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# What would be a *meaningful and practical* mentoring program for New Zealand Acupuncturists; with a particular focus on new graduates?

MHSc Dissertation

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## ABSTRACT

Beginning practice in the acupuncture profession brings a challenge to newly qualified practitioners. Theory and evidence has identified that the transition from being a new graduate into the workplace can be a stressful period, and that proper mentoring support may assist this process. Mentoring within the Traditional Chinese Medical field has been around for over 2000 years with the apprentice and master relationship as a means of developing clinical experience and supporting the new entrant into the ways of the Traditional practitioner.

Currently there is no formal mentoring program for Acupuncturists within New Zealand. Although graduates do have the option of seeking support from registers such as the Acupuncture NZ (formally known as the New Zealand Register of Acupuncturists [NZRA]), other registers, and alumni/teachers from education institutes, there is no formal mentoring program in place for new graduates or registered members.

This study sets out to gather and analyse data for the purpose of providing information for the basis of piloting an acupuncture mentoring program with a particular focus on supporting new graduates within New Zealand.

The aim was to explore how to best support new graduates with their transition into the workplace of clinical practice based on the initial observations of the researcher and the review of current literature in other health professions.

A pragmatic mixed methods approach produced quantitative data, and employed an inductive analysis method of coding the qualitative data to a saturation point of emergent themes.

A total of seven new graduates from the NZSATCM campuses participated in an on-line survey with a follow-up interview, and seven key-informants [mentors, mentor trainers and mentor program designers] from Australia and the UK were interviewed.

Emergent themes suggest that there is a desire from the NZSATCM new graduates to be mentored. Analysis identified key areas of mentoring support; marketing, networking, financial planning, case-study discussions, personal care support and advice, and just someone in the acupuncture industry to talk to. The practical structure and administrative support for running a mentoring program were also identified as crucial to a successful mentoring program. Elements of a successful and failed mentor relationship were also identified.

It is concluded that the needs and expectations of the new graduates and the shared experiences and opinions of the key-informants have been identified as aligning with the mapping of a meaningful and practical mentoring program for New Zealand new graduates. This data provides policy makers within the New Zealand acupuncture and Traditional Chinese Medicine registers with the basis for beginning discussions for structuring guidelines and policies for implementing a pilot mentoring program specifically for new graduates within New Zealand.



*Who listens to the listener, who talks with the talker, who heals the healer?*

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## List of Abbreviations

ACC: Accident Compensation Corporation

AACMA: Australian Acupuncture and Chinese Medicine Association

AGM: Annual General Meeting

BACc: British Acupuncture Council

BHSc: Bachelor of Health Science

CAM: Complementary and Alternative Medicine

CPD: Continued Professional Development

Eftpos: Electronic Funds Transfer at Point Of Sale

GPs: General Practitioners

MHSc: Master of Health Science

NZ: New Zealand

NZRA: New Zealand Register of Acupuncturists

NZSATCM: New Zealand School of Acupuncture and Traditional Chinese Medicine

pdf: Portable Document Format

TCM: Traditional Chinese Medicine

UK: United Kingdom

US: United States

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## Chapter One - Background

### 1.0 Background to this study

#### 1.1 Master and Apprentice within acupuncture

In ancient China the apprentice and master relationship was a means of developing clinical experience and supporting the new entrant into the ways of the Traditional Chinese Medical practitioner (Ma, 2000; World Health Organization, 2010).

With over 2000 years of documentation in classical texts, TCM has been passed onwards through the generations to modern day.

While the 'high birth' wrote the classical text, the 'lower class' generally practiced medicine which was passed down from these master physicians in an apprenticeship relationship.

This kind of learning lineage saw the development of family-style techniques (Harper, 2009), which to this day are still claimed by various family-style taught acupuncture practitioners.

The Imperial Medical School (Tai Yi Shu) was the first official TCM school to be founded in 624 AD (Tang Dynasty) in China. Further development of schools to the current day has developed TCM into a higher education both in China and overseas (World Health Organization, 2010). However, exploration into assisting students with the transition into the modern clinical work-place is still in its development, with some graduates seeking out the option for further study within China for overseas *post-graduates* and *under-graduates*

has been a popular trend since president Nixon's visit to China in 1972, for those who seek to immerse themselves in Chinese culture and medicine. These post-graduate studies may involve a *formal* or *informal* study relationships for a period of time within a Chinese university, or a student may specifically seek a mentoring relationship by following a 'famous' Doctor who brings a particular skill-set or a focus of certain conditions which the student wishes to develop in their own clinic practice.

In modern times this tradition continues but in the form of graduates working alongside more experienced Doctors in hospitals, where together they share day to day experiences. It is from here that I share my story.

### **1.2 My story**

My interest into this study came through my own experiences of entering and maintaining a career as an Acupuncturist. I graduated from the New Zealand School of Acupuncture and Traditional Chinese Medicine (NZSATCM) in December 2001. From the few clients I gained from the school's public student clinic, I set out to build my acupuncture, herbal, and tuina practice.

There was no official support for this transition from new graduate to practicing professional. It was up to me to register with an Acupuncture Register and start networking, attend conferences and workshops, and build relationships with more experienced colleagues. Being naturally a quiet and shy person most of my support was away from the workshop' crowds and instead I kept in touch with the school director Adejola Olatunji (founder of the NZSATCM), and my teacher Dr Henry Su who in those transitional years both

provided me with pivotal advice in times of need. Yet having their unofficial support I still found building my clinical practice isolating, uncertain and stressful. I had no one to really bounce my ideas, worries and business direction with.

Away from the safe and reassuring wings of the school supervisors I knew during those transitional years that it was important for me to keep developing my acupuncture skills of diagnosis, treatment, and client management, while all the while learning to keep intact an engaged bedside manner in the midst of balancing my business and personal ups and downs. Fortunately in my second year of study I knew in advance that I would need support for myself if I was to help and support others. So I joined my local Co-Counselling group of which I was regularly active for seven years. Not everyone's cup of tea, but in short, this helped develop what I call emotional-tools which supported my sense of cope and navigated me through that period in my work and personal life.

After graduation I rented two clinic rooms in two separate locations in the Wellington region (one Osteopathic clinic and one newly established multi-discipline health clinic). In the first year of practice I worked part-time to supplement my income to pay the rent for my home and two clinics. For the first three years of clinical practice I was focused on making-it-work. Putting into practice what I had invested a lot of my time and money into learning and I knew I had to be tenacious if I was to succeed in making my acupuncture business work. So, pounding-the-pavements I introduced myself to Doctors, Physiotherapists, and other health professionals, wrote letters of introduction and referrals, created a website, learned to navigate my way with the New Zealand Accident



Compensation Corporation (ACC) system and health insurance claims for acupuncture, and provided my accountant with what he needed, and much more.

However, after 3 years of clinical practice and feeling somewhat jaded from the experience I met my wife. From here I sold the business to live in China to spent 1 year teaching English and had the fortunate opportunity of studying in a Traditional Chinese Medicine hospital in Wuhan part-time. Not everyone has this opportunity to study in China. Wuhan is the home town of my wife and her family. It was a valuable opportunity to spend time with family. It was also a welcoming respite from self-employment.

Through contacts and with some negotiation I was able to observe and apply some practical skills at the Wuhan Traditional Chinese Medicine Hospital. Here I made friends with three English speaking Chinese Doctors in different departments within the hospital. Going with them on their daily rounds we discussed the patients' signs and symptoms, diagnosis, treatment plans and point prescriptions. In return for this opportunity I agreed to teach all Doctors once a fortnight conversational English. The topics of conversation always turned to the books of the acupuncture classics, and just as frequent the topics and culture of the West. These conversations of sharing on both a personal and professional level gave me a refreshing reassurance and confidence in the clinical work that I had done back in New Zealand. For me this support was invaluable and came just at the right time; because in the previous 3 years of building my clinical practice I would often doubt my abilities asking myself "what am I doing?" Let's be frank, setting up an acupuncture clinic in New Zealand is not easy. You need tenaciousness, commitment to care for yourself and your patients.

Having the right balance of the right support for your business and personal life is important.

Upon returning to New Zealand I wanted to do clinical practice part-time only. It took 2 years to find the balance of self-employed clinical practice and part-time work. Good fortune brought me to part-time teaching employment at the NZSATCM under the generous guiding support of Adejola Olatunj and Dr Chito Pantig. Even to this day I am lucky to have and share support between teaching colleagues. I am acutely aware that new and old graduates do not have this type of support.

Now with 16 years clinical practice and 11 years of teaching experience I find myself in a position of *knowing*; knowing what it was like to transition from new graduate to a working acupuncture professional, and knowing what it is like to enjoy the sailing forward year after year with the running of my clinical practice. Looking back I have made some *valuable* mistakes both in my clinic and in teaching. I accept I will not have all the answers to every question or be able to solve every problem that comes my way. But knowing what to do when I do and when I do not know is vital.

Over the years I have seen graduates step out into the acupuncture and tuina profession. Some continue to work either full-time or part-time, some have stopped altogether, and a few have disappeared off my radar. However, from time to time I get emails from graduates with questions on issues ranging from difficult clinical cases, employment issues and how to negotiate employment or a rental contract, to discussions and problem solving of ethical issues, or just a listening ear.

It is from these experiences of unofficially mentoring and having the good fortune of informally being mentored that I find myself in the position where I wish to research mentoring, with the aim of providing practical and meaningful information which may assist the initiation of a pilot acupuncture mentoring program in New Zealand with a particular focus with new graduates.

### **1.3 Acupuncture mentoring in New Zealand**

Although graduates do have the option of seeking support from registers such as the Acupuncture NZ (formally known as the New Zealand Register of Acupuncturists [NZRA]), other registers, and alumni/teachers from education institutes, there is no formal mentoring program in place for graduates or registered members.

Mentoring programmes found in the educational and biomedical professions may help inform Chinese Medicine educators and the acupuncture profession in assisting graduates with their transition into the work-force (Moore & O'Brien, 2012).

### **1.4 Peer-group meetings in acupuncture and Chinese medicine**

One example of organized peer support has been taking place for the past 6 years in Wellington, with monthly peer group-meetings aimed at educating and supporting practitioners in the use of herbal formulas to aid acupuncture practice. The study-group is open to all Acupuncturists and limited CPD hours are given. The majority of the attendees

have been practising between 2 to 8 years (with the exception of a couple of new graduates and Acupuncturists with up to 20 years' experience).

The aim of the group is for the more experienced practitioners to share and discuss knowledge and skills with the less experienced members. This includes raising realistic confidence and confirmation of existing knowledge for diagnostic and treatment strategies. The group also provided the opportunity of a safe space for sharing of 'real stories' of complex cases for all to learn and provide feedback. It also was a time for increasing awareness of safety in combining Western medicine with herbal and acupuncture. From these monthly study meetings informal mentoring relationships have developed where a few members call upon two more experienced members (via email or/and phone) for guidance/advice.

## **1.5 Mentoring**

### **1.5.1 The concept and definition of mentoring**

The concept of mentoring appeared in Greek mythology when the Goddess Athena was asked by Odysseus to take on the disguise of a human form and act as a Mentor to his son Telemachus . According to Homer (a Greek poet and author) Athena was to give wise counsel and help to Telemachus. It is thought that from here mentoring developed into

common practice in business and trade apprenticeships for the benefit of developing skills and trade which has continued to this day (McKimm, Jollie, & Hatter, 2007).

The definition and uniqueness of the mentoring relationship' cannot be totally summarized within a few words; authors from a range of professions and trades have defined the meaning of mentoring within their own area of expertise. No *one* definitive excerpt could summarize all professions as a whole, just as no two mentoring relationships are the same; each relationship will have its own pattern of interaction which will define and shape the mentoring relationship (Eby, Rhodes, & Allen, 2008).

A mentoring relationship may not only encompass the trade, skill or profession of the mentee but may include aspects of personal-life to support the mentee in carrying out their role in a more balanced and holistic approach. At base, a mentor's role could be summarized according to Byyny (2013), as a journey whereby an experienced, caring mentor is committed to the development of a mentee and encourages them to re-examine their own ideas and to develop both personal and professional aspects of their life. The mentor achieves this by listening and talking in confidence, and openly sharing their personal knowledge and experience.

McKimm, Jollie, & Hatter, (2007) concluded that the definition of mentoring is complex and is more likely to be more definitive depending on the circumstances and the context of the profession at hand. It may involve aspects of *coaching* or *supervision*, however the role of the mentor is generally broader and less defined than the above two suggest, and yet may involve elements of both (Spiller, 2011). Many professions have created literature within their own fields' which have sort to define and differentiate between the role of mentor and coach, including supervisor and teacher.

To further define the role of the mentor, supervisor, teacher, guide, and coach; an on-line Cambridge Dictionary, (2017) search revealed the following. However, these definitions are by no means absolute. The reader should take care to keep in mind that these roles can take on a different definition, specific or broader depending on the philosophical and paradigm approach of the profession.

**1. Mentor**

“a person who gives a younger or less experienced person help and advice over a period of time, especially at work or school”

**2. Supervisor**

“a person whose job is to supervise someone, or something”

**3. Teacher**

“someone whose job is to teach in a school or college”

**4. Coach**

“someone whose job is to teach people to improve at a sport, skill, or a subject”

## 5. Counsellor

“someone who is trained to listen to people and give them advice about their problems”

## 6. Guide

“a person who influences what you do or think”

*“No one definition of mentoring could summarize all professions as a whole, just as no two mentoring relationships are the same...” (Eby, Rhodes, Allen, 2008)*

### 1.6 History of the Acupuncture NZ (NZRA)

With a current membership of 618 (including full and student members) the NZRA is the largest professional body for practitioners of acupuncture and Chinese herbal medicine and provides advocacy and professional support for members, including communication with ACC, the Ministry of Health, and the general public. Courses, seminars and workshops are offered all year round which enable members to maintain and develop skills while achieving their [members] CPD requirements. Communication for members is distributed via a monthly newsletter to ensure members are kept informed about current issues. An annual conference combined with an AGM brings together local and international presenters to ensure members are fully informed about current issues. The workshops and meetings are also an opportunity for professional relationships to develop.

### **1.7 History of the NZ School of Acupuncture and Traditional Chinese Medicine**

Established in 1989 the New Zealand School of Acupuncture and Traditional Chinese Medicine (NZSATCM) is the longest-running educational institution of its kind in New Zealand offering a 4 year program of BHSc Acupuncture, a 2 year Diploma of Tuina, a 3 year Diploma of Chinese Herbal Medicine, and a 3 year part-time post-graduate MHSc of Traditional Chinese Medicine.

### **1.8 A brief history of Acupuncture Mentoring Programs in the UK and Australia**

Both the AACMA and the BAAC acupuncture mentoring programs were officially started in January 2016. Before 2016, acupuncture mentoring in the UK had begun in the mid-1990s by key persons who were qualified Psychotherapists as well as qualified (and registered) Acupuncturists. It was the compulsory mentoring and supervision within the Psychotherapy field that led to the mentoring and supervision between Acupuncturists since the mid-1990s. The key figures were able to align their acupuncture mentoring program within the BAAC register which was officially started by January 2016. In Australia, prior to January 2016, acupuncture mentoring had no official mentoring program within the AACMA register and any mentoring had been an organic development of networking relationships.

#### **1.8.1 The practicalities**

The UK mentors do their mentoring through the role as facilitator either in a group setting and or one-to-one. In Australia the mentoring is done one-to-one. Face-to-face, Skype (or similar), phone, and text are mediums which both mentoring programs encompass.



### 1.8.2 The criteria and a desire to mentor

In both the AACMA and BAcC registers, the mentor' must have at least 5 years clinical experience, and be a registered member of their respective acupuncture council. However, the AACMA mentors must also be registered under the Chinese Medical Board of Australia; Australian Health Practitioner Regulation Agency (AHPRA) which is a prerequisite to be a member of AACMA.

In addition to mentors being affiliated with their respective registers they must both undergo mentor training prior to registering as a mentor. The AACMA criteria ask that the mentor complete a 6 – 8 hour on-line mentoring orientation course, while the BAcC asks that the mentor complete an 8 month mentoring training course.

The current criterion for the mentee in Australia is that the mentee is eligible to be part of the mentoring program within 2 years of their graduation. In the UK mentoring is open to all Acupuncturists. The duration of mentoring for both countries are negotiated and agreed upon between the mentor and the mentee.

### 1.8.3 On-going support for the mentor

On-going support is a requirement for the BAcC mentor', which is in the form of supervision from another mentor/supervisor; either one-to-one mentoring or as part of a group mentoring. The on-going support for the AACMA mentors is currently in the form of the mentor' being able to access training material on-line, and having the mentor administrator at AACMA collect feedback from both the mentee and mentor about how the mentoring relationship is going and acting accordingly to offer the appropriate support for the mentor

and mentee. Also, for the AACMA mentor, there is current work underway to support the mentors through an on-line platform which will put in touch mentors with other mentors with the objective of encouraging sharing of ideas and support for one another.

### **1.9 The rewards for the mentoring**

For both AACMA and BAAC mentors' continued professional development (CPD) hours are awarded. While in turn the mentee is also rewarded with CPD hours for being mentored. The BAAC mentor' is paid for their mentoring service by the mentee. The AACMA mentors are not paid. However, beyond these statistical data, themes associated with reward within the mentoring relationship emerged as follows.

### **1.10 The significance of this study**

In other professions there is research into the area of mentoring in both practical and scholarly environments. Discussions outlining the structures of formal or semi-formal mentoring relationships and the benefits of mentoring have repeatedly been researched and included in professional policies, guidelines and training manuals. Research has also explored the negative dynamics of the mentoring relationship to exemplify what an effective mentor and the ideal mentee should be. But as yet there is limited research in the area of mentoring within the Acupuncture and Traditional Chinese Medicine field.

This study is significant for New Zealand Acupuncturists and in particular new graduates of acupuncture for a number of reasons. Firstly, there is no mentoring program for new graduates of acupuncture in New Zealand; currently new graduates are left to seek their own on-going support as they feel the need. This may be suitable for a few [new graduates] who know exactly what they need and where to get their support. But for others to varying degrees and for various reasons, this time of transition may bring deep uncertainty about their own future in the industry, stress, wavering confidence levels or even burn-out. These polar examples may seem extreme; however research shows these are real issues that new graduates in other professions deal with (McKimm, Jollie, and Hatter, 2007).

This being said, acknowledgement respect and appreciation must be given for the support that is available from the New Zealand Register of Acupuncture (Acupuncture New Zealand) who offer opportunities for all members to network with other colleagues at conferences and workshops. These are the times for chance meetings where members may form connections and naturally establish informal mentoring type friendships. The Register also offers guidelines and policies of running a clinical practice, and provides regular newsletters for opportunities to continue professional development. They also offer support with legal advice and issues of concern for all members.

However, assisting members with goal setting support within their practice and following up on how the practitioner is going with their goals, and facilitating the practitioner with making decisions in their business or even personal journey is simply not structured into the Register's support and understandably too; because this type of support requires time,

commitment, and experienced personnel that the administrative personnel simply are not equipped to do.

A mentoring program may provide new graduates with the support for their transition into the workplace and offer the opportunity of support for navigating the complexities of both work and personal while building their practice experience.

#### **1.11 Purpose of this study**

Currently there is no acupuncture mentoring program in New Zealand. New graduates of acupuncture face challenges in transitioning into the workplace of clinical practice. This study sets out to gather and analyse data for the purpose of providing information for the basis of piloting an acupuncture mentoring program with a particular focus on supporting new graduates within New Zealand.

#### **1.12 The study aim**

The aim of this study is to research how best to support new graduates with their transition into the workplace of clinical practice in a way that is practical and meaningful to them and the acupuncture profession as a whole.

#### **1.13 The research Question**

The research question is:

What would be a *meaningful and practical* acupuncture mentoring programme within New Zealand: with a particular focus on new graduates?

The study aimed to identify the needs and expectations of new graduates of acupuncture from the New Zealand School of Acupuncture and Traditional Chinese Medicine (NZSATCM). And explore current overseas acupuncture mentoring programs to determine what would best suit the needs of a potential pilot New Zealand acupuncture mentoring program.

