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Piloting a global mentorship initiative to support African emergency nurses

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Mentorship is a relationship whereby a person experienced in the specialty supports and guides a less experienced person following a process of relationship building, engagement and development, self-inquiry and reflection. It involves regular contact with a critical friend who has a mature level of skills and expertise and can advise and support the mentee's development in order to empower them and build capacity [1]. In healthcare this relationship usually has formal recognition. Indeed clinical mentorship of nurse initiated antiretroviral therapy in resource limited settings in South Africa suggest that mentorship increases clinical confidence and improves the quality of nursing care [2]. Bennett et al. [3] demonstrated in Kenya and Uganda that mentorship programmes have a positive impact on career development and whether to remain in health research. This paper explains the creation and pilot of a global mentorship initiative in 2015–2016 to support emergency nurses in Africa and, the potential benefits and challenges of such a quest.

1. Background

The need to strengthen emergency care systems to address the global burden of disease is increasingly recognised [4]. By 2030 road traffic collisions will be the fifth leading cause of death in the developing world; with violent crime and conflict contributing significantly to this public health emergency (Institute for Health Metrics and Evaluation, 2010). This pilot mentorship scheme is aimed at enhancing emergency nursing standards across Africa, responsive to the increasing trauma burden, and other disease burdens addressed in the United Nations Sustainable Development Goals.

Standards of emergency nursing in Africa remain variable [4]. Enhanced injury or illness systems prevent a patient's physiological decline and quality emergency treatment and emergency nursing care facilitates earlier recovery so people may make a consistent contribution to society, the workplace and their family. The emergency nurse makes a unique and significant contribution to this recovery process and mentorship arrangements are likely to enhance standards of nursing care.

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The African Federation of Emergency Medicine (AFEM) Nurses Group was established as a voluntary Working Group at the AFEM Conference in Cape Town, South Africa, in 2011 to create a framework to guide the development of emergency nursing practice in Africa. The group comprises African and international emergency nursing colleagues with experience in clinical practice, research, education and leadership. The remit of the group included delineation of levels of emergency nursing practice, evaluation of cognitive and psychomotor skill sets, and consideration of movement between levels of emergency nursing practice in Africa [5]. This then led to the development of the African Emergency Nursing Curriculum (AENC) available at <http://www.afem.info/> [6] which provides a consensus document to guide the development of harmonised standards of emergency nursing practice across Africa for the benefit of the emergency patient population.

2. Preventing isolation through mentorship

Early in the establishment of the AFEM Nurses Group and the development of the curriculum it became apparent that much professional isolation is experienced by emergency nurses in Africa generating a huge need for and potential benefit from mentorship. Some African emergency nurses had verbally reported how they face difficult and demanding learning opportunities whilst working in isolation as the most senior emergency nurse, often in their country, who is expected to provide guidance to junior colleagues. This situation is compounded by geographical and professional remoteness and sub-optimal resourcing of for example educational opportunities and information technology which inhibit the real potential of emergency nurses to provide up-to-date evidence-based care. The AFEM Nurses Group Mentorship Initiative launched in 2015 was considered to provide a mechanism to develop fellow emergency nurses in order to address the needs of emergency nurses in Africa while making use of the resources available in the AFEM Nurses Group.

3. Goal of mentorship

The overarching goal of this global mentorship initiative is to develop in-country mentors as role models and advisors to their peers. However, due to lack of resources currently in Africa,

experience was drawn from around the globe to maximise resources readily available from within the AFEM Nurses Group. Global mentorship arrangements provide an enormous resource offering opportunities for emergency nurses to cross-fertilise practice, standards and systems for the benefit of the emergency care population. Mentorship goes beyond the basic passing on of knowledge and skills to include encouragement, support, sponsorship, constructive feedback, role modelling, and any other processes to facilitate the mentee to achieve their professional and personal short-term and long-term goals. Mentorship is associated with increased research activity, increased retention in academic medicine, and increased career satisfaction. The literature supports nurse mentor programmes as an intervention to improve nurse satisfaction, patient satisfaction and as an organisational cost containment strategy [7–10]. Mentors should be a role model and be willing to share their expertise regarding emergency nursing. They should be a champion to others, facilitate access to resources and provide links to the emergency care community.

