

# DID MENTORING GIVE DOCTORS THE HELP THEY WANTED?

## A Follow-up Study of a UK Mentoring Service



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### Abstract

In 2012 the European Journal of Mentoring and Coaching published a study of applications to a UK mentoring service for doctors, looking at the reasons they gave for wanting a mentor. Reasons most commonly cited were Career development, Change or transition at work, Self-doubt as a doctor, and Work/life balance. Five years later, we report a further study from the same service, looking at what changes doctors said they had made as a result of receiving mentoring. The changes most frequently reported related to Personal effectiveness, Career development, Self-Awareness, Work/life balance and Self-confidence as a doctor.

### Keywords:

Coaching, Mentoring,  
physician, doctor

### Introduction

A service offering coaching and mentoring for doctors was set up in 2007 as part of a support system for National Health Service (NHS) staff in London, UK. The service offered a course of up to four coaching sessions, each lasting 90 minutes, usually delivered over 6 months to a year. The doctors targeted were mostly doing their postgraduate training (residency) or had completed it within the previous 2 years. The coaches/mentors were senior doctors from outside the mentee's workplace who had been trained in coaching and mentoring and supported with continuing development and supervision. More details about the service are available in a previous paper in this journal (Viney et al, 2012). In that paper we looked at what help applicants to the service said they wanted from coaching and mentoring. The four main themes that emerged were Career development, Change or transition at work, Self-doubt as a doctor, and Work/life balance. Altogether, over 3000 doctors have been mentored through the service. An independent evaluation was carried out by Oxford Brookes University (Bachkirova et al, 2015). This evaluation showed statistically significant improvements in employee engagement, self-efficacy and self-compassion of mentees participating in the scheme.

In the present study we set out to explore how closely the topics doctors said they wanted help with were reflected in the changes they said they made on completion of the mentoring. We decided to do this by looking at a standard question included in the evaluation form that every mentee was asked to complete. This form included the following question:

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“What changes have you made as a result of your  
coaching/mentoring sessions?”

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## Method

We invited the 15 most experienced mentors on the scheme, those who had conducted at least 150 hours of mentoring within the service and had at least 5 years of practice, to participate in the study. Those who agreed were asked to send us the responses to the question above from 10-20 of their most recent (but otherwise unselected) evaluation forms. In the interests of maintaining confidentiality, we asked that no identifying details about the mentees be provided and that any names or other identifying details within the response be deleted.

The anonymised free text responses were reviewed by three of the authors (EP, HP and LM). Each worked independently looking for the themes that we expected to find from our previous study and also alert to the possibility of additional themes. The method used was thematic analysis. We looked for words that were frequently repeated, and went repeatedly through the text coding it into categories which were then discussed by all four authors and agreed (Ryan & Bernard, 2003). We noted the frequency with which themes recurred. Quotes were selected to illustrate the themes.

## Results

Of the 15 mentors approached, two declined on the grounds of being too busy and two did not respond. The eleven mentors who agreed to participate submitted a total of 183 responses, an average of 16.6 responses each (range 10-20).

The main four themes that were identified in the previous study - Career development, Change or transition at work, Self-doubt as a doctor, and Work/life balance - were reflected, with varying frequency, in the responses to the question under study. Additional themes that emerged included Personal effectiveness, Self-awareness, and Wellbeing/positivity. Several mentees said that they were now planning to undertake Mentoring others. Some mentees had made the decision to Access other support such as psychotherapy and counselling.

“What changes have you made as a result of your coaching/mentoring sessions?”

### Main themes and their frequency (more than one theme was identified in many responses)

Personal effectiveness	109	60%
Career development	96	52%
Self-awareness	94	51%
Work/life balance	56	31%
Self-confidence as a doctor	45	25%
Well-being/positivity	36	20%
Mentoring others	24	13%
Career change, transition	20	11%
Accessing other support	10	5%
<b>Total responses</b>	<b>183</b>	

### Personal effectiveness

Increased Personal effectiveness was the most frequent change the doctors reported as a result of being mentored. This included learning to be more organised, prioritising and focusing, communicating and working better with others, accessing more support from seniors, and developing strategies to approach difficult situations

*“Am more organized in terms of keeping an ongoing ‘to do’ list, making action plans, using SMART goals, prioritizing different actions.”*

*“I am more succinct in my communication with consultant colleagues – and have had positive feedback in this vein.”*

*“I am less inclined to wish that the people who pose the most difficulty to me at work were different. Now I think about what I might do differently to get the job done.”*

*“Better supervisory arrangements to feel more supported in my PhD.”*

*“I have realised that I need to spend more time evaluating and reflecting on difficult situations prior to approaching them where possible.”*

## Career development

This theme was the commonest reason given by applicants for wanting a mentor, and the second commonest area in which change had been made. Mentees reported making important career choices and plans, overcoming obstacles and achieving goals.