#### 1.14 The research plan

For the new graduates of acupuncture:

1. To identify the needs and expectations of the new graduates.

For the key-informants of two overseas mentoring programs:

1. To explore how each mentoring program was established, including the general operations of each mentoring program.
2. To explore the experiences and opinions of the mentors, mentor trainers, and mentor program designers; and catalogue these into key themes for discussion.
3. To compare and contrast these two mentoring programs.

And finally, to discuss the combined data from key-informants and new graduates to help establish what may be a practical and meaningful mentoring program for New Zealand Acupuncturists, with a particular focus on supporting new graduates with their transition into the workplace of clinical practice.

### 1.15 Summary

This chapter gives a brief historical introduction to the mentoring relationship within the Chinese Medical setting. It also explains my history which has led me into the research of how best to support new graduates with their transition into the workplace clinical practice. The concept and definition of mentoring is discussed. A brief outline of the New Zealand acupuncture register (Acupuncture NZ formally known as the NZRA) and the NZSATCM roles in supporting Acupuncturist within New Zealand. Explanations of how the Australian and UK acupuncture mentor programs are designed and administered including criteria of the mentor and mentee. The significance, purpose and aims are explained and set against the framework of the research question and research plan.

## Chapter Two - Literature review

### 2.0 The stresses of transitioning from student to working professional

Beginning practice in the medical profession brings a challenge to newly qualified practitioners. It is a time when the graduate applies the knowledge, skills and attitudes which were gained and experienced in their education programme. This transition can be stressful, and therefore it is an important to guide, support to endeavour to help develop competent and confident practitioners (McKimm, Jollie, Hatter, 2007).

Research has shown the benefits of supporting the transition of new medical professionals into the workforce. In a qualitative study of nurses transitioning over a 12 month period into the nursing profession Duchscher (2008), distinguished this transitional process into three key stages; Doing, Being, and Knowing where the new graduates made significant changes with both their personal and professional roles at this stage of their nursing careers.

“Although this journey was by no means linear or prescriptive and not always strictly progressive, it was evolutionary and ultimately transformative for all participants”

(Duchscher, 2008). It was concluded that the study would inspire nursing education institutes and workplaces to structure transitional mentoring programs to help bridge the students’ expectations with the reality of workplace employment.

### 2.1.1 The impact of burnout

Burnout may result from prolonged job and or personal stress. It is not limited only to physicians in the biomedical field but can encompass all professions. Burnout can compromise workplace safety, patient care quality and result in a higher risk of patient misadventure (Wood & Killion, 2007). It can lead to the development of mental and emotional exhaustion, a decreased sense of accomplishment, with dysfunctional attitudes and behaviours towards colleagues or peoples' in ones care; a depersonalization towards ones job and personal life (Spickard, Jr, 2002). It is of importance to support workers both in their transitioning into new roles and in their long-standing positions. In an article of mid-career burnout amongst general and specialist physicians, Spickard, Jr, (2002) alerts the reader to a study by Murray et al., (2001), of two longitudinal studies that in 1997 US physicians in Massachusetts were less satisfied in all aspects of their professional life when compared to a similar survey in 1986. Their dissatisfaction was due to heavy workloads, limited time spent with patients, and the reduction of leisure time. Spickard, Jr, (2002), points out that contributing factors for dissatisfaction and burnout is that some physicians' may have a predisposition to burnout due to their childhood development, current personal life and family stresses within their relationships', and that certain personality types may have a low tolerance to burnout. These studies highlight that the health organizations (registers and associations) play an integral part of initiating and maintaining preventative measures through programs such as mentoring or supervision (Spickard, Jr, 2002; Williams, 2011; Wood & Killion, 2007). All mentoring programs may play a role



in reducing the risk of burnout and assist with maintaining a higher and consistent level of personal and professional well-being; not only for new graduates who are transitioning into the workforce but for the life-cycle of the practitioner’.

## **2.2 Is mentoring beneficial?**

The aim of mentoring is to benefit individuals and organisations through change or a transition, and improved effectiveness of organisations and individuals (McKimm et al, 2007). The literature is bountiful among health professions of the benefits of being mentored. It can be transformative for both personal and professional development, and to the development of the profession (Cole et al., 2016). Not only do the mentees benefit but the mentor may also grow to build leadership skills, develop a deeper sense of pride in their work, and cultivate their technical and communication skills (Won & Choi, 2017). The mutual relationship of mentoring not only benefit those involved but strengthens leadership within the industry, organization and profession. In the health profession mentoring can benefit the patients; safety, consistency and quality of care (Hawkins, 2010).

For new professional who is moving forward into their career the ultimate goal is to ease, reassure and educate them with their transition from student to working professional, including give support and guidance to the apprentice and those struggling at some level or area of their work or study (Sherman, Voight, Tibbetts, Dobbins, Evans, Weidler, 2000).

### 2.3 Current mentoring in the biomedical professions

Mentoring programs have been developed within the biomedical field for nursing, midwifery, physiotherapy, doctors, specialists and surgeons. In the nursing profession there is literature focused on identifying and understanding the pressures of the transition from student-nurse' to experienced competent nurse'. In a systematic review, Edwards, Hawker, Carrier, & Rees, (2015) set out to explore the attrition rate and pressures of the student nurse transition into the workforce, and explored mentoring programmes which were in place to support the new graduates. The results from this review concluded that both the employer and new graduates benefited from the transitioning support, and that the support strategies appeared positive irrespective of the type of support. With this, the authors suggested that the training institutes, registers and employers should play more of an important role in setting up transitional support for new graduates rather than leaving them [new graduates] to adjust to their work role themselves.

In another study, of nurses attitudes towards mentoring the evidence revealed that nurses had a positive attitude toward mentoring (Pietschp, 2012). Due to a high attrition rate in public health nursing and the lack of teachers, the student-nurses [in this study] were assigned to experienced nurses in a distance E-mentoring programme as an adjunct to the students' studies. 38 student-mentees participated over a 3 year period. The students reported that they valued the expertise and guidance of their mentors. What was also

highlighted was that the mentors gained confidence in their practice and abilities to mentor (Miller, Devaney, Kelly, & Kuehn, 2008).

### **2.3.1 Nursing and midwifery mentoring**

In nursing and midwifery, mentoring new graduates in these fields had proven to assist with developing self-confidence, professional identity, enhance clinical experience and skills, and aid emotional support and growth (Ali & Panther, 2008; Lennox, & Foureur, 2012; Eby, Butts, Durley, & Ragins 2010).

In New Zealand, a research study by Lennox & Foureur (2012), explored group mentoring of four new graduates of midwifery. Rather than be assigned, each graduate was able to choose an experienced midwife as a mentor; this created 4 graduates with 4 mentors. The aim of the mentoring was to support graduates from student' to practicing midwife in a one year transitional programme, and observe whether this model assisted in their development of confidence. The secondary aim of the research was to explore how the group model supported the mentors in passing on their experience. In a survey prior to graduation the midwifery students expressed a need for being mentored into the workforce with their top concerns being that of safety, caseload, and needing reassurance. With the completion of the program their post-survey results showed that the mentees felt they had been heard, were encouraged to be consistent and in depth with their reflective learning, felt more confident when to discriminate and when to call for support, appreciated the value of the mentoring program and ultimately gained confidence from the experience.

## **2.4 Mentoring Ethics**

Within the mentoring relationship the conduct of both the mentor and mentee are important in order to maintain integrity, justice, respect, dignity, and non-maleficence (not harm), including beneficence (benefit), fidelity and responsibility (The American Psychological Association, 2006). In the development of any mentoring program, ethical guidelines must be considered and in place which outline the conduct and boundaries of the mentoring relationship. A note to add here is that these do not outline what is good or bad mentoring skills, but rather focus on the behaviour and conduct of each within the mentoring relationship.

## **2.5 What makes a successful or a failed mentoring relationship?**

### **2.5.1 The effective mentor**

Perhaps the most effective mentoring relationships are those which have occurred naturally (Straus, Johnson, Marquez, Feldman, 2013; Howe, 2001). The qualities needed to be an effective mentor lean towards the interpersonal skills rather than the mentors technical abilities alone. According to Hawkins (2010), an effective mentor should have good interpersonal communication skills, be creative in their approach, inspire, and have vision and self-knowledge. According to a study by Straus, Johnson, Marquez, Feldman (2013), who observed the characteristics of successful and failed mentoring relationships; they found that the qualities of an effective mentor included an altruistic character, honest, trustworthy, and active listeners, with the addition of professional

experience. To further support the mentoring relationship Straus et al., (2013), recommended that regular evaluation, training opportunities, and a supportive administration, be part of a successful mentoring program.

*“There is no need for mentors to hide behind a façade of wisdom and pretend to know the answer to every problem that might arise” (Howe, 2001).*

### **2.5.2 The ideal mentee**

Just as there is a need for effective mentors who contribute to the successful mentoring relationship, there is also a need for effective mentees'; a balance of both [mentor and mentee] entering and maintaining the mentoring relationship with a healthy interplay of communication and responsibilities. Once more according to Straus et al., (2013), their research found that the ideal qualities of the mentee were: a commitment to the relationship, respect for the mentor, accountability, a good listener, and a willingness to learn.

### **2.5.3 Negative experiences of mentoring**

It is important to acknowledge the potential for negative experiences within the mentoring relationship; this, in order to understand and reduce risk of harm or fall-out between the mentor and mentee. A formal or semi-formal mentoring program should from the out-set have guidelines, boundaries and procedures in place which serve to engender mutual respect and management of the relationship. A negative mentoring

relationship can be defined as dysfunctional. A dysfunctional mentoring relationship can be the product of either or both parties; these may include draining of the mentors' time by a needy mentee, exploitation from the mentor, both the mentor and mentee's egocentricity, malicious behaviour and sabotage, harassment, and interpersonal difficulties (Burk & Eby, 2010; Allen, 2007; American Psychological Association, 2006). These may lead to feelings of failure and an unwillingness to enter again into a mentoring relationship.

## 2.6 Types of mentoring

To more clearly understand the definition of mentoring we further need to explore the types of mentoring relationships. According to Wong and Premkumar, (2015) mentoring relationships can be *formal* or *informal*. Formal are usually governed and overseen in the workplace where the organization may match (or the mentee may choose) mentors to mentees for the development of careers. Informal mentor relationships may occur naturally over any given time and are largely psychosocial; they help to enhance the mentee's self-esteem and confidence by providing emotional support and discovery of common interests, this too may develop in formal mentor relationships.

### 2.6.1 Peer to peer mentoring

A mentoring program can be transformative for the development of both the mentee and mentor. Using primarily qualitative methods Cole et al., (2016) researched the experiences of mentor programs including the challenges and responses of health researchers. eleven cases studies, three mentorship experiences and eight formal mentoring programmes were analysed. One key theme showed that the mentors and mentees learned that the relationship was reciprocal, and that it was a two-way street, a level playing field where both mentor and mentee benefited. This highlighted the need for changing old school mind-sets of the hierarchical norm. In other words; open communication and a balance of power within the mentoring relationship can be the key to a successful mentoring relationship (Straus et al., 2013).

### 2.6.2 Mentoring Models

According to Premkumar, & Wong, (2015), the mentoring relationship may transition through four stages; preparing, negotiating, enabling, and reaching closure. Different mentoring programs will have variations of these themes. There is no strict length of time for each of these stages. However, for the purpose of this study the following guidelines from the The Public Health Institute of California (2003), were used to give a general insight into the models (or stages) of the mentoring relationship. The first stage is focused at *building the relationship* - getting to know each other and begin to establish trust. Meet to discuss each their backgrounds, experiences, interests, and

expectations. This is a crucial time to set up an agreement about confidentiality, frequency of contact, what method of communication, and the boundaries of the relationship. *Secondly, exchanging more information and setting goals* – through more communication both gain more insight into the trust and deepening of the relationship. The third stage is *working towards goals/deepening the engagement* – this is usually the longest stage of the relationship where the mentor and mentee work towards achieving the goals. It is also a crucial time for open and meaningful communication, trust, and applying insight and a practical approach to hurdles and goals. And the final stage is focused at *ending the formal mentoring relationship and planning for the future* – in this final stage the continued success of the mentee is balanced with closing the relationship. However, both parties may agree that they check in with each other if want or need in future.

### 2.6.3 Practical methods of mentoring

In the digital age of communication, mentoring can be done using a variety of methods, such as face-to-face (one-to-one or in groups), via email (E-mentoring), Skype, mobile text and phone. However, a preference may be agreed upon before the mentoring relationship begins.



### **2.7 Research in Chinese Medicine mentoring in recent years**

Within the last decade, Chinese Medicine has had three influential Australian studies which have helped develop a mentoring programme within Australia.

The first study examined students' perceptions of preparedness for their entry into the workforce (Moore, Canaway, & O'Brien, 2010). 107 students in their final year of formal TCM training were invited across seven training institutes in Australia (years 3 -5 depending on the training institution). 71 participated. Eight aspects of clinical practice were surveyed and thematically analysed; interpersonal skills, confidence/coping skills, professional networks, professional practice management, professional patient management, prevention, holistic care, and self-directed learning.

The results revealed that 30% of the respondents did not feel prepared for the transition to clinical practice. While the majority indicated that they felt prepared or somewhat prepared. Some of these respondents made particular mention that their preparedness was partly due to the experience and knowledge gained with an external mentor, or through prior clinical experience. 30 respondents stated they had already got a mentor. Of these, 10 stated this had increased their confidence for transitioning into clinical practice. Of these 30 respondents 15 had previous health care industry experience, while 8 indicated they would like the profession to organize a formal mentoring program. The results from this research helped inform a strategic in linking forward to the follow-up survey of the graduates one year later.

### **2.7.1 Retention of graduates within the acupuncture profession**

The results from the follow-up survey further served to strengthen an overarching theme of the desire for new graduates to be mentored, even in the face of a low response rates. Of the original 71 participants only 12 participated (eight were practicing; five part-time and three fulltime). The predominant thematic data revealed that the one-year post graduation participants had a desire for greater clinical experience, were seeking support in establishing and maintaining their business, assistance with developing interpersonal skills within their business, and express a desire to be mentored. The authors also concluded that Chinese Medicine educators and professional registrations need to look at working closer together with more attention of the issues involving the students' transition into clinical practice for the benefit of the future retention of quality Chinese medicine practitioners (Moore and O'Brien, 2012).

### **2.7.2 Perception of mentoring**

A third study (Moore, 2011), explored the perceptions and understanding of mentoring, with 129 respondents from the Australian Acupuncture and Chinese Medicine Association (AACMA). Their perception of mentoring identified mentoring as; serving the mentee to develop confidence, personal growth, clinical practice, and clinical experience. This study also explored the participants' opinions of how an acupuncture mentoring program could be structured; these included the opinions about the

guidelines for the training of mentors, the criteria of mentors and mentees, the duration of the mentoring program, and the administrative and guidelines of running a mentoring program. The combined data from these three studies helped inform the current pilot acupuncture mentoring program in Australia is.

## **2.8 Summary**

The literature review explores current research in both the biomedical field and in particular mentoring in the acupuncture and Chinese medicine profession. Included in this chapter are three influential studies from Australia in the acupuncture field map out the progression of new graduate' transitions into the workplace clinical practice and the perceptions of mentoring within the acupuncture community. This chapter investigates the stresses of new graduates transitioning and the potential risks of burnout. It also discusses the benefits of mentoring and endeavours to balance this with the possible negative aspects within the mentoring relationship. Models and the practicalities of mentoring including ethics and guidelines are also explored.

## Chapter Three – Methodology and Methods

### 3.0 Theoretical underpinnings

By establishing a paradigm stance for this research phenomenon I wish voice my theoretical perspective of the nature of knowledge, truth, and social reality and of the methodological approaches used herein. “Paradigms are social worlds where research communities exert a powerful influence over the beliefs we consider to be meaningful and the actions we accept as appropriate” (Morgan, 2014). The researchers’ worldview about the nature of knowledge, known as epistemology links the view point or their philosophical position (Creswell, & Plano Clark, 2007; Crotty, 1998) to their understanding or belief of the nature of reality and social reality, known as ontology or *the study of being*. The paradigm [in research] from which we view the world denotes our philosophical view-point and positioning which informs methodological approaches to the research phenomenon, analysis and how we formulate our findings (Crotty, 1998).

### 3.1 Quantitative versus qualitative methods

Scientific research may approach the research phenomenon (subject-matter) from polar positions of objectivism (quantitative) or subjectivism (qualitative) with differing philosophical views aligned to each (Holden & Lynch, 2004).

Quantitative research maintains the assumption that the research itself is independent of the researcher (Creswell, & Plano Clark, 2007) and that the data is objectively obtained to measure reality. It [quantitative research] lends itself well to mathematical models of numeric statistical data which underpins the methodology of quantitative research (Williams, 2007).

Qualitative research by contrast fits well with the social-anthropological paradigm which acknowledges social, historical and cultural factors when evaluating an intervention (Kumar, 2005, p293). It requires the researcher 'to position them self' into the integral interactive role in the context of the data collection and interpretation of the data (Hicks, 2009). This interpretive approach is well suited to the qualitative researcher who may ask the participant 'open-ended questions and observe and interpret the natural responses in the context of their [participant] environment and the research question (Troudi, 2010).

In this approach, the researcher determines the elements of a research which are relevant for exploration and discussion based their [the research] paradigmatic assumptions of the social world view (Bryman, & Bell, 2014). While numerical statistics can be used to measure an individual's feelings, thoughts and beliefs, it cannot sufficiently be subjected to numerical analysis to such depth as to provide a profundity of understanding of concepts in order to gain insight into a person's views (Hicks, 2009; Meissner, Creswell, Klassen, Plano Clark, & Smith, 2011).

### 3.2 Mixed methods

The fundamental principles of a mixed methods approach is that multiple data can be gathered with differing methods which serve to strengthen the study which ordinarily may not provide comprehensive insights if only qualitative or quantitative were used separately (Harwell, 2011). In this study I have set out to employ mixed methods of subjectivism and objectivism (qualitative and quantitative mixed methods), where the quantitative approach is used to objectively identify variables and outcome measures, while the qualitative framework is aimed at gaining insight and understanding into the participants experiences and opinions (Polgar, & Thomas, 2008, p.10).

### 3.3 Pragmatic stance

Pragmatism is a philosophical tradition that originated in the US in the late 19th century which influenced American and European thought (Rylander, 2012). The development of pragmatism was collectively attributed to William James (1842–1910), Charles Sanders Peirce (1839–1914), John Dewey (1859-1952), and George Herbert Mead (1863-1931). However, it was Dewey who is perhaps more known for creating the tipping point into what is now common place in pragmatic research today. Each of these philosophers had their own variation on the theme. For the purpose of keeping this thesis succinct I will not delve into each their off-shoots of pragmatic theories which steered their collective contributions to the development of pragmatism but rather at the core pragmatism theory focus on the beliefs and actions which underpin the process of inquiry in seeking knowledge.

The worldview of pragmatism resides in the researchers' own beliefs and actions, and that

the research is about the human experience within a contextual set of circumstances. This is different from defining ontology, epistemology, and methodology; although the pragmatists' would see these as a set of beliefs and actions that are inherent their context (Morgan, 2014). Ormerod, (2006) says "pragmatism is a word we commonly use to describe a particular way of addressing and resolving issues, a way of acting". In seeking truth of the human experience and of opinions and ideas, a pragmatic approach is well suited to a mixed methods research design. The basic objective of pragmatism is to use a coherent mix of both practical and philosophical tools which *work* and are best suited to the research design (Morgan, 2014). Unlike RCTs where the research is deemed robust if methodology and methods are reproducible by different researchers'; whereas to reduce the risk of cherry picking data, mixed methods research also needs to be robust in methodology and method, however the interpretation of data may vary in depth to some degree depending on the experience of those interpreting (Scotland, 2012).

### 3.4 Inductive approach

Dewey's contribution to pragmatism also included the theory of deduction (deductive) and induction (inductive) research methods (Morgan, 2014). Simply put, deductive research works towards testing a hypothesis with results that seek to confirm, disprove or modify. Before research takes place, underlying models and concepts that are measureable are put in place and are used as the basis for the creation of observable and tangible evidence (Gray, 2009). An inductive approach sets ready for data collection, for example through

interviews or surveys, and only after these events is the data analysed to seek emerging frequent, dominant, or significant patterns and themes that is representative in the raw data, without the restrictions enforced by controlled methodologies (Thomas, 2006; Gray, 2009).