4. Definition of afrocentric mentorship

The term 'Afrocentric' is used to describe something that is centred on or derived from Africa or the Africans and it emphasises African culture and the contributions of Africans. So it was necessary to ascertain how the global mentorship programme differed, what made it unique, and what made it Afrocentric. Essentially, the programme is responsive to African emergency care needs and by introducing a support infrastructure the important goal of quality emergency nursing care is more readily achieved. The mentorship relationships enable dialogue about practice, education and training, care standards and professionalism while at all times being respectful to the clinical practices of the country and being open to the possibility of learning from each other. Shared ethnicity is not as important as having a mentor who is able to listen, be empathic towards the mentee and committed to the mentee's welfare and the mentoring relationship. Indeed, the organisational context and quality of the mentor/mentee relationship creates more positive outcomes than the type of mentorship model used [11]. Practice may be culturally enriched as emergency nurses become more transculturally aware and authentically respond to the personal characteristics and contexts of their patients. So the quest to generate a critical mass of mentors is a welcomed opportunity which seems attractive to African emergency nurses who are ready to embrace a participatory method of learning as a means of support. Concurrently, the global community of mentors can learn to appreciate the way in which low-resource health systems manage finite resources and the need to compromise when importing Western approaches into African contexts.

5. African mentorship pilot project

The pilot African mentorship process involved arranging matches between seven emergency nurse mentors and seven emergency nurse mentees, all accessed through contacts within the AFEM Nurses Group. These seven pairs came from a variety of countries: mentors from 6 countries (United Kingdom, Australia, United States of America, South Africa, Kenya and Namibia) and mentees from 4 different African countries (Tanzania, Rwanda, Malawi and Ethiopia). Consideration was given to the content and nature of their respective experience and needs within their particular discipline for example clinical practice, education, research, management. Experienced emergency practitioners from around the globe who were also members of the AFEM Nurses Group were invited to participate in mentorship by providing support and guidance to selected emergency nurses in Africa via social

media for example SKYPE. This mentorship initiative was developed based on mentorship programmes offered for emergency nurses globally namely; the EMINENCE project [12], a formal mentoring programme to match experienced Academy of Emergency Nursing (AEN) Fellows with Emergency Nursing Association (ENA) members. Projects may focus on a range of initiatives including publishing, role development, and research. Similarly, the Royal College of Nursing Mentorship Project [13] in the United Kingdom (UK) sought to facilitate mentor networks through the development of a community of practice by using online and social networking. In addition, the EmpNURS initiative [14] sought to establish a base for professional growth and empowerment among the nursing profession within the European Union.

6. Criteria for selection of mentors

The criteria for the selection of mentors comprised:

- Current nurse registration with clinical experience in the emergency setting.
- Continuing self-evaluation to facilitate personal development.
- Exposure to learners in emergency care.
- A developing interest in emergency care systems in Africa.
- Fluency in the language of the African mentee was desirable though not always possible.

It is envisaged that three years of experience provides sufficient opportunity to consolidate then advance one's own practice prior to supporting another. Additionally, whilst acknowledging the valuable expertise of all practitioners it was decided that ideally, an emergency nurse should mentor their peer in Africa because it is considered that nurses know best about nursing. Indeed, as the emergency medicine and pre-hospital emergency care curricula embed in Africa, it is anticipated that discipline-specific mentors may be required for this initiative in the future. For example, there may be occasions that warrant support from another discipline; particularly concerning advanced practice. The future goal of the mentorship initiative is to accumulate a critical mass of mentored African emergency nurses who may go on to provide mentorship support to their peers on an Africa-Africa basis.

7. Preparation for role

For a successful mentorship programme it is essential that each mentor and mentee has a clear understanding of their role, responsibilities and expectations and is well-prepared. In the mentorship pilot project, each person was emailed an introductory package outlining their role and responsibilities (Mentor Guidance Handbook and Mentee Guidance Handbook) and an annual contract was agreed detailing the short-term and long-term annual goals. Each mentor was provided with a copy of the AENC i.e. Basic, Intermediate or Advanced Emergency Nursing learning outcomes and competencies [6] and were encouraged to refer to these statements when discussing their mentor's development. Achievement of goals was evaluated annually so that enablers and blocks to the process could be identified and solutions considered for example information technology or conflicting personalities. Regular supportive contact between the mentor and the mentorship team was encouraged. Contact frequency between mentor and mentee is negotiable and it is recommended that contact be every four to six weeks and a 'no show' of three months should trigger an alert to the organisers. Mentors record the frequency of contact and broad areas discussed following each conversation. Naturally, this may be difficult as African nationals juggle the complexities of

working life with family commitments and transient technology availability.

8. Successes, challenges and lessons learnt

Of the seven pairs that started in the pilot mentorship project, three pairs remain in regular contact, two of the pairs in occasional communication and the remaining two pairs have made no further contact. The pilot mentorship project has experienced a number of successes. Three of the mentees have since gone on to give oral presentations at international conferences, one mentee has published her first book and another has published articles. In one of the pairs, the mentor, from the United States of America, had the opportunity to visit her mentee in Ethiopia.

