Review Article

Strategies, Enabling Factors, and Barriers in Mentorship for Midwife Specialists: A Systematic Review

Neervani Jacpasad
Corresponding author
https://orcid.org/0009-0004-3503-8786
University of South Africa
31938434@mylife.unisa.ac.za

Kholofelo L. Matlhaba
https://orcid.org/0000-0002-3564-7344
University of South Africa
Matlhkl@unisa.ac.za

Abstract

Background: Although midwifery professionals markedly enhance outcomes for mothers and newborns, uneven or informal mentorship frameworks frequently impede their advanced abilities. The absence of organised, competency-based mentorship hinders the application of theoretical knowledge in clinical practice in resource-constrained maternity settings, thus impacting professional growth and service quality.

Objective: This systematic review sought to synthesise qualitative research about the tactics, facilitating variables, and obstacles affecting mentoring programmes for midwife experts. The evaluation aimed to deliver practical insights to guide policy and practice for successful mentoring, sustained competency development, and professional advancement in advanced midwifery.

Methods: A qualitative systematic review was conducted following the PRISMA 2020 guidelines. Comprehensive searches were performed throughout PubMed/MEDLINE, CINAHL Plus, Scopus, Web of Science, Embase, Cochrane Library, and relevant grey literature sources. Studies published between 2020 and 2025 that provide qualitative data on structured mentorship or formal preceptorship for midwifery professionals were included. The data extraction focused on mentorship strategies, contextual factors, enabling mechanisms, challenges, and results. A thorough assessment of methodological quality was conducted using theCritical Appraisal Skills Programme (CASP) standards for qualitative research.

Results: Nineteen qualitative studies were included, indicating that structured mentorship enhances intrapartum assessment, emergency response readiness,

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and reflective clinical decision-making. Successful programmes were characterised by observation, simulation-based learning, continuous feedback, and reflective practices. Facilitating factors included comprehensive mentor training, specified mentoring intervals, and psychologically safe feedback settings. Organisational support, encompassing workload adjustments, simulation resources, and alignment with quality improvement initiatives, facilitated programme fidelity. Governance mechanisms, like mentor credentialing, accountability frameworks, and competency hierarchies, promoted sustainability and consistency among healthcare organisations.

Conclusion: Structured mentorship, when contextually adapted and reinforced by organisational support and governance, constitutes a replicable approach to improving midwife specialist competencies and care quality. The review recommends implementing national mentorship frameworks, protected mentoring time, and multi-level accountability mechanisms to institutionalise mentorship. Future research should explore alternative models, cost-effectiveness, and equity-focused adaptations to strengthen maternal and neonatal outcomes across diverse contexts.

Keywords: clinical competency; low- and middle-income countries; maternal health; midwife specialists; professional development; structured mentorship

Introduction

Midwife specialists hold diplomas or master's degrees in midwifery and have extensive clinical experience as well. Some of these midwifery specialists manage high-risk pregnancies, teach junior midwives, and offer researched care during and after childbirth. In many under-resourced settings, these specialists do these tasks with very little institutional support. Sustained clinical competence in these settings is closely tied to successful mentoring, as mentoring fosters advanced clinical judgement, clinical reasoning, and leadership skills (Kachaturoff et al. 2020:224). Several studies show that well-defined mentorship frameworks that include support and guidance increase clinical confidence and positively influence clinical decision-making, supporting proactive decision-making and sustained ongoing development. On the other hand, poorly designed or non-existent mentorship frameworks lead to skill atrophy, clinical indecisiveness, and decision fatigue in seasoned midwives (Anderson et al. 2023:2).

There remains a disconnect between the knowledge midwifery trainers possess and the confidence many midwives lack in translating such knowledge into clinical practice, despite the increased length of time midwifery trainers spend observing the clinical practice of students. Informal, unstructured, and brief-mentoring such as in the learned public sectors in hospitals, has resulted in poorly developed skills and disorganised learning of the novice midwives. In the Southern African observation, midwives burn out as they conduct more than 25 deliveries in a week, and consequently do not have time for reflective practices or clinical in-depth learning in the Hopkinson research

(2023:359). Real-time case instruction, reflection, and simulation exercises have shown to close the gap of mentoring to improve clinical confidence and avert adverse outcomes in maternal health (Mlambo 2021:62).

Programmes aimed at mentoring do not always attain the complexities of a field or the sustained interest from mentees without having assigned mentoring time or specific supervisory dynamics (Wissemann et al. 2022:115). This, alongside previous work evaluating midwife specialists, demonstrates the value placed on the unstructured, unsupervised time, and the longitudinal iterations of clinical supervisory socialisation frameworks (Anderson, Williams, Jess, Read and Limmer 2022:829). Patients' trust and satisfaction can be negatively impacted by midwifery practitioners' good clinical abilities. It is observed in literature that there is virtually no clinical judgement, and a vacuum in the relational and/or communication aspect (Perumal and Singh 2022). Clinical accountability is improved, and the vacuum is filled, when mentoring is not loose and unstructured, and it is aimed at the fortified assimilation of theory and a practice that requires real-world reflection (Biles et al., 2023:179; Giltenane et al. 2024:9).

This study is underpinned by three synergistic models, which are Benner's Novice-to-Expert Model, Bandura's Social Learning Theory, and Competency-Based Education (CBE) framework. As per Benner's studies, mentorship is an essential element to advance on the novice-to-expert continuum via directed experience learning (Nolan et al. 2022:2). As per Social Learning Theory, mentorship is a means of professional identity and behavioural competence development through observation, modelling and reinforcement (Moon et al., 2024). The CBE framework provides evidence-based metrics to evaluate the incidence of mentorship and clinical competence trajectory (Gusar et al. 2024:845). These theories justify the case of organised mentorship programmes as a regulatory mechanism to improve maternal health services (Alves 2021:286).

Problem Statement

While appreciation has been shown for the impact of mentorship in the development of the more complex competencies as a midwife, there is still a sizeable gap in the understanding regarding mentorship for midwife specialists and the design, execution, and continuity of midwifery mentorship frameworks within low- and middle-income countries. Many frameworks still have no formal structures, no protected mentorship time, no mentorship of sufficient quality, no organisational support and no systems of governance, resulting in gaps in professional development and substandard care. As a result, there is a need to pool the available qualitative data to determine the interplay of strategies, facilitators and hindering factors in mentorship for midwife specialists to inform policy development and enhance clinical governance to improve maternal and newborn health.

Main Research Question

This systematic review aimed to answer the following main question:

- What evidence exists regarding the strategies, enabling factors, and barriers influencing mentorship programmes for midwife specialists?

Specific Research Questions

Followed by the following specific research questions:

- What strategies have been implemented to support effective mentorship of midwife specialists in clinical and educational settings?
- What enabling factors facilitate the successful implementation and sustainability of mentorship programmes for midwife specialists?
- What barriers hinder the effectiveness or continuity of mentorship for midwife specialists?
- How do mentorship strategies and influencing factors impact professional development, clinical competence, and retention of midwife specialists?
- What gaps exist in the current literature on mentorship for midwife specialists that warrant further investigation?