### **3.5 Chosen methodology**

As the study is focused on analysing people's perceptions, experiences, beliefs, and actions they have taken; a mixed method pragmatic inductive approach to the research method was chosen. In grasping the concepts of phenomenology I came to understand that a pragmatic inductive approach best suited a naturalistic inquiry which allowed me freedom of interaction with the participants and myself using both qualitative and quantitative inquiry.

### **3.6 Research design**

This study design was a pragmatic inductive study of new graduates, mentors, mentor trainers, and mentor program designers which set out to explore what would be a practical and meaningful mentoring program for Acupuncturists in New Zealand with a particular focus on new graduates. An invitation to participate in an on-line survey and another invitation to participate in a follow-up interview were conducted for new graduates. An invitation to participate in an interview was sent to mentors, mentor trainers and mentor program designers, each with their own set of interview questions. Details of the study design are outlined in this chapter.



With a pragmatic inductive mixed method approach, this research was able to conduct interviews which were semi-structured to allow a naturalistic method of inquiry to emerge. Some quantitative data was also extracted from the interviews. The on-line survey used both quantitative and qualitative questioning.

### **3.7 Setting**

I have been a teacher at the New Zealand School of Acupuncture and Traditional Chinese Medicine Wellington campus for 11 years, and have had teacher-student contact with all students over the 4 year period of their training. The NZ School of Acupuncture and TCM have two campuses located in both Wellington and Auckland. The school offers a 4 year full-time Bachelor of Acupuncture (BHSc Acupuncture) and a 3 year part-time post-graduate Masters of Acupuncture (MHSc Chinese Medicine), plus a 2 year diploma of Tuina, and a 3 year diploma of Chinese herbal medicine. From here, new graduates can register with the Acupuncture New Zealand (formally known as the NZ Register of Acupuncturists). This study focused on all of the 2016 graduates of acupuncture (BHSc Acupuncture).

The research also interviewed key-informants in the acupuncture mentoring field in Australia and the UK. These key-informants were made up of mentors, mentor trainers, and mentoring program designers.

### 3.8 Ethics

Ethical approval was obtained following a review by the NZ School of Acupuncture and Traditional Chinese Medicine Wellington Human Ethics Committee. Research should protect and uphold the dignity, safety, moral and ethical values which should in the best interest of the participants cause no harm as a result of the research being done (Hicks, 2009). A number of ethical concerns were considered prior to this study commencing. One issue is that I am a teacher at the NZSAO and am also a member of the NZRA. I needed to assure new graduates that their opinions were confidential and would not influence their relationship with the school or the NZRA. I also needed to ensure that the new graduates did not feel coerced into participating in the study. And it was also important that all participants (new graduates and key-informants) understood that they were free to withdraw their consent to participate at any time without consequence.

With each step of the study design, data collection, and analysis, ethical considerations were taken into account, in particular knowing what to leave in and what to leave out based on the concern of identifying participants. Informed consent for the on-line survey was made clear in the invitation email which stated “by participating in this survey you give implied consent” (see appendix 3). And for all interviews a consent form was completed by all participants upon acknowledging they had read and understood the information sheet provided that outlined the study. For the on-line survey of new graduates, one (1) email was sent via the NZSAO Auckland administration personnel (not from the researcher), and one (1) final follow-up reminder was sent two weeks later. Emails to the key-informants in

Australia and the UK were sent initially to make contact and to ask if they were interested in participating, whereupon further communication developed which ensued with an information sheet and a consent form. Interviews were conducted in a manner that took care not to offend, upset, or dominate participants and suppress their freedom of expression.

### **3.9 Sampling and recruitment**

#### **3.9.1 Sampling**

The study focused on two groups: new graduates and key-informants (key-informants: mentors, mentor trainers and mentor program designers [see table 1]). The new graduates were chosen because of my desire to specifically research their opinions, expectations and their needs at a crucial time of their transition into the workforce. The new graduates of acupuncture for the year 2016 were chosen from the NZSAO at both the Wellington and Auckland campuses whereupon they were invited to participate 2 months after graduating.

The key-informants were chosen because I believe they were in the best position to share their experiences, opinions and information as acupuncture mentors, mentor trainers and mentor program designers. With a focus on better understanding the new graduates and wanting to better understand the roles and experiences of the key-informants; I felt collectively that these two groups were best suited to answer my research question of what would be a practical and meaningful mentoring program.

Table 1				Study Participants	
<b>New Graduates (NG) <i>n</i>=7</b>		<b>Pseudonym</b>	<b>On-line Survey</b>	<b>Interviews</b>	
On-line survey & Interviews		NG 1	✓	Did not want to be interviewed	
		NG 2	✓	✓	
Participants from the on-line survey had the option of having a follow-up interview by leaving their email address		NG 3	✓	✓	
		NG 4	✓	No response to Interview invitation	
		NG 5	✓	✓	
		NG 6	✓	Did not want to be interviewed	
		NG 7	✓	✓	
<b>Mentors (M) <i>n</i>=4</b>			<b>Pseudonym</b>		
Interviews			M 1		
			M 2		
			M 3		
			M 4		
<b>Mentoring Program Designers/Mentoring Trainers (MPD/T) <i>n</i>=3</b>			<b>Pseudonym</b>		
Interviews			MPD/T 1		
			MPD/T 2		
			MPD/T 3		

### 3.9.2 Recruitment

Email addresses of all new graduates ( $n=15$ ) for 2016 were already held in the database of the NZSAO administration system for both Wellington and Auckland campuses. The email addresses were used as a point of contact to formally invite each new graduate to participate in an on-line survey titled “Please help with the development of an Acupuncture Mentoring program”. All email invitations were sent from the NZSAO administration email address by an administration personnel based in Auckland. I was not privy to the email addresses however I was able to reply to the on-line survey participants who indicated that they would like to participate in a follow-up interview after they had left their email address as a point of contact.

The key-informants were located in the Australia and the UK. The Australian participants were located via communication with the ACCMA administrator who passed on my email address along with a brief introduction of this study. From Australia two key-informants replied to my request. In the UK two potential participants were initially located from an internet search via the UK based ‘mentoring/supervision of Acupuncturists’ website which from here lead to a total of  $n=38$  potential participants being contacted because of one member forwarding my introduction email to their group members contact list.

### **3.10 Participation and Criteria**

#### **3.10.1 Participation**

A total of 14 participants took part in this study: seven new graduates completed the on-line survey, and seven key-informants took part in interviews. Of the seven on-line survey participants; four participated in the follow-up interview.

#### **3.11 Criteria**

The new graduates of acupuncture were chosen from the current new graduates of 2016 from the NZSAO Wellington and Auckland campuses to participate in an on-line study and a follow-up interview. Key-informants, who were currently active in the field of acupuncture mentoring, and mentor training were chosen to participate in a one-to-one interview. And acupuncture mentor program designers were chosen to also participate in a one-to-one interview.

#### **3.12 Data collection**

The on-line survey was conducted and data collected using the SurveyMonkey website platform ([www.surveymonkey.com](http://www.surveymonkey.com)). An invitation email to  $n=15$  new graduates (for the year 2016) was sent. The email included one link to a cloud based document of the on-line survey information-sheet and another link to the on-line survey. The email was sent from the NZSAO administration system of the Auckland campus. A statement within the email informed the participant (new graduate) that by clicking the link and starting the survey that

they gave implied consent (see appendix 3). From the SurveyMonkey account I was able to further download the data as an Excel spread sheet and pdf format.

The one-to-one follow-up interviews with the new graduates including the interviews with the key-informants were conducted after I ensured that they had read the interview information-sheet, and understood and signed the informed consent form. Interviews were conducted using Skype video or phone. All interviews were recorded using a Sony pcm-d50 digital recorder and stored on a cloud based filing system ready for transcription.

Before formally beginning the interviews, participants were asked if they had read the information-sheet, and were given the opportunity to express any concerns and to ask questions before commencing and during the interview. They were also reassured that their identity will be secure and anonymous. Questions were a combination of open-ended and closed questions. If a participant got stuck I used a prompting script. If I did not understand a participants' meaning I was ask for clarification.

A different set of interview questions were used for each of the following groups: New graduates, Mentors, Mentor trainers, Mentor program designers (see appendices 14, 15 and 16 for each set of questionnaires). Interviews ranged from 15 minutes to 30 minutes. Interview recordings were transcribed one day to one week later (see table2) using a free transcribe assist software called InqScribe.

Table 2 Interview Data Collection Timeline				
<b>NG</b>	Pseudonym	Date recorded	Date transcribed	Date of initial coding
Interviews  <i>(including coding from the on-line survey of questions 4, 12, 14, 18, 20, 21, 22, 23, 24)</i>	NG 1	N/A	N/A	10/06/2017
	NG 2	30/03/2017	31/03/2017	03/06/2017
	NG 3	10/03/2017	12/03/2017	03/06/2017
	NG 4	N/A	N/A	10/06/2017
	NG 5	22/03/2017	23/03/2017	03/06/2017
	NG 6	N/A	N/A	10/06/2017
	NG 7	22/05/2017	22/05/2017	03/06/2017
<b>M</b>	Pseudonym	Date recorded	Date transcribed	Date of initial coding
Interviews	M 1	20/03/2017	22/03/2017	05/06/2017
	M 2	10/04/2017	10/04/2017	05/06/2017
	M 3	21/04/2017	23/04/2017	05/06/2017
	M 4	25/04/2017	25/04/2017	05/06/2017
<b>MPD/T</b>	Pseudonym	Date recorded	Date transcribed	Date of initial coding
Interviews	MPD/T 1	20/03/2017	22/03/2017	07/06/2017
	MPD/T 2	11/04/2017	12/04/2017	07/06/2017
	MPD/T 3	18/04/2017	19/04/2017	07/06/2017



### **3.13 Data management and Analysis**

#### **3.13.1 Data Storage**

The research participant is in a vulnerable position, and ethics are fundamental in the changing world of information technology, health information gathering, storage, sharing and publishing; all must align with the ethical codes of practice (International Medical Informatics Association (IMIA), 2011). Data was stored into a cloud-based server DropBox account, SurveyMonkey, and backed-up into another cloud-based server OneDrive, and backed up again onto one external hard-drive which was kept in a lockable safe. All paper notes both printed and hand-written were kept safe in a lockable filing cabinet at my home office.

### **3.14 Transcriptions**

Interview recordings were loaded individually into InqScribe software ready for transcribing. Recordings were listened to several and more times during the transcribing process and checked for mistakes. Pseudonyms were assigned to participants and any other identifiable data. Transcriptions were then copied and pasted into a Word document; a Word document was assigned to each participant ready for coding. 'Track-changes' within Word 2010 was used to code each participants' interview transcription.

### **3.15 Data Analysis**

The on-line survey of new graduates was comprised of 24 questions to assess their needs and expectations. The data results were download as an Excel file from the SurveyMonkey

account. All qualitative answers from the survey were copied and paste into a Word document to be coded. Coding began once I had completed all interviews and after I had finished transcribing (see above table 2). For the new graduates, I copied and paste all the responses into a Word document in an orderly fashion as follows; each research question along with its responses was paste into its own Word document so that each question and all the participants' responses were able to be viewed collectively to gain an overview of the responses for each said question. This process was replicated for the interviews of the mentors, mentor trainers and mentor program designers (key-informants). Next, all the transcripts were read several times to identify themes and categories. After careful consideration a coding frame was developed and segments of text were coded accordingly. This framework of codes was peer-reviewed by my Supervisor and adjustments were made to simplify and condense coding categories which helped focus on the dominant and frequent emergent themes. Following this, each theme was compared and contrasted to search for similar or contradictory themes between the cohorts [new graduates, key-informants and the literature].

### **3.16 Summary**

In this chapter the theoretical underpinnings, research design and methodological approaches are outlined. The process of sampling, recruitment, data collection, analysis and management of data, including ethical considerations are also discussed.

## Chapter Four – Results

### 4.0 Introduction

This chapter presents the findings of this study. First of all both the quantitative and qualitative data from the new graduates' on-line survey will be presented, followed by the themes that emerged from their follow-up interviews. Finally the data from the key-informants that were significant to the emergent themes will be presented. Discussion and conclusion of these results will be provided in the final chapter.

### 4.1 Sample characteristics

The demographic profile of the sample presented in table 3 were collated into three cohorts; 1) New Graduates (NG), 2) Mentors (M), and 3) Mentoring Program Designers/Mentoring Trainers (MPD/T). The response rates were as follows. A total of  $n=15$  new graduates from 2016 (from the New Zealand School of Acupuncture and Chinese Medicine) were invited to participate in an on-line survey with a response rate of  $n=7$  (46.6%). A total of  $n=38$  mentors from Australia and the UK were invited to participate in a one-to-one semi-structured interview which had a response rate of four (10.5%). And a total of four mentors (from Australia and the UK) were invited to participate in a one-to-one interview which had a response rate of three (75%).

#### 4.2 The new graduates on-line survey

The on-line survey invited new graduates of 2016 from the two campuses of the NZSATCM, one from the Auckland campus and six from the Wellington campus. Of the seven new graduate participants from the NZSATCM there were two male and five female with the majority aged in the thirties. At the time the on-line survey was sent out (2 months after the final exams) two were in current clinical practice, two were not practicing and three were in the process of organizing their clinics. A follow-up interview of the on-line participants was conducted with four offering their consent to be interviewed (three females and one male).

Table 3 **Participants' characteristics and response rate**

A total of  $n=14$  participants

<b>New Graduates (NG): <math>n=15</math> invited</b>		<b><math>n=</math></b>	<b>(%)</b>
<b><i>On-line survey</i></b>			
	<i>Female</i>	5	
	<i>Male</i>	2	
	Total Response rate	7	46.6
<i>Graduated from Wellington campus</i>		6	
<i>Graduated from Auckland campus</i>		1	
	<i>Aged within 50s</i>	1	
	<i>Aged within 30s</i>	4	
	<i>Aged within 20s</i>	2	

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**Since graduating have you started your clinical practice?***In the process of organizing to start clinical practice* 2

No 3

Yes 2

**If you answered 'No'; then why?***In process of opening clinic\** 1*Working for getting more experience* 1*Have been waiting for the school to send documents for registration\** 1*\*and having a break before starting clinical practice*

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**Follow-up interview****New Graduates (NG): n=7 invited***Female* 3*Male* 1

Total Response rate 4 57.1

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**Mentors (M): n=38 invited****Interview**Total Response rate (*female*) 4 10.5

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**Mentoring Program Designers/Trainers (MPD/T): n=4 invited****Interview***Female* 2*Male* 1

Total Response rate 3 75

#### 4.2.1 Preparedness for professional clinical practice

In tables 4 and 5, the new graduates were requested to rate their level of preparedness and confidence of how they felt about starting out in clinical practice through a series of questions using a Likert-type scale and a Maslach Burnout Inventory type questionnaire.

In wanting to gauge how the new graduates felt about how their education prepared them for clinical practice: six agreed that the teaching was helpful and prepared them for clinical practice, while one agreed that the teaching was helpful but felt they needed more support developing their preparedness. When asked about their confidence levels for starting their clinical practice one indicated they were very confident, three confident and three somewhat confident. Those who had started their clinical practice were all located in Wellington city (three). However, when all seven participants were asked how many hours had they been treating per-week in the last 4 weeks on average it was revealed that three were treating between 1 – 10 hours per-week, and two were treating between 11 – 20 hours per-week. These statistics can only assume that the latter two participants were the ones who had officially started their clinical practice while the other three were informally practicing in some capacity.

In order to understand the working habits of new graduates transitioning into clinical practice the survey asked if you are practicing part-time: are you working part-time in

another job? This question was directed at the two new graduates who stated they had started their clinical practice, however five new graduates responded. The results were; two were working part-time, two were not working part-time and one said they have not started their clinical practice yet. This question therefore could not determine whether the two new graduates who had started their clinical practice were indeed working part-time or not.

Table 4 Preparedness for professional clinical practice

Preparedness	n=
<b><i>How well do you think the NZSATCM prepared you for starting your clinical practice upon graduation?</i></b>	
<i>The teaching was helpful and prepared me for clinical practice</i>	6
<i>The teaching was helpful but I felt I needed more support developing my preparedness</i>	1
<b><i>How confident do you feel about starting your acupuncture business?</i></b>	
<i>Very confident</i>	1
<i>Confident</i>	3
<i>Somewhat confident</i>	3
<i>Not confident</i>	0
<b><i>Which city/town do you currently practice acupuncture?</i></b>	
<i>Wellington</i>	3
<i>Other</i>	0
<b><i>In the last 4 weeks on average; how many hours have you been treating per-week?</i></b>	
<i>1 – 10 hours per-week</i>	3
<i>11 – 20 hours per-week</i>	2
<i>21 – 30 hours per-week</i>	0
<i>31 – 40 hours per-week</i>	0
<i>More than 40 hours per-week</i>	0
<i>I have not started clinic yet</i>	1
<b><i>If you are practicing part-time: are you working part-time in another job?</i></b>	
<i>No</i>	2
<i>Yes</i>	2
<i>I have not started clinical practice</i>	1



#### 4.2.2 Confidence and support network

In table 5, the survey explored how the new graduates felt about starting their clinical practice they were asked “how frequently do you feel the following? I feel emotionally drained from starting-up and running my clinical practice”; one chose never, one once a month or less, one a few times a month, one once a week, and one indicated they had not started clinical practice yet, while two skipped this question.

To understand the level of emotional support that a new graduate’ may need, they were asked how they felt about working with people in the role as an acupuncturist practitioner; “How frequently do you feel the following? Working with people all day is really a strain for me”: one chose once a week, one never, two a few time a month and three once a month or less. This question was followed by asking the new graduate; “What do you have in place to support your emotional self-care?” one stated that they do not have support, one used physical exercise to support their emotional wellbeing, one stated Buddhist practice, exercise, family time, talking to other practitioners helps, one said taking timeout for myself gives support, one highlighted that their parents are supportive, one had already set up group support for themselves along with music therapy and reading, while one had family, friends and colleagues as support.

Table 5 Confidence and support network

Confidence levels	n=
<b><i>How frequently do you feel the following? I feel emotionally drained from starting-up and running my clinical practice.</i></b>	
Never	1
Once a month or less	1
A few times a month	1
Once a week	1
A few times a week	0
Every day	0
I have not started clinical practice	1
*2 New Graduates skipped this question	
<b><i>How frequently do you feel the following? Working with people all day is really a strain for me.</i></b>	
Never	1
A few times a year	0
Once a month or less	3
A few times a month	2
Once a week	1
A few times a week	0
Every day	0
<b><i>What do you have in place to support your emotional self-care?</i></b>	
I do not have support	1
Physical exercise	1
Buddhist practice, exercise, family time, talking to other practitioners	1
I take some time out for myself	1
Parents	1
Group support, music therapy and reading	1
Family, Friends, Colleagues	1

#### 4.2.3 The awareness of acupuncture mentoring

For the majority of new graduates, acupuncture mentoring was not unheard of in table 6; two indicated that they had not heard of acupuncture mentoring, while five said yes they had.

Table 6 Awareness of acupuncture mentoring

	<i>n</i> =
<i>Have you heard of acupuncture/business mentoring?</i>	
No	2
Yes	5

#### 4.3 The perception of mentoring

The transition from new graduate into clinical practice can be stressful and complex. Each new graduate embarks in this transition with their own set of circumstances, needs and expectations.

From the safety and comfort of the training institute (NZSATCM) students are guided by their clinical supervisors and given knowledge and skills by their teachers. Basic day-to-day practical business acumen is taught in the student clinics, while the skills of small business management, administrative, networking and marketing knowledge are taught in specialized classes. But with this said, the real learning starts upon graduation when the new graduates puts their skills and knowledge into practice in starting up and running their

business. It is from this point that this study includes an exploration into the needs and expectations of the new graduates, especially now that they are out of the school system and on their own in starting their working career as an Acupuncturist. To gather the new graduates expectations and current understanding of mentoring; they were asked to write (on-line survey) “what does mentoring meant to you”? Two emergent themes came from this question (all participants answered).

