A Systematic Scoping Review of Ethical Issues in Mentoring in Surgery

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BACKGROUND AND AIMS

Mentoring in surgery is crucial to the growth and development of mentors, mentees and host organisations but remains poorly understood. This gap in understanding predisposes to concerns of mentoring abuse thus preventing and limiting mentoring development in the surgical training arena. A systematic scoping review was undertaken to map the ethical issues in surgical mentoring in order to enhance understanding, assessment and guidance on ethical conduct.

METHODS

Arksey and O’Malley’s (2005) methodological framework was used to guide a systematic scoping review involving articles published between 1st January 2000 and 31st December 2018 in PubMed, Embase, Scopus, ERIC, ScienceDirect, MedNar and OpenGrey databases. Braun and Clarke’s (2006) thematic analysis approach was adopted to compare ethical issues in surgical mentoring across different settings, mentee and mentor populations and host organizations. 3849 abstracts were identified, 464 full-text articles were retrieved, and 50 articles were included.

RESULTS AND DISCUSSION

Stakeholders

Ethical lapses are present at 3 levels: mentor or mentee, mentoring relationships and host organisation. The following are identified based on these levels.

Predisposing factors

Poor understanding of roles and responsibilities and the misalignment of expectations amongst a multitude of other factors, compounded by the lack of effective assessment and structuring of mentoring programs, all contribute significantly to the breach in ethical conduct.

Ethical lapses

A lack of motivation and initiative with displays of hostility and disrespect are a few of the recurring ethical issues raised. Competition, perceived or real, and conflicts of interests between mentors and mentees were also considered to be major problems.

Addressing ethical lapses

The role of the host organisation is key to addressing ethical issues affecting mentoring relationships. Structured training programs, clear standards of practice, institutional support and routine evaluation of mentorship as part of a longitudinal, multisource and multidimensional approach is crucial.

CONCLUSION

The findings of this systematic scoping review point to the need for consistent support from host organization and use of appropriate, timely, longitudinal and holistic assessment that will better inform oversight of surgical mentoring. Better understanding of the dynamics of interactions within mentoring relationships and the evolving nature of surgical mentoring must also be undertaken if mentoring in surgery is to take its rightful place in training and supporting trainees and improving surgical outcomes.