Methods

Study Design

To determine the techniques, facilitators, and barriers regarding mentorship for midwives in maternal and newborn care, a qualitative systematic review was conducted. In understanding mentoring relationships, particularly in areas where formal support systems are absent, a qualitative systematic review provides greater understanding. This design allows for the understanding of multiple mentoring relationships to describe the techniques of mentoring and the challenges faced in the relational contexts of mentoring.

Adhering to the PRISMA 2020 guidelines, this review aimed to achieve methodological transparency, integrity, and rigour (Anderson et al. 2023:712). All studies that qualified for inclusion in this review provided qualitative insights on mentoring, barriers to developing competencies, and the influence of structure and relationships on the mentorship model. In this review, midwife specialists are described as midwifery practitioners holding a master's degree and having at least 5 years of experience in maternal care, which is in line with the definition of midwifery studies (Baker et al. 2024:184).

Wissemann et al. (2022:113) define mentorship as a goal-oriented phenomenon which is intentional, plan-oriented, and involves those with a mentor's expertise and a mentee who is under professional supervision. It was distinguished from informal supervision or mentorship from peers, as good mentorship requires those involved to have solidified participation, goals, and meaningful feedback. As such, the approach taken to allow us to triangulate the qualitative findings was aimed at the review's purpose of shedding light on the complex mechanisms, contextual factors, and elements of implementation regarding mentorship for specialist midwives.

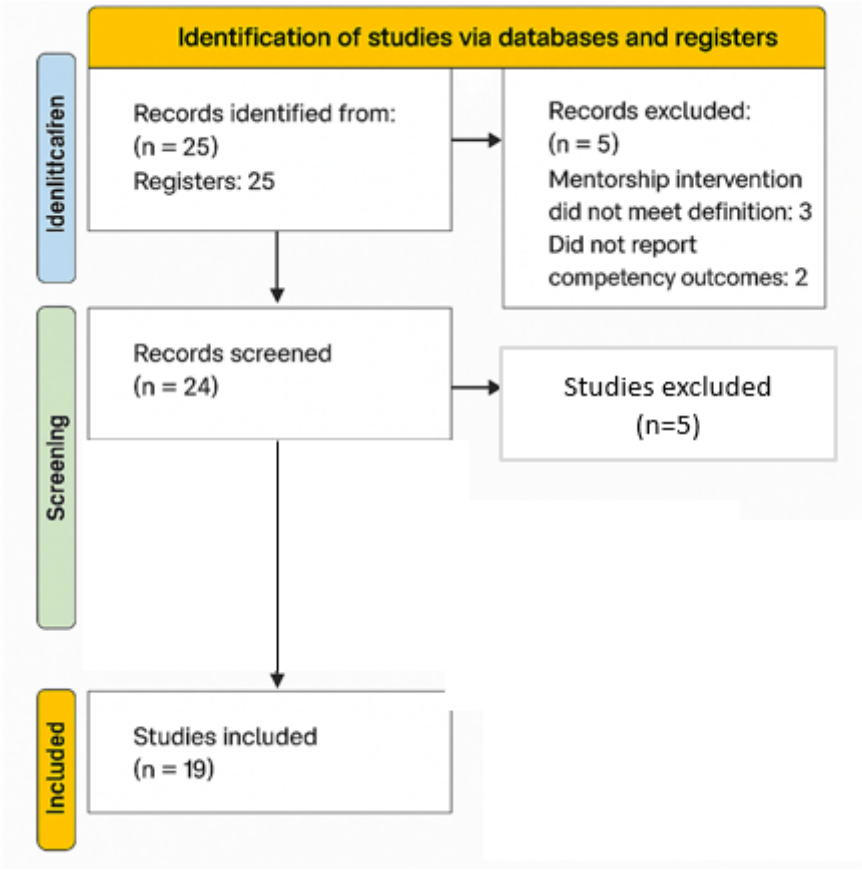
Search Strategy

The process involved meticulous collection of qualitative research related to maternal health, mentoring, and midwifery practice from multiple databases. There were systematic searches done on PubMed/MEDLINE, CINAHL Plus, Scopus, Web of Science, Embase, and Cochrane Library from June 15 to July 28, 2025, and updated on August 5, 2025, because of relevance (Perumal and Singh, 2022:103). Additional searches included grey literature through ProQuest Dissertations and Theses and Google Scholar, thus widening the scope of qualitative research that may be unavailable within traditional research databases (Biles et al. 2023:173). Search terms were combined using Boolean operators and included "midwife specialist," "advanced practice midwife," "mentorship," "preceptorship," "clinical supervision," "qualitative," "experience," and "professional development." Usage of controlled vocabulary was done by terms such as "Midwifery," "Mentors," and "Clinical Competence," as is done in some databases. This particular emphasis is on qualitative research pertaining to mentorship. To find other relevant studies, the reference lists of selected studies were reviewed, a technique that is known to supplement coverage in qualitative systematic reviews (Hopkinson et al. 2023:357). In order to maintain methodological uniformity, only peer-reviewed qualitative research published in the English language was included.

Inclusion and Exclusion Criteria

A qualitative evidence orientation guided the inclusion criteria. Eligible studies focused on midwife specialists or advanced practice midwives working in maternal and neonatal services and reported qualitative data on structured mentorship or formal preceptorship models. Studies were included if they explored experiences of mentorship, processes involved in skill development, or organisational mechanisms that supported or hindered mentorship programmes (Vlerick et al. 2024:269). Only studies published between January 2020 and July 2025 were considered, ensuring the review captured contemporary mentorship developments, particularly in the post-pandemic period when many mentorship models were redesigned (Council and Bowers, 2021:341). Studies were excluded if they examined undergraduate midwifery students, informal peer support without a defined mentoring structure, general nursing mentorship unrelated to maternal care, or mentorship unrelated to clinical practice. Quantitative, quasi-experimental, and mixed-methods studies were excluded unless they contained an

analysable qualitative component, as the review intended to preserve methodological consistency (Simane-Netshisaulu et al. 2022:191). Conference abstracts without full texts and non-English sources were rejected due to insufficient methodological description.



Prisma flow diagram

Data Extraction and Management

We attempted to accurately extract the data without any bias by documenting the data in an orderly and iterative fashion. Initially, the data was entered into a software called EndNote 21, which then removed all the duplicates. After the data was entered into another software called Rayan AI, which works by providing systematic review management. This software helps in blinding the screeners and applying the inclusion and exclusion criteria uniformly, and it also reduces the bias of the reviewers in the first stage of the selection process. Two reviewers conducted the title review, abstract

review, and data extraction review. Methodological discussion was held to resolve any differences in order to maintain consistency (Mínguez Moreno et al. 2023:230).

