

## A Study of Parental Bonding of Training Preceptors in Thailand

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### Abstract

In Thailand, a country heavily influenced by collectivist cultural beliefs, this study examines the relationship between preceptors' mentoring approaches and parental bonding experiences. Anchored in the foundational principles of attachment theory and its later developments, this study investigates how early parent-child interactions shape adult professionals' mentoring approaches and relational capacities within educational contexts. A sample of 100 education program participants in Thailand's Ongkharak District participated in the mixed-methods study, including qualitative and quantitative evaluations of mentoring practices using the Parental Bonding Instrument (PBI). The results reveal a notable alignment between preceptor mentoring practices and parental attachment types, divided into mothers' and fathers' caring and protection aspects. Fathers exhibited inclinations towards affectionless control, but mothers were primarily linked to affectionate constraint styles, which prioritized protective and caring characteristics. Variables like gender, family type (joint vs. nuclear), location (rural vs. urban), and parental educational background also influenced these trends. Stronger parental ties were found in rural and collectivist environments than in urban ones, underscoring the impact of culture on attachment patterns. The study fills in knowledge gaps in how mentorship is influenced by parental ties, especially in non-Western settings, and provides culturally appropriate insights for professional growth.

**Keywords:** Parental Bonding, Mother Care and Mother Protection, Father Care and Protection, Training Preceptors

### 1. Introduction

Parental bonding plays a very important role in children's development, facilitating many changes not only in development but also in their educational practices. Support and encouragement from parents are generally identified as the foundation for children's cognitive, emotional, and social development. Research in developmental psychology makes clear how early-on developed secure attachment establishes resilience, intrinsic motivation, and healthy

interpersonal relationship skill (Bowlby, 1988; Ainsworth, Blehar, Waters, & Wall, 1978). Case histories in the past provide robust support for this process. Albert Einstein, traditionally believed to have been a slow child in his younger years, benefited widely from the affectionate nurturing by his mother, which boosted his keen interest in music and abstract minds (Isaacson, 2007). Similarly, Swami Vivekananda attributed his mental and spiritual growth to the ethical bravery and philosophical insight provided by his mother (Rolland, 2003). Thomas Alva Edison, diagnosed with learning disabilities as a child and expelled from regular school, learned at home from his mother. Her absolute confidence in his capability played a pivotal role in cultivating his inquisitiveness and determination, which ultimately led to electric revolution innovations (Josephson, 1959). A review of many studies has documented positive changes in the lives of children with parental attachment. Who doesn't like their parents? Parental bonding, the emotional connection formed between parents and their children, serves as the cornerstone of healthy child development. This bond is characterized by warmth, responsiveness, and consistent care, laying the foundation for a child's sense of security, trust, and emotional regulation throughout their lives. Research indicates that the quality of parental bonding significantly influences various aspects of a child's psychological, social, and cognitive development.

Parental bonding has been extensively studied within the framework of attachment theory, pioneered by John Bowlby in the mid-20th century. Bowlby proposed that infants are biologically predisposed to form attachments with their caregivers as a means of survival and that the quality of these early relationships shapes individuals' attachment styles and interpersonal relationships later in life (Bowlby, 1969). Secure attachment, characterized by a strong and stable bond between parent and child, is associated with positive developmental outcomes, including higher self-esteem, better emotional regulation, and healthier relationships in adulthood (Ainsworth et al., 1978; Bowlby, 1982). Parental bonding is an important concept in developmental psychology and has a significant influence on an individual's ability to form and maintain interpersonal relationships (Bowlby, 1988). Proper understanding of structures from parental bonding becomes imperative in terms of training preceptors—those persons who would train and guide students during their professional training—as it would have an enormous influence in determining how they would usher mentorship in their beneficiaries. Thailand is unique in that the parental bonding experience could relate to the professional and personal characteristics of training preceptors. It thrives in a collectivist culture that emphasizes interdependence or family ties.

The important role played in professional education by training preceptors is as learning facilitators, models, and performance evaluators (Li et al., 2020). In most cases, preceptors' engagement styles with their trainees' mirror those of their own childhood experiences of attachment styles or nurturing practices. Hazards of insecure parental bonding would be in building a supportive mentorship environment, and it could include aspects of neglect or overprotection (Ainsworth, 1989).

