

### Recommendation 2.2 Evidence Profile (Qualitative)

**Recommendation question 2b:** What are the values, preferences, barriers and facilitators associated with mentorship programs developed to address anti-Black racism in nursing?

**Population:** Black nurses, Black nursing students and allies

**Phenomenon:** Values placed on the outcomes of receiving mentorship to address anti-Black racism in nursing, preferences for how the mentorship is delivered, and barriers and facilitators to the uptake and sustainability of mentorship programs

**Context:** When delivering mentorship programs or receiving mentorship to address anti-Black racism in nursing

**Note:** Due to a paucity of literature available to directly answer this research question, a search for indirect evidence was conducted. The population was broadened to search for the preferences of all Black or racial minority health providers or health profession students regarding mentorship. The relevance of this evidence (when compared to the original PPC question) was taken into consideration when grading the evidence.

Only review findings focused on people's values and preferences for mentorship programs were assessed using GRADE CERQual. Information about barriers and facilitators was narratively summarized and can be found under the 'Implementation strategies' section for this recommendation in the guideline.

**Recommendation 2.2:** The expert panel suggests that health and social service organizations and academic institutions provide formal mentorship programs for Black nurses and Black nursing students to address discrimination and racism and include one or both of the following:

- racially concordant mentors
- non-racially concordant mentors practicing cultural humility

**Review finding 1:** Many mentee participants preferred to be matched with mentors who were of the same race/ethnicity or culture, when available. Racially or culturally concordant mentor-mentee relationships provided mentees with a sense of like-mindedness related to experiences of racism and discrimination in academic and health care settings.

Studies contributing to the Finding	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
	Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
(1-7)	Moderate concerns  Of the seven studies, three had no concerns, two had some concerns (primarily due to no mention of reflexivity), and two had serious concerns (one study	Minor concerns  A significant proportion of participants in each study were Black with other participants being from racialized communities. Of the seven studies, two included nurses. Other	No concerns	No concerns	Moderate  ⊕⊕⊕○	The finding was graded as moderate confidence due to moderate concerns related to methodological limitations and minor concerns related to assessment of relevance. There were

	provided little information about recruitment and data collection; the other did not provide enough detail about the data analysis process and the conclusions were not robust).	participants included occupational therapists, physical therapists, medical students, women scientists in cancer research and social workers.				no concerns related to coherence and adequacy of data.
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**Review finding 1: Individual Study Details**

Reference	Study Design	Country	Participant details	Description of Mentorship program	Illustrative quotes
(1)	Mixed methods study; qualitative data was collected using open-ended survey questions	UK	Occupational therapists who identified as Black or minority ethnic (50%, n=27) identified as Black	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>In relation to whether it was important to have a Black or Minority Ethnic (BME) mentor, the majority perceived it was extremely important (N = 21), very important (N = 18) or somewhat important (N = 11).</p> <p>“My identity, experiences and talents tend to be quite overlooked in comparison to my white colleagues. And my white colleagues don’t face the barriers to moving up the career ladder that I do. Therefore, I need a BME mentor. Only they can begin to understand and coach me to climb the ladder.”</p> <p>“Three participants identified the importance of dealing with specific aspects related to racism such as microaggressions and discrimination. Another therapist emphasised the need to see someone from a BME background that has experienced career progression and someone they can ‘relate to’.”</p> <p>“I would appreciate someone who is familiar with daily BME experiences and the systemic barriers that are faced, both internally and externally. The internal aspect is very important, because it is often the identity we have accepted about ourselves that can be detrimental to success and confidence. This is difficult to explain to someone who is not intimately acquainted with such lived experiences.”</p> <p>“Participants perceived that a BME mentor may have a better understanding of who they are. One wrote ‘You need to experience being black. . . walk in my shoes to know where I can [and] want to go’”</p>