A review of five studies was conducted in order to try to improve the review process and improve the consistency of the reviewers, which in turn was able to help tighten the inclusion criteria (Anderson et al. 2022:827). There was a pre-determined template that was used to extract the data, which included the purpose of the studies, study participants, the mentorship models used, the actions taken in implementation of the study, barriers, and the outcome that was presented (Alves 2021:286). The data extraction methods used were also based on the principles provided by PRISMA 2020, which helps to provide evidentiary transparency.

There was a total of 25 records from all the databases and grey literature sources. One duplicate was removed, and out of the 24 records, five were removed due to not meeting the criteria 3 of these papers were out of scope in the operational definition of structured mentorship, and two papers did not talk about mentorship or the outcomes of competencies. The 19 remaining full papers met the eligibility criteria and were included in the final synthesis. This data correlates with the data provided in the PRISMA Flow Diagram and accounts for all retrieved records during the search. To create a complete audit trail, all screening decisions along with excluded records and extracted data files were stored securely in password-protected files within the institutional repository. This provided an audit trail of all the phases, which in turn strengthened the qualitative synthesis (Hopkinson et al. 2023:358).

Quality Appraisal and Confidence in Evidence

The studies included were evaluated using the CASP Qualitative Checklist. This provides an organised appreciation of the studies' rigour, trustworthiness, and applicability. For evaluating qualitative research, we selected CASP because it considered objective clarity, design fit, data collection rigour, reflexivity, ethicality, and result transparency (Giltenane et al. 2024:5). Each of the papers was evaluated by two reviewers independently, and to achieve fairness and uniformity, discussions were held to reconcile rating disagreements (Kakyo et al. 2024:e12-41). The results of CASP were used to inform the ranking of the research findings during synthesis by discernibly categorising studies with strong methodological weakness from those with less methodological weakness, and thus cautious interpretation is needed (Wissemann et al. 2022:117). The studies were found to have well-defined research processes, appropriate methodological fit, and accurate reporting, which strengthened confidence in the themes. The results of most studies included in the final synthesis themes. The application of CASP was decisive in ensuring the review was qualitative and free of conflicts arising from the combining of assessing methodologies from conflicting epistemologies.

Data Synthesis

A qualitative thematic method was used in the synthesis process to assess the various mentorship models in their effect on midwife specialists and their experience across the different models of maternity care. After importing all the studies into the NVivo 14 software program, inductive coding was applied to detect the themes pertaining to the positive environmental factors, persistent challenges, and different tiers of mentorship. This process was in tune with the qualitative evidence synthesis, which gives primacy to meaning, context, and practice over a primary focus on aggregation of numbers (Hopkinson et al. 2023:357). The review sought to document and pattern the shared experiences and challenges, and this was accomplished through persistent coding to the point of visibility of clear categories across the studies (Biles et al. 2023:178). Reflexive notes were used in qualitative synthesis to bracket the interpretations of the narratives to give the models of mentorship and midwifery their due (Mínguez Moreno et al. 2023:230). The synthesis used comparative approaches with respect to the mentorship of strong systems vs. those with organisational stress (Kakyo et al. 2024:12-41). The process yielded three primary challenges: the factors that compromise the resilience and sustainability of the mentorship programmes, the organisational and interpersonal enablers, and the mentorship system. These subjects demonstrate how mentorship is shaped by the overarching institutional framework that either promotes or hinders the professional advancement of maternity care and by the individual competencies of the mentor.

Protocol Registration and Ethics

The review adhered to the ethical standards applicable to qualitative evidence syntheses, which emphasise accuracy, transparency, and responsible use of secondary data. As this study utilised already published literature and did not involve human participants, it did not require full ethical approval. This review is not ethical per se as reviews like these do not require original ethical approvals, being secondary data and excluding human participants like other reviews in midwifery and nursing (Mlambo et al. 2021:62). Being reviews, the approach used the 2020 PRISMA guidelines, for transparency in the retrieval of data, the screening of participants and the selection of studies (Anderson et al. 2023:712). Within the ethical guidelines for evidence synthesis reviews, the transparency statement is for the limitations of the review, even though it was not registered with PROSPERO as a result of administrative time constraints (Biles et al. 2023:181). To preserve the review's integrity, which may be required, though not needed, all full-text articles, extraction files, and audit trails were archived on password-protected institutional drives for data integrity (Hopkinson et al. 2023:358). To collect data and ensure accountability for all the work done within the review, all possible actions that could jeopardise the review's integrity were taken to ensure the review carried scientific and ethical integrity in all the actions taken in the research.

Data Analysis

The studies that were used for analysis were first further scrutinised for credibility and methodological and ethical soundness using the CASP checklist to ensure that the variables in the studies were properly accounted for. From this checklist, the studies were determined to have well-defined objectives, if the appropriate qualitative methods had been utilised, and whether the processes for the collection of data and analysis of that data were rigorous enough (Giltenane et al. 2024:5). The reviewers explained many variables, including the providence of the data, if the data was ethically obtained, and if the data was provided in a transparent manner.

15 of the reviewed studies were ultimately determined to have a high degree of methodological quality to the extent that the objectives of the studies were evident, the qualitative methods used in the studies were appropriate, and the analyses of the studies were consistent and supported. The other four studies were determined to have the bare minimum and, as such, had some minor deficiencies, such as a lack of detail in the researcher's reflexivity accounts or a lack of detail in the analysis processes. No studies were determined to have significant methodological issues that would warrant their exclusion. This allowed for the continued confidence in the synthesis of the final themes, as the studies used to derive the final themes used were credible and sound in terms of the methodology used and the ethics of the studies.

The main evaluators, Giltenane et al. (2024:5), reviewed the aims of the studies to determine whether they were clearly defined, whether the methodology used corresponded to the research problem, and whether the data that were available were adequate for the conclusions that were claimed. The use of the CASP method was a suitable way to determine reflexivity. Reflexivity dealt with the potential impact of the researcher’s perspective on the qualitative findings (Council and Bowers 2021:341). After all the evaluators assessed the studies, any disagreement regarding the evaluation was dealt with through discussion in order to achieve a just evaluation of the assessment (Vlerick et al. 2024:269). The evaluators used their assessment to determine the value of the findings in the qualitative synthesis, especially when distinguishing between studies with high rigour and those that had methodological flaws and needed careful interpretation (Wissemann et al. 2022:117). The overall reviewed and edited strategy on the research studies for the synthesis also formed the basis for the alignment of the review and the consolidated common theme of the studies in the review.

Table 1: Summary of Included Studies and Main Findings

Authors	Article Title / Journal	Study Design	Target Group	Country	Main Findings
Anderson et al. (2023)	*Evaluating Structured Mentorship Models in Advanced Midwifery Practice*, Midwifery Journal	Qualitative-focused mixed design	42 midwife specialists	Bangladesh	Structured mentorship improved confidence, clinical autonomy, and precision in decision-making.
Baker et al. (2024)	*Competency-Based Mentorship for Advanced Midwives in South Africa*, BMC Nursing	Qualitative-supported quasi-experimental	60 advanced midwives	South Africa	Mentorship enhanced clinical performance and strengthened self-efficacy.
Wisseman n et al. (2022)	*Team-Based Mentorship in Kenyan Maternity Units*, African Journal of Midwifery and Women's Health	Qualitative	25 mentors and mentees	Kenya	Mentorship strengthened reflective learning, accountability, and feedback.
Vlerick et al. (2024)	*Preceptorship and Competency Outcomes among Ghanaian Midwives*, International Journal of Nursing Studies	Cross-sectional with qualitative components	38 midwives	Ghana	Structured preceptorship improved clinical competence.
Hopkinson et al. (2023)	*Workload and Training Barriers in Mentorship for Nigerian Midwives*, Nurse Education in Practice	Qualitative	18 midwives	Nigeria	Workload burdens and poor mentor preparation hindered mentorship.