#### 4.3.1 Guidance from a more experienced practitioner

For all new graduates the perception of a mentor is that the mentor has more experience than the mentee. And that, with this level of experience the mentor is a guide within the mentor – mentee relationship who offers a practical approach to assisting the mentee in achieving their goals.

New Graduate no 3:

*Guiding someone with less experience through the rough/confusing aspects of their chosen career*

New Graduate no 1:

*Offering practical advice which can be translated into clinical practice*

#### 4.3.2 A two-way relationship

Most new graduates' perceived that mentoring is a two-way relationship conducted through dialog, where the mentee can receive constructive feedback, and where the mentor can be used as a sounding-board for problem solving.

New Graduate no 6:

*An experienced person in your field provides support, advice in helping you develop and learn, by providing constructive feedback and guidance.*

*Mentoring is a two way process between both parties*

New Graduate no 5:

*Sharing experiences [from the mentor], answering related questions and help for trouble shooting*

New Graduate no 2:

*Like a sounding board. I think it would be nice just to talk to people not particularly about clinic but just to spend time with other practitioners that know what we do as fellow acupuncturist*

#### 4.4 A desire to be mentored

In table 7 the desire to be mentored was explored, with four participants being interested in having mentoring, while three were interested in being mentored but not right now.

However, the three who were interested in being mentored but not right now were currently working in another job to earn money or having a break before starting up their clinical practice.

When asked if they chose to be mentored, what topics or areas of support they would want (they could chose as many options as they wanted); five chose marketing, five networking, four financial planning, four case study discussions, two personal care support or advice, and finally three just someone in the acupuncture industry to talk to.

Table 7

#### A desire to be mentored

	<i>n=</i>
<b><i>Which of the following best describes your interest about being mentored?</i></b>	
<i>I am not interested in being mentored</i>	0
<i>I am interested in being mentored</i>	4
<i>I might be interested in being mentored but not right now</i>	3
<b><i>If you were to choose to have a mentor; what aspects of your business and clinical practice would be meaningful to you? (*you may choose more than 1 answer).</i></b>	
<i>Marketing</i>	5
<i>Networking</i>	5
<i>Financial planning</i>	4
<i>Case study discussion</i>	4
<i>Personal care, support or advice</i>	2
<i>Just someone in the acupuncture field to talk to</i>	3

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*Other (own comments)* 0

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#### **4.5 The practicalities and structure of the mentoring relationship**

When asked how would you prefer to communicate (the participant could choose as many forms as they wished [table 8]); five chose face-to-face, two text messaging, five email, and three via Skype. Interestingly the phone was not chosen.

The new graduates were asked if they were to choose to be mentored then how frequent would they like to communicate with their mentor; three chose once a fortnight, two once a week, one said once a month but more frequent as required, while one said they would need to trial a set frequency but reassess it as required.

When asked how long would you like to be mentored; three indicated three months, one six months, one twelve months, while three indicated a no set time frame.

The mentor criteria and experience was asked of the new graduates; two indicated that the mentor should at least have 5 years part-time clinical experience, three at least 5 years full-time clinical experience, while one said it didn't matter as long as they are qualified and another one said that the mentor/acupuncturist needs some background in business management.

In regards to the training of a mentor; one indicated that the mentor should complete a short course in how to mentor prior to beginning to mentor, three indicated that the mentor should do a short course in mentoring and have on-going supervision, one indicated that the mentor could do an optional mentoring course prior to mentoring, while one indicated they need some sort of business acumen, and one said the mentor needs experience and skills in communication and a willingness to help.

When looking at the structure of a mentoring relationship, the new graduates were asked to indicate or voice their opinion: five indicated that they would prefer a semi-structured mentoring relationship, one preferred a group setting type mentoring relationship, while one suggested a more organic approach where the relationship structure had room to develop as the needs arose.

Table 8                      **Practicalities and structure of the mentoring relationship**

	<i>n=</i>
<b><i>If you were interested in being mentored; how would you prefer to communicate with your mentor? (you may choose more than 1 answer).</i></b>	
<i>Face-to-face</i>	5
<i>Phone</i>	0
<i>Text</i>	2
<i>Email</i>	5
<i>Skype</i>	3



Other (please specify) 0

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***If you were interested in being mentored; how frequent would you like to be mentored?***

Once a week 2

Once a fortnight 3

Once a month 0

As needed 0

Other (please specify) 2

---

***If you did want to be mentored; initially how long would you like to be mentored?***

3 months 2

6 months 1

12 months 1

More than 12 months 0

No set time-frame (as needed) 3

Other (please specify) 0

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***If you could choose a mentor; what requirements do you think the mentor should have?***

At least 5 years' experience in part-time clinical practice 2

At least 5 years' experience in full-time clinical practice 3

Other (please specify) 2

---

***Considering your answer in question 20 (previous question); what additional training for the mentor would you consider appropriate?***

A short course in how to mentor 1

A short course in how to mentor; with on-going training and support 3

An optional short course in how to mentor 1

No mentoring training necessary 0

Other (please specify) 2

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---

*If you chose a mentor; what type of mentoring relationship would you want?*

<i>An informal mentoring relationship</i>	<i>0</i>
<i>A formal mentoring relationship</i>	<i>0</i>
<i>A semi-formal one-to-one mentoring relationship</i>	<i>5</i>
<i>A group mentoring relationship (semi-formal)</i>	<i>1</i>
<i>Do you have any suggestions</i>	<i>1</i>

---

#### 4.6 The qualities of the mentor

Although none of the new graduates had ever experienced a working acupuncture mentoring relationship, they none-the-less were given the opportunity to express their current opinion of what they considered to be both a positive and negative quality of a mentor. The following questions were asked; “What would you consider to be positive qualities of a mentor?” and “What would you consider to be negative qualities of a mentor?” In analysing the responses (six participants answered), one dominant emergent theme presented; attitude plays a big part.

##### 4.6.1 Attitude plays a big role

The new graduates’ understanding of what would be the positive qualities focused on the mentors’ attitude, ability to communicate, their experience and success, availability, and the willingness to assist with the best interest of the mentee being foremost.

New Graduate no 5:

*Patience, own success, and good availability*

New Graduate no 6:

*Positive attitude, must be current in practice, open minded, easy to communicate with, have credibility*

New Graduate no 7:

*Willingness to help, experience, empathy*

Understandably the new graduates' opinions of the negative qualities of a mentor were in direct opposition to the positive qualities. However, in order of prevalence the new graduates' top opinion revealed that the mentors' attitude played a big role in the relationship, such as; an inflated ego, arrogance and self-grandeur which could form an obstacle to a working mentor relationship. This was followed by the mentors' poor technical and communication skills, and finally the mentors availability and time management.

New Graduate no 7:

*Negative attitudes, poor communication skills, flexibility, poor time management*

New Graduate no 2:

*Someone who is judgmental, egotistical and arrogant*

New Graduate no 6:

*Out of date with current research, practice issues, poor credibility,  
communication issues between parties, poor listening skills, wanting to  
do it their way rather than guide a person*

#### 4.7 The follow-up interview of the new graduates

The new graduates' follow-up semi-structured interview was aimed at exploring the needs and expectations beyond the on-line medium. All seven of the on-line survey participants were invited to participate in a one-to-one follow-up interview. Of these seven, four new graduates participated (all from the Wellington campus).

The interview was made up of six interview questions (see table 9 and appendix 12). The interview revealed that two new graduates had started their clinical practice, while the other two had not started their clinic practice due to interim personal circumstances (to reduce the risk of identity this study will not detail their personal circumstances).

Table 9                      **Statistical data at the time of being interviewed**

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**New Graduates (NG):**  $n=4$  participated in a one-to-one follow-up interview

$n=$

***Which campus did you study and graduate from? (Auckland or Wellington)***

<i>Wellington campus</i>	<i>4</i>
<i>Auckland campus</i>	<i>0</i>

***Have you started your clinical practice?***

<i>Yes</i>	<i>2</i>
<i>No</i>	<i>2</i>

***If you were offered a mentor; would you want a mentor from your area, or from another city/town?***

<i>Local</i>	<i>2</i>
<i>Another area (due to sense of competition)</i>	<i>1</i>
<i>Both local or another area would be fine</i>	<i>1</i>

***Do you think that the school (NZSATCM) and Acupuncture NZ register (formally known as NZRA) should link together and have a “bridging” mentoring program to assist new graduates with transitioning from student to a working acupuncture professional?***

<i>No</i>	<i>0</i>
<i>Yes</i>	<i>4</i>

**4.8 Working together**

When asked if they thought that the school (NZSATCM) and Acupuncture NZ register (formally known as NZRA) should link together and have a bridging mentoring program to assist new graduates with transitioning into the acupuncture profession, all four participants said yes (see table 8). Two replies below embodied the themes of all four new graduates as follows:

New Graduate no 3:

*“The school and the NZRA need to communicate more to create more of a link for us transitioning [from student to working professional], it seems we simply graduate and we’re just left out on our own”.*

New Graduate no 7:

*“I believe it, yea, yes yea it would be a good thing. Um I think you're onto something here. Um yea, just for the reason of like easing into working and just [transitioning] from studying finding um finding a place or finding a situation where um it's like everything is new sort of thing and so you'd get some guidance from an experienced person”.*

New Graduate no 5:

*“I think it is definitely good to have some sort of bridging”*

#### **4.9 The challenges of starting up clinical practice**

The two new graduates who were in clinical practice at the time of interviewing were asked; what challenges are you experiencing starting out in clinical practice? From this, one predominant theme emerged; “finding their way”.

Although as students they had experienced supervised clinical practice in their school, and had been taught how to market, network and run their business; additional emergent themes since graduating were one of becoming used to not having supervision with their decision-making in all aspects of clinical practice and business choices. With this came fears and their self-awareness for their need to build confidence, believe in themselves, and develop their own style.

##### **4.9.1 Finding their way**

For one new graduate, the challenge of running multiple rooms on a daily basis for the first time when they had never had any experience before was daunting; they were aware they needed to develop a different approach to clinical practice compared to working with clients on a one-to-one basis as they had previously at the NZSATCM.

While another new graduate was used to treating clients with acupuncture, moxibustion, and cupping (which were the modalities taught and supervised at the NZSATCM), the new graduate was also proficient in other health therapies (which were not allowed to be practiced within the NZSATCM); the new graduate was finding it a

challenge to communicate and combine their skills in a comfortable, and practical manner. Other immediate challenges were:

New Graduate no 3:

*“I find it difficult generating ‘return’ visits of clients; like a sales pitch of encouraging clients to return for treatments”*

New Graduate no 2:

*“...it was a little bit scary at first just not having supervisors there. Like I walked out of the room and I didn't have anyone to talk too so I was like aaaah!”*

#### **4.10 The new graduates’ on the possibility of being part of a mentoring program**

The final interview question gave the new graduates the opportunity to voice their thoughts on the topic of mentoring. Their opinions highlighted their current struggles and suggestions of how best to support the [them] new graduates transitioning into clinical practice.

New Graduate no 2:



*"I think [it would be] a positive step for the NZRA [Acupuncture NZ] to use this program, the mentoring program for its members... ..like, I can't just ring them [Acupuncture NZ administration] up and be like hey you know like can we catch up once a week or once a fortnight and talk about the struggles I'm having in clinic. I think we all need that..."*

*"...[some] clever acupuncturists come out of the school and completely just not, like they've started a practice and just not be able to do it, or have been trying for years and [their practice] just haven't taken-off..."*

*"...[I think] it's one thing to be talented at helping people but it's another thing to run your own business and be successful running your business"*

New Graduate no 5:

*"I think it definitely is a really good idea [mentoring program], but it is also depending on how the format is carried out, and I think that would be the tricky part... .. no matter how well and good the intention is, if it is not properly run it would run to the ground".*

#### 4.11 Semi-structured interviews with Key-informants

The Key-informants ( $n=7$ ) combine three cohorts: the Mentors, the Mentor Trainers, and the Mentor Program Designers. All of whom are either registered with the British

Acupuncture Council (BAC) or the Australian Acupuncture and Chinese Medicine Association (AACMA).

The interviews were aimed at gathering an insight into the participants' experiences and opinions of their mentoring, their motivation for mentoring, the benefits and challenges of, the needs of the mentees, the history and development of mentoring in their countries, basic administrative and practicalities of mentoring, and suggestions for the potential mentor'.

The objective of collecting this data was to assist with determining what would be a practical and meaningful mentoring program for New Zealand Acupuncturists; with a particular focus on new graduates of acupuncture; how best to support their transition from new graduate into the workforce of clinical practice.

It is important to note, that the key-informants have at some point in their career had all been mentored. Or, as is the case in the UK were currently being mentored as a compulsory requirement to mentoring. Therefore, in the interviews the key-informants were also able to share their views and experiences from a mentees' perspective.

Each cohort had their own set of interview questions with only a few questions sharing similarities between them (see appendices 14, 15 and 16 for interview questions). First, the coding analysis of each cohort was done. From this point, all codes from all three cohorts were combined to form the following themes. Descriptive data of each cohort is also presented as follows.

#### 4.12 Mentor commitment

Running parallel to these criteria', a common theme emerged from all cohorts which was indicative to the mentor having a level of commitment. The application process for both the UK and Australia seek to determine whether the mentor' has a genuine interest and commitment to developing their own mentoring skills, offering their time and support for the development of another practitioner. For all mentors, the desire to mentor was born from the experience of being mentored. The following statements revealed the theme of commitment.

MPD/T 3:

*"...[mentors need] also [to be] interested in contributing to the different practitioner' development, not just the mentee but you know through mentoring for the whole development of Chinese medicine"*

MPD/T 1:

*"...if they're [mentors], keen to support others and to support other practitioners and develop the profession in this way it then becomes very clear their level of commitment"*

M4:

*"I've always been motivated and passionate towards contributing to the growth and positive change in others and so that's always been at the centre of the choices I make mostly"*

MPD/T2:

*"...willing to make a commitment to the role of the mentoring relationship"*

#### 4.12.1 Personal and professional benefits

For all the mentors, one emergent theme revealed that both the mentor and mentee gain personal and professional satisfaction and growth. However, for one mentor the benefits include a more safe profession with having the new graduate supported in their transition.

MPD/T 3:

*"...the benefits [of the mentoring relationship] go way beyond [CPD hours] because it's a way of having someone walk with you, arm in arm linking [the mentee] to a profession and sort of being there for you [the mentee] when you're a little scared [or] when things are a bit challenging".*

M4:

*"I get a great deal of personal satisfaction out of these kinds of models [mentoring relationships]"... ..."valuable for personal and professional work"*

M1:

*"I hope that as time goes on that more people will um kind of understand the benefit [and] that it is something worthwhile doing [mentoring and being mentored]"*

MPD/T3:

*"...yep, you can't separate them [personal and professional benefits] um I suppose in our profession I would see that as being integral because of the philosophical nature of Chinese medicine"*

*"...in the short term there is a lot of professional benefits in calming young people [new graduates]... ...you know where they [mentee] can ring up and contact and bounce some ideas off [the mentor] um the less likely that they'll have great difficulties or can't deal with in their clinical practice and or find themselves on the end of complaints"*

#### **4.13 What do mentees seek?**

Throughout the key-informant' interviews the different needs of the mentees were discussed. From these a general theme emerged; the needs of the mentee are generally different between new and experienced practitioners.

MPD/T1:

*"I just want to point out that the needs of a new graduate are different to the needs of a practitioner of 5 to 20 years. There has been a thinking that in our profession that it's only the new graduates who need mentoring; and it's not"*

*"People can get very isolated [in this profession], so you know some people are coming to these groups [mentee groups] who've been in practice for 15 to 20 years going [saying]; thank god I can talk about a-b-c-and-d"*

M2:

*"It depends on what stage they are in the practice. So if they're beginners it's very focused on how do I build my practice, what do I do with this patient I don't know what to do you um I'm really stuck, um and getting into a panic, instead of being able to remember what they know"*

MPD/T 3:

*"You know sometimes people think of mentoring being important for new practitioner but I think equally its really important for old because otherwise you can sort of get um you know you kind of get a bit iced [stuck] you know liable to go off on your own tangent which obviously can have its strengths but also it can have its potential pitfalls"*

M1:

*"It kind of depends on what's going on so obviously. There are those clinical issues and patient management, sometimes colleague management, um and yea things like well support growing business obviously, and support in transitioning [from new graduate into the profession]..." "...so things like if people are wanting to take time out [from their clinic] or possibly moving into retirement you know that's quite a delicate thing about how you communicate that to your client"*

M3:

*"New graduates they tend to be more (but this isn't solely the case) on self-confidence, um practice management, um patient you know point selection, um diagnosis, um how to build a practice, um how to manage hiring a room, those sorts of things"*

*"With more experienced practitioners those issues can definitely still be there (it's not that they're not), um but it tends to be more um well going back to the burn-out, um and obviously patient management is still an issue"*

#### **4.14 Awareness of power and the challenges of mentoring**

Time and again the themes associated with the dynamics and the philosophical approaches to mentoring were present with all key-informants. The most common theme being the awareness of power within the relationship as a mentor; that the mentor and mentee are

on a level playing field, or perhaps both are wanting to be seen to be on a level playing field with how the communication and the relationship are conducted being crucial to the success of the mentoring relationship.

M2:

*“...[the] most important thing is that we're working on a level playing field and that we're levelling out the, um it isn't a top-down thing it's a much more level thing so it's enabling everyone's wisdom to come [through]”*

M3:

*“I think the word[s] mentoring and supervision can be sometimes be perceived as a top-down [hierarchical] particularly for people who have just come out of clinical or another sort of pedagogy or modality where the mentor supervisor is to tell you if it is right or wrong and is there to catch you out if you make a mistake and is there to be judge and juror sort of thing. Whereas this sort of mentoring is an antithesis of that absolutely antithesis of that, rather than being front lead it would be um... ... that you're supporting from almost from behind or beside as opposed to command from the front”*



MPD/T3:

*“...really to support the beginning practitioner to find their own way whatever way that may be as a professional. So in other words our role is not to impose our perspectives in any way aside from the rules and regulations which the board sets out...”*

MPD/T1

*“...here is an important point; it is not a top down relationship, you know it's not a model where the person who knows - telling person who doesn't know... ...they're much more level or equal supportive growing um relationship”*

#### 4.15 Suggestions for the mentor'

The final question for all the key-informants asked; what advice would you give to anyone wanting to be a mentor? First off, six of the seven key-informants pointed out that giving advice is not the approach to mentoring, and that the facilitation of the mentees learning is more in line with their mentoring philosophy. However, the following quotes were collected as an informative documentation of suggestions for current and potential mentors.

MPD/T3:

*“Leave your ego at the door would be the first thing I'd probably say”*

*“...to encourage beginning practitioners to become the best practitioners they can in their own way and their own right. So the goal is not teaching, the goal is not supervising, the role is not instructing, um the role is really to bring out the best in that person and to encourage and help that person find their own way...”*

M2:

*“Believe in yourself, trust that you if you have passion for it [mentoring] that you'll do the work that's necessary to be able to sit with others. Get lots and lots of support for yourself; make sure you feel competent and capable as possible in the room. Get trained”*

M3:

*“...elicit from the mentee from which they have their own answers”*

MPD/T2:

*“It can be one thing to have a lot of experience in clinic and another thing to be able to transmit and translate that experience through a mentoring relationship you know which is why the mentoring skills are so important”*

M1:

*“... perhaps for some [Practitioners] by asking for help or for seeking a mentor could be a sign a weakness perhaps or loss of face”*

*“I think a lot of challenge [about being mentored] is that it can be perceived as more something you go to when you're in trouble, rather than... well... ...it's ironic with in preventative medicine. Although I feel that also has changed over the years that a lot more people are graduating less with that concept”*

M4:

*“None of us [mentors] have the answers so a lot of people [mentees] can come to mentoring with the expectation of you they want you to fix it. It's an unconscious expectation just like it is with all our patients, fix me”*

#### 4.16 Summary

This analysis presented the needs and expectations of new graduates and the experiences and opinions of the key-informants [mentors, mentor trainers and mentoring program designers] in the Chinese Medicine and acupuncture profession. It provided an overview of the role of the mentor and how mentoring programs are currently structured in Australia and the UK. It also provided an overview of the mentee and mentor relationship dynamics, including the positive attributes of a mentoring relationship through the experiences of the mentors and the expectations and challenges of the new graduates.