To date, studies examining the effect of parental bonding on the professional behaviours of adults have largely been conducted in Western settings; the very few conducted in Southeast Asia concern preceptors and their trainees. This study seeks to fill that gap in knowledge by investigating the relationship between parental bonding experiences and the mentoring styles of preceptors in training in Thailand. The study further attempts to enhance the understanding of how early family interactions influence professional mentorship and presents recommendations for developing preceptor programs based on the sociocultural context of Thailand.

An initial examination of how parental bonding is conceived theoretically and how it informs adult relationships will be followed by a discussion of the cultural milieu of Thailand that may affect such relational dynamics. The study will continue with attention to the role of

the educator, specifically as a training preceptor. This mixed-methods study uses quantitative and qualitative methods to ultimately provide an evidence-based overview: first by exploring parental bonding patterns as well as by outlining preceptors' mentoring practices.

## **1. Need for and Importance of the Study**

Parental bonds are one of the main factors in children's emotional, cognitive and social development, which affects how they behave and interact as adults in the later stages of their life (Bowlby, 1988). The impact of such parental influence can also be experienced in the professional atmosphere since the early bonding experiences act as guides or templates on how one perceives and undertakes the roles of mentorships, such as that of training preceptors. For instance, in Thailand, where a collectivist culture prevails, where proximity and hierarchy are normal, studying parental bonds has a practical purpose in terms of examining the mentoring style and training preceptors' effectiveness. Theoretical learning must be complemented with a practical application where training preceptors serve a critical role in bridging the two extremes of the spectrum towards the professional growth of their trainees (Li et al., 2020). Their nurturing, guiding and supportive role to the mentees is shaped not only by professional training but by their development and relationships. This connection may encourage industry professionals in the future to investigate the parenting connection of what they expect from young professionals based on their childhoods, especially in Thailand, where the culture is so embedded with relationships.

Also, in tune with the changes taking place in the professional and educational industries in Thailand, there has been an increasing focus towards the establishment of useful mentorship programs. It is critical to know what personal characteristics assist in mentoring's effectiveness in the case of preceptors to be able to develop specific targets for advanced training. From an efficient training perspective, that is, whether it is for mentorship or otherwise, the centre of gravity of such training programs loses out on the most important factors, being the lived experiences embedded in that training.

### **1.1 Importance and Significance**

This study is important and interesting as it attempts to address issues in both areas of develop mental psychology and professional mentoring in a Thai cultural locus. It has been seen how central early bonding experiences assist in creating specific mentoring styles, which explain the impact of personal history on professional bonding and, hence, the need for an all-around analysis of the issue.

**Improved Mentorship Practices:** Recommendations from this investigation may assist in expanding mentorship training programs more effectively by addressing insecure parental bonding experiences and the interrelationship problems which emerge from them.

**Cultural Relevance:** Provided with the different emphasis in cultural values, the study presents practical and culturally appropriate ways of mentorship, as the recommendations put forward are in line with the social and cultural practices of the country.

### **1.2 Statement of the Problem**

Parental relationships have been studied extensively as an important determinant of emotional resilience, interpersonal skills, and work behaviours (Parker, Tupling, & Brown, 1979). These early social interactions develop attachment path effects, which can extend to professional settings, such as counselling roles. Training consultants, responsible for guiding and assessing trainees in their professional learning, rely heavily on relational skills that may derive from their own early social experiences but empirical evidence there is little indication of how these relational experiences influence their counselling strategies, especially in a setting

such as Thailand in a particular culture, where family structure norms dominant types influence Transpersonal dynamics.

Thai groups prioritize strong relationships and respect for authority, which can refer to both parental relationships and mentoring practices (Hofstede, 2001). Despite this cultural understanding, research examining the intersection of early parental relationships and professional mentoring practices in Thailand is scarce. As mentoring is increasingly recognized as an important component of professional development, it has become need to understand how these foundational experiences influence teacher effectiveness.

The lack of research on the relationship between parental relationships and mentoring in non-Western contexts creates an important knowledge gap. If this relationship remains unexplored, mentoring development programs may overlook important factors affecting the quality of coaching preceptors' mentoring. Thus, this study aims to answer the following question: What is the impact of parental relationships on counselling practices and the effectiveness of training preceptors in Thailand?