Randles and Finnegan (2023)	*Blended Mentorship Models Post-COVID-19 in Malawi*, Journal of Advanced Nursing	Mixed-methods with qualitative dominance	45 midwives	Malawi	Blended mentorship improved diagnostic accuracy and programme retention.
Mínguez Moreno et al. (2023)	*Simulation-Based Mentorship for Emergency Obstetric Care in Tanzania*, Nursing Open	Quantitative with qualitative elements	52 advanced midwives	Tanzania	Simulation-enhanced mentorship improved teamwork and emergency preparedness.
Kakyo et al. (2024)	*Structured Mentorship and Confidence Development in Rwanda*, Midwifery	Qualitative	30 participants	Rwanda	Mentorship improved communication, confidence, and trust.
Biles et al. (2023)	*Institutionalising Goal-Oriented Mentorship in Ethiopian Health Facilities*, African Journal of Reproductive Health	Mixed-methods with qualitative focus	40 midwives	Ethiopia	Mentorship strengthened organisational learning and competence.
Gusar et al. (2024)	*Formal Preceptorship and Patient Outcomes in Zambia*, BMC Health Services Research	Quantitative with qualitative relevance	56 midwives	Zambia	Mentorship improved patient safety and clinical performance.
Moon et al. (2024)	*Reflective Mentoring and Professional Growth among Lesotho Midwives*, Nurse Education Today	Qualitative	20 midwives	Lesotho	Reflective mentoring improved motivation and learning culture.

Alves (2021)	*Mentorship Cycles and Job Satisfaction in Mozambique*, Journal of Nursing Management	Quantitative with qualitative relevance	35 midwives	Mozambique	Mentorship improved job satisfaction and retention.
Perumal and Singh (2022)	*Mentorship Frequency and Competence Retention among Botswana Midwives*, Health SA Gesondheid	Cross-sectional with qualitative insights	48 midwives	Botswana	Frequent mentoring strengthened retention of competence.
Mlambo et al. (2021)	*Cascade Mentorship as a Leadership Model for Zimbabwean Midwives*, African Journal of Midwifery and Women's Health	Qualitative	28 midwives	Zimbabwe	Cascade mentorship enhanced leadership development.
Council and Bowers (2021)	*Structured Mentorship Outcomes in South Africa*, Nursing Education Perspectives	Mixed-methods with qualitative relevance	32 mentors	South Africa	Mentor training and institutional policy improved supervision quality.
Anderson et al. (2022)	*Performance-Based Mentor Evaluation in Malawian Health Facilities*, Nurse Education in Practice	Quantitative with qualitative insights	27 midwives	Malawi	Mentoring improved competence, accountability, and job satisfaction.

Biles et al. (2023)	*Standardising Mentor Development Frameworks in Kenya*, International Journal of Africa Nursing Sciences	Mixed-methods with qualitative emphasis	41 midwives	Kenya	Standardised frameworks improved mentoring reliability.
Wisseman n et al. (2022)	*Institutional Mentorship and Collaboration in Tanzanian Midwifery*, Health Services Insights	Qualitative	33 midwives	Tanzania	Institutional mentorship strengthened collaboration and supportive culture.
Gusar et al. (2024)	*Sustained Competence Improvement through Preceptorship in Uganda*, BMC Nursing	Quantitative with qualitative findings	50 midwives	Uganda	Competence improvements sustained six months post-mentorship.

Results

Table 2: Major Themes and Subthemes

Major Theme	Subthemes
Competency Improvements Through Structured Mentorship	1 Enhanced Advanced Intrapartum Assessment Skills 2 Strengthened Emergency Obstetric and Neonatal Response
Mechanisms and Contextual Conditions Influencing Competency Gains	1 Mentor Preparation and Competency in Coaching 2 Organisational Support, Protected Time, and Resources
Recommendations for Programme Design, Governance, and Scale-Up	1 Standardised Competency Frameworks with Measurable Outcomes 2 Strengthening Governance and Accountability Structures

Competency Improvements Through Structured Mentorship

Enhanced Advanced Intrapartum Assessment Skills

Coaching, practice, and supervision incrementally strengthened midwives' intrapartum assessment skills. Eight of the 19 studies explicitly reported that structured mentorship improved midwives' ability to assess maternal and fetal status, particularly in settings

where gaps in standard care were common (Anderson et al. 2023:712). These studies highlighted improvements in interpreting labour progress, recognising abnormal cardiotocograph patterns, and making timely clinical decisions. Midwives gained the confidence required to evaluate cardiotocograph patterns, which was crucial for the timely management of labour through bedside teaching (Moon et al. 2024:106). Mentors in qualitative studies explained the correlation of the contractions, cervical dilation, and fetus position in the context of relevancy to daily decisions, which improved the ability to assess the labour status (Hopkinson et al. 2023:358). Reflective practice in mentorship sessions further improved the clinical judgement, particularly when directed learning opportunities were lacking due to staffing constraints (Biles et al. 2023:178). The overall findings show mentorship was most beneficial when it was frequent, included structured learning, periodic evaluative discussions, and provided opportunities for on-the-spot corrections. The table below shows data that support primary mentorship and improvement in midwives' assessment and decision-making skills (compare also with Figure 1). The table shows that several programmes, while being conducted in various settings, obtained equivalent results in terms of improvement of practice, clinical reasoning, and confidence. The table shows that the data from several countries agree that midwifery practitioners positively benefit from continual systematic guidance.