## **Chapter Five – Discussion and conclusion**

### **5.0 Introduction**

In this final chapter, the discussion is presented in relation to the research question and aims. This study provides an exploration into the needs and expectations of new graduates of acupuncture and TCM within New Zealand, along with the experiences and opinions of mentors, mentor trainers and mentoring program designers within the Chinese Medicine and acupuncture profession in the UK and Australia. The research question set out to explore what would be a meaningful and practical mentoring program for New Zealand Acupuncturists; with a particular focus on new graduates. The purpose of this study is because there is currently no mentoring program for New Zealand Acupuncturist, in particular any mentoring support for new graduates transitioning into the workplace clinical practice. The aim was to explore how to best support new graduates with their transition

into the workplace of clinical practice based on the initial observations of the researcher and the review of current literature in other health professions. A pragmatic mixed methods approach produced statistical data, and employed an inductive analysis method of coding the qualitative data to a saturation point of emergent themes.

### **5.1 Findings discussion**

Theory and evidence suggests that the transition from being a new graduate into the workplace can be a stressful period (McKimm, Jollie, Hatter, 2007), and that proper mentoring support may assist this process (Sherman et al., 2016). Additionally, the mentee [new graduate] and mentor may cultivate both personally and professionally growth (Cole et al., 2016), which in-turn may benefit the public by maintaining and improving consistency of safety, professional conduct and retention of new graduates within the profession (Hawkins, 2010).

Consistent with the research question, the following findings have been categorized under the two main aims to this study [meaningful and practical]. An overlap of findings between these headings may be subjective and open to interpretation or discussion. However, all the data is relevant and serves to benefit the acupuncture community and public within New Zealand.

### **5.2 Meaningful**

### 5.2.1 A desire to be mentored

The new graduates in this study expressed a desire to be supported with their transition into their workplace clinical practice. Literature has suggested that there is a degree of stress which may involve both personal and professional issues which may leave the new graduate' struggling at some level and area of their work (McKimm et al, 2007; Sherman et al., 2016). The new graduates perception and understanding of a mentoring relationship are consistent with the literature, in that the mentor has more experience than the mentee and that, with this level of experience the mentor is a guide within the mentor – mentee relationship who offers a practical approach to assisting the mentee in achieving their goals (Wong & Premkumar, 2015).

### 5.2.2 The areas of need

Needs were identified in the areas of marketing, networking, financial planning, case study discussions, personal care support or advice, and just someone in the acupuncture industry to talk to. Identifying these needs is crucial in order to understand their needs and to provide effective mentoring which is meaningful; and assist with matching these areas with the skillsets and expertise of the mentor'. However, other needs will need to be identified in the course of any mentoring relationship such as the potential for burnout which may compromise workplace safety and patient care quality (Wood, 2007; Spickard, Jr, 2002). The literature is consistent with the findings of New Zealand new graduates in that each new

graduate will have their own set of needs and will transition and evolve in their own time and way through the key stages of doing, being, and knowing (Duchscher, 2008).

### **5.2.3 A link between self-care, patient safety and the benefit to the profession**

The new graduates openly shared how they currently support themselves personally. To each, their endeavour to nurture their own self-care may influence their transition and work; mentoring has been shown to transform both personally and professionally the mentee and mentor. These in turn supports the safety and quality of patient care, and strengthen the leadership and development of the profession (Cole et al., 2016; Hawkins, 2010).

### **5.2.4 The ideal mentor relationship**

The new graduates agreed that the mentors' attitude plays a big role in a two-way relationship. Quite possibly the most effective mentoring relationships are those which have occurred naterally. Other unique scenarios emerged from the literature in several stories that showed how the mentoring relationship started out with goals but then took a twist and turn into other directions (as the needs arose) to eventually blossom into something different over time (Straus et al., 2013; Howe, 2001).

Each mentor relationship will bring its own inter-relationship nuances and perhaps the most important skill to bring to the relationship is for the mentor to have good inter-personal skills, be creative in their approach, inspire, and have vision and self-knowledge (Hawkins, 2010).

These are consistent with the literature and new graduates opinions of the ideal mentor, and consistent with the experiences and opinions of the key-informants.

Another two key aspect of the mentors' is the level of commitment to relationship and their inter-personal skills is that of the mentor' having an awareness of the power dynamics within the relationship. This was identified in the key-informants experiences and opinions and are also consistent with the literature (Straus et al., 2013).

With this being said [the mentors' inter-personal skills], the ideal mentee has been acknowledged in the literature as being just as important in the areas of commitment to the relationship, respect for the mentor, accountability, a good listener, and a willingness to learn. These data not only inform both the mentee and mentor set out in potential guidelines but also inform mentor training, and ethics guidelines.

### **5.3 Practical**

The structure and practicalities of a mentoring program play an important role in the coordinating and administrative support of a mentoring program (Premkumar, & Wong, 2015). The literature has identified that the mentoring relationship may transition through



four stages; preparing, negotiating, enabling, and reaching closure. Different mentoring programs will have variations of these themes.

The new graduates in this study expressed their preferences for the duration, frequency and mode of communication. Skype, face-to-face, text messaging, and email were the chosen forms of communication. These data inform how guidelines for individual preferences which may be agreed upon before commencement of the mentoring relationship and also informs the mentor training material.

#### **5.3.1 Ethics, guidelines and policies**

Guidelines and ethical considerations must be in place prior to initiating a mentoring program (The American Psychological Association, 2006). The guidance and provision of support for both the mentor and mentee should be a constant consideration and administrated accordingly. In this research study it has been posed that the NZRA (Acupuncture NZ register) and the NZSATCM form a closer link of memorandum to help develop a new graduate mentoring program. This would then be consistent to the literature material provided by mentoring programs in other health professions that the profession administration and training institutes are in agreement and support a mentoring program.

#### 5.4 Research implications

The implications of this study help inform the NZSACTM and the NZRA on how best to support new graduates with their transition from school clinical environment to workplace clinical practice in a meaningful and practical way. The findings of this study allow educators and the NZRA to design a supportive link into the new graduates entering into the workplace while at the same time benefiting more experienced Acupuncturists in Traditional Chinese Medicine who can utilize their skillsets within a mentoring program. Several areas of importance identified that new graduates wish to have support with their transition into their workplace clinical practice. These also included identifying areas of their business that they wish to have support with. The characteristics and commitment of the ideal mentor has also been identified through the literature reviews (Straus et al., 2013), and interviews with the experienced key-informants and through the opinions of the new graduates. Practical and basic administrative structures for running a mentoring program have also been identified through the literature reviews and key-informant interviews.

Currently, in New Zealand there is research under way in the area of Acupuncture and Traditional Chinese Medicine practitioner' supervision. This has created dialog between each research project of how best to support Acupuncturists and Chinese Medicine Practitioners in New Zealand. The supervision research focuses on the profession as a whole while this herein study focuses on the transitional stage of new graduates into workplace clinical practice. This combined, informs the basis for structuring and implementing a pilot

mentoring program [be it considered optional] specific for new graduates within New Zealand.

### **5.5 Strengths and limitations**

The strength of this research is that it is an honest investigation into the new graduates needs, expectations and opinions, and the key-informants' experiences and opinions. This study has addressed only selected concepts important to the understanding of the new graduates' transitional expectations and needs, and the key-informants shared experiences and opinions.

Advertising for the new graduate on-line survey was limited to two invitation emails. In high insight posters around each campus may have raised the level of awareness of this study prior to the invitations going out 6 weeks after their final examinations. Email invitations to the Australian and UK key-informants were kept to one email invitation. Kindly, one participant in the UK forwarded their invitation email to all potential participants.

#### **5.5.1 Methodological**

The online survey for the new graduates had both strengths and limitations. Although online surveying assists the research process with a convenient access point for taking part in the survey and for data gathering, it does bias those with computer access. A limit of two email invitations were sent to all new graduates for 2016, however, it is unknown how many of

the new graduates used the NZSATCM school email address-type (example: jo.blogs@nzsao.com) whereby once they graduated may not have needed or had any reason to check or use their school email address after graduating; the researcher was not privy to the email addresses hence this is speculation.

The interpretation of each participants construct must on my part be acknowledged as the limit of saturation at the time of analysis. Although every effort was made to act impartial with the collecting and analysis of data, the project will without doubt have been influenced by my past teaching-relationship with the new graduates. One such example is that the majority of the new graduate participants were from the same campus that I taught at.

The small number of participants may have been a limiting factor; however the intent was never to conduct a generalizable study. This study has given the opportunity to create an understanding into the needs, expectations and opinions of new graduates and how better to support and prepare them.

### **5.6 Rigor and trustworthiness**

Positivist research places the importance on the methods and the research processes to help establish rigor and validity (Lincoln and Guba, 1985). The research approaches used in this study were designed to ensure rich and robust data. As teacher with a prolonged engagement of 11 years observing and becoming familiar with the needs and expectations of past new graduates through communications via email, has motivated me to embark in

this study for the benefit of the New Zealand new graduates of the future. This persistent observation and prolonged engagement with the new graduates, key-informants and the literature has in context provided scope and depth (Lincoln and Guba, 1985) of the interpretation of the emergent themes presented in this study. In order to uphold a robust credibility a triangulation process was used to comparing and contrasting and cross-referencing the emergent themes of the new graduates and the key-informants to that of the literature. The validity of qualitative research does not entirely sit within the hands of the participants as so much as it does with the supporting literature and the interpretation of the data; each has an equal part to play as a combined weight to the final results (Creswell & Plano-Clark, 2007). The dependability of this research can be at any time traced if needed in audit to provide evidence of a systematic and careful conduct that congruently supportive the chosen methodology (Baillie, 2015).

#### **5.6.1 The role of the researcher**

In quantitative research the role of the researcher is to remain objective and take steps that preconceived ideas are not forced into the research design, the gathering and the interpretation of data. However, in qualitative research the researcher acknowledges their past experiences and their personal stance on the subject matter which shape the interpretations they make through the coding and theme process. Credibility may lay in the background and theoretical positioning of the researcher in presenting a balanced and objective framing and communication of the findings and conclusion (Creswell & Plano-Clark, 2007).

### 5.7 Reflections

Additionally, the overarching limitations of this research were due to the constraints of time as this thesis needed to be completed within the schedule of a master's degree. It would also have been ideal to interview and or survey the new graduates again after 1 or 2 years after the initial survey and interviews to form a longitudinal study to be able to compare and contrast the findings. Despite all the limitations of this study, this research provides information which is directly useful to policy makers within the New Zealand Acupuncture and Traditional Chinese Medicine profession.

### 5.8 Future research and recommendations

Opportunities exist for further research. Firstly, exploration into the area of *need* for the new graduates 1 or 2 years after the original survey and interviews. The implication of this is to assist with providing the mentees and mentors with informed data and an open provision for the discussion of how best to support the mentee' and train the mentor'. Secondly, if a mentoring program does become open to all Acupuncturists in New Zealand [not limited to new graduates], then further research into the differences of needs and expectations between the new graduates when compared with more experienced practitioners who seek to be mentored. The implications of this may influence the mentor training and perhaps the assigning of mentors to mentees based on the mentors' skillset in relation to the mentees' stage of clinical practice. Additionally, further research is needed into the awareness of

mentor relationship power. The implications of this would be to provide informed data to assist with the training of mentors and provide on-going support for both mentor' and mentee' should difficult issues arise within the mentoring relationship. More research is also needed to explore the level playing field of power (Cole et al., 2016; Straus et al., 2013) in the mentoring relationship which is specific to acupuncture and Traditional Chinese Medicine mentoring. It is also recommended that if a pilot mentoring program were to be initiated; that it be an optional choice to the new graduate.

### **5.9 Conclusion**

This study explored the question of what would be a meaningful and practical mentoring program for New Zealand Acupuncturists; with a particular focus on new graduates in their transition into their workplace clinical practice. The current New Zealand new graduates gave this research study the opportunity to explore their needs and expectations, while also exploring the experiences and opinions of the key-informants who are currently active in the acupuncture mentoring field in Australia and the UK.

Based on these needs and expectations of the new graduates and the literature outlining the stresses of transitioning into the workplace and the benefits of having access to support through a mentoring program; this study has identified the value of providing such support.

The experiences and opinions of the key-informants have also been identified and aligned with the new graduates expectations and needs.

This data contributes a specific subject matter with the intention to benefit new graduates and the profession as a whole, and provides policy makers within the New Zealand acupuncture and Traditional Chinese Medicine registers with a basis for beginning discussions for structuring guidelines and policies for implementing a pilot mentoring program specifically for new graduates within New Zealand.

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## **Appendices**

### **1. APPENDIX – ETHICS APPROVAL**

Ethics signed off – you are now clear to approach participants. Please make sure the letters and consent sheets etc all have a) the school logo on them, and b) my contact details.

Hope you are enjoying your break,

Kind regards, Léonie

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## 2. APPENDIX – ADMINISTRATIVE EMAIL COMMUNICATION WITH THE NZSATCM

Hi Ric and Chito

Happy New Year to you and family.

This is my temporary email address until January 30<sup>th</sup>.

I'd like to ask you for your help please. As part of my research study I wish to formally ask if the NZ School of Acupuncture could assist by sending email to all the new graduates of 2016 (both Auckland and Wellington) inviting them to participate as part of this research of "what would be a *meaningful* and *practical* mentoring programme for NZ Acupuncturists?"

I have been given ethics approval by the school Masters Board ref: 000001, confirmation of this can be obtained from Debra Betts and Leone Walker.

The sequence of the emails for this research is as follows:

1. January 30<sup>th</sup> (ish): Email **from the NZSAO Administration** for an online survey link:  
**Survey-One**
  - a. Potentially another email as a reminder 2 weeks later.
  - b. In this email there will be an introduction and aims of this research, along with another link to a Dropbox file which candidates can access the information-sheet outlining in detail the purpose and aims of this research.
2. February: **Philip will contact directly the participants** who choose to participate in a one-to-one interview (this option to participate will be in the online Survey-One which will require the candidate to type in their email contact detail). Philip will email each candidate individually; explaining they gave permission to be contacted via their email address, and a brief introduction, and on how to arrange a time for the research interview, and the following document
  - a. The consent form for the research interview.

3. February-March: I will conduct a one-to-one interview with the candidates who complete the consent form to participate in the interview. This will be conducted via Skype.
4. May: Email **from the NZSAO Administration** for an online survey link: **Survey-Two**
  - a. Potentially another email as a reminder 2 weeks later.
  - b. In this email there will be a reminder introduction and aims of this research, along with another link to a Dropbox file which candidates can access the information-sheet outlining in detail the purpose and aims of this research.

To assist you with an overview of the research; attached is:

1. A copy of my ethics submission. At any time you're welcome to contact my Supervisor Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456
2. The information sheet about this research
3. A draft copy of the email to be sent by the NZSAO Administration inviting candidates for Survey-One
4. The consent form for the one-to-one interview
5. A copy of the email to be sent by the NZSAO Administration inviting candidates for Survey-Two

When emails are sent by the NZSAO Administration to the new graduates; there will be an explained option in all of these emails that the candidate may contact me directly with any questions. However, should a candidate wish to ask questions anonymously, they may reply to the NZSAO Administration with their questions. In the case they wish to remain anonymous I would like to kindly ask you to copy their question to me deleting the candidate(s) details and I will answer the questions and direct my response back to the NZSAO Administration for this to be forwarded onwards to the candidate in question.

If you have any question please do not hesitate to contact me: [pjinchina@outlook.com](mailto:pjinchina@outlook.com)

Thank you for your consideration and assistance

Regards Philip Jameson

### 3. APPENDIX – INVITATION EMAIL TO NEW GRADUATES

Dear Recent Graduate

You have received this email as a new graduate of the NZ School of Acupuncture.

This is a reminder invitation to voluntarily participate in an independent **Survey-One** on what mentoring would mean to you as a new graduate. This online survey is the first of two surveys. It is expected that a survey will take 15 - 20 minutes to complete.

**START SURVEY HERE:**

By participating in this survey you give implied consent; you can access and complete this **Survey-One** on-line by clicking this

link: <https://www.surveymonkey.com/r/RWJ7K7N>

**You have until February 28<sup>th</sup> to complete this survey.**

Survey-Two will be emailed to you in May 2017.

For more information about this research you can access the **information-sheet** pdf file by clicking this link: [https://1drv.ms/b/s!AkKsBS24yIRlwBjNi3h8aSu-8z\\_T](https://1drv.ms/b/s!AkKsBS24yIRlwBjNi3h8aSu-8z_T)

Any personal contact details or identifying features will be removed to keep your responses entirely confidential to the research team and the published results.

The results from this survey will be published as part of a research study in the area of mentoring within the acupuncture field.

We will provide you with feedback about this survey by sending out a research summary when this study is completed.

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If you have any questions or concerns you can contact:

Philip Jameson [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz) 0212307916, or my supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

Thank you for your time and contribution to this study.

Regards Philip Jameson

Philip Jameson BHSc Acupuncture

Masters Candidate

New Zealand School of Acupuncture

Ph. +64-4-021 2307916

Email: [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz)

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#### 4. APPENDIX – REMINDER INVITATION EMAIL TO NEW GRADUATES

Dear Recent Graduate

You have received this email as a new graduate of the NZ School of Acupuncture. This is a reminder invitation to voluntarily participate in an independent **Survey-One** on what mentoring would mean to you as a new graduate. This online survey is the first of two surveys. It is expected that a survey will take 15 - 20 minutes to complete.

**START SURVEY HERE:**

By participating in this survey you give implied consent; you can access and complete this **Survey-One** on-line by clicking this link: <https://www.surveymonkey.com/r/RWJ7K7N>

**You have until February 28<sup>th</sup> to complete this survey.**

Survey-Two will be emailed to you in May 2017. For more information about this research you can access the **information-sheet** pdf file by clicking this link: [https://1drv.ms/b/s!AkKsBS24yIRlwBjNi3h8aSu-8z\\_T](https://1drv.ms/b/s!AkKsBS24yIRlwBjNi3h8aSu-8z_T). Any personal contact details or identifying features will be removed to keep your responses entirely confidential to the research team and the published results.

The results from this survey will be published as part of a research study in the area of mentoring within the acupuncture field. We will provide you with feedback about this survey by sending out a research summary when this study is completed.

If you have any questions or concerns you can contact:

Philip Jameson [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz) 0212307916, or his supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

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Thank you for your time and contribution to this study.

Regards,

Jason Moi Kok Lum

Academic Quality Assurance Administrator

Phone Number: +64-9630-3546

Website: <http://www.acupuncture.ac.nz/>

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## 5. APPENDIX - INFORMATION SHEET NEW GRADUATE ON-LINE SURVEY

### Information Sheet – for on-line Surveys-One and Two



NEW ZEALAND  
SCHOOL OF  
ACUPUNCTURE  
AND TRADITIONAL  
CHINESE MEDICINE

**Title:** What would be a *meaningful and practical* Mentoring programme for New Zealand Acupuncturists?

*An examination of new graduates 'of acupuncture: of any concerns starting out in clinical practice and business.*

*Researcher: Philip Jameson*

We would like to invite you to take part in a study examining: what would be a meaningful and practical Mentoring programme for NZ Acupuncturists?

#### **Why is this study important?**

Mentoring relationships between master and student have been a part of many Acupuncture Practitioners skill development tracing back thousands of years. In recent times the establishment of Acupuncture schools has helped many students gain their skill-base who then go onwards to develop further through practice their clinical skills. There have been recent developments in Australia and the UK for offering optional supporting/mentoring relationships for new graduates and existing practicing Acupuncturists. In an aim to find what a meaningful and practical mentoring relationship would consist of for both Mentor and Mentee we are embarking research which may guide the researcher in setting up a mentoring programme for Acupuncturists within NZ.

#### **The Process**

This is an invitation to voluntarily participate in an independent **Survey-One** on what mentoring would mean to you as a new graduate. This on-line survey is the first of two surveys. It is expected that a survey will take 15 - 20 minutes to complete.

Survey-Two will be emailed to you in May 2017 inviting you to voluntarily participate in the final Survey-Two.

The results from this survey will be published as part of a research study in the area of mentoring within the acupuncture field.

If you so choose we will provide you with feedback about this survey by sending out a research summary when this study is completed.