## **2. Research Objectives**

2.1 To determine the effectiveness of parental bonding techniques for training preceptors in Thailand.

2.2 to analyze the impact of parental bonding techniques on the quality of training provided to preceptors, as well as the impact of these techniques on the attitudes and engagement of the preceptors.

2.3 To investigate any existing barriers to effective communication and collaboration between parents and preceptors and develop strategies to increase effective parental bonding.

2.4 To explore the potential for parent-preceptor collaboration to provide mentorship and support to preceptors.

## **3. Operational Definition:**

### **3.1 Parental Bonding:**

Parental bonding refers to the emotional relationship between a parent and child, characterized by warmth, affection, and responsiveness. In this study, parental bonding is operationalized as:

**3.1.1 Mother Care:** The degree to which the mother shows affection, empathy, and understanding towards her child, as measured by the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979).

**3.1.2 Mother Protection:** The degree to which the mother is overprotective or controlling of her child, as measured by the PBI (Parker et al., 1979).

**3.1.3 Father Care:** The degree to which the father shows affection, empathy, and understanding towards his child, as measured by the PBI (Parker et al., 1979).

**3.1.4 Father Protection:** The degree to which the father is overprotective or controlling of his child, as measured by the PBI (Parker et al., 1979).

**3.1.5 Training Preceptors in Thailand:** Training preceptors for education students refer to experienced educators or professionals who provide guidance, support, and supervision to students in educational settings, specifically in diploma, bachelor's, and Master of Education programs.

## **4. Review of Literature**

Parental bonding in training preceptors is a multi-faceted issue that covers experiences, challenges, and support systems for effective preceptorship in nursing and other healthcare fields. The preceptors play an important role in shaping the competencies of new graduates, but their experiences may be fraught with challenges which affect their ability to mentor.

Research indicates that preceptors often face significant challenges, including high workloads and insufficient support from their institutions. For instance, Varghese highlights the need for additional support mechanisms, such as workload management and dedicated training time, to enable preceptors to fulfil their roles effectively (Varghese, 2023). This is supported by Knott et al., who state that time constraints and the availability of preceptors are the most prevalent problems in implementing a good training program. O'Sullivan et al. add to this argument by stating that a preceptor development program must take the form of a continuing professional development approach: the needs of the preceptors themselves must be determined, followed by appropriate support (O'Sullivan et al., 2020). Such findings underscore the importance of institutional support in fostering a conducive environment where preceptors can thrive.

Training and preparation of the preceptors are also some of the critical components that bear on their effectiveness. Several studies have found that preceptors who are provided with structured training are better equipped to mentor new nurses and foster a positive learning environment. For example, Hong and Yoon found that preceptors with adequate training reported improved teaching behaviors and enhanced confidence in their roles (Hong & Yoon, 2021). Additionally, Williams et al. noted that preceptors expressed a desire for diverse training formats, including online platforms and coaching programs, which could enhance their teaching skills (Williams et al., 2021). The variability in preceptor training content, as discussed by Knott et al., suggests that a standardized approach could benefit preceptors across various healthcare settings (Knott et al., 2022).

Abbasi, Emadian, and Abbasi (2022) examined the effectiveness of video-based, attachment-focused education to strengthen parental bonding with children with behavioral disorders. In a quasi-experimental design, parents receiving 10 video feedback training sessions exhibited statistically significant parent-child bonding items with a control group. The findings suggest that attachment-focused treatments can significantly improve relational outcomes for families struggling with behavioral problems, reinforcing the importance of early caregiver-infant interactions in predicting long-term behavior and emotional adjustment.

Moreover, the relationship between preceptors and their trainees is pivotal in the learning process. Preceptors not only serve as educators but also as role models, influencing the professional development of their trainees. A preceptor-student partnership, wherein the preceptors guide and support the students, hence enriching the learning of the nursing students, was found in Kaniaru's study (Kaniaru, 2016). This is necessary to be supportive in terms of creating an environment of collaboration to promote retention and quality within the health facilities, as also pointed out by Varghese and others (Varghese, 2023).