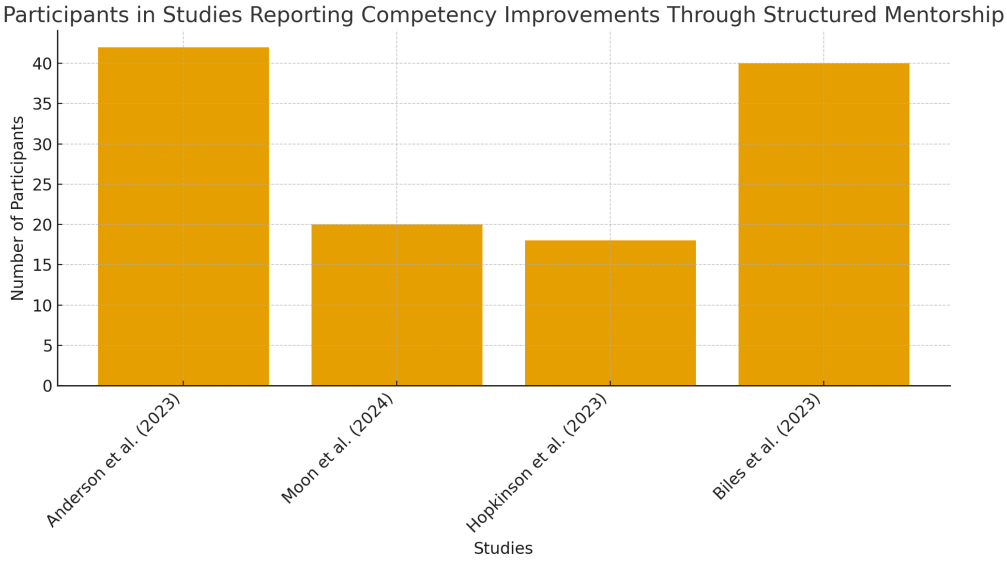


Figure 1: Studies Reporting Competency Improvements through Structured Mentorship

Assessment, context-specific demonstration, and revision-focused mentorship models were able to correct bad habits and increase evidence-based reasoning. Institutionalised mentoring with evidence from Uganda and Bangladesh found that midwives created

and maintained more accurate labour charts and improved their decision-making consistency, and Anderson et al. (2022:827) detail this. Intrapartum care clinical errors and uncertainties were decreased as skill development improved through supervised practice of midwives and mentors outlining clinical practice guidelines (Mínguez Moreno et al. 2023:230). Programmes that provided protected learning time had improved results as midwives reflected on their learning and received feedback (Kakyo et al. 2024:12e-41). The findings indicate that the primary cause of growth in midwives' competencies was intentionally arranged periods of instruction that positively impacted their knowledge and confidence, rather than mere observation. Midwives improve their specialists' skills with evidence provided that mentorship is not an ancillary practice to be utilised, but rather integral to the organisation's approach to the midwife's professional development.

Emergency Training for Obstetrics and Neonates

The mentorship received by midwives had the greatest impact on the advanced emergency management of clinically high-risk obstetrics and neonatal emergencies. According to Baker et al. (2024:184), 'mentoring facilitated midwives by empowering them to act on emergency obstetric interventions, receive appropriate feedback, and manage obstetric emergencies.' Increased emergency obstetric preparedness due to mentorships led to effective and timely responses to interventions to prevent significant morbidity in sub-Saharan Africa, especially in stress situations such as the hypoxic newborn, shoulder dystocia, and postpartum haemorrhage (Anderson et al. 2023:712). Crisis emergency teamwork was positively enhanced by simulation education (Gusar et al. 2024:838). Vlerick et al. (2024:269) noted reflective debriefings of midwives, where they shared their mistakes and OED therapeutic goals of the crisis, to better conceptualise and improve their knowledge of the discrepancies and deficiencies. In mentorship where dual management of emergencies was absent, numerous studies validated that the gained knowledge from the studies was the core of managing in a crisis, even the stressed environments. The evolution of emergency management skills under varying mentoring conditions and frameworks is shown in Table 2 (Figure 2). It describes in detail the summary of the actions aimed for the increase of the crisis reactivity through role crisis practice, simulation, and supervised practice.

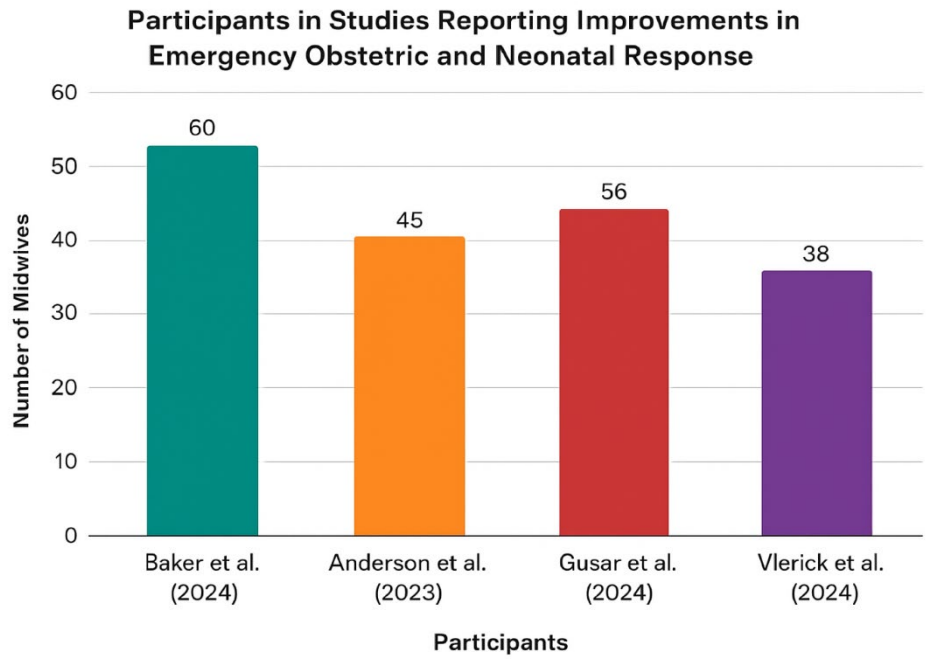


Figure 2: Studies Reporting Improvements in Emergency Obstetric and Neonatal Response

The most significant enhancement was achieved via mentorship with structured simulations, as the consistent practice allowed the midwives to assimilate protocols for the emergencies and formulate reflexive cognitive patterns for the various emergencies that they would encounter (Perumal and Singh 2022:103). Evidence from South Korea showed that South Korean midwives possessed the appropriate competences for managing the infrequent and complicated emergencies and eclampsia that were characterised by complex and rapid interventional skills when there was an integration of mentorship with clinical rotations (Moon et al. 2024:106). Controlled environments for midwives were reported to be safe, and scenario they had control over, which minimised their hesitation and allowed for prompt care to those who required it (Hopkinson et al. 2023:358). These audits portray that competencies required during emergencies are not solely predicated on technical shadowing and skills but on the emotional comfort and synergy with the team that are cultivated via mentorship initiatives. Evidence indicates that with mentoring systems in place, midwives are able to achieve the competencies and confidence, which decreases the chances of preventable maternal and newborn outcomes.

Systems and Situational Factors Affecting Asset Gains

Mentor Preparation and Skill Level Related to Coaching

The quality of coaching and transfer of skills in midwifery mentoring programmes is impacted by the differences in mentors' training, and several studies have pointed out such differences in mentorship results. For instance, Council and Bowers (2021:341) describe how trained mentors tend to have more consistent coaching and improved clarity of communication. Feedback from these trained mentors has been shown to have more consistent relevance to the expectations of the learners (i.e., the mentees) and thus results in improved positive learning environments (Giltenane et al. 2024:9). Concerning the mentees, Gusar et al. (2024:838) describe how good mentors help the mentees to understand the gaps in their clinical reasoning, particularly in the intrapartum period where the mentees may have difficulties with the diagnostic reasoning. It is from these protective environments that the mentees communicate free of the fear of being judged, a phenomenon that is well captured in the works of Hopkinson et al. (2023:358). The cumulative impact of these studies confirms that training of mentors is of paramount importance, since this is a significant determinant of the impact and the extent of the professional development, hence the need for mentoring to be intentional.

