



Review

Mentor experiences of international healthcare students' learning in a clinical environment: A systematic review



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ABSTRACT

Background: Globalisation has brought new possibilities for international growth in education and professional mobility among healthcare professionals. There has been a noticeable increase of international degree programmes in non-English speaking countries in Europe, creating clinical learning challenges for healthcare students.

Objective: The aim of this systematic review was to describe mentors' experiences of international healthcare students' learning in a clinical environment. The objective of the review was to identify what influences the success or failure of mentoring international healthcare students when learning in the clinical environment, with the ultimate aim being to promote optimal mentoring practice.

Design: A systematic review was conducted according to the guidelines of the Centre for Reviews and Dissemination.

Data sources: Seven electronic databases were used to search for the published results of previous research: CINAHL, Medline Ovid, Scopus, the Web of Science, Academic Search Premiere, Eric, and the Cochrane Library.

Review Methods: Search inclusion criteria were planned in the PICOS review format by including peer-reviewed articles published in any language between 2000 and 2014. Five peer-reviewed articles remained after the screening process. The results of the original studies were analysed using a thematic synthesis.

Results: The results indicate that a positive intercultural mentor enhanced reciprocal learning by improving the experience of international healthcare students and reducing stress in the clinical environment. Integrating international healthcare students into work with domestic students was seen to be important for reciprocal learning and the avoidance of discrimination.

Conclusion: Many healthcare students were found to share similar experiences of mentoring and learning irrespective of their cultural background. However, the role of a positive intercultural mentor was found to make a significant difference for international students: such mentors advocated and mediated cultural differences and created a welcoming environment for international students by helping to minimise feelings of social isolation.

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1. Introduction

In line with the recent effects of globalisation on higher education (Allen and Ogilvie, 2004; Herdman, 2004; Glino, 2015), the number of international students studying in Finland doubled between 2005 and 2014 (Ministry of Education and Culture, 2014). This rising trend also applies to the education of healthcare professionals, a development that has brought its own set of challenges, especially with regard to mentoring relationships where the mentor and mentee come from different cultures. Indeed, serious difficulties with the education of international students in the clinical environment were reported in cases where mentors did not know how to relate to students and built

negative attitudes towards them (Pitkääjärvi et al., 2012); perhaps inevitably, this impacted on students' learning in an adverse way (Mattila et al., 2010; Miguel and Rogan, 2009; Sedgwick et al., 2014; Pitkääjärvi et al., 2012). The importance of mentoring becomes critical when one realises that clinical practice involving mentoring can account for up to 50% of the instruction offered by universities which educate healthcare professionals (European Union Council Directive 77/452; European Union Council Directive 89/595). There is, in short, plenty of scope for things to go wrong when mentoring international students, but the rewards of getting it right are many.

The general characteristics of effective clinical mentorship as defined by domestic healthcare students were knowledge and clinical judgement, good interpersonal relationships and sound evaluation, teaching ability and nursing competence (Elcigil and Sari, 2008; Woodley, 2013), ideally all on offer in a welcoming work environment (Myall

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et al., 2008). The mentor's role includes assisting, befriending, guiding, advising, and counselling (Chow and Suen, 2001). A good interpersonal relationship helps create a sense of belonging and imparts a positive learning experience (Levett-Jones et al., 2009). Mentors described themselves as people who could, and indeed should, give constructive feedback, share available time, have a positive attitude and patience, and pass on the benefits of their own experience in nursing (Huybrecht et al., 2011).

All of this, needless to say, applies equally to international students as it does to domestic students. However, the definitions of good mentorship presented in the literature do not take into account the complexities posed by cultural and linguistic diversity among international healthcare students. Indeed, guidance for good practice in clinical mentoring designed for such students was shown to be distinctly lacking in healthcare education. Those studies that did involve the cultural and linguistic diversity of healthcare students were found to be mainly limited to qualitative research approaches; stronger empirical methods that could be used to find important concepts to describe the factors that shape and influence these students' learning in the clinical environment were largely absent (Mikkonen et al., 2016).

In light of the gap in the literature mentioned above, the prime objective of the review was to identify what influences the success or failure of mentoring international healthcare students when learning in the clinical environment, with the ultimate aim being to promote optimal mentoring practice. The concepts in the review included mentors of international students, including clinical staff working in hospital settings and facilitators actively involved in students' clinical education who were also seen as intermediators between academic and clinical settings (Lambert and Glacken, 2005). The review remained focused on clinical education in clinical hospital settings. Areas of healthcare education considered included mentorship in the specific fields of nursing, midwifery, and physiotherapy. The research question for the review was

- What experiences have mentors had of international healthcare students' learning in a clinical environment?