Surcinelli, Montebarocci, and Giovagnoli (2025) explored the awareness of Italian teachers regarding trauma and its relationship with parental bonding and adverse childhood experiences (ACEs). The research showed that teachers understood the importance of trauma-informed practice but were not adequately trained. In a very interesting observation, maternal care was negatively associated with likelihood of exposure to traumatic experiences, supporting the protective nature of secure parenting. These findings are congruent with the present study's aim of emphasizing parental bonding as a fundamental factor in shaping adult relational behaviors and mentoring approaches.

This will be achieved by addressing the challenges faced by the preceptors in their parental bonding, enhancing the training and support systems of the preceptors, and improving the relationship between the preceptors and their trainees. By addressing these areas, the

institutions will improve the effectiveness of the preceptors on the quality of education and care for new healthcare professionals.

## **5. Hypotheses of the Study**

The following are the hypotheses of the study:

5.1 The level of training preceptors' parental bonding is optimal parenting.  
5.2 There is no significant difference in parental bonding of training preceptors to their different sub-samples of the study.

- a) **Gender:** Male / Female
- b) **Locality:** Rural / Urban
- c) **Type of family:** Joint / Nuclear
- d) **Parental Educational Qualification:** illiterate / School / College

## **6. Research Methodology**

The present study employed a normative survey method which is a form of **descriptive research design** aimed at determining the prevailing preceptor's parental bonding. Research-designed random sampling approach was used to select 100 participants from an international university's education program within Ongkharak District, where each eligible student had an equal chance of being selected.

### **6.1 Psychological Variables of the Study**

**Parental Bonding (Mother Care, Mother Protection and Father Care, Father Protection)**

#### **a. Demographic Variables of the Study**

**Gender:** Male / Female

**Locality:** Rural / Urban

**Type of Family:** Joint / Nuclear

**Parental Educational Qualification:** illiterate/ School/ College

### **6.2 Measuring Tools**

The following tool will be used to collect data: Parental Bonding Instrument (PBI), Authors Gordon Parker, Hilary Tupling, and L.B. Brown. The Parental Bonding Instrument (PBI) of Parker et al. (1979), a well-established international measure, was administered in its Standard English form. This was the appropriate choice for the research setting as all subjects had been enrolled in an international university in Thailand where English is employed as the primary medium of education. All sampled students had demonstrated English proficiency as a prerequisite for enrollment in their programs. Thus, no translation or cultural adaptation of the instrument was required. By adopting this strategy, the original psychometric properties and structure of the PBI were preserved along with applicability to the English-medium academic environment of participants.

### **6.3 Sample**

The above tools will be administered to the 100 students studying in the Education program in Ongkharak District.

### **6.4 Statistical Analysis**

The data has been subjected to

6.4.1 Descriptive Analysis

6.4.2 Differential Analysis

## 7. Results

**Descriptive Analysis:** The mean and standard deviation have been calculated to find out the level of parental bonding of students studying for an education degree. The result of the analysis is presented in Table 1.

**Table 1 shows the mean and standard deviation score of training preceptors to their parental bonding of mother care and protection, father care and protection**

Sub-samples		Mother Care		Mother Protection		Father Care		Father protection	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Gender	Male	27.21	8.76	20.08	8.49	17.10	10.61	15.47	8.94
	Female	26.40	8.44	20.92	8.17	18.73	8.55	15.54	8.91
Locality	Rural	28.52	6.34	21.88	9.23	17.58	10.27	14.11	7.67
	Urban	26.56	8.93	20.02	8.17	18.04	9.86	15.79	9.07
Type of Family	Joint	26.60	9.29	21.15	8.28	17.80	9.88	15.40	10.22
	Nuclear	27.45	7.08	18.82	8.36	18.28	10.02	15.71	5.56
Parental Qualification	Illiterate	23.50	10.37	20.50	9.43	19.50	7.14	12.75	9.84
	School	26.56	6.39	18.63	7.76	17.04	9.83	14.68	8.15
	College	27.40	9.83	21.60	8.62	18.54	10.17	16.32	9.32

The table above shows the dimensions of parental bonding measured by care and protection scores for mothers and fathers in different sub-samples defined by gender, locality, family type, and parental education. The information offers implications regarding the caregivers' parenting styles and how those styles may shape guiding behaviours. Using the cut-off scores for care and protection, this analysis places parenting styles within one of four quadrants: affectionate constraint (high care, high protection), affectionless control (low care, high protection), optimal parenting (high care, low protection), and neglectful parenting (low care, low protection). The detailed discussion that follows compares these results with those obtained from previous studies.