*"I have updated my CV and started doing some of the steps we discussed in order to find a new job."*

*"I have investigated my options and planned further training courses for example a Diploma in dermatology to enhance my further scope of practice."*

*"On a practical level the sessions really helped me to get my PhD finished, which was hugely important to me."*

## Self-awareness

Although rarely mentioned as a reason for wanting to have a mentor, comments about having developed increased self-awareness were made by around half the mentees. The mentee often recognised habits and ways of thinking which were counter-productive and had learned ways to mitigate these, moving from self-criticism to self-efficacy.

*"Much more aware of my personality and how this will affect discussions/relationships with patients or cause misunderstandings/confusion – has made me more aware of how people may work best, respond to other people."*

*"I have started to pace myself with projects, addressing my personality shortcomings to avoid failure."*

*"I think I have developed a much better insight into my work habits, and am much more open to questioning my behaviour and habits."*

*"I check my assumptions and thinking patterns – am I creating a problem when there is none? A more nuanced awareness of my strengths and limitations has allowed me to know what I can draw on to be effective and moderate the impact of my limitations on others."*

## Work/life balance

Achieving a better balance between work and personal life was a strong theme in both the application forms and the evaluations. Work/life balance was cited in several responses as a means of avoiding stress or burn-out and maintaining personal relationships.

*"Very tangible changes in terms of managing work life balance - essentially re-prioritizing some things and recognizing the importance of career longevity etc."*

*"I now have most weekends off, I have seen friends I have not seen for a long time. I attend regular yoga and I am dealing better with stress at work."*

*"Very tangible changes in terms of managing work life balance - essentially re-*

## Self-confidence

Self-doubt as a doctor was one of the themes applicants to the scheme said they wanted help with. Following mentoring, increased Self-confidence was reported by around 25% of mentees. In some cases improved Self-confidence helped the mentee over a specific career hurdle. In other cases it helped them to recover from a difficult experience. Improved Self-awareness and Personal effectiveness were often linked to improved Self-confidence.

*"In my recent role changes it helped me to regain my confidence that I had lost during a difficult period at work."*

*"I think the sessions gave me confidence to be a bit less self-critical."*

*"I have developed more confidence in myself, and far greater self-awareness about my strengths and weaknesses. I also feel more confident with decision making now, given the tools I have been introduced to."*

## Well-being / positivity

Many applicants linked their need for help with their Career development or their Self-doubt as a doctor to the stressful nature of the job and loss of motivation. Following the mentoring sessions there was a strong theme of improved health and happiness and a new-found positivity about the profession and their fit within it. There was a sense in some responses that mentees had learned self-compassion.

*"On a day to day level it has changed the way I work. I take a lot more care of myself at work now, something that I really struggled with before. I realize now I have been very unhappy in my training program for the past 2 years and so I have taken the informed and positive step of applying to a different speciality that I now know will provide me with a more sustainable career choice."*

*"Although it sounds a little over the top I really feel like a totally different person having gone through the mentoring process. I no longer dwell on all the things that I haven't done but think about them as positive choices and I focus on the things that I know I can do well whilst also trying to improve on my weaknesses. I have a much more positive view of myself and my abilities and I am aware of some of my self-limiting thoughts which helps me to control and overcome them."*

*"...There is a long way to go but I truly feel I am entering a very reflective and thoughtful part of my life that means taking better care of myself."*

## Mentoring others

Several mentees mentioned that they had adopted tools used by their mentors in the sessions to self-coach themselves. Others mentioned using what they had learned to mentor junior colleagues and some were committed to learning to become mentors themselves.

*"As a result of my mentoring sessions I am more able to assist junior colleagues with some of the challenges they face with career choices and related issues. I believe I will be in a position to identify colleagues who may benefit from mentoring sessions in future and am now considering formal training myself in future so that I can conduct such sessions in an official capacity."*

## Career change, transition

Coping with career change, in terms of changing jobs, being promoted or moving on, was a theme in the application forms and in the evaluations. In some cases the change being considered was more radical, i.e. whether to leave medicine or change specialty. Mentoring seemed to help mentees think through these decisions.