2. Methods

2.1. Search Strategy

The systematic review was conducted according to the guidelines of the Centre for Review and Dissemination (CRD, 2009). The review followed – and complements – the systematic review by Mikkonen et al. (2016), which examined the experiences of culturally and linguistically diverse students who were learning in a clinical environment. Recording and studying the experiences of mentors who have worked with these students was seen as important in order to gain a greater understanding of why negative student learning experiences relating to mentorship have occurred (Mikkonen et al., 2016).

Inclusion criteria were chosen according to the research question in the PICOS review form by dividing criteria into participants, phenomena of interest, context, and types of studies (CRD, 2009; JBI, 2014; Stern and McArthur, 2014). The inclusion criteria were used to determine the eligibility of studies (Aromataris and Pearson, 2014). The participants were mentors of international undergraduate healthcare students, including nursing, midwifery, and physiotherapy students. Phenomena of interest included mentors' experiences of international healthcare students' learning in a clinical environment. The context was a clinical environment, which provided the setting for clinical learning in clinical practice. The types of studies chosen for the review were original, qualitative, peer-reviewed studies published between 2000 and 2014, without any language limitations being set. The peer-reviewed studies considered were necessarily limited to qualitative studies, as a search of the literature did not identify any quantitative peer-reviewed studies.

The search strategy was constructed and conducted with the help of an information skills specialist. The search terms (including synonyms) were placed in four specific keyword groups which were combined together using Boolean operators (Aromataris and Riitano, 2014). The search keywords in the first group were (mentor*) OR (teach*) OR (facilitator) OR (tutor*) OR (educator) OR (instructor) OR (supervisor) OR (preceptor) OR (coach) OR (trainer). The second group consisted of the keywords (students, nursing) OR (students, midwifery) OR (students, physical therapy). The search keywords in the third group were (cultural diversity) OR (language diversity) OR (English as a second language) OR (students, foreign) OR (students, international). The fourth and final group was composed of (learning environment, clinical) OR (education, clinical) OR (“clinical practice” or “clinical placement” or “clinical rotation”) and (educat* or teach*). Seven electronic databases were used to search for original studies. A total 127 of original studies were found in: CINAHL (EBSCO) (n = 21); Medline Ovid (n = 5); Scopus (n = 34); the Web of Science (ISI) (n = 21); Academic Search Premiere (EBSCO) (n = 8); Eric (ProQuest) (n = 38); and the Cochrane Library (n = 0). After removing duplications, 106 original studies remained.

2.2. Study Selection and Critical Appraisal

The study selection and critical appraisal stage was conducted by two researchers separately and agreed on at the end. There was no disagreement between the two researchers during the process of study selection and data extraction. The original studies were screened by title (n = 106), abstract (n = 35), and full text (n = 10), finally leaving five (n = 5) original studies for the review. The references of these five studies were searched manually, and one additional original study was located using this method (see Fig. 1). All of the original studies (n = 6) were further examined by the Qualitative Assessment Research Instrument (QARI) of critical appraisal, including ten assessment criteria (JBI, 2014). Each study needed to score more than five criteria in order to be included in the review synthesis. Lower-quality studies were excluded so as to avoid possible biases and errors (Aromataris and Pearson, 2014; Averis and Pearson, 2003; Porritt et al., 2014). One of the original studies (Lu and Maithus, 2012) received only three scores in the QARI criteria and was therefore excluded from the review (see Table 1). Thus, five original studies were included for data synthesis. The methodological quality of the systematic review was examined and improved by using a measurement tool (AMSTAR) “to assess the methodological quality of systematic review” by scoring full points (n = 11) in the assessment criteria (Shea et al., 2007).

2.3. Data Extraction and Synthesis

Thematic synthesis was chosen for data analysis and the interpretation of results (Thomas and Harden, 2008). The philosophy of the thematic synthesis method is grounded in the belief that knowledge of reality lies in participants' perspectives and experiences (Tong et al., 2012), a view which corresponded to the essential purpose of the review. Additionally, the thematic synthesis method was considered to be the most effective in answering the review question (Aromataris and Pearson, 2014). No specific software was used in conducting the thematic synthesis. The three stages of thematic synthesis were conducted firstly by collecting all “Findings”/“Results” of each original study and performing line-by-line coding (n = 105); secondly, by collecting codes in descriptive themes (n = 27) linking to relevant topics; and thirdly, by creating analytical themes (n = 5) (see Table 2). Additionally, and in an effort to avoid missing relevant data, the “Abstract,” “Discussion,” and “Conclusion” of each original study were closely reviewed in order to examine whether or not additional meanings had been presented in the “Findings”/“Results” (Thomas and Harden, 2008). The research question was employed as a guideline in choosing the codes for the thematic synthesis.

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