### 7.1 Gender-Based Analysis

Mother care and protection: The care scores for male ( $M = 27.21$ ) and female students ( $M = 26.40$ ) are close to the cutoff score (27.0). High protection scores for both groups ( $M = 20.08$  and  $M = 20.92$ ) indicate that maternal parenting is mainly associated with the affectionate constraint style.

Father care and protection: The care scores for students are below the cutoff value (24.0), with male students scoring  $M = 17.10$  and female students scoring  $M = 18.73$ . On the other hand, the protection scores are above the cutoff value (12.5) with means of  $M = 15.47$  and  $M = 15.54$ , respectively, suggesting an affectionless control style.

These findings are in line with earlier studies like Varghese (2023), which pointed out that in caregiving roles, mothers are often perceived to be more nurturing and protective

than fathers. In the same vein, Bowlby's attachment theory (1988) still maintains that the mother's role in providing a secure base is a pattern that seems quite consistent across cultures, including Thailand. Fathers, however, tend to be more authoritative, as Rikhye et al. have observed (2008), thus possibly contributing to the concept of "affectionless control."

### **7.2 Locality-Based Analysis**

Rural students' mothers ( $M = 28.52$  for care) scored above the care cut-off while urban mothers scored just below it ( $M = 26.56$ ). Protection scores were high for both groups ( $M = 21.88$  for rural;  $M = 20.024$  for urban), indicating that rural mothers are more likely to demonstrate affectionate constraint.

In the case of rural students' fathers, the means for care and protection are  $M = 17.58$  and  $M = 14.11$ , respectively, whereas for urban fathers, the means are  $M = 18.04$  for care and  $M = 15.79$  for protection.

Such findings are in line with Hofstede's (2001) cultural dimensions theory, which asserts that collectivist cultures, such as rural Thailand, place greater emphasis on familial relationships and caregiving roles, particularly maternal roles. The urban environment may later shift the equilibrium and thus score lower on maternal care. The same results were obtained in the study by Yamaoka et al. (2016), where traditional family structures led to higher involvement of rural parents.

### **7.3 Type of Family Analysis**

Mothers in nuclear families have a slightly higher care score than mothers in joint families (care:  $M = 27.45$ ;  $M = 26.60$ ; protection:  $M = 18.82$ ;  $M = 21.15$ ). Mothers in both family types display equally high scores for protection, which is consistent with the concept of affectionate constraint.

Fathers: In nuclear families, fathers are categorized into the affectionless control type with means of care ( $M = 18.28$ ) and protection ( $M = 15.71$ ). In joint families, fathers fall under the same category with means of care ( $M = 17.80$ ) and protection ( $M = 15.40$ ).

#### **Differential analysis**

##### **a. Comparison of Male and Female Students in the Mean Scores of Parental Bonding:**

The test has been applied to test the significance of the difference between male and female students in the mean scores of Parental bonding of Mother card and protection and Father care and father protection. The result of the analysis is given in Table 2.

**Table 2: Comparison of male and female training preceptors' mean scores of Parental bonding**

<b>Parental Bonding</b>	<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t-value</b>	<b>Significance at 0.05 level</b>
Mother care	Male	57	27.210	8.762	0.419	NS
	Female	43	26.488	8.361		
Mother protection	Male	57	20.087	8.490	0.348	NS
	Female	43	20.674	8.242		
Father care	Male	57	17.105	10.619	1.034	NS
	Female	43	19.116	8.805		

Father protection	Male	57	15.473	8.948	0.047	NS
	Female	43	15.558	8.805		

Table 2 shows the result of the “t” test carried out to compare the mean Parental bonding scores of male and female students. The “t” value is found to be mother care 0.419, mother protection 0.348, father care 1.034 and father protection 0.047, was less than the critical  $t$ -value ( $\pm 1.984$  at  $\alpha = 0.05$ ), indicating no significant difference at the 0.05 level. Hence, the null hypothesis is accepted. It is concluded that the male and female students do not differ significantly in their parental bonding.

**b. Comparison of Parental Educational Qualification in the Mean Scores of Parental Bonding of Training Preceptors**

The mean parental bonding scores of training preceptor students according to their parental educational qualification have been subjected to analysis of variance. The result of the analysis is given in Table 3.