These files will be deleted at the completion of this research study.

It is planned that the study will be completed by September 2017.

### **Participation**

Your participation is completely voluntary. If you decide not to take part this will not influence any future relationships with the researcher, or the NZ School of Acupuncture, or Acupuncture NZ, nor influence your future career.

You will be sent a copy of the report if you so choose.

### **Confidentiality**

Any personal contact details or identifying features will be removed to keep your responses entirely confidential to the research team and the published results.

You may withdraw at any point during the on-line survey.

### **Storage of Information**

Information and material produced during the course of this research will be stored securely at the Home Office of Philip Jameson in Wellington. Data obtained during the course of this research will be kept for five years and then will be destroyed.

### **Other Information**

Please consider the facts in this information sheet carefully. If you decide that you would like to take part in the research, you have the choice to click the email link which will commence the Survey-One starting February 2017; we request you start and complete this survey within 4 weeks of receiving your email invitation (and Survey-Two which will be sent to you in May 2017).

This study has received ethical approval from the the NZSAO Ethics Committee Approval Reference number 000001

If you have any questions regarding the ethical aspects of the study, you should in the first instance contact the Project Lead, at the NZ School of Acupuncture, Philip Jameson:

[philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz) Phone: 0212307916

If you have any concerns about the ethical conduct of the research you may contact supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

Information gained during the course of this study will be collated by the researcher on completion of the process the (anonymised) results may be published in peer reviewed

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journals and presented at the Acupuncture NZ (formally the NZRA) forums such as conferences and the Acupuncture NZ website.

**By clicking on the link in the email inviting you to participate to start the Survey-One you give implied consent to participate in this research study.**

Please feel free to contact the researcher if you have any questions about this study.

Thank you for taking the time to read this document.

Philip Jameson BHSc Acupuncture

Masters Candidate

New Zealand School of Acupuncture

Ph. +64-4-021 2307916

Email: [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz)

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## 6. APPENDIX – ON-LINE SURVEY FOR NEW GRADUATES (WORD DOCUMENT VERSION)

### Online Survey-One

This on-line survey is anonymous, and data collected will not identify your email link.

Thank you for participating in this on-line Survey.

1. Are you:
  - a. Female
  - b. Male
  - c. Gender Diverse
2. When you graduated; what was your age?
  - a. In my 20s
  - b. In my 30s
  - c. In my 40s
  - d. Over 50
3. Since graduating, have you started your clinical practice?
  - a. Yes
  - b. No
  - c. I am in the process of organizing to start clinical practice
4. If you answered 'No' in question 3; then why?
  - a. I have started clinical practice and wish to skip this question
  - b. I am having a break before starting my clinical practice
  - c. I do not want to start clinical practice and intend to do something else

5. How well do you think the NZ School of Acupuncture prepared you for starting your clinical practice upon graduation?
  - a. The teaching was helpful and prepared me for clinical practice.
  - b. The teaching was helpful but I feel I needed more support with developing my preparedness
  - c. The teaching was not helpful in preparing me fully for clinical practice
6. How confident do you feel about starting your acupuncture business?
  - a. Very confident
  - b. Confident
  - c. Somewhat confident (a mixture of confident and not confident)
  - d. Not confident
7. Which city/town do you currently practice acupuncture?
  - a. \_\_\_\_\_
  - b. I have not started clinical practice
8. In the last 4 weeks on average; how many hours have you been treating per-week?
  - a. 1 - 10 hours per-week
  - b. 11 - 20 hours per-week
  - c. 21 - 30 hours per-week
  - d. 31 - 40 hours per-week
  - e. Over 40 hours per-week
  - f. I have not started clinical practice
9. If you are practicing part-time: are you working part-time in another job?
  - a. I am practicing full-time: I wish to skip this question
  - b. Yes
  - c. No
  - d. I have not started clinical practice
10. How frequently do you feel the following? I feel emotionally drained from starting-up and running my clinical practice
  - a. Never
  - b. Once a month or less
  - c. A few times a month
  - d. Once a week
  - e. A few times a week
  - f. Every day
  - g. I have not started clinical practice
11. How frequently do you feel the following? Working with people all day is really a strain for me

- a. Never
- b. A few times a year
- c. Once a month or less
- d. A few times a month
- e. Once a week
- f. A few times a week
- g. Every day

12. What do you have in place to support your emotional self-care?

- a. I do not have support
- b. Describe here (eg: what makes you feel balanced). Max 100 words:

13. Have you heard of acupuncture/business mentoring?

- a. Yes
- b. No

14. In your own words; what does mentoring mean to you?

- a. I do not want to answer this question
- b. Other (please specify) max 100 words

15. Which of the following best describes your interest about being mentored?

- c. I am not interested in being mentored
- d. I am interested in being mentored
- e. I might be interested in being mentored but not right now

16. If you were to choose to have a mentor; what aspects of your business and clinical practice would be meaningful to you? **(you may choose up to 5 choices)**

- a. Marketing
- b. Networking
- c. Financial planning
- d. Case study discussions
- e. Personal care support or advice
- f. Just someone in the acupuncture profession to talk to about my week
- g. Other: \_\_\_\_\_ (max: 20 words)
- h. I am not interested in being mentored

17. If you were interested in being mentored; how would you prefer to communicate with your mentor? **(you may choose up to 5 answers)**
- a. Face-to-face
  - b. Phone
  - c. Text
  - d. Email
  - e. Skype (or similar)
  - f. I am not interested in being mentored
18. If you were interested in being mentored; how frequent would you like to be mentored?
- a. Once a week
  - b. Once a fortnight
  - c. Once a month
  - d. As needed
  - e. Other: \_\_\_\_\_ (max 10 words)
  - f. I am not interested in being mentored
19. If you did want to be mentored; initially how long would you like to be mentored?
- a. 3 months
  - b. 6 months
  - c. 12 months
  - d. More than 12 months
  - e. No set timeframe (as needed)
  - f. I am not interested in being mentored
20. If you could choose a mentor; what requirements do you think the mentor should have?
- a. At least 5 years' experience in part-time clinical practice
  - b. At least 5 years' experience in full-time clinical practice
  - c. Other: \_\_\_\_\_ (max 10 words)
21. Considering your answer in question 20 (previous question); what additional training for the mentor would you consider appropriate?
- a. A short course in mentoring prior to mentoring
  - b. A short course in mentoring with on-going training of the mentor
  - c. No mentor training necessary
  - d. Other: \_\_\_\_\_ (max 10 words)
22. If you chose a mentor; what type of mentoring relationship would you want?
- a. An **informal** mentoring relationship  
(no guidelines to the relationship and no assistance with potential dispute of the mentoring relationship)

- b. A **formal** mentoring relationship  
(a signed document by both you and the mentor of your' agreed guidelines of the mentoring relationship; where assistance may be given in any dispute situation)
  - c. A **semi-formal** mentoring relationship  
(a signed document by both you and the mentor of your' agreed guidelines of the mentoring relationship; where assistance may not be given in any dispute outside of the agreed guidelines)
  - d. Other: \_\_\_\_\_ (max 20 words)
23. What would you consider to be positive qualities of a mentor?
- a. \_\_\_\_\_ (max 20 words)
24. What would you consider to be negative qualities of a mentor?
- b. \_\_\_\_\_ (max 20 words)
25. Would you be interested in participating in a one-to-one follow-up interview (either via Skype or phone) in February or March? By clicking yes, you give permission to be contacted to arrange an interview time.
- a. Yes: please type your contact email address  
here: \_\_\_\_\_ (your email address will not link you to your answers in this survey)
  - b. No

Thank you for participating

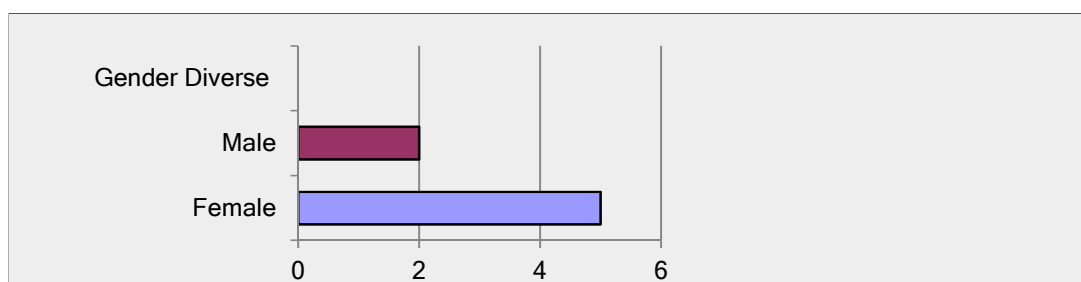
**Submit**



## 7. APPENDIX - RESULTS OF THE ON-LINE SURVEY

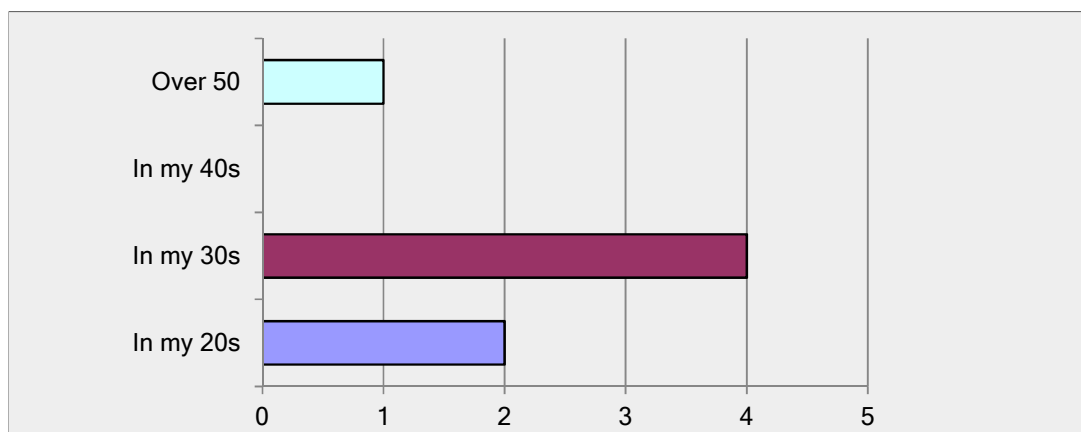
### Question 1

Are you?



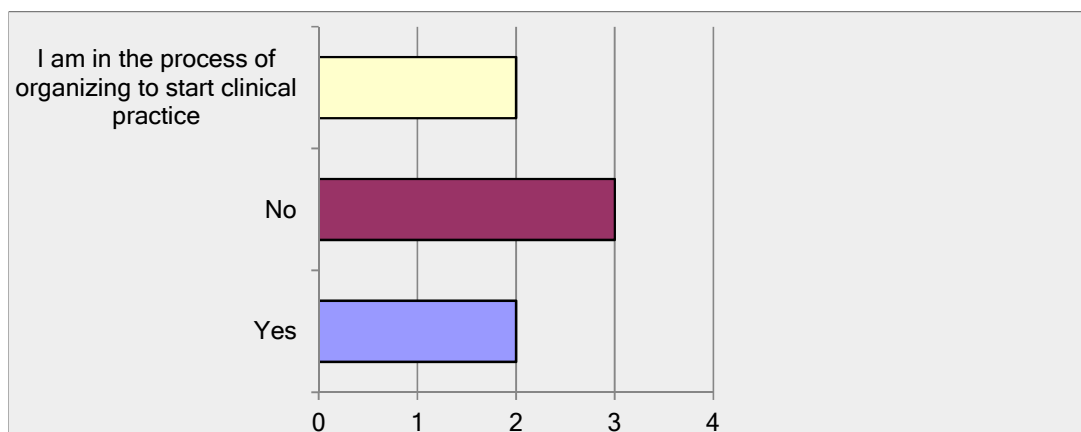
### Question 2

When you graduated from the NZ School of Acupuncture and TCM; what was your age?

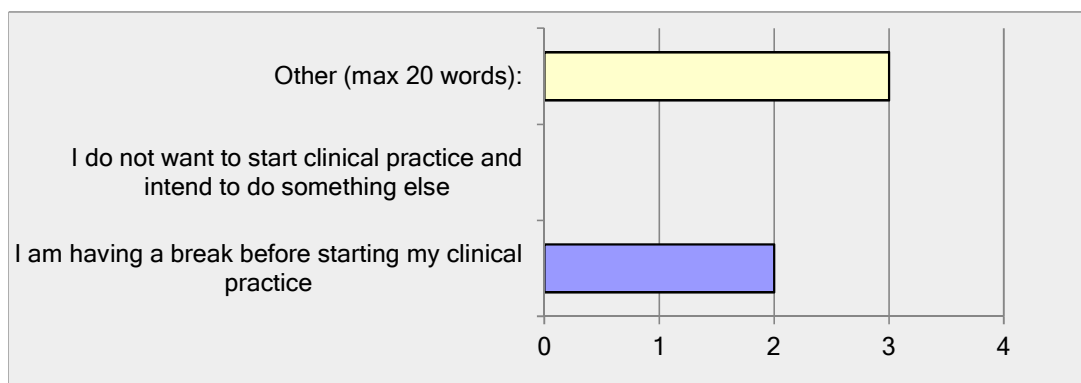


**Question 3**

**Since graduating, have you started your clinical practice?**

**Question 4**

**If you answered 'No' in question 3; then why?**



Other:

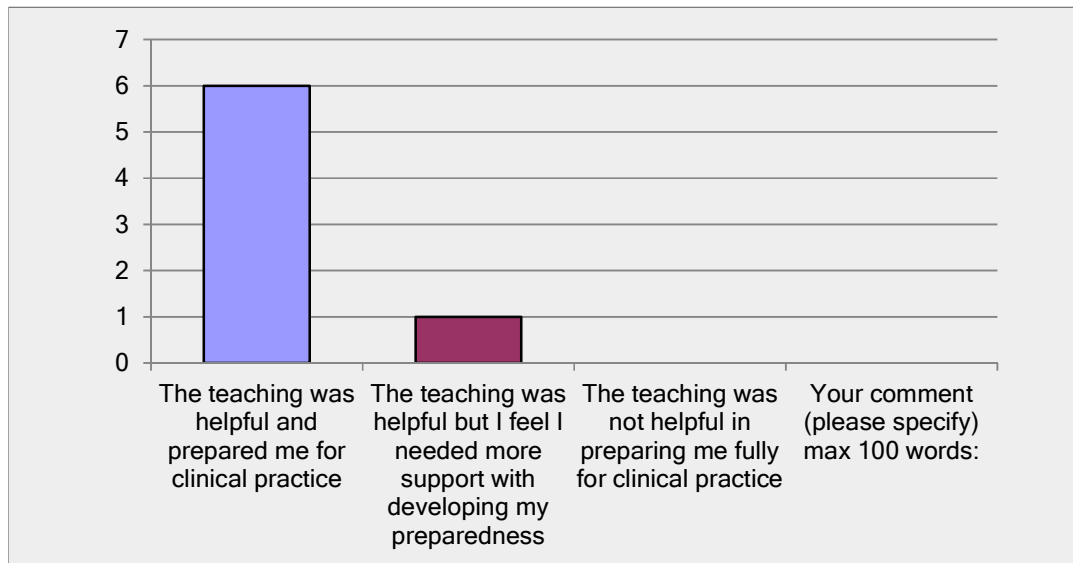
NG1: In process of opening clinic

NG4: Working for getting more experience

NG6: Have been waiting for the school to send documents for registration

**Question 5**

**How well do/did you think the NZ School of Acupuncture prepared you for starting your clinical practice upon graduation?**

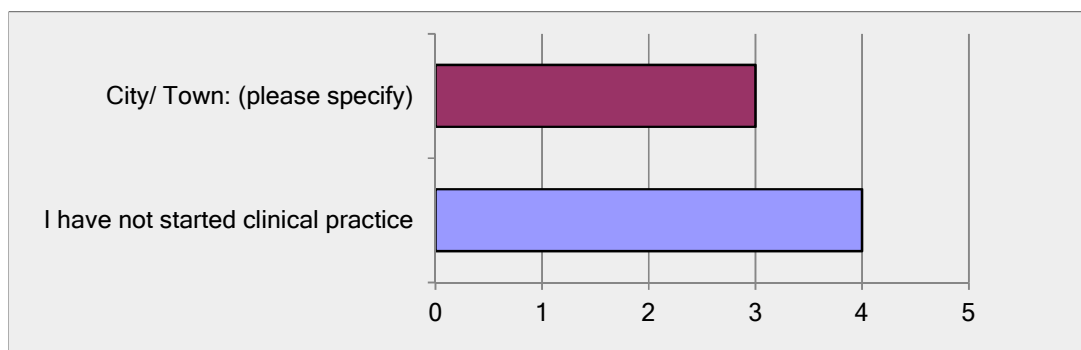
**Question 6**

**How confident do you feel about starting your acupuncture business?**



**Question 7**

**Which city/town do you currently practice acupuncture?**



Specified City/ Town:

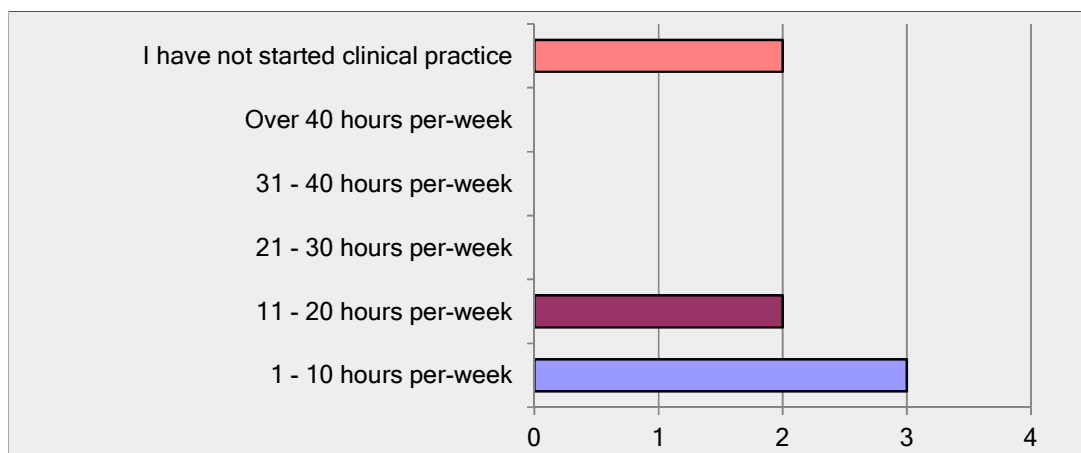
NG1: Wellington

NG2: Wellington

NG3: Wellington

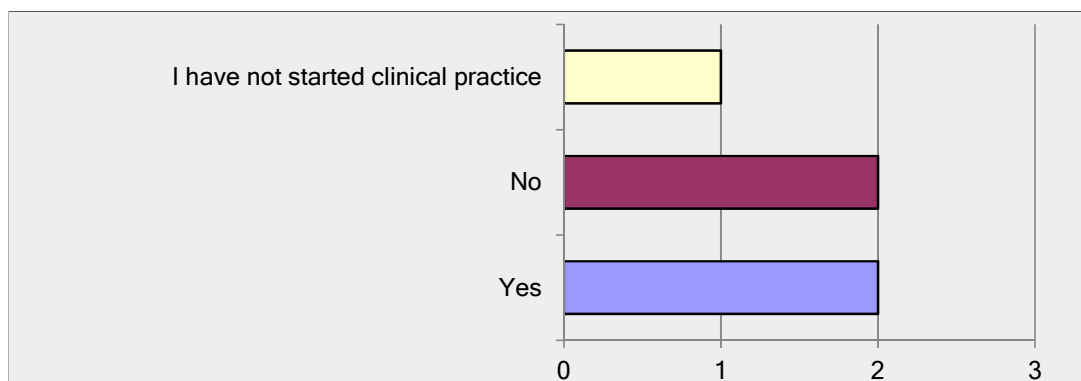
**Question 8**

**In the last 4 weeks on average; how many hours have you been treating per-week?**



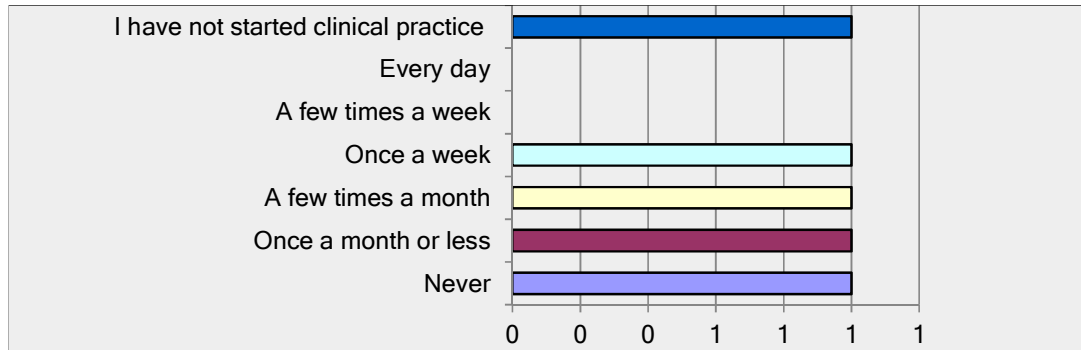
### Question 9

If you are practicing part-time: are you working part-time in another job?