					<p>“It is important for the mentor to have awareness and insight into the difference a BME OT experiences”.</p> <p>“One therapist highlighted the importance of discussing issues of ‘discrimination and microaggressions with someone who looks like me, without judgement’: “I just feel as a Black person you want to be able to receive validation with regards to a vast majority of things including culture, the way you were brought up. Black people generally have had an experience that they can and will share with you as another Black person. As a Black person in a white man’s world things seem to be geared to suit whiteness, western centric, individualism and lacking historical understanding. For years we have had a type of mentoring that clearly has not been conducive because we [are] still fighting for EQUITY”</p>
(2)	Qualitative narrative inquiry design using interviews	USA	Black academic female nurse leaders	This study examined how Black women academic nurse leaders perceive mentoring in academic nursing using critical race theory as the guiding framework. The program also explored the critical role of mentorship in promoting and advancing Black women academic nurse leaders	<p>“Some participants reported that being mentored by another Black nurse is very different from being mentored by someone from a different racial background. They understand “your story, fears, your limitations.” There was a kinship that made them feel seen and heard. When you have an idea you are trying to articulate, it is easier when the person you share it with understands you without elaborate explanations. “Where I may be and have been invited by my Black mentor to family events or even lunching together, I did not experience the same with my assigned white mentors. It was strictly business.”</p> <p>“Mentors from the same backgrounds were critical when navigating tenure and promotion for many participants, especially if their scholarly interests and research agenda differed from the generally accepted majority norms. Early career mentors were crucial to acceptance to the department, helped participants navigate role conflicts, and supported other ethnic minority pre-tenure faculty.”</p> <p>“Some participants compared their experiences with their white peers, noting the stark difference in the type of support, mentoring, and networking opportunities. Some discussed how the lack of Black nurse faculty disadvantage Black students and nurses. Alex’s statement is a good illustration of this viewpoint. “If you are white, you get people who look like you, looking out for you, from entering nursing school to your first job. They are supported and cared for. We do not have that; I did not have that. We need mentors early in our nursing careers. We especially need support and mentoring in early administrative roles.”</p> <p>“Early in my career, I longed to see someone who looked like me as a Chief Nursing Officer or dean. However, I get discouraged whenever I go to college, university-wide, or even state-level meetings and see only two or three other Black people at these leadership events. You feel like you do not belong. You need to see people like you in the position you aspire to help your belief that it could be you someday.”</p>

					<p>“Appropriately paired mentor/mentee dyad is key to leadership mentoring success,” reported Lou. Some participants also discussed the role of implicit bias and covert racism in mentoring. Lori elaborated. “Suppose you are paired with someone who is knowledgeable but does not necessarily care about you and your career goals or someone who feels that you are overly ambitious or perhaps aspiring to a status historically reserved for white nurses. In that case, that relationship will not work for you, which is why we need Black nurse leaders to support other Black nurses.”</p> <p>“For Lilly seeing people who look like you at the stage where you want to be is a source of inspiration. “It gives you hope. You feel that if they can achieve that, so can I. Now I support others like me. It is an obligation.” Nia suggested that institutions “not ever hire only one Black faculty.” Noting that despite how friendly people might be in an environment, it is different when there is another person you can identify with at the same level.”</p> <p>“Now, I simply pay it forward by mentoring and supporting others like me.” For Moira, the support of a Black male leader from a different college helped her navigate daily racial microaggressions and multiple personal and professional slights. “I probably would have left that job but being able to share my experiences with someone who got it, I felt unburdened, gained valuable insights about the culture; it helped me navigate the landmines.”</p> <p>“The first Black faculty I had in college was exceptional, dressed impeccably, carried herself with grace, and was “SMART.” I just wanted to be her. The sister made me proud,”</p> <p>“All the participants said they are all role models for their minority students and their peers and must positively represent the Black community at all times. As Jess put it, “Being the one Black person in leadership, you are a role model. . . . you have to be beyond reproach. You have to leave good examples for all these kids who are watching. From how you dress, talk, walk.”</p>
(3)	Qualitative thematic analysis using interviews	USA	Fourth year female medical students applying to surgical residency; 6 (17.1%)	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>“And I’m very fortunate to have a mentor who identifies as like Black and Latina. But I will say in like with her, yes, I can be more loose with my speech, I can like, drop the mannerisms. I don’t have to like code switch.”</p> <p>“Racial identity when choosing a mentor was most important for participants who were identified as an URiM. All Black participants (n = 6) noted the importance of having a Black mentor. However, they did not feel that every mentor had to be Black. One Black faculty member explained, “I definitely think that race has been a huge influence on my choice of mentors... I don’t think that I absolutely have to have a Black mentor. But I do think that my</p>