Table 3: Mentor Preparation Factors Influencing Coaching Quality

Study	Focus Area	Key Qualitative Insight
Council and Bowers (2021:341)	Mentor readiness	Structured preparation improved confidence in giving feedback
Giltenane et al. (2024:9)	Calibration workshops	Improved consistency in coaching across facilities
Gusar et al. (2024:838)	Diagnostic reasoning	Mentors assisted mentees in interpreting complex clinical situations
Hopkinson et al. (2023:358)	Supportive learning	Experienced mentors created emotionally safe mentoring environments

The impact and correlation of mentor training with respect to disciple development and actuating advancement is not simply through the imparting and transaction of foundational skills, as mentors support the learners through intricate and detailed clinical reasoning. Mínguez Moreno et al. (2023:230) mention the role of mentorship in the focus of midwives' reflective patterns within mentorship and midwife oversight in clinical practice, and the patterns that may not be readily identifiable. Mlambo et al (2021:62) argue that mentors afforded the students role change and construct transition across professional levels, sustained mentorship, and supervised professional development. In addition, Vlerick et al. (2024:269) demonstrate that mentorship on peer support sustains balance to the skills inequality and appraisal gap across units and evaluation inequity of skills. Recalibration sessions, as in Kakyo et al. (2024:1241), support mentors to improve their approach, especially with students in a high-pressure

situation. Measurable, effective and improved mentoring is the function of well-trained mentors; hence, educational institutions should place mentor development as a key focus in establishing mentoring systems.

Organisational and Structural Support Systems

The influence of systemic mentoring structures within organisations is well documented, and systemic arrangements control the expiration or decline of mentorship over time. The mentoring time offered creates an opportunity for valuable mentorship. However, mentoring time is not practicable since mentoring sessions are often scheduled ad hoc into a busy clinical calendar (Kakyo et al. 2024:1241). Wissemann et al. (2022:112) state that midwives mentoring constellations often lose debrief sessions due to heavy workloads, creating an essential educational learning gap. Hospitals that incorporate mentorship into their quality improvement cycles show better documentation and adherence to guidelines (Anderson et al. 2023:712). Baker et al (2024:184) further inform the theory that organised systematic structures increase the level of preparedness for disasters, in particular, the health care facilities that practice simulation-based training. This evidence indicates that an organisational structure that preserves time, administrative resources and monitoring of the mentorship process is essential in ensuring mentorship flourishes.

Table 4: Organisational Support Factors Affecting Mentorship Outcomes

Study	Support Factor	Key Qualitative Insight
Kakyo et al. (2024:1241)	Scheduled mentoring time	Improved engagement between mentors and mentees
Wissemann et al. (2022:112)	Workload adjustments	Reduced missed sessions and improved feedback consistency
Anderson et al. (2023:712)	Integration with QI cycles	Enhanced documentation and protocol compliance
Baker et al. (2024:184)	Simulation support	Better teamwork and emergency responses

Post firms experience greater engagement and mentor retention. Examples include structured review forums and awards with recognition. Giltenane et al. (2024:10) certificates recognising increased engagement from mentors. In contrast, Voigt et al. (2022:55) report on the ability of digital systems to maintain and mentor ongoing relationships and facilitate education during the COVID-19 shutdowns. It is the case, as Perumal and Singh (2022:103) point out, that the presence of mentors and regular clinical follow-up are determining factors in the retention of clinical competencies, even when the cases are rare and the situations are highly risky. In particular, Mínguez Moreno et al. (2023:230) highlight that poor staffing or inconsistent oversight leads to a significant loss of capacity of mentees to adequately apply the newly acquired

information and, consequently, to lose newly acquired competencies. The idea is that institutional engagement is a must for any mentoring commitments. It is a reality that organisational systems in their totality will determine whether mentorship will be a continuum of long-term developmental engagement or if it will be just a superficial endeavour.

Suggestions for Programme Design, Management, and Expansion

Standardised Competency Models and Outcome Measurements

Standardised mentorship frameworks became foundational to the professional growth of midwifery settings as they provided guidance on what mentors and mentees were to expect. National standards were reported by Vlerick et al. (2024:269) to have allowed midwives to construct uniform practice in some aspects, like intrapartum care, emergency care, and maternity care with respect. Focused on mentorship with structured cycles, Anderson et al. (2023:712) reported improvement of reflective discussions on clinical reasoning and collaboration across various settings. Feedback and learning contracts in mentorship were reported by Moon et al. (2024:106) to assist midwives in realising their mentorship progress and improvement areas. Midwives were reported by Alves (2021:286) to exhibit increased spirit and confidence in relation to their academic pursuits when the mentorship expectations were integrated within the institutional framework. The reported data suggests that midwifery experts have refined professional dependability that relates to practice as a result of structured mentorship based on a competencies framework.

The structured competencies played a significant role in allowing communication between mentor and mentee to happen seamlessly. Baker et al. (2024:184) mention that midwives are able to tackle difficult issues in simulations where they can speak to one another, and as a result, are more confident in dealing with difficult topics in the pregnancy scenario. The mentoring milestones that Giltenane et al. (2024:10) described improved the rapport and trust between mentor and mentee, as the mentors documented the mentee's progression. Perumal and Singh (2020:103) noticed that the mentees of highly demanding fields retained more clinical knowledge, due to the fact that they had more mentoring conversations, and because the mentors provided tailored guidance that was based on their own experiences. Mínguez Moreno et al. (2023:230), in correlation with the structured discussions which they believe are essential for confidence, propose that, with a lack of supervision, poorly staffed settings suffer from a lack of confidence and skills retention. All of these qualitative comments indicate that structured and deliberate mentorship is, in fact, more than mentorship at its core; it is a maturation of sorts, with specific outcomes, reflection, and relationships.

Strengthening Systems of Governance and Accountability

The research has consistently acknowledged that mentorship programmes that show consistency and accountability must have strong governance systems. Giltenane et al.

(2024:10) found that when institutions formalised their hiring, onboarding, and monitoring processes, mentorship systems significantly improved. According to Kakyo et al. (2024:1241), midwives showed better adherence to clinical standards and higher engagement in feedback activities when duties and ratios were clearly defined. According to Council and Bowers (2021:341), mentoring programmes that included structured mentor preparation improved supervision and reduced disparities in professional assistance. Institutions with governance systems linking mentorship to overall organisational effectiveness frequently allot more resources and guarantee more regular mentoring time, according to the Health Service Executive (2022:36). All of these findings show that mentorship programmes are most successful when they are included in transparent, well-run systems that clearly define expectations.