*"I have made a positive decision to move away from clinical practice and am currently seeking a career outside the NHS. The mentoring process gave me a supportive framework within which to make this difficult decision and has made me confident to move forward in my career."*

*"Realised all of my focus was looking in the wrong direction for what was important in the wider context of my life at the moment."*

*"I have thought and explored a lot of options around my career choices and rather than go in a different direction I have been reassured and found joy in my current pathway."*

## Accessing other support

The change that some doctors made as a result of the mentoring was to recognise and act on the need for other forms of support, ranging from mindfulness training to psychiatric help.

*"I felt able to access some personal therapy to address some of the issues in my personal life and have felt more enabled to take control of my life, whilst equally accepting that some uncertainty is inevitable."*

*"Daily meditating/mindfulness exercises; has helped with stress, anxiety and sleep problems."*

*"I went to the GP and got treatment for depression."*

## Discussion

It was encouraging to find that doctors completing the mentoring programme made positive changes related to what they said they wanted help with. However, we were struck by the frequency with which doctors spoke of achieving positive changes through mentoring which were *not* major themes in the application forms, especially in terms of increased Personal effectiveness and Self-awareness, and how these might relate to changes in the mentees' improved Wellbeing and positivity.

Doctors are notoriously self-critical and hard on themselves, and a lack of self-compassion can undermine well-being and resilience (Ehret et al, 2015). The feeling of a lack self-efficacy together with exhaustion, fatigue and cynicism are frequent features of burn-out (Maslach et al, 2001).

It is well established that doctors are poor at asking for help for themselves (Caan et al, 2002). It may be that the doctors who applied to the mentoring programme felt that it was acceptable to ask for help with Career development, Change or transition at work, Self-doubt as a doctor, and Work/life balance. These themes may have provided an acceptable "ticket of entry" which allowed opportunities for further support.

Much has been written about stress and burnout in doctors, especially during their training or residency years, and blame is often attributed to a working environment in which they may be overworked and under-supported. However, some doctors relish the same environment that others find overwhelming. A 12-year follow-up study of doctors (McManus et al, 2004) showed that the individual's personality, approach to work, and learning style may have more to do with whether they burn out or thrive than the characteristics of the job itself. For example, those doctors with an outgoing agreeable personality were more likely to find their workplace colleagues supportive. Doctors with a disorganised approach to work were more likely to be overwhelmed by the workload. Those with superficial study habits had more difficulty coping than those with a deep learning style. Mentoring may have helped by encouraging mentees to adopt more effective approaches to work and learning in the complex and ever-changing environment in which they were working.

## Authors' contributions

JS identified the mentors and commented on themes and final draft. HP and LM identified themes, coded and contributed to the discussion. EP identified themes, coded and drafted the paper.

## About the authors

Elisabeth Paice, Linda Miller, Hina Pattani and Judith Stanton are medical doctors, coaches and mentors. All had active roles in the London Deanery Coaching and Mentoring Service, which was established in 2007 and won the National Leadership and Innovation Agency for Healthcare Award in 2011 for the best learning and development strategy in the UK. It provided mentoring to over 3000 doctors and other healthcare professionals, and hopefully established a culture of coaching and mentoring within London's healthcare organisations. The corresponding author can be contacted via [lispai@gmail.com](mailto:lispai@gmail.com).

## Strengths and limitations

A strength of the study is that while the mentors and mentees were all doctors working within a single NHS system, the mentors were not from the same specialty or workplace, so brought objectivity and confidentiality to the relationship. We selected the most experienced mentors for this study on the grounds they were the most likely to have remained focused on the mentee's agenda.

A weakness of the study is that we were not able to connect the individual applicants in the previous study with the individual responses in this study.

With this methodology we are not able to comment on how important it was for the doctors to be mentored by another doctor. Nor can we comment on whether the changes doctors said they made as a result of mentoring improved their patient care.

## Conclusion

We compared what doctors said they wanted from mentoring with what they said they had changed as a result of having been mentored. The study revealed some important differences. Mentoring seems to have given some doctors in this study insight into how their approach to work and learning was impacting on their career and their wellbeing and to have offered ways to change behaviours in a positive way, supporting their sense of self-efficacy and self-compassion. Hopefully such behaviour change also improved the likelihood of the doctors providing compassionate care and reducing the likelihood of burnout.

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