that was in the month of October, at student nurses' week, and she phoned us to come and join us. That was a great experience. I informed my classmates, and all of us, 30 of us, went for this event, and we all participated. That was a great thing".

Discussion

Building upon the strengths of the participants, the aim of this project was to develop a beginning understanding about peer mentorship, specifically as it contextually related to the pairing of SNAP and IEN participants at Langara College. Mentorship is a complex socialization process, requiring committed and purposeful relationships that grow over time. One of the central themes that served as the foundation for this mentorship relationship was trust and support, which is consistent with the nursing literature. Indeed, these attributes are essential to the nurse-client relationship as well as the nurse mentor-mentee relationship (Dale et al. 2013, Wagner and Seymour 2007).

Prominent themes for this peer mentorship was fostering college integration and promoting cultural understanding. For the IENs, both of these require a contextualized understanding of Canadian English. Although one of the courses that they were enrolled in was English, the IENs found that engaging in conversations with their SNAP participants further supported their understandings. They felt comfortable asking about and practicing their English skills. Also, they learned about less formal and, thus, more social and subtle forms of English communications including body language, casual talk and texting. Since much of the literature identifies English as a major stumbling block for IENs in clinical practice (Babenko-Mould and Elliott 2015, Neiterman and Bourgeault 2013), their peer mentorship relationship may serve as a "jump start" toward proficiency in interacting with clients and professional colleagues.

With immediacy, the IENs participants became aware of the differences in the model of nursing education. The teacher-student relationship was one overt difference. These relationships were less hierarchical and more informal than their prior educational experiences. The notion that it was acceptable and expected to question a teacher was new to them and something that most discussed with their SNAP counterparts. Within these discussions, the questioning of an authority figure such as a teacher became a transferable concept to clinical practice. As a client advocate, a nurse has the obligation to protect a client and question or clarify a physician's order. This is an important revelation as it relates to the nurse's scope of practice and client safety within a Canadian context (College of Registered Nurses of British Columbia 2012).

Culture shock is a well-documented in the literature and, thus, it is not surprising that promoting various aspects cultural understanding was a predominant theme that emerged from our data. IENs face new challenges with Canadian ways of living, communication and adjusting to different scopes of practice (Neiterman and Bourgeault 2013). Gray et al. (2014: 161) asserted "mentoring is the human connection that can bridge and transcend differences across backgrounds and individuals". This suggests that when mentors and mentees come from different parts of the world; the key in establishing a mutual, reciprocal relationship, especially at the onset, is cultural awareness of each other's values, beliefs, norms, and lived experiences. This can include differences in the ways in which nursing is learned, practiced and nurses are mentored.

For the IENs, the SNAP participants provided information, advice, encouragement and connections for learning about Canadian culture. However,

through our final theme, the blending of roles, the SNAP participants learned substantially from the IENs. Through the personalized accounts of the IENs' culture and nursing practice, the SNAP participants saw clear applications to their own clinical practice, thereby, heightening their cultural awareness and sensitivity. Within these mentorship relationships, the learning landscape was about helping each other grow, creating mutual opportunities to learn from each other. This finding supports what Baxley et al. (2014) believed is embedded in their model, which as a mentoring relationship evolves, its configuration will adapt to the needs of the mentor and mentee. At its very core, synergy can be experienced.

Limitations

In interpreting the results of this project, several limitations must be considered. The first limitation relates to the small sample size of eight and research design of the project. Although the qualitative design was appropriate for the exploratory nature of this project, AI as a research approach has not yet been widely utilized in nursing education research and may not be as well understood. AI has also been criticized for its positivist approach (Bushe 2011, Clouder and King 2015), which may have engendered a positive response bias among the participants. Other considerations related to the design was that the project was conducted over a short period of time, and that the pairs self-selected the frequency, and the manner in which to engage, limiting the ability of the pairs to nurture the relationship.

The utilization of an investigator developed survey tool and focus group questions may limit the overall validity of the findings. Although each question of the survey and the focus group interview, were derived from the literature and reviewed by the research team for construct validity, there may have been other aspects of peer mentorship that the participants considered relevant but were not included in the survey or focus group questions. Furthermore, there may have been cultural or semantic interpretation of the language in the survey and focus group questions that influenced how the participants responded in that their understanding of the questions may not have been the investigators' understanding of the questions. Also, as English is an additional language for the IEN participants, there may have been written and oral language fluency and comprehension issues in how the participants interpreted the questions. An additional consideration, related to data collection tools, is having a single one-hour focus group interview. It is unknown if a satisfactory level of data saturation was achieved. Conducting further focus group interviews with the same participants would have allowed for clarification of inconsistencies and contradictions enhance investigators' understanding of the data and may have led to additional themes being identified.

When utilizing a qualitative research approach, it is difficult to ascertain and demonstrate validity and rigour, which relate to confirmability and credibility of the data. Confirmability in this project may have been influenced by the research assistants also being the SNAP participants in the project as well as the potential influence of investigators' perspectives and presence during the focus group interviews. However, all of the SNAP participants reviewed the focus group

interview questions, and the facilitator's guide prior to the interviews, in order to enhance confirmability. Credibility was addressed in the project through participant validation, in which all participants had the opportunity to read transcripts to provide feedback and propose revisions relating to investigators' interpretations of their interview responses. The ongoing analysis of the data strengthened the findings by allowing the investigators to cross-reference for inconsistencies, inaccuracies, misinterpretations, and assumptions. Generalizability is not a goal of qualitative research.

Conclusions

The majority of the literature related to mentorship focuses on the experience, transition, and integration of CENs into the workforce, but there is very little literature that is specific to the IEN. The struggles that CENs face in their first year of practice may be similar to what IENs experience. However, IENs face additional challenges in the form of cultural understanding of the health care system, discrimination and the perceptions of being less proficient. The barriers can impact safety. While mentorship has shown merit in facilitating a successful transition into the workforce for CENs, there is a scarcity of evidence about how this strategy might support IENs' transition into the workforce as well as their initial academic and cultural transitions pre-employment.

Notwithstanding that further analysis of the existing data will be critical in the design and destiny phases of AI in order to fully substantiate the emergent themes and concepts, the most significant benefit and outcomes of this project is that it provides a pragmatic approach to using AI, especially the first two phases, discovery and dreams. Within these first two phases of AI, a glimpse into the understanding of the lived experiences of IENs as mentee and as BSN students as mentors engaged in a peer mentorship program at a post-secondary institution was revealed.

All participants identified practices that can potentially lead to creating a safe environment for mentorship that fosters the socialization of being a learner at Langara College. Moreover, the mentorship aided in acclimatizing the IENs to living in Canada, while facilitating a mutual cultural understanding of one another between the mentees and mentors. While the project's findings support existing literature about the benefits of mentorship in terms of nurturing trust and support, promoting cultural understanding, and facilitating college integration. The emergent theme, *Blending of Roles* in particular, complements and contributes to the existing body of knowledge by offering an alternative view; challenging what is currently meant by mentorship. By further uncovering an understanding of mentorship from different stakeholders, it is possible to develop strategies aimed at improving the SNAP program at Langara College, including increased college integration and cultural understanding between all nursing students within the School of Nursing. As we near the next phases of AI, progressing towards the implementation of recommended strategies that at present, such as the inclusion of IENs in SNAP and formalizing peer mentorship between IENs and BSN students are being discussed and initiated.

Acknowledgements

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