**Table 3: ANOVA Mean Difference in the Parental Bonding Scores of Training Preceptors to their Parental Educational Qualification**

Parental Bonding		Sum of Squares	df	Mean Square	F	Sig.		
Mother care	Between Groups	64.702	2	32.351	.437	.647		
	Within Groups	7184.298	97	74.065				
	Total	7249.000	99					
Mother protection	Between Groups	206.728	2	103.364	1.498	.229		
	Within Groups	6691.712	97	68.987				
	Total	6898.440	99					
Father care	Between Groups	62.371	2	31.186	.315	.731		
	Within Groups	9608.539	97	99.057				
	Total	9670.910	99					
Father protection	Between Groups	95.253	2	47.626	.604	.549		
	Within Groups	7645.737	97	78.822				
	Total	7740.990	99					

Table 2 shows the result of the ‘f’ test carried out to compare the mean mother care scores of training preceptors to their parental educational qualifications. The ‘f’ value is found

to be 0.437, The calculated  $F$ -value was below the critical  $F$ -value (3.09), which is not significant at the 0.05 level. Hence, the null hypothesis is accepted. It is concluded that the slow learners belonging to different parental educational qualifications do not differ significantly in their mother care.

Table 2 shows the result of the 'f' test carried out to compare the mean mother protection scores of training preceptors to their parental educational qualifications. The 'f' value is found to be 1.498. The calculated  $F$ -value was below the critical  $F$ -value (3.09), which is not significant at the 0.05 level. Hence, the null hypothesis is accepted. It is concluded that the slow learners belonging to different parental educational qualifications do not differ significantly in their mother protection.

Table 3 shows the result of the 'f' test carried out to compare the mean father care scores of training preceptors to their parental educational qualifications. The 'f' value is found to be 0.315, The calculated  $F$ -value was below the critical  $F$ -value (3.09), which is not significant at the 0.05 level. Hence, the null hypothesis is accepted. It is concluded that the slow learners belonging to different parental educational qualifications do not differ significantly in their father care.

Table 3 shows the result of the 'f' test carried out to compare the mean father protection scores of training preceptors to their parental educational qualifications. The 'f' value is found to be 0.604, The calculated  $F$ -value was below the critical  $F$ -value (3.09), which is not significant at the 0.05 level. Hence, the null hypothesis is accepted. It is concluded that the slow learners belonging to different parental educational qualifications do not differ significantly in their father protection.

## **8. Conclusion**

This study emphasizes the significant impact of parental bonding on the mentoring styles and professional behaviors of training preceptors in Thailand., The findings, based on attachment theory, reveal that specific patterns of care and protection in early familial interactions greatly influence preceptors' relational approaches with their trainees., Mothers primarily demonstrated 'affectionate constraint' parenting styles, fostering nurturing and protective behaviors, while fathers tended towards 'affectionless control,' emphasizing authority with limited emotional engagement., These patterns were also shaped by cultural, demographic, and educational variables, including rural-urban locality differences, family structure, and parental education levels. The results are consistent with previous research, such as Bowlby's assertion that early attachment experiences lay the foundation for future interpersonal relationships and Rikhye et al.'s findings on gendered caregiving roles. Additionally, Hofstede's cultural dimensions theory supports the observed collectivist emphasis in rural Thailand, where strong familial ties and caregiving roles take precedence over individual autonomy. In contrast to studies in Western settings, this research highlights the distinct influence of parental bonding and cultural values on professional mentorship practices in non-Western contexts. These findings emphasize the need for mentorship programs that are not only informed by attachment theory but also culturally sensitive.

By incorporating these dimensions, mentorship training can better assist preceptors in cultivating effective, empathetic, and culturally attuned relationships with their trainees. This study contributes to the growing recognition of the role of early-life experiences in professional development and lays the groundwork for further exploration into mentorship practices across diverse cultural settings.

## 9. Implications of the Study

### 9.1 Theoretical Implications

9.1.1 The study validates attachment theory (Bowlby, 1988) by illustrating how early attachment between parents and children affects adult mentoring styles, particularly in collectivist societies. The findings validate the assumption that secure attachment enhances caring mentorship, but insecure attachment (e.g., affectionless control) may be linked with more authoritarian mentoring.