			identified as Black		<p>experience as a surgeon, as a Black female surgeon is very different from some of my other counterparts. And so it is nice when people look like you.”</p> <p>“These Black respondents also noted that they had been sought out by minority mentees because of their race. Asian interviewees placed less emphasis on seeking out a mentor based on race. However, Asian respondents did note a sense of comfort when having non-White mentors.”</p>
(4)	Qualitative study using focus groups	UK	Black & Minoritized Ethnic (BME) occupational therapists (Black participants were present in all focus groups)	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>‘I got two [job] offers and I decided to go with the one [team] that was most diverse. It’s a conscious decision from me to seek out a workplace where the people [are] like me and that I’m able to have a mentor that looks like me’</p> <p>‘I’ve never had a role model... especially in the NHS, there’s also like an identity thing where you’re not represented in those spaces. Oh, a person from the same race as me? what is that? What does that look like? Because it’s nothing that we’ve been able to experience’</p> <p>Others viewed having a mentor who looked like them had a better understanding of their experiences and were better role models. ‘My mentor is a band 7 and she’s black and she, you know, she’s doing it ... As a black person and you have to be conscious about where you go and OK and you see people that look like you there, is it [it is] possible to go higher in this organisation.’</p> <p>Participants also discussed the need for similarity in appearance, understanding and lived experience between mentors and mentees. ‘We’re speaking to power in the room and the potential disadvantage in the room’</p> <p>For some participants it was important to have a same race mentor ‘They (white mentors) don’t kind of get you in the same way that somebody from your background’</p>
(5)	Exploratory qualitative research using interviews	USA	Participants were women scientists in cancer disparities; 6 of the 16 mentees identified as African American.	The UHAND program was 1–2-year mentored training program in cancer disparities research that prioritized the recruitment of minority and/or women scholars.	<p>“Mentees were particularly appreciative of the opportunity to participate in the program and work with the mentors who were understanding of their backgrounds and had a first-hand experience of some specific difficulties mentees from groups underrepresented in academia face: I come from a lower income background and the schools that I attended were underperforming and so there just weren’t a lot of opportunities for things like research, things like science programs and what not until—I think for this program to specifically pick out the people like me to give them a chance to do these types of things is a really good thing. It’s very important.”</p> <p>“Networking dinners provided opportunities to interact with faculty outside of the classroom. However, ultimately, mentees highlighted the need for more faculty of color. Participants</p>

					described that REM faculty role model overcoming barriers to achieve success, which could contribute to minority students' long-term success.”
(6)	Quasi-experimental mixed methods: qualitative data was collected through open-ended surveys and focus groups	USA	Participants were Doctor of Physical Therapy (DPT) students. Of 8 mentees (25%) were Black; 4 of 8 peer (50%) mentors were Black.	The networked mentoring program aligned with the racial/cultural identity development model designed to mitigate social isolation and promote a sense of belonging among first-year racial and ethnic minority Doctor of Physical Therapy students. Matched mentoring teams, included a faculty mentor, peer mentor, and first-year mentee.	“Mentees valued having peer mentors who had a shared minority experience and had successfully navigated the first year of the DPT program. One mentee described: ‘I feel like we can relate more to a second-year, especially one of color, and it’s really due to the fact that they’re right there. They were just where we’re at”
(7)	Qualitative study, data was collected from interviews	UK	Black social workers	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>“My current mentor is Black African, like me. I can connect to her on many levels, and she to me. We share similar experiences; we are classified as having a minority status here. In Africa, we were a majority. This impacts your identity; my mentor understands this”</p> <p>“When I was not successful [in accessing] the management training programme my White mentor said to reapply in a year, that was it! I contacted my old Nigerian mentor, she empathized with me, supporting me to deal with the feelings of being rejected and then spent two hours going through what I needed to do to gain the experience needed.”</p>

					<p>“I just really enjoyed seeing and hearing from successful Black urologists at multiple levels. It was very encouraging as someone who is a first generation medical student with minimal urology exposure. It often feels as if it’s too late to consider certain fields if you don’t already enter medical school with a clear plan in mind.”</p> <p>“The most enjoyable part of the MUA program was hearing from underrepresented minorities who had already made it to their residencies, fellowships, or even to being chair of a department. It was truly refreshing to see more than the usual one person of color speaking about the field of Urology and how to be competitive. It was truly an inspiring session.”</p> <p>“I’m a Black [COUNTRY OF ORIGIN] so there are essentially no urologists in this country that look like me. MUA 2021 and 2022 gave me a chance to see that representation and to feel encouraged to pursue a career in a specialty where I am extraordinarily underrepresented.”</p>
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**Review finding 2:**

In the absence of racially concordant mentors, non-concordant mentor-mentee dyads can be considered. Cross-race mentors with an authentic understanding of the mentees’ cultural differences ought to be considered.