### Question 10

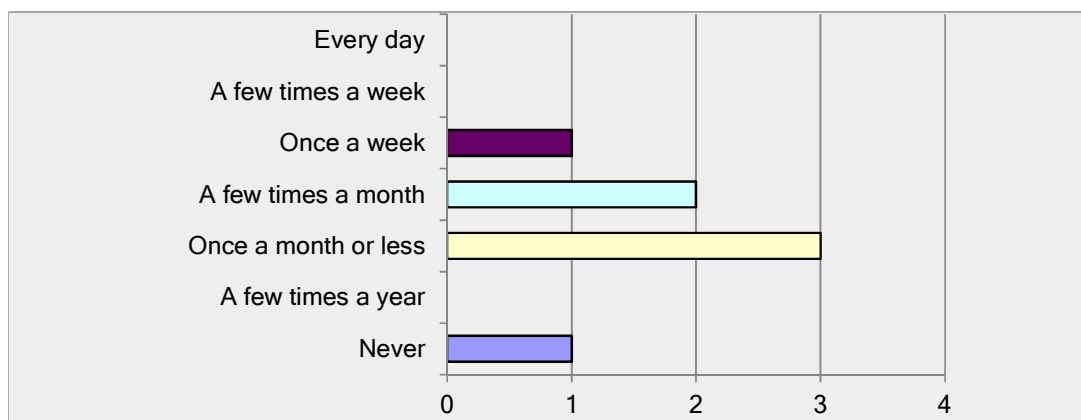
How frequently do you feel the following? I feel emotionally drained from starting-up and running my clinical practice.



2 New Graduates skipped this question

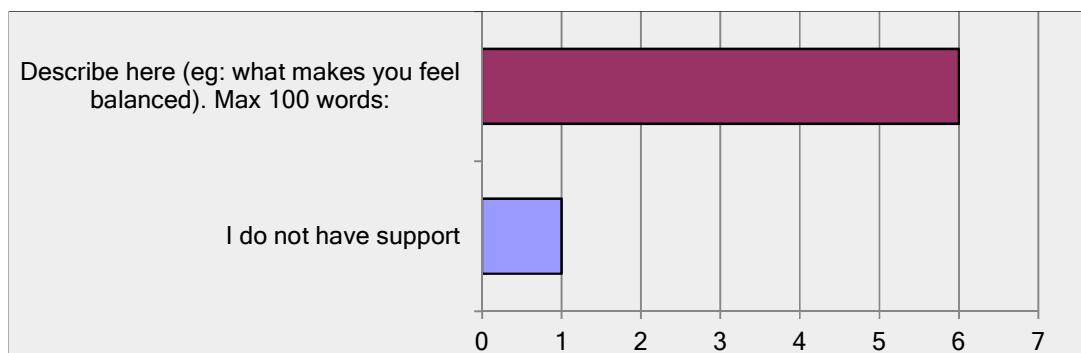
### Question 11

**How frequently do you feel the following? Working with people all day is really a strain for me.**



### Question 12

**What do you have in place to support your emotional self-care?**



Other:

NG1: Physical exercise

NG2: Buddhist practice, exercise, family time, talking to other practitioners

NG3: I take some time out for myself

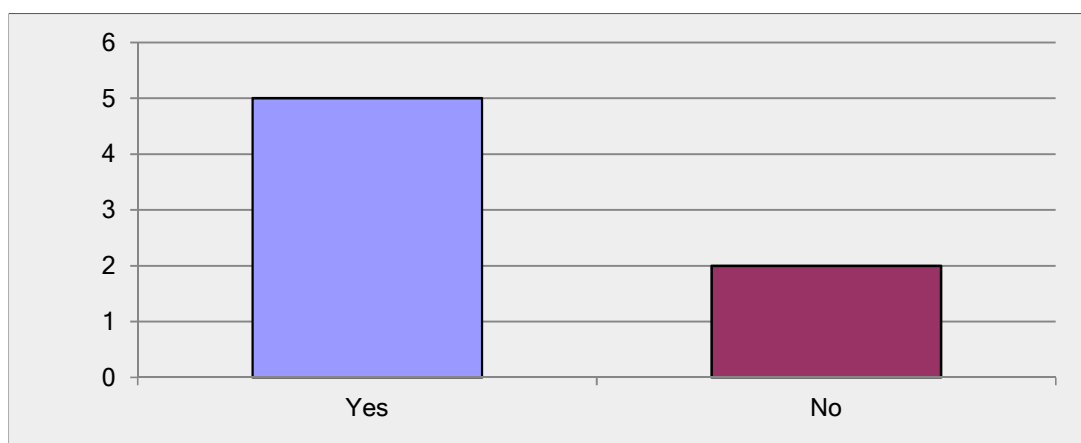
NG4: Parents

NG6: Group support, music therapy and reading

NG7: Family, Friends, Colleagues

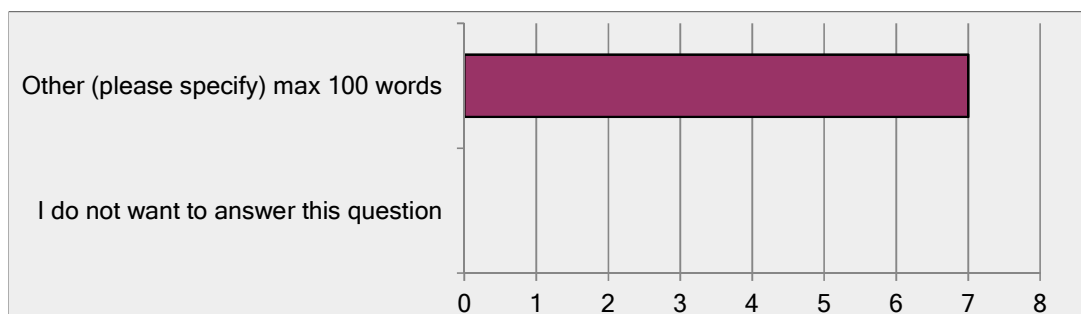
### Question 13

Have you heard of acupuncture/business mentoring?



**Question 14**

**In your own words; what does mentoring mean to you?**



Other:

NG1: Offering practical advice which can be translated into clinical practice

NG2: Like a sounding board. I think it would be nice just to talk to people not particularly about clinic but just to spend time with other practitioners that know what we do as fellow acupuncturist

NG3: Guiding someone with less experience through the rough/confusing aspects of their chosen career

NG4: Supervisor

NG5: Sharing experiences, answering related questions and help for trouble shooting

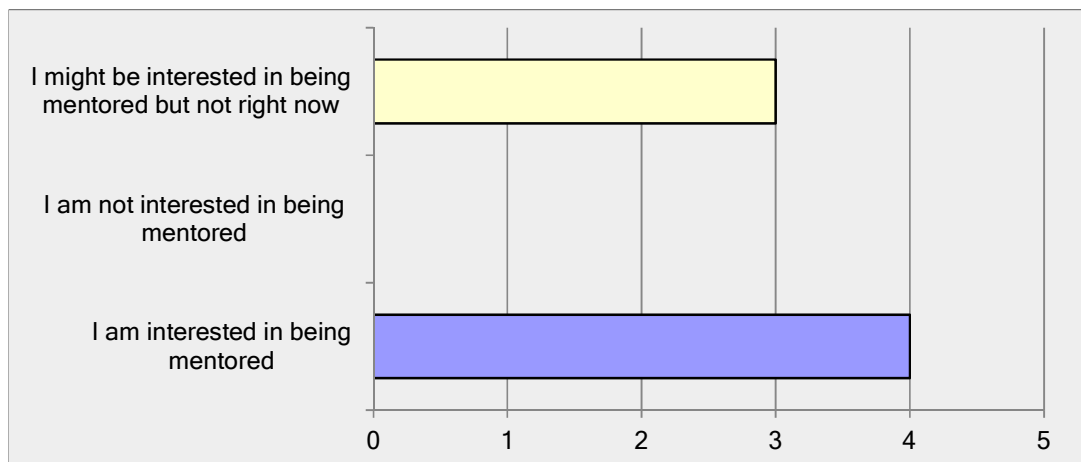
NG6: An experienced person in your field provides support, advice in helping you develop and learn, by providing constructive feedback and guidance. Mentoring is a two way process between both parties

NG7: Mentoring is giving the mentoree guidance and advice as they travel on a path that the mentor has previously trodden.

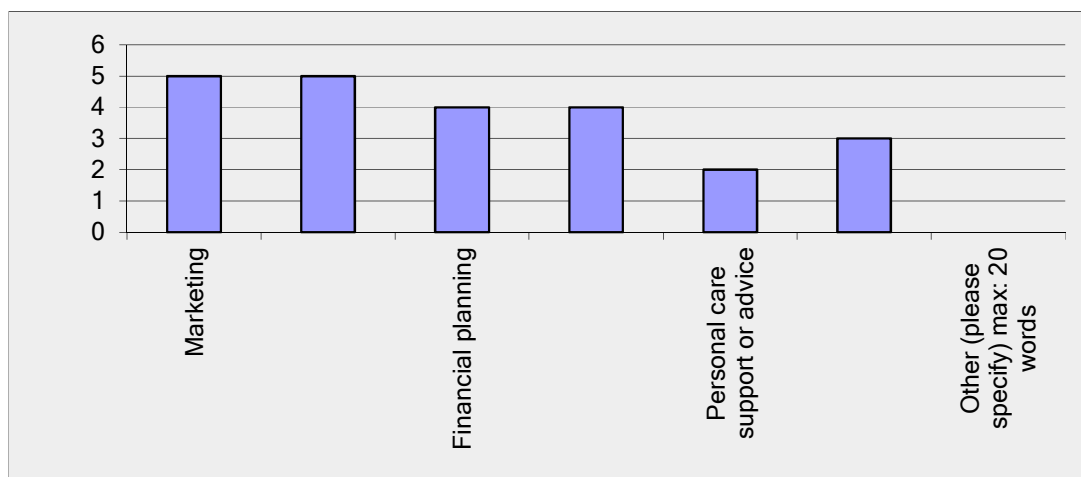


**Question 15**

Which of the following best describes your interest about being mentored?

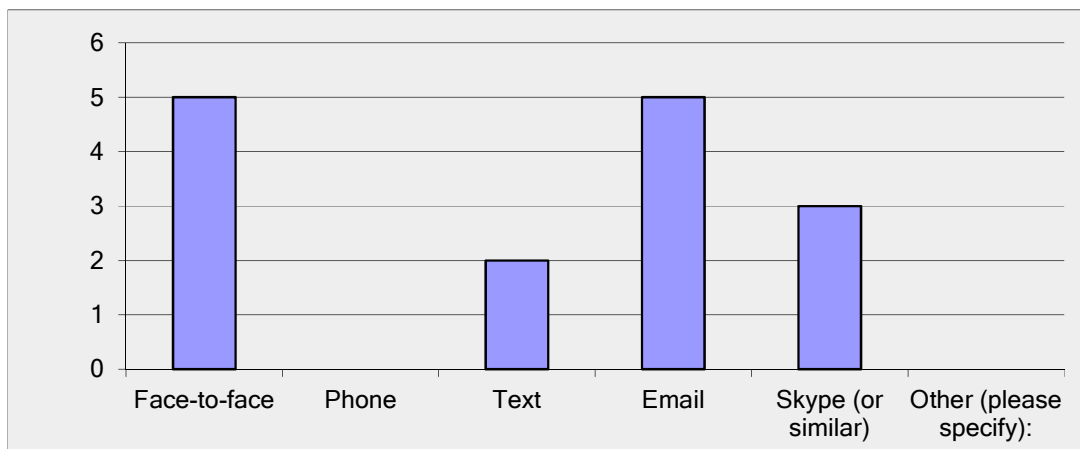
**Question 16**

If you were to choose to have a mentor; what aspects of your business and clinical practice would be meaningful to you? (you may choose more than 1 answer).

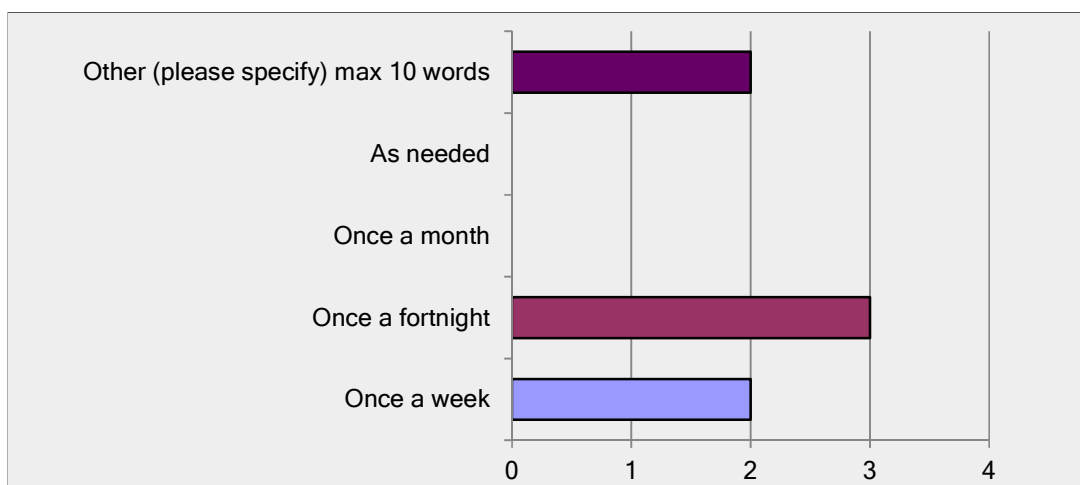


**Question 17**

If you were interested in being mentored; how would you prefer to communicate with your mentor? (you may choose more than 1 answer)

**Question 18**

If you were interested in being mentored; how frequent would you like to be mentored?



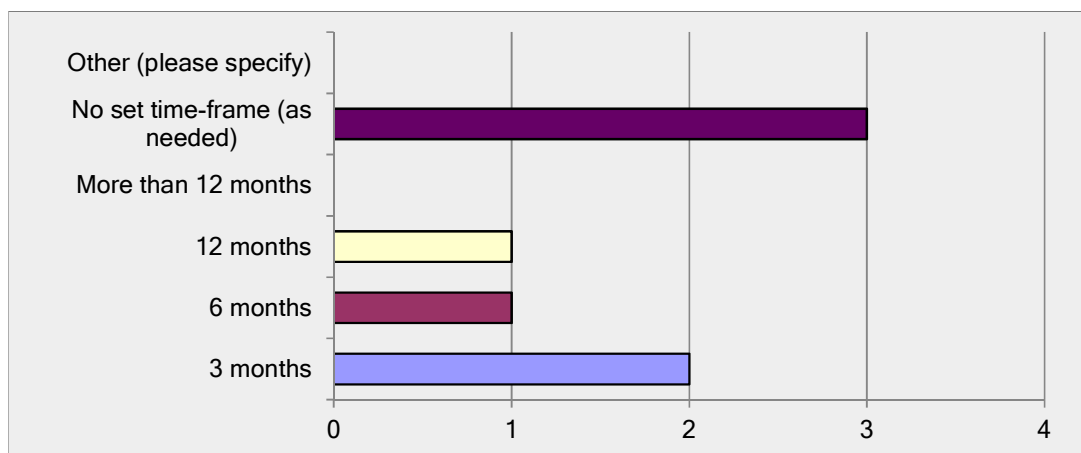
Other:

NG6: Believe this would need to be trialled initially to see what you required

NG7: Regularly once a month, but also if needs arise I would like to be able to call upon the mentor

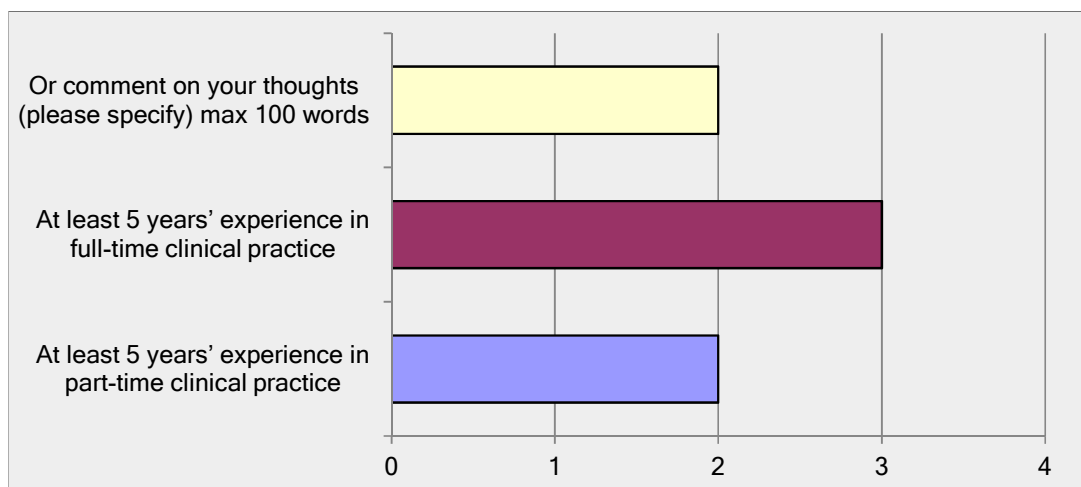
### Question 19

**If you did want to be mentored; initially how long would you like to be mentored?**



### Question 20

**If you could choose a mentor; what requirements do you think the mentor should have?**



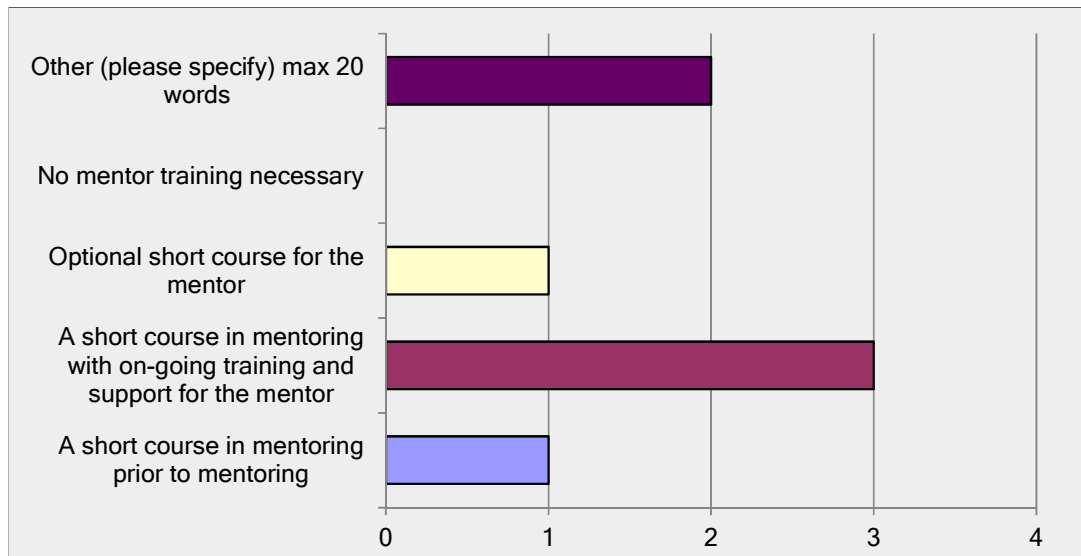
Other:

NG2: I don't think it matters. As long as they are qualified

NG6: Background in management not just acupuncture

## Question 21

Considering your answer in question 20 (previous question); what additional training for the mentor would you consider appropriate?