The mentors described that the process provided them with an interesting insight into poorly resourced areas and opportunities to offer support to emergency nurses in low-middle resourced countries. The mentees found that aspects of their current practice were validated and they were encouraged to commence further study. Mention was also made of the benefit of establishing relationships between countries and the possibility for research. Overall the mentors and mentees found it both an interesting and beneficial project.

Following the evaluation of the project a number of challenges were discovered predominately regarding internet connection, time differences and misunderstanding of expectations. Due to time differences and intermittent internet access, many of the partners struggled to find a suitable time to “meet”. Although it was anticipated that much of the communication would be through social media for example SKYPE, it was too difficult for many due to varying bandwidth. Another comment was that appointments to “meet” on SKYPE had to be set up via prior email arrangement so that the mentee did not disturb the mentor during busy times for example, in a meeting. One of the pairs did not continue as both the mentor and the mentee appeared to be waiting for the other to initiate contact. Plans to expand the initiative are dependent on practitioner goodwill and cross-country collaboration as mentors devote time and energy to supporting their allocated mentee. Funding to enable expansion of the mentorship infrastructure was also identified as a limitation because developmental money is proving very difficult to source. However, the authors are currently submitting funding applications to major international funding streams.

In moving the mentorship project forward there were a number of lessons learnt. The Guidance to Mentors and Mentees Handbook developed to assist the mentorship process was found to be too complicated or inappropriate. These tools were successfully used in previous face-to-face mentorship situations, however due to the predominantly on-line way the mentorship pair, changes needed to be made. Internet issues have been very difficult for many of the pairs and the suggestion is to look at ways of using mobile phone technology which is widely used in Africa with a great deal of success. Another of the major issues is the need to have regular contact with the pairs, especially at the beginning, to ensure contact is initiated and continued. Additionally, both parties benefit from a clear explanation of the process through the distribution of guidance documentation specific to mentors and mentees. For the future success of the initiative there is a need to ensure that there is a person tasked with this responsibility on weekly basis.

9. Expansion of the mentorship infrastructure

To enable smooth operations a Mentorship Committee will oversee recruitment, produce and update a Mentor Guidance

Handbook and Mentee Guidance Handbook, provide direction regarding the development of the mentor/mentee relationship, monitor the frequency of contact and provide an explanation of the role of the mentor. The plan is to ultimately join forces with the emergency physician mentorship initiatives and create an overall AFEM Mentorship Programme for Africa. To be successful there is a need to consider various models used globally [14].

Funding will be sourced to create a mentorship database to allocate mentors to mentees and monitor the effectiveness of the mentorship arrangements so that mentees feel supported whilst avoiding oversaturation of mentors. It is anticipated that 50 pairs will be identified in the first phase of the programme by 2020. Monitoring systems will enable audit activities and evaluation of the mentorship process will be completed and progress reports created at agreed intervals to inform infrastructure development.

Annual audit of progress by mentees and review of mentor reports will take place and any problems encountered, in mentorship arrangements may be addressed. It is important to consider what action would be taken should contact be reduced due to for example ill-health, family commitments, employment change. After three months of a mentor/mentee ‘no show’ either party should contact the mentor team and consideration will be given to the potential to continue or terminate a mentor/mentee relationship. It will be necessary to consider how to handle a potential post-mentorship void. Similarly, it will be interesting to see how a continuing relationship may develop after mentorship ceases, a reflection of dependence or independence. A long-term goal is to encourage mentees who have gained emergency nursing experience and benefitted from the global mentorship programme to become mentors themselves providing an opportunity to ‘give back’ to their discipline.

10. Conclusion

The global health arena is increasingly talking about emergency care so there is a real need to put in place an infrastructure to enable communication between emergency nurses. As the project develops consideration will be given to country specific needs e.g. translating the Guidance for Mentors and Mentees Handbook into the language of the mentor/mentee for example French or Portuguese. There is a clear need for the emergency nursing mentorship initiative and additional funding to be sought to enable the incremental expansion of the initiative. Of greater importance than a specific timeframe to completion is the need to work towards a sustainable Africa to Africa mentor/mentee arrangement informed by greater collaboration and access to global expertise. In this sense the future of emergency nursing in Africa looks bright and it is highly likely that enhanced practice standards should follow over time as practitioners cross-fertilise their practices and ideologies. Additionally, learning about how emergency nurses respond to health care need in low-middle income countries provides an important lesson for the rest of the world. Naturally, new initiatives often depend on available money to support a growing infrastructure however the real strength of this initiative lies in the willingness of emergency nurses around the globe to respond to the Africa call for mentors.

Further information on the Global Emergency Nursing Mentorship Initiative will be located on the African Federation of Emergency Medicine website at <http://www.afem.info/>.

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Conflict of interest

No conflict of interest is declared by the author(s).

Ethical interest

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