

a current mentor. Only 1 (2.3%), planned to pursue a science-oriented career. Top career influences were personal interest and faculty. Top-rated mentor qualities were mentee career development focus and research competence. Major support desired was successfully combining professional and family life. Potential mentors were mostly male (16/18, 88.9%); only 1 below 30 years, 55.6% between 31–40 years and 38.9% 41–50 years. Four (22.2%) had PhDs, 9 (50.0%) MDs (6 with Master's degrees and 1, a PhD). Five (27.8%) potential mentors had an MSc/MPhil degree. Overall, 13 (72.2%) were lecturers and 5 (27.8%) senior lecturers; 55.6% specialized in basic sciences, 33.3% medicine, and 11.1% other disciplines. Half of potential mentors had previously mentored female trainees, with 100% satisfaction. Over 70% (13/18) expressed interest in mentoring. Top-rated mentee characteristics were interest in science, dedication, and readiness to accept feedback. Top-stated mentoring motivations included availability of institutional research support and personal satisfaction.

**Going Forward:** Motivation of females to pursue biomedical research careers was low, whereas mentor motivation was encouraging. Implementing a female-targeted mentorship program in a male-dominated milieu is challenging. Tertiary institutions should expose female trainees to biomedical research learning opportunities and support mentors towards ensuring a critical mass of female researchers in Africa, where needs are high.

**Funding:** None.

**Abstract #:** 1.084\_HRW

### **Guardians in Malawian Healthcare: devoted caregivers fill gaps in local healthcare workforce**

M.E. Warres<sup>1</sup>, N.M. White<sup>2</sup>, L.L. Neely<sup>1</sup>, L.B. Glickman<sup>1</sup>;  
<sup>1</sup>University of Maryland, Baltimore, School of Medicine, Department of Physical Therapy and Rehabilitation Science, Baltimore, MD, USA,  
<sup>2</sup>University of Maryland, Baltimore, School of Social Work, Baltimore, MD, USA

**Program/Project Purpose:** To describe the role of guardians in Malawian healthcare and explore implications for healthcare internationally to support training and capacity building, meeting key skills gaps in the global health workforce.

**Structure/Method/Design:** Information was gathered via observations and informal interviews of patients, clinicians, and family members at Kachere Rehabilitation Center (KRC) and Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi.

**Outcome and Evaluation:** Guardians are family members who voluntarily care for relatives in hospitals, rehabilitation facilities, and home upon discharge. They are necessary for the smooth function of the healthcare system in Malawi due to an insufficient number of local healthcare staff. Guardians provide many of the services performed by healthcare professionals in developed countries. They willingly forfeit primary means of income and family responsibilities while caring for their sick or disabled loved ones. Guardians find their own space on the hospital property for sleeping, cooking, and laundry. Completing the duties of caregiving is viewed as honorable; no task is unjustified.

According to KRC staff, patients may develop a learned helplessness because of this cultural phenomenon. Clinicians working with patients and families from Malawi and similar less-resourced countries must be aware that caregivers may inadvertently enable patient dependency. On the other hand, guardians provide many opportunities to promote functional independence with appropriate training.

**Going Forward:** Healthcare professionals should be aware of cultural considerations and opportunities for caregiver education in less-resourced countries, with potential applications for improving the healthcare system in developed countries. Walter Reed Army Medical Center (WRAMC) in the US has a Non-Medical Attendant (NMA) Program in which patients' family members provide guardian-like services. Given the success of using NMAs at WRAMC and the experiences in much of Africa, the use of family caregivers in healthcare may lead to more meaningful patient outcomes globally.

**Funding:** University of Maryland, The Founding Campus, Center for Global Education Initiatives.

**Abstract #:** 1.085\_HRW