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Why the cultural implications of mentoring in Africa might help us to understand mentoring elsewhere

Jorge A Girotti

Department of Medical Education, University of Illinois at Chicago College of Medicine Chicago, Illinois, USA

In this issue of *Medical Education*, Sawatsky *et al*¹. contribute a valuable finding to current knowledge of mentoring in academic medicine. Building on the ecological model of mentoring proposed by Sambunjak,² they assert that cultural factors permeate every level of the mentoring relationship. As we review each layer of the conceptual model, the interjection of ‘culture’ seems straightforward and meaningful. For example, at the intrapersonal level the cultural backgrounds of mentors and mentees appear to be intrinsic contributors to mentoring style, motivation and so on; interpersonal factors address relational aspects such as similarity, congruency of expectations, and competencies; at the institutional level, the cultural characteristics of specific fields, mentoring climate and work design can be superimposed to better understand relationships and their potential effectiveness, and, finally (and perhaps most directly), culture permeates societal factors that are part and parcel of mentoring relationships. Added together, these lead us to the conclusion that in diverse environments, in which the composition of the faculty and student body may differ from that of the general population (along ethnic or racial lines, and in terms of socio-economic status, etc.), mentoring may not flourish as easily as one might hope.

With this framing in mind, Sawatsky *et al*¹ put the model to the test by examining the cultural implications of mentoring relationships in a sub-Saharan setting. In doing so, they describe a particular context in which mentoring takes place: a relatively new school in a country with a shortage of physicians that is much larger than that experienced in other nations in the region. In this context, there seems to be a general lack of information on career options and it is the opinion of faculty staff that trainees tend to settle for professional positions that are less than ideal. Students and trainees, by contrast, feel challenged to make sense of their budding professional identities in an institutional setting that sends mixed signals about the roles played by their clinical supervisors, who are described as ‘mentors’ but whose time is constrained by clinical responsibilities and who therefore find it difficult to devote time to mentoring.

Perhaps it makes sense, based on the results of the study,¹ to conclude that every factor in the conceptual model, whether intrapersonal, interpersonal, institutional or societal, is unique to specific settings and circumstances. However, I am intrigued by the extent to which the specific issues that relate to Malawian people or society can—upon close scrutiny—

be expanded to other cultural situations. Even in the very different context of US health care and health education, for example, work aimed at increasing diversity and inclusion in the physician workforce³ has yielded similar results. That is, we have seen that individuals from ethnic or racial groups that are under-represented in the US physician population (i.e. African-Americans, Latinos and Native Americans) face similar cultural impacts throughout their undergraduate and graduate medical education as the following issues illustrate. Organisations such as the Association of American Medical Colleges have supported the concept of holistic review⁴ as a means to potentially increase the admission of individuals from under-represented groups by considering factors other than academic achievement. Our research showed that, although inclusive policies at the admissions point are critical, much more support must be put in place after matriculation to ensure progression and success.³ Ideally, the learning and overall educational environment must be aligned to enable mentoring that supports the cultural diversity resulting from holistic review.

Although professional identity formation is an ongoing process, a significant amount of it happens during medical school. Mentoring has been linked to the ability of medical students to successfully develop professional identities.⁵ The idea that culture permeates all elements of mentoring, from the intrapersonal to the societal, fits well in any multicultural setting in that there are elements in the mentoring relationship that transcend particular characteristics of nations and may be more closely related to human factors. For instance, Sawatsky *et al.*¹ posit that Malawian politeness is a particular cultural construct that may hinder the development of mentoring relationships. We too, however, have observed that US medical students who are first-generation college attendees and come from ethnic or racial groups that are under-represented in medicine face the challenge of a foreign environment,⁶ and that politeness can make it difficult to enter into mentoring relationships. Undoubtedly, the cultural background of the trainee or student is a factor in the degree to which politeness becomes a barrier, but people of many backgrounds will experience similar difficulties.

Similarly, the reported finding¹ that tension exists at the institutional level (and maybe even the societal level) between the mentoring of students and trainees for future local professional roles versus for roles in other areas of the world also transcends national boundaries. Baxter *et al.*⁷ address the segregation that exists within medicine for female and minority physicians and point out that, unquestionably, some students and trainees are 'pushed' in particular directions based on the 'mentor's' perceptions of alleged national needs.

Such tension provides a metaphor for the friction that emerges in considerations of the broader implications of Sawatsky *et al.*'s paper.¹ By focusing a research lens on the situation in a specific context and using the concept of culture to better understand the idiosyncrasies of mentoring that were observed in that context, the authors¹ contribute to our general understanding of the mechanisms that enable and hinder mentoring in professional programmes such as medicine.

Superimposing the cultural element on the established model of mentoring (intrapersonal, interpersonal, institutional and societal) is useful to the extent that it allows us to understand how mentoring occurs in many settings that are often diverse and multicultural. At the same

time, it seems sensible, even if ironic, to point out that using the concept of culture to highlight what appear to be particularly national concepts enables us to expand the conversation to other settings in which mentoring is also an important aspect of identity formation and in which similar phenomena may be at play despite considerable differences at the surface level.

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