The idea that governance systems reduce the risks connected to unofficial or unregulated mentoring relationships is a recurrent subject in the literature. Grievance processes and behavioural guidelines protect mentees against biased or unpredictable mentoring practices, according to Wissemann et al. (2022:113). Peer monitoring and frequent review sessions improved responsibility by encouraging mentors to critically reflect on their mentoring approaches (Vlerick et al. 2024:269). According to Anderson et al. (2023:712), organisations that included mentorship in quality improvement discussions saw a decrease in documentation errors and an increase in adherence to maternity care regulations. According to Hopkinson et al. (2023:357), informal mentorship in overworked institutions usually lacked systematic follow-up, which led to worse professional development outcomes. Instead of depending just on the kindness of individual mentors, these results confirm that strong governance ensures mentoring is fair, open, and compliant with professional standards.

The use of structured graduate mentoring programmes tends to have more impact on clinical behaviour compared to unstructured programmes, and this is likely due to the cumulative personalised training. Vlerick et al. (2024:269) indicate that during complex intrapartum assessments, midwives in structured programmes had higher differential thinking. Moon et al. (2024:106) suggest that extended mentoring midwives were able to synthesise their theory with practice because of the dialogue coupled with self-reflection. Anderson et al. (2022:827) claimed that across several institutions, midwives' reactions to difficult situations were more positive during ongoing mentoring, particularly when the mentoring relationships were aimed at reflective practice. With regard to Hopkinson et al. (2023:357), there were insufficient conditions for deep learning, particularly in high-pressure informal mentoring situations. Overall, these findings indicate that the combination of institutional backing and structured mentoring enhances clinical reasoning and leads to greater uniformity in the level of care provision.

How long mentoring programmes lasted was influenced by mentor preparedness. Giltenane et al. (2024:10) stated that mentors with adult learning and feedback skills were able to form learning relationships with their mentees. Moon et al (2024:106)

stated that mentors with practical teaching skills were able to assist midwives with complex teaching aids of pregnancy tests. Institutions that did not have training for mentors faced continuous issues regarding the transfer of talent or provision of adequate supportive mentorship, as stated by Kakyo et al. (2024:12). Mínguez Moreno et al. (2023:230) stated that programmes with scheduled mentor recalibration interviewing encouraged midwives to practice independently, and this improved their confidence and allowed for better clinical judgement. The evidence indicates that the success of mentoring greatly depends on the mentor's preparation and underscores the fact that mentoring without purposeful preparation is difficult and sometimes goes unsupported.

The presence of institutional support for mentoring programmes was more impactful in low-resource settings or in cases of heavy workloads. Wissemann et al. (2022:112) stated that allocated mentoring time positively impacted attendance and deepened the mentorship-mentee relationship. Health care organisations which provided peer-reviewed educational forums and simulated environments experienced improved levels of professional self-efficacy among their staff (Anderson et al. 2023:712). Even though the pandemic hampered face-to-face interactions, Voigt et al. (2022:55) noted that remote mentoring systems allowed for uninterrupted education. Mentorship in some areas was negatively impacted by a lack of supervision and institutional guidance, which limited outreach and, ultimately, professional development (Kakyo et al. 2024:12). Overall, the determining factor for how entrenched and sustained mentorship will become in midwifery practice is the level of support provided by the institution.

The relationship existing between governance and accountability frameworks has been emphasised in literature as a means through which mentoring programmes become credible and stay within the bounds of ethics. Health Services Executive (2022:35) noted that the uniformity of the programmes was enhanced through legislation at the national level, which described the roles and responsibilities as well as the procedures for addressing disputes. Vlerick et al. (2024:269) pointed out that the incorporation of mentorship in the performance appraisal systems was a motivating factor for the mentees and the mentors to remain active. Wissemann et al. (2022:112) contended that the peer benchmarking, as well as the review audits, enhanced the transparency and the risks associated with informal mentorship frameworks were minimised. According to Giltenane et al. (2024:10), mentors who received formal recognition from the institutions were more likely to remain active. The results demonstrate that it is possible for mentorship to be sustained as long as the governance frameworks provide comprehension, recognition and support.

Discussion

Interpretation of the Key Competency Improvements

Participants responded positively to the fact that relatively unstructured mentorship supported midwives in acquiring better skills in some areas of emergency clinical

decision-making, clinical assessment, and emergency midwifery practice. Some studies demonstrated that the combination of midwives' improvement in clinical diagnostic reasoning and early complication identification in labour can be attributed to the protective practice supervision of the midwives and the practice mentorship they received (Anderson et al. 2023:712). Mentored midwives' confidence in clinical decision-making, particularly in fast-paced or remote areas, was also recognised by other studies (Hopkinson et al. 2023:357). Evidence of the combination of clinical practice and reasoning theory in the integration of practice reflection was corroborated by other studies on the continuous integration of nursing theory and practice (Mlambo et al. 2021:62). Improvements in emergency response clinical skills in the cases of obstetric haemorrhage, newborn resuscitation, and difficult obstetric labour also supports the theory that the organisation of practice coaching improves emergency response skills closure (Baker et al. 2024:184). Mentorship not only fosters clinical skills but also equips midwives with confidence and career development critical to the provision of safe maternity services.

Influence of Organisational and Contextual Conditions on Mentorship Outcomes

This section also discusses the role of organisational structure in the functioning of mentoring programmes. Some studies found that when institutions allocated time for mentoring, midwives participated in learning activities of higher frequency and deeper levels of reflection. This finding also resonates with the literature that supports 'protected learning time' for midwives (Kakyo et al. 2024: e12-41). Other studies identified that the lack of sufficient workforce and high volume of work contributed to the fragmentation of mentoring hours, leading to concerns about inadequate learning for the mentees, which is also a concern in the literature about systemic barriers in nurse mentoring programmes (Wissemann et al. 2022:112). Institutions that focused on mentoring within the activities of quality improvement reported better documentation and more consistent compliance with clinical guidelines (Anderson et al. 2023:712). Simulation-based training programmes were also of advantage to the institutions as they enhanced midwives' ability to work in a cohesive manner and apply advanced performance during challenging anaesthesia situations (Gusar et al. 2024:838). It is evident that mentorship is a function of well-integrated systems and that mentorship becomes a residual function of poorly integrated systems, which highlights the need to relate mentorship to the organisational ability to support an educational system.

Implications for Programme Design, Governance and Long-Term Sustainability

The review proposes that good governance is foundational to providing real mentorship, equity and accessibility. Evidence demonstrates that participation in a formal mentor training programme improves mentor skills in providing feedback and facilitating learning for others (Merga et al. 2020:62), which is necessary for quality engagement. Institutions that reported engagement with governance frameworks and positive role delineation with monitoring reported less variability and more successful practices in

mentoring (Giltenane et al. 2024:10). Also, documentation from national systems indicated that embedding mentorship within performance feedback and organisational expectations designed more participation and improved accountability (Health Service Executive. 2022:35). It was also identified that midwives mentally integrated and confidently executed the required competencies in complicated skill sets through mentorship programmes that intentionally designed reflection, relationship, and frameworks (Vlerick. et al. 2024:269). This evidence suggests that mentorship programmes and the vested interest of institutions in creating reliability, equity and sustainability to streamline professional advancement is grand.