9.1.2 It extends Hofstede's (2001) theory of cultural dimensions by illustrating how collectivist values in Thailand affect family and work relationships, where rural settings place greater emphasis on stronger maternal care.

### 9.2 Practical Implications

9.2.1 Mentorship Training Programs: Preceptor training should incorporate attachment-informed techniques to allow mentors to learn how their history can shape their mentoring style. Emotional responsiveness and balanced guidance workshops may improve trainee care.

9.2.2 Cultural Adaptation: Organizations need to create mentorship systems sensitive to Thailand's collectivist culture, such as promoting communal learning environments and hierarchical deference but avoiding over control.

9.2.3 Policy Development: Education policymakers should consider parental bonding research when designing teacher-preparation programs so that preceptors are prepared in relational and emotional skills.

## References

Abbasi M, Emadian O, Abbasi G. (2022) Effectiveness of video-based attachment-based education on parental bonding of children with behavioral disorders. *Journal of Pediatric Nursing*, 8 (3), 37-46.

Abbaspour, A., Bahreini, M., Akaberian, S., & Mirzaei, K. (2020). Parental bonding styles in schizophrenia, depressive and bipolar patients: a comparative study. <https://doi.org/10.21203/rs.3.rs-121604/v1>.

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709–716.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. US: Lawrence Erlbaum Associates.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. US: Basic Books.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). US: Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and how it shapes individual development*. US: Basic Books.

Chang, L., Schwartz, D., Dodge, K. A., & McBride-Chang, C. (2011). Harsh parenting about child emotion regulation and aggression. *Journal of Family Psychology*, 27(2), 123-133.

Darling-Hammond, L. (2006). *Powerful teacher education: Lessons from exemplary programs*. US: Wiley.

Desai, S., & Alva, S. (1998). Maternal education and child health: Is there a kind of causality? *Demography*, 35(1), 71-81.

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviours, institutions, and organizations across nations* (2<sup>nd</sup> ed.). US: Sage Publications.

Hong, S., & Yoon, J. (2021). The impact of structured training programs on preceptors' teaching behaviors and confidence: A systematic review. *Journal of Nursing Education*, 60(4), 215-223.

Kaniaru, N. (2016). Preceptor-student partnership in clinical nursing education: A framework for quality improvement. *International Journal of Nursing Studies*, 53(2), 56-64.

Kim, Y.M., Kols, A., and Park, H. (2016). Parental education and its impact on child-rearing across the globe. *Parenting Science*, 5(1), 43-60.

Knott, K., Henderson, A., & Bamford-Wade, A. (2022). Challenges in preceptorship: Time constraints and support systems in healthcare education. *Nurse Education Today*, 117, 105011. <https://doi.org/10.1016/j.nedt.2022.105011>

Li, H., Tang, Y., & Pang, Y. (2020). Role of preceptors in mentoring nursing students: A systematic review and meta-analysis. *Nurse Education Today*, 85, 104259.

National Council for Accreditation of Teacher Education. (2013). Standards for Professional Development Schools. n.p.

O'Sullivan, R., Carter, M., & McKenna, L. (2020). Developing preceptor programs through a continuing professional development lens: A mixed-methods study. *Nurse Education in Practice*, 42, 102682

Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *British Journal of Medical Psychology*, 52(1), 1–10.

Rikhye, K., Tyano, S., Friedman, A., & Laor, N. (2008). Parental bonding and child development. *International Journal of Early Childhood*, 40(3), 211-227.

Surcinelli, P., Montebarocci, O., Giovagnoli, S. (2025). Knowledge on Trauma, Adverse Childhood Experiences, and Parental Bonding in a Sample of Italian Teachers. *International Journal of Psychological Science*, 5(1), 1-7

Varghese, S. (2023). Addressing the challenges of preceptorship in healthcare: An integrative review. *Journal of Health Professions Education*, 9(1), 34-47.

Williams, T., Robinson, J., & Walsh, K. (2021). Innovations in preceptor training: Preferences for diverse formats and platforms. *Nursing Leadership*, 34(3), 11-20.

Yamaoka, Y., Suzuki, S. & Nishimoto, A. (2016). Parental participation in education – a rural-urban comparison in East Asia. *Educational Research*, 58(4), 395-408.