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Clinical Mentorship in Low- and Middle-Income Countries: An Evolutionary Concept Analysis

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Purpose:

Mentoring has been used effectively for many years as a nursing, clinical education model in high-income countries (HICs), and the prevailing definitions of clinical mentorship have been formed within the context of HICs. Definitions of clinical mentorship in the context of low- and middle-income countries (LMICs) are limited. The purpose of this study was to determine a current, contextual definition of clinical mentorship in LMICs.

Methods:

An evolutionary concept analysis of clinical mentorship in LMICs was performed. Databases from multiple disciplines were searched for articles written between 2014 and 2019. The databases searched included: CINAHL, PubMed, Global Health via CAB, Business Source Complete, Human Resources Abstracts, PsycINFO, and ERIC. Search terms included: clinical mentoring, mentorship, beginning teachers, low- and middle-income countries, developing countries, and low resource countries. Inclusion criteria included English, academic journal articles that described clinical mentoring in LMICs. Articles specific to research mentoring, peer mentoring, e-mentoring, mobile mentoring, or high-income countries were excluded. After removing duplicates and hand-reviewing the titles and subject areas, a total of 30 articles were found representing 21 LMICs: Botswana, China, Estonia, Ghana, India, Iran, Kenya, Malawi, Mozambique, Namibia, Nigeria, Pakistan, Peru, Romania, Rwanda, South Africa, Taiwan, Tanzania, Turkey, Uganda, and Zambia.

Results:

The mentor-mentee relationship, the primary attribute, was mentioned either directly or indirectly in every article reviewed. Other attributes associated with the action of clinical mentorship included support, teaching, development, and collaboration. Attributes for the mentor included experience, knowledge, skill, approachability, and older in age than the mentee. Attributes specific for the mentee included being deferential to the mentor, committed, and motivated to learn.

The initiation of a relationship with appropriate matching of the mentor and mentee was an important antecedent for mentorship. Rapport, mutually agreed upon goals, honest communication, and an atmosphere of trust and respect also were needed for the mentoring relationship to work well. Antecedents for the mentor included work experience and training. A lack of knowledge and skills were antecedents for the mentee.

The consequences of clinical mentorship in LMICs were centered around an increase in the mentee's knowledge, practical skills, and socialization.

Cultural, societal, national, and global forces shape mentorship in LMICs. The primary influence described was hierarchical power and its effect on communication and the

mentor-mentee relationship. Other influences on the relationship included language barriers, gender roles, corruption, and fear.

Based on these findings the following working definition of clinical mentorship in LMICs was developed: Clinical mentorship in LMICs is a collaborative, working relationship between an experienced, trained mentor and a novice mentee in which the mentor seeks to provide the mentee with individualized support, teaching and guidance for the development of the mentee's knowledge, practical skills, and socialization.

Conclusion:

This contextual understanding of clinical mentorship in LMICs allows nurse educators and leaders to develop relevant mentoring models and tools designed specifically for use in LMICs.

Title:

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Keywords:

Clinical Mentorship, Low- and Middle-Income Countries and Nursing Education

Abstract Summary:

A contextual definition of clinical mentorship in low- and middle-income countries (LMICs) is necessary for the development of effective mentoring models for nursing, clinical education. This study provides the results of an evolutionary concept analysis of clinical mentorship in LMICs, and describes unique influences affecting the mentor-mentee relationship.

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Author Summary: Lisa Giesler is a PhD in Nursing Science student at Indiana University School of Nursing, Indianapolis, USA. Her research interest involves nursing clinical mentorship in low- and middle-income countries with a focus on Kenya. She was the assistant director for 10 years at Memorial Christian College of Health Sciences in Bangladesh where she coordinated their clinical mentorship program. She is currently working as a nurse and preceptor in Indianapolis.