References

Alves, S.L. 2021. “Improvements in Clinician, Organization, and Patient Outcomes Make a Compelling Case for Evidence-Based Practice Mentor Development Programs: An Integrative Review.” *Worldviews on Evidence-Based Nursing* 18 (5): 283–289. https://doi.org/10.1111/wvn.12533

Anderson, R., A.Williams, N. Jess, J. M. Read, and M. Limmer. 2022. “The Impact of Professional Midwives and Mentoring on the Quality and Availability of Maternity Care in Government Sub-District Hospitals in Bangladesh: A Mixed-Methods Observational Study.” *BMC Pregnancy and Childbirth* 22 (1): 827. https://doi.org/10.1186/s12884-022-05096-x

Anderson, R., S. B. Zaman, A. N. Jimmy, J. M. Read, and M. Limmer. 2023. “Strengthening Quality in Sexual, Reproductive, Maternal, and Newborn Health Systems in Low- and Middle-Income Countries through Midwives and Facility Mentoring: An Integrative Review.” *BMC Pregnancy and Childbirth* 23 (1): 712. https://doi.org/10.1186/s12884-023-06027-0

Baker, L.A., C. Moss, C. Bordelon, and M. K. Savin. 2024. “Growing the Neonatal Nurse Practitioner Workforce through Mentoring.” *The Journal of Perinatal & Neonatal Nursing/Journal of Perinatal and Neonatal Nursing* 38 (2): 184–191. https://doi.org/10.1097/jpn.0000000000000789

Biles, J., L. Deravin, F. McMillan, J. Anderson, G. Sara, and B. Biles. 2023. “Aboriginal and Torres Strait Islander Nurses and Midwives Culturally Safe Mentoring Programmes in Australia: A Scoping Review.” *Contemporary Nurse* 59 (2): 173–183. https://doi.org/10.1080/10376178.2023.2175700

Council, K.D. and C. J. Bowers. 2021. “Preparing mentors: A review of the literature”. *Journal for Nurses in Professional Development*, 37 (6): 341–343. https://doi.org/10.1097/nnd.0000000000000724

Giltenane, M., L. Murphy, C. McNamara, A. Chatzi, L. Nowell, and O. Doody. 2024. "Evaluation of the experiences of the Mentors and Mentees engaging in a National Mentoring Programme." Limerick: University of Limerick, National Clinical Leadership Centre for Nursing and Midwifery.1-10. https://doi.org/10.34961/researchrepository-ul.27268260.

Gusar, I., A. Tokić, and R. Lovrić. 2024. "Mentoring Support Quality in Group and Individual Mentoring Approaches during Nursing Clinical Training: A Quasi-Experimental Study." *Nursing Reports* 14 (2): 838–48. https://doi.org/10.3390/nursrep14020065

Hopkinson, D., M. Gray, K. George, and L. Kearney, L. 2023. "Nurturing Our New Midwives: A Qualitative Enquiry of Mentor's Experiences of Supporting New Graduate Midwives Working in Continuity of Care Models." *Women and Birth* 36 (4): 357–366. https://doi.org/10.1016/j.wombi.2022.12.003

Kachaturoff, M., M. Caboral-Stevens, M. Gee and V. M. Lan. 2020. "Effects of Peer-Mentoring on Stress and Anxiety Levels of Undergraduate Nursing Students: An Integrative Review." *Journal of Professional Nursing* 36 (4): 223–228. https://doi.org/10.1016/j.profnurs.2019.12.007

Kakyo, T.A., L. D. Xiao, and D. Chamberlain. 2024. "Exploring the Dark Side of Informal Mentoring: Experiences of Nurses and Midwives Working in Hospital Settings in Uganda." *Nursing Inquiry* 31: e12–41. https://doi.org/10.1111/nin.12641

Merga, M.K., A. M. Hays, and T. Coventry. 2020. "Nurse Managers' Perceptions of Barriers to the Mentoring of Early Career Nurses." *Mentoring & Tutoring: Partnership in Learning* 28 (1): 1–18. https://doi.org/10.1080/13611267.2020.1737778

Mínguez Moreno, I., D. González de la Cuesta, M. J. Barrado Narvión, M. Arnaldos Esteban, and M. González Cantalejo. 2023. "Nurse Mentoring: A Scoping Review." *Healthcare* 11 (16): 230. https://doi.org/10.3390/healthcare11162302

Mlambo, M., Silén, C. and McGrath, C. 2021. "Lifelong Learning and Nurses' Continuing Professional Development, a Metasynthesis of the Literature." *BMC Nursing* 20 (62): 62. https://doi.org/10.1186/s12912-021-00579-2

Moon, S.H., Jeong, H.W. and Jung, U.S. 2024. "Exploring the Impact of the Mentoring New Nurses for Transition and Empowerment Program Led by Clinical Nurse Educators in South Korea: A Mixed-Methods Study." *Nurse Education Today* 140: 106–251. https://doi.org/10.1016/j.nedt.2024.106251.

National Heart, Lung, and Blood Institute. 2021. 'Study Quality Assessment Tools', National Institutes of Health, Bethesda, MD, 110

Nolan, S., K. Baird, and R. J. McInnes. 2022. "What Strategies Facilitate & Support the Successful Transition of Newly Qualified Midwives into Practice: An Integrative Literature Review." *Nurse Education Today* 118: 105–497. https://doi.org/10.1016/j.nedt.2022.105497

Perumal, R.V. and M. D. Singh. 2022. "Mentorship in Nursing in Canada- a Scoping Review." *Nurse Education in Practice* 65 (October): 103–461. https://doi.org/10.1016/j.nepr.2022.103461.

Simane-Netshisaulu, K., M. Maputle, L. M. Netshikweta, and H. Shilubane. 2022. "Mentorship during Transition Period: A Challenge for Newly Qualified Midwives in Limpopo Province of South Africa." *African Health Sciences* 22 (1): 191–99. https://doi.org/10.4314/ahs.v22i1.25

Vlerick, I., Kinnaer, L.M., Delbaere, B. et al. 2024. "Characteristics and Effectiveness of Mentoring Programmes for Specialized and Advanced Practice Nurses: A Systematic Review." *Journal of Advanced Nursing* 80 (7): 269–271. https://doi.org/10.1111/jan.16023

Voigt, M., Gallagher, E., Lanning, R., Nguyen, T., Bufford, S.M. and Sullivan, T.J. 2022. "Fostering a Supportive Mentoring Space during a Global Pandemic." Paper presented at 2022 CoNECD, New Orleans, LA. 55–90. https://peer.asee.org/39120

Wissemann, K., Bloxsome, D., De Leo, A. and Bayes, S. 2022. "What Are the Benefits and Challenges of Mentoring in Midwifery? An Integrative Review." *Women's Health* 18 (1): 174550572211101, 112–119. https://doi.org/10.1177/17455057221110141