Studies contributing to the Finding	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
	Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
(1–3,5,6,8,9)	<p>Moderate concerns</p> <p>Of the seven studies, two had no concerns, four had some concerns (primarily due to no mention of reflexivity), and one had serious concerns (limited information as provided about data collection, recruitment and reflexivity)</p>	<p>Minor concerns</p> <p>A significant proportion of participants in each study were Black with other participants being from racialized communities. Of the seven studies, two included nurses. Other participants included high school students, medical students, occupational</p>	No concerns	No concerns	<p>Moderate</p> <p>⊕⊕⊕○</p>	<p>The finding was graded as moderate confidence due to moderate concerns related to methodological limitations and minor concerns related to assessment of relevance. There were no concerns related to coherence and adequacy of data.</p>

		therapists and women scientists in cancer research.				
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**Review finding 2: Individual Study Details**

Reference	Study Design	Country	Participant details	Description of mentorship program	Illustrative quotes
(1)	Mixed methods study; qualitative data was collected using open-ended survey questions	UK	Occupational therapists who identified as Black or minority ethnic (BME). (50%, n=27) identified as Black	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>“Some BME therapists (N = 6) reported that it was not so important that they should have access to a black mentor. These therapists perceived that it was the level of knowledge that mattered as opposed to ethnicity. A participant emphasized the importance of personality.”</p> <p>“One person perceived that differences exist between different BME persons: ‘Just because someone is BME does not mean that I will automatically get along, as there are so many shades of ‘BME’ .”</p> <p>“Participants perceived that it was important to have a choice. There was a view that white voices would allow different issues to be explored from different perspectives. One therapist wrote, ‘It should be on both directions. If you are a mentee, you should be a mentor to someone else. The chain should spread across the board’ .”</p> <p>There was a view that white voices would allow different issues to be explored from different perspectives. One therapist wrote, ‘It should be on both directions. If you are a mentee, you should be a mentor to someone else. The chain should spread across the board. I believe the paraphrased intro to the quote helps shed light on the context.</p>
(2)	Qualitative narrative inquiry design using interviews	USA	Black academic female nurse leaders	This program examined how Black women academic nurse leaders perceive mentoring in academic nursing using critical race theory as the guiding framework. The program also explored the critical role of mentorship in promoting and advancing	<p>“The need for white nurse leader mentors cannot be overstated in supporting Black nurses and other nurses of color in nursing schools and early in their careers. Dalia’s statement is an example of the role of white nurse leaders in mentoring Black nurses. She discussed being given a chance as the only Black faculty and staff in a nursing program. ‘The white chair of the program at that time was incredibly supportive. . . . she was like, “I just have a feeling about you. I think you will do a great job here.” She supported me through the ups and downs of a new faculty role. Together we made a difference in the college and program. This was different from my experiences of being overlooked and ignored. This white woman, as they say, was the wind beneath my wings.”</p>

				Black women academic nurse leaders	<p>“I earned tenure because the previous white dean took a chance on me and invested time and resources in supporting my success. Now, look at me. That is what I try to do for others like me.” Dalia’s comments lead to the next theme.”</p> <p>“All the participants agreed that white nurses and nurse leaders are needed to mentor nurses and students of color to make significant progress in diversifying nursing at all levels. Aria noted that while formal mentoring programs are crucial for professional development, the informal mentoring relationship born of “mutual understanding and unpretentious need to promote the success of another have lasting effects.”</p> <p>“More than half of the participants spoke highly of the differences their authentic white allies and mentors made in their careers by supporting them privately and publicly. They talked about how the public show of support was always more impactful than the private show of support. Raine reported that when white superiors and mentors consistently support Black nurse leaders, it sets examples for their students, staff, and faculty. “When the work of Black nurse faculty and leaders are recognized the same as their white peers, it sends a message that they are valued and as important to the organization as anyone else,” said Nelly.”</p> <p>“Black nurse leaders cannot do all the work of mentoring and developing Black nurses and students. There aren’t enough of us. White nurse leaders need to do their part in their various institutions. They need to be intentional in supporting the development of Black nurses and helping shield them from racial microaggressions and assaults. Black nurses can be and are effective leaders, but they cannot lead if they have no support or are busy fighting racial microaggressions.”</p> <p>“Tara stated that mentoring without a purpose “is like building a house without foundation.” Nursing is white at the top. Nursing must mentor with a purpose if they are serious about diversity and inclusion.”</p>
(3)	Qualitative thematic analysis using interviews	USA	Fourth year female medical students applying to surgical residency; 6 (17.1%) identified as Black	This was not a formal mentorship program. Discussed mentorship approaches in general	<p>“None of the White participants felt that racial identity played a role when they were looking for a mentor. However, White respondents did appreciate the importance of supporting women of color. As a White faculty member said, “You have to look for the people who have been underrepresented, the people who have never had a voice and engage those people.”</p>