Other:

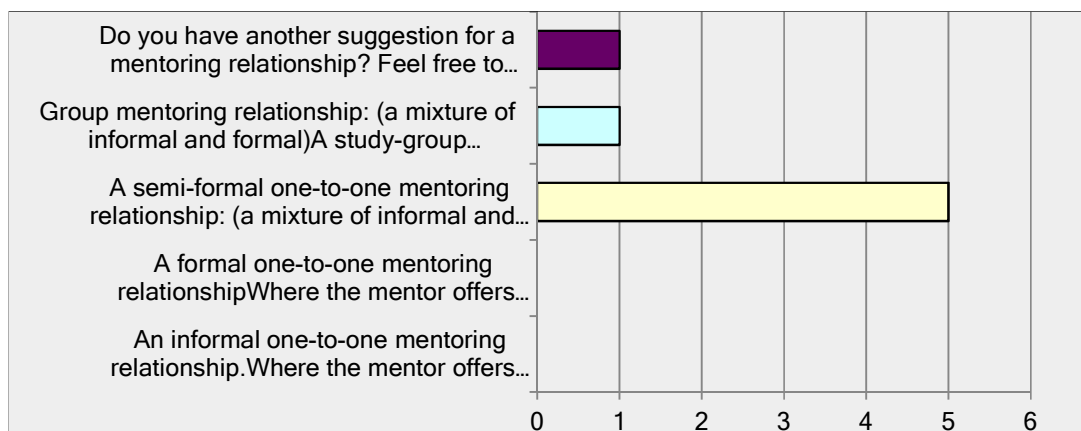
NG6: Plus business acumen

NG7: Experience, willingness to help and communication skills is most important

## Question 22

If you chose a mentor; what type of mentoring relationship would you want?

Do you have another suggestion for a mentoring relationship? Feel free to comment (please specify) max 100 words



Other:

NG6: Feel should be two way process, no point in mentor providing what they think needs to be agreed and assessed on individual basis of your requirements

### Question 23

**What would you consider to be positive qualities of a mentor?**

NG1: Patience

NG2: Them being honest and real about their experiences

NG3: Caring, good listener, helpful

NG4: Skipped this question

NG5: Patience, own success, and good availability

NG6: Positive attitude, must be current in practice, open minded, easy to communicate with, have credibility

NG7: Willingness to help, experience, empathy

## Question 24

**What would you consider to be negative qualities of a mentor?**

NG1: Arrogance

NG2: Someone who is judgmental, egotistical and arrogant

NG3: Aloof, non-caring

NG4: Skipped this question

NG5: Impatient, self-grandeur, hard to find, misleading

NG6: Out of date with current research, practice issues, poor credibility, communication issues between parties, poor listening skills, wanting to do it there way rather than guide a person

NG7: Negative attitudes, poor communication skills, flexibility, poor time management

## 8. APPENDIX – NEW GRADUATE FOLLOWUP INTERVIEW EMAIL INVITATION

Dear Survey Participant

You have received this email because recently you completed an on-line Survey-One (thank you!) giving the permission to be contacted to arrange participation for an approximately 30 minutes one-to-one interview.

The interview is voluntary and you may withdraw at any time prior or during the interview.

1. Attached is a **consent form**. If you choose to participate, it would be much appreciated if you would kindly complete this form, scan and return this by reply email. By completing and signing this form you give consent to participate in this one-to-one interview.
2. If you do consent to participating in this one-to-one interview, we would like to arrange an interview time that suits. This arrangement can be made via email when you return the completed consent form.

For more information about this research you can access the information-sheet pdf file by clicking this link: <https://1drv.ms/b/s!AkKsBS24yIRlwBdIYpbxutkdQCoY>

If you have any questions or concerns you can contact:

Philip Jameson [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz) 0212307916, or my supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

**I look forward to your reply**

Thank you

Regards Philip



## 9. APPENDIX – INFORMATION SHEET FOR NEW GRADUATE INTERVIEW

### Information Sheet – for interview of new graduates interview



NEW ZEALAND  
SCHOOL OF  
ACUPUNCTURE  
AND TRADITIONAL  
CHINESE MEDICINE

**Title:** What would be a *meaningful and practical* Mentoring programme for New Zealand Acupuncturists?

*An examination of new graduates 'of acupuncture: of any concerns starting out in clinical practice and business.*

*Researcher: Philip Jameson*

We would like to invite you to take part in a study examining: what would be a meaningful and practical Mentoring programme for NZ Acupuncturists?

#### **Why is this study important?**

Mentoring relationships between master and student have been a part of many Acupuncture Practitioners skill development tracing back thousands of years. In recent times the establishment of Acupuncture schools has helped many students gain their skill-base who then go onwards to develop their clinical skills further through practice. There have been recent developments in Australia and the UK for offering optional supporting/mentoring relationships for new graduates and existing practicing Acupuncturists. In an aim to find what a meaningful and practical mentoring relationship would consist of for both Mentor and Mentee we are embarking research which may guide the researcher in setting up a mentoring programme for Acupuncturists within NZ.

#### **The Process**

You are invited to take part in a one-to-one interview that will involve sharing your perspectives on any fears or concerns of starting out in clinical practice as a new graduate.

Scheduling of this interview can be negotiated to suit both you and the researcher Philip Jameson, and will take around 30 minutes to complete. The interviewer may take notes and the interview will be recorded. The notes and digital-audio files will be kept securely at the office of Philip Jameson located in Wellington, New Zealand. These files will be deleted at the completion of this research study.

It is planned that the study will be completed by September 2017.

#### **Participation**

Your participation is completely voluntary. If you decide not to take part this will not influence any future relationships with the researcher, or the NZ School of Acupuncture, or Acupuncture NZ, nor influence your future career.

You will be sent a copy of the report if you so choose.

### **Confidentiality**

The information you provide in the interview will be accessible only by the one (1) researcher involved in the study (Philip Jameson), and Philip's Supervisors (Debra Betts and Leonie Walker), the transcriber of any taped material (who will sign a confidentiality agreement), and your identity will be coded instead of your name.

You may withdraw at any point up until the commencement of the interview if you wish, and you may stop and withdraw at any time during the interview. The consent form will also ask you to agree to the following:

- that you have reviewed the information in this information sheet and have had any questions about the study answered to your satisfaction;
- that you agree to have the interview audio-recorded, or include visual recording;
- that you agree to maintain confidentiality of information shared in the interview;
- and
- that you agree to participate in the research study.

The interview ground rules will also be discussed on the day of the interview.

### **Storage of Information**

Information and material - excluding consent forms - produced during the course of this research will be stored securely at the Home Office of Philip Jameson in Wellington. Data obtained during the course of this research will be kept for five years, the field notes and any audio recordings will be destroyed on completion of the research.

### **Other Information**

Please consider the facts in this information sheet carefully. If you decide that you would like to take part in the research, you will be asked to complete and sign a form consenting to your participation prior to the start of the interview.

This study has received ethical approval from the the NZSAO Ethics Committee Approval Reference number 000001

If you have any questions regarding the ethical aspects of the study, you should in the first instance contact the Project Lead, at the NZ School of Acupuncture, Philip Jameson: [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz) Phone: 0212307916

If you have any concerns about the ethical conduct of the research you may contact supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

Information gained during the course of this study will be collated by the researcher on completion of the process the (anonymised) results may be published in peer reviewed journals and presented at the Acupuncture NZ (formally the NZRA) forums such as conferences and the Acupuncture NZ website.

Please feel free to contact the researcher if you have any questions about this study.

Thank you for taking the time to read this document.

Philip Jameson BHSc Acupuncture

Masters Candidate

New Zealand School of Acupuncture

Ph. +64-4-021 2307916

Email: [philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz)

**10. APPENDIX – CONSENT FORM FOR NEW GRADUATE INTERVIEW****CONSENT FORM – Interview of new graduates**

NEW ZEALAND  
SCHOOL OF  
ACUPUNCTURE  
AND TRADITIONAL  
CHINESE MEDICINE

**Title:** What would be a *meaningful and practical* Mentoring programme for New Zealand Acupuncturists?

*An examination of any concerns of new graduates of acupuncture about starting out in clinical practice and business.*

*Researcher: Philip Jameson*

1. I have read and understood the information provided about this research project in the Information Sheet dated February 2017
2. I have had an opportunity to ask questions and to have them answered.
3. I understand that notes will be taken during the interview and that it will also be audio-taped, or video-taped and transcribed and I agree to this.
4. I agree to take part in this research.
5. I wish to receive a copy of the report from the research (please tick one): Yes ☐  
No ☐

Participant's signature:

.....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

Date:.....

**Approved by the NZSAO Ethics Committee    Reference number    000001**

*Note: The Participant should retain a copy of this form.*

Any concerns regarding the nature of this project should be notified in the first instance to the Project Lead, at the NZ School of Acupuncture, Philip Jameson: Email:

[philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz)    Phone: 0212307916

If you have any concerns about the ethical conduct of the research you may contact my supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

*Note: The Participant should retain a copy of this form*

## 11. APPENDIX – SCRIPT FOR BEGINNING THE NEW GRADUATE INTERVIEW



NEW ZEALAND  
SCHOOL OF  
ACUPUNCTURE  
AND TRADITIONAL  
CHINESE MEDICINE

### Script of the beginning of the new graduate interview

Thank you for agreeing to participate in this research project. Before we start I need to confirm that you have read the information sheet about this study and are happy to have this interview recorded?

I would like to check that you understand that any statements made by you will not be reported with information that identifies you. For example using terms such as 'participant one' or 'participant two', rather than mentioning your name, and initials that would identify you. Do you have any questions concerning this?

And finally I would like to confirm that you understand that you are free to ask me to stop the interview at any time?

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## 12. APPENDIX – NEW GRADUATE INTERVIEW QUESTIONNAIRE

### New Graduates of Acupuncture Interview questionnaire



Research question: What would be a *meaningful and practical* acupuncture mentoring programme within New Zealand?

Questions for interviewee:

Hello, thank you very much for your time today. And thank you again for participating in the online survey-one.

I would like to ask some questions around mentoring. Let's start with:

#### Questions:

1. Which campus did you study and graduate from? (Auckland or Wellington)
2. Have you started your clinical practice?  
IF NO: Are you able to tell me why? Next go to question 4.
3. If YES to question 2 then:  
What challenges are you experiencing starting out in clinical practice?
4. If you were offered a mentor; would you want a mentor from your area, or from another city/town?  
(possible answer: own area or another city/town [Please can you tell me why?] or either is fine)
5. Do you think that the school (NZSAO) and Acupuncture NZ register (formally known as NZRA) should link together and have a "bridging" mentoring programme to assist

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new graduates with transitioning from student to a working acupuncture professional? (possible answer: YES – NO)

PROMPTING QUESTIONS: What are you thought about this? Please can you tell me more?

6. You have completed survey-one and participated in this interview; is there anything more on the topic of mentoring that you would like to add?

Thank you for participating in this interview

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### 13. APPENDIX – INFORMATION SHEET FOR INTERVIEW WITH KEY-INFORMANTS

#### Information Sheet – for interview of Key-informants



#### Information Sheet – for interview of Mentors, Mentor Trainers, Mentor program Designers

**Title:** What would be a *meaningful and practical* Mentoring programme for New Zealand Acupuncturists?

*An interview which examinations the experiences and opinions of the trainers of mentor; including the requirements of the trainers and the practitioner being trained to be a mentor/supervisor.*

*Researcher: Philip Jameson*

We would like to invite you to take part in a study examining: what would be a *meaningful* and *practical* Mentoring programme for NZ Acupuncturists?

#### Why is this study important?

Mentoring relationships between master and student have been a part of many Acupuncture Practitioners skill development tracing back thousands of years. In recent times the establishment of Acupuncture schools has helped many students gain their skill base who then go onwards to develop their clinical skills further through practice. There have been recent developments in Australia and the UK for offering optional Supporting /mentoring relationships for new graduates and existing practicing Acupuncturists. In an aim to find what a meaningful and practical mentoring relationship would consist of for both Mentor and Mentee we are embarking research which may guide the researcher in setting up a mentoring programme for Acupuncturists within NZ.

#### The Process

You are invited to take part in a one-to-one interview that will involve sharing experiences and opinions of the trainers of mentor; including the requirements of the trainers and the practitioner being trained to be a mentor/supervisor.

Scheduling of this interview can be negotiated to suit both you and the researcher Philip Jameson, and will take around 30 minutes to complete. The interviewer may take notes and the interview will be recorded. The notes and digital-audio files will be kept securely at the office of Philip Jameson located in Wellington, New Zealand. These files will be deleted at the completion of this research study.

It is planned that the study will be completed by September 2017.

### **Participation**

Your participation is completely voluntary. If you decide not to take part this will not influence any future relationships with the researcher, or the NZ School of Acupuncture and TCM, or Acupuncture NZ, nor influence your future career.

You will be sent a copy of the report if you so choose.

### **Confidentiality**

The information you provide in the interview will be accessible only by the one (1) researcher involved in the study (Philip Jameson), and Philip's Supervisors (Debra Betts and Leonie Walker), the transcriber of any taped material (who will sign a confidentiality agreement), and you're your identity will be coded instead of your name.

You may withdraw at any point up until the commencement of the interview if you wish, and you may stop and withdraw at any time during the interview. The consent form will also ask you to agree to the following:

- that you have reviewed the information in this information sheet and have had any questions about the study answered to your satisfaction;
- that you agree to have the interview audio-recorded, or include visual recording;
- that you agree to maintain confidentiality of information shared in the interview; and
- that you agree to participate in the research study.

The interview ground rules will also be discussed on the day of the interview.

### **Storage of Information**

Information and material - excluding consent forms - produced during the course of this research will be stored securely at the Home Office of Philip Jameson in Wellington. Data obtained during the course of this research will be kept for five years, the field notes and any audio recordings will be destroyed on completion of the research.

### **Other Information**

Please consider the facts in this information sheet carefully. If you decide that you would like to take part in the research, you will be asked to complete and sign a form consenting to your participation prior to the start of the interview.

This study has received ethical approval from the the NZSAO Ethics Committee Approval Reference number 000001

If you have any questions regarding the ethical aspects of the study, you should in the first instance contact the Project Lead, at the NZ School of Acupuncture, Philip Jameson: philip@acuhealth.co.nz Phone: 0212307916

If you have any concerns about the ethical conduct of the research you may contact supervisor, Dr Léonie Walker, Leonie58@hotmail.co.uk 0278203456

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Information gained during the course of this study will be collated by the researcher on completion of the process the (anonymised) results may be published in peer reviewed journals and presented at the Acupuncture NZ (formally the NZRA) forums such as conferences and the Acupuncture NZ website.

Please feel free to contact the researcher if you have any questions about this study.

Thank you for taking the time to read this document.

Philip Jameson BHSc Acupuncture  
Masters Candidate

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#### 14. APPENDIX – CONSENT FORM FOR INTERVIEW WITH KEY-INFORMANTS



NEW ZEALAND  
SCHOOL OF  
ACUPUNCTURE  
AND TRADITIONAL  
CHINESE MEDICINE

### CONSENT FORM – Interview of Mentors, Mentor Trainers and Mentor Program Designers

**Title:** What would be a *meaningful and practical* Mentoring programme for New Zealand Acupuncturists?

*An examination of new graduates 'of acupuncture: of any concerns starting out in clinical practice and business.*

*Researcher: Philip Jameson*

6. I have read and understood the information provided about this research project in the Information Sheet dated **February 2017**
7. I have had an opportunity to ask questions and to have them answered.
8. I understand that notes will be taken during the interview and that it will also be audio-taped, or video-taped and transcribed and I agree to this.
9. I agree to take part in this research.
10. I wish to receive a copy of the report from the research (please tick one): Yes ☐  
No ☐

Participant's signature:

.....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

Date:.....

**Approved by the NZSAO Ethics Committee    Reference number    000001**

*Note: The Participant should retain a copy of this form.*

Any concerns regarding the nature of this project should be notified in the first instance to the Project Lead, at the NZ School of Acupuncture, Philip Jameson: Email:

[philip@acuhealth.co.nz](mailto:philip@acuhealth.co.nz)    Phone: 0212307916

If you have any concerns about the ethical conduct of the research you may contact my supervisor, Dr Léonie Walker, [Leonie58@hotmail.co.uk](mailto:Leonie58@hotmail.co.uk) 0278203456

*Note: The Participant should retain a copy of this form*

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## 15. APPENDIX – INTERVIEW QUESTIONNAIRE FOR MENTOR TRAINERS

### Interview with the Trainers of Acupuncture Mentors Questionnaire

Interview with Mentors of Acupuncture UK

Research question: What would be a meaningful and practical acupuncture mentoring Program within New Zealand?

Questions for interviewee:

Hello, thank you very much for your time today.

I would like to ask some questions around mentoring, your mentoring training, and the mentoring program of the British Acupuncture Council (BACc). Let's start with:

1. What are the requirements to be a mentor within the British Acupuncture Council (BACc)?
  2. Why did you choose to be a mentor?
  3. What were the skills taught in your mentoring training?
  4. Is there on-going support for you as a mentors'?
- If yes; then can you please tell me more about this?
5. In your experience, as a mentor; what are the common issues/topics that mentees seek your advice and guidance for?
  6. What are the challenges of being a mentor?
  7. How do you mentor your mentees? For example group mentoring, or one-to-one, Skype or phone, etc.
  8. Are the mentors rewarded for their time mentoring? If yes, then how are they rewarded?

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9. Are the mentees rewarded too? If yes, then how are they rewarded?

10. What advice would you give to anyone wanting to be a mentor?

Thank you for participating in this interview

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## 16. APPENDIX – INTERVIEW QUESTIONNAIRE FOR MENTOR PROGRAM DESIGNERS

### Interview with **Mentor Program Designer**

Research question: What would be a meaningful and practical acupuncture mentoring programme within New Zealand?

Questions for interviewee:

Hello, thank you very much for your time today.

I would like to ask some questions around mentoring, Australian Acupuncture and Chinese Medicine Association (AACMA) mentoring program, and mentoring program designing. Let's start with:

1. Are you an acupuncturist?
2. What are the requirements to be a mentor with AACMA?
3. Are the mentors rewarded for their time mentoring?  
If yes, then how are they rewarded?
4. Are the mentees rewarded too?  
If yes, then how are they rewarded?
5. How are the mentors trained and supported within AACMA?

PROMPTING QUESTIONS: Can you please tell me more?



6. How was your mentoring program developed?

PROMPTING QUESTIONS: Can you please tell me more?

7. Was the mentoring program adapted from another profession?

PROMPTING QUESTIONS: Can you please tell me more?

8. How was the final mentoring program presented and agreed upon with AACMA?

PROMPTING QUESTIONS: Can you please tell me more?

9. What advice would you give to anyone wanting to be a mentor?

Thank you for participating in this interview

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## 17. APPENDIX – INTERVIEW QUESTIONNAIRE FOR MENTORS

### Interview with **Mentors of Acupuncture**

Research question: What would be a meaningful and practical acupuncture mentoring program within New Zealand?

Questions for interviewee:

Hello, thank you very much for your time today.

I would like to ask some questions around mentoring, your mentoring training, and the mentoring program of the British Acupuncture Council (BAC). Let's start with:

1. What are the requirements to be a mentor within the British Acupuncture Council (BAC)?

2. Why did you choose to be a mentor?

3. What were the skills taught in your mentoring training?

4. Is there on-going support for you as a mentors'?

If yes; then can you please tell me more about this?

5. In your experience, as a mentor; what are the common issues/topics that mentees seek your advice and guidance for?

6. What are the challenges of being a mentor?

7. How do you mentor your mentees? For example group mentoring, or one-to-one,

Skype or phone, etc.

- 
8. Are the mentors rewarded for their time mentoring? If yes, then how are they rewarded?
  9. Are the mentees rewarded too? If yes, then how are they rewarded?
  10. What advice would you give to anyone wanting to be a mentor?

Thank you for participating in this interview

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**The End**