(5)	Exploratory qualitative research using interviews	USA	Participants were women scientists in cancer disparities; 6 of the 16 mentees identified as African American.	The UHAND program was 1–2-year mentored training program in cancer disparities research that prioritized the recruitment of minority and/or women scholars.	<p>“Race is also important to me, but I think, as long as a mentor has an appreciation and understanding for people of other backgrounds, and I guess understands their role and how their bias might come into play, I think as long as there’s an awareness there that it’s okay for the most part.”</p> <p>“That [racial and ethnic] difference did not play a role in our relationship whatsoever, in as much as she already has the knowledge that these are disenfranchised groups, and I don’t think her race dictates that knowledge. [ . . . ] So, I can’t say that our differences in race or ethnicity had an impact on our relationship, our mentor-mentee relationship.”</p> <p>“I don’t think I’ve ever seen like a [ethnicity] person in academia or even like [ethnicity] doctor. I think in some ways, just having that representation matters to help you just, I don’t know, believe that what you aspire to do is possible. [ . . . ] I guess maybe having them as a mentor wouldn’t hurt either, but I think if you have a strong mentor that understands your background, whatever difficulties you may be facing, I think it’s the same. At the end of the day, you have a good mentor.”</p>
(6)	Quasi-experimental mixed methods: qualitative data was collected through open-ended surveys and focus groups	USA	Participants were Doctor of Physical Therapy (DPT) students. Of 8 mentees (25%) were Black; 4 of 8 peer (50%) mentors were Black.	The networked mentoring program aligned with the racial/cultural identity development model designed to mitigate social isolation and promote a sense of belonging among first-year racial and ethnic minority Doctor of Physical Therapy students. Matched mentoring teams, included a faculty mentor, peer mentor, and first-year mentee.	<p>“Faculty mentors were outside of their comfort zone, discussing sensitive topics such as race, which differed from traditional advising. Faculty mentors described the steps they took to allow students to share their experiences as minority students at a PWI. One faculty mentor described taking ‘a big leap’ and discussing the racial incongruence of the mentoring dyad during the first mentor meeting:</p> <p>‘He jokes around now. He has a little sarcastic behavior, which I would never have thought. I just see more of his personality, and I think, I don’t know if my approach to getting to know him was what created that, or if it just became more comfortable, but I took a leap in the first session right away and asked him. I probably would not do that with an advisee, but this program certainly gave me a reason to jump and ask that question’”</p>
(8)	Mixed methods explanatory sequential design; qualitative data was collected from open-ended	USA	Participants were minoritized first-year physical therapy and nursing students; 4/8 (50%) of	A virtual mentoring program that engaged minoritized first-year physical therapy, nursing students, faculty and peers. The goal of the program was to decrease social isolation and promote social belonging.	<p>“We’re all not going to be able to have mentors of people exactly from your background. It’s nice when it happens because they share that perspective with you, but as we’re going to be moving through life, having to build relationships with people of other backgrounds, having to be comfortable in White spaces. I think that was still helpful.”</p> <p>“Participants valued the role that their interaction with a group of mostly White faculty mentors played in promoting racial understanding and enhancing the educational experience for other students of color: “I think it’s important for faculty of any background to take part in these types of studies because it allows them to meet and understand and start to just talk to</p>

	surveys and focus groups		mentees were Black		students from different backgrounds and start building those relationships that might not be built in the classroom.”
(9)	Mixed methods, qualitative data was collected using focus groups	USA	Participants were physical therapy and nursing students. 2/7 peer mentors were Black.	Mentoring program exploring the effect of virtual mentoring on (1) the development of cross-cultural psychological capital among a group of mostly White health sciences faculty mentors and (2) the effect of perceived competence in mentoring for second-year peer mentors from minoritized backgrounds enrolled in health sciences programs.	<p>“I know the subject of violence against Asian America, it will affect me differently than it will affect my peer mentee and based on that, I just gave the option for my mentee to speak to whatever she had to speak to. I mean, it wasn’t something that I’ve felt 100% comfortable with, talking about [race] ...I certainly tried to do my part but even then, it’s going to be a difficult conversation.”</p> <p>“Faculty mentors needed to be explicit about acknowledging racial differences: ‘Acknowledging differing identities and just saying I recognize that maybe I’m coming from a different perspective, a different identity, but I really value yours and putting that statement out there, so [my mentee] knew that I was really invested in her experience and her perspective”</p> <p>“In some of my conversations with colleagues who are also White nurse educators there is this real fear of saying the wrong thing. And sometimes what I think is that leads us to just avoid the conversation because of this discomfort. And so, I think the real takeaway was just really having these straightforward conversations. I think I learned just as much, if not more, from our conversations as what I was able to provide for my mentee.”</p>

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