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WEB PAPER

Mentoring for doctors. Do its benefits outweigh its disadvantages?

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Abstract

Background: Mentoring is widely used in medicine and is an established means of professional development. We have all been mentored, knowingly or otherwise at some stage of our careers.

Aims: To provide an overview of mentoring in clinical and academic medicine, review the literature, discuss various mentoring styles and weigh the advantages and disadvantages of mentoring.

Method: A discussion paper that describes good mentoring, promotes mentoring as a performance enhancer and gives examples to illustrate issues. It draws on available literature and introduces several novel ideas in mentoring.

Results: Doctors at all career stages including medical students can benefit from mentoring. Benefits of mentoring include; benefits to the mentee, benefits to the mentor and benefits to the organization.

Overall, both mentees and mentors are highly satisfied with mentoring. Nevertheless, problems exist, such as conflict between the mentoring and supervisory roles of the mentor, confidentiality breaches, mentor bias, lack of “active listening” and role confusion. Problems usually stem from poor implementation of mentoring. Mentors should not be the mentee's educational supervisor or line manager or otherwise be involved in their assessment or appraisal to avoid blurring of these distinct roles. Safeguards of confidentiality are of vital importance in maintaining the integrity of the mentoring process. Good mentoring is a facilitative, developmental and positive process which requires good interpersonal skills, adequate time, an open mind and a willingness to support the relationship.

Mentors should encourage critical reflection on issues to enable mentees to find solutions to their own problems.

Conclusions: Mentoring is an important developmental process for all involved. There is a perception amongst mentors and mentees that well conducted, well timed mentoring can reap enormous benefits for mentees and be useful to mentors and organizations. However strong evidence for this is lacking and there is need for further research in this area.

Introduction

The term “mentoring” originates from the Greek language and literally translates as “enduring”. Greek mythology holds that, before setting out on an epic voyage, Odysseus entrusted his son Telemachus to the care and direction of his old and trusted friend, Mentor, who was renowned as a wise counsellor.

There are many definitions of mentoring that are in use. The one most widely cited in the UK literature defines it as a process whereby an experienced, highly regarded, empathic person (the mentor) guides another usually younger individual (the mentee) in the development and re-examination of their own ideas, learning, and personal or professional development. The mentor, who often but not necessarily works in the same organization or field as the mentee, achieves this by listening or talking in confidence to the mentee (SCOPME 1998).

We have all been mentored, knowingly or otherwise at some stage of our careers or life in general.

Practice points

- The aims of a mentoring relationship depend upon the needs of the mentee and can change over time.
- Improperly conducted mentoring can result in individual stress, role confusion and disillusionment with the task.
- Mentors should encourage critical reflection on issues so that the mentee is able to find solutions to his or her own problems.
- Both mentees and mentors are highly satisfied with mentoring and that there is some evidence that mentoring seems to work.
- Further qualitative and quantitative research is required to study the cost effectiveness of mentoring, develop new and more effective mentoring strategies and to explore issues of gender and ethnicity within mentoring.

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Purposes of mentoring in medicine

The aims of a mentoring relationship primarily depend upon the needs of the mentee and can change over time as the mentee develops and his/her agenda changes. Common examples of such needs include; identifying career goals, developing action plans, guidance about exams and courses; research advice; help in preparing curricula vitae and improving interview techniques. Mentoring can also provide support to those who are newly qualified or are undergoing transition of some sort.

In addition, mentoring can help both parties understand and change personal and professional attitudes (Lingam and Gupta 1998) and has an important influence on personal development, career guidance, career choice and research productivity (Sambunjak et al. 2006).

Advantages of mentoring

The benefits of mentoring can be considered under three groups.

Benefits to the mentee

Mentoring enables the younger colleagues to learn about the environment they are entering, including its priorities, its customs and usages and the identities of the leading figures, institutions and structures. Further, in academic medicine, mentoring is especially important in the shaping of an academic persona and in the formulation and acceleration of a career trajectory (Barondess 1997).

Bowler et al. (1998) have suggested that mentoring is a commonly recommended strategy to promote the socialization, development and maturation of academic medicine faculty.

Other examples of benefits to the medical mentee can include establishing oneself quickly in new learning and social environments, gaining requisite knowledge and skills, developing a better understanding of the organization they work in, developing values and an ethical perspective, developing attitudes and behaviour appropriate to the circumstances, learning to appreciate different or conflicting ideas, learning to overcome setbacks and obstacles and acquire an open, flexible attitude to learning (Lingam and Gupta 1998).

Apart from learning how to promote themselves, mentees can also learn 'the unwritten rules of the game', networking, negotiation skills, conflict management, academic writing and presentation skills. Mentoring can also promote; the emergence of relationships, sharing experiences, mutual problem solving, peer collaboration, and team working skills in the mentee (Pololi et al. 2002).

While there may be other settings in which the above benefits can be attained by the mentee, the process of mentoring offers the added advantage of providing these in a risk free environment away from the pressures of day to day work. Often without proper mentoring, certain developmental processes may be those of trial and error only.

Benefits to the mentor

Philosophically speaking mentoring is a selfless act and no prospective mentor should indulge in it with self-benefit as the primary aim. Nevertheless the process does have some benefits for the mentor as well, which lie chiefly in the sharing of experiences and learning with junior colleagues and the sense of satisfaction that is derived from the mentee's developmental process (Setness 1996) as well as encouraging the mentor to learn about current research techniques.

Connor et al. (2000), based on a questionnaire evaluation of an initiative to develop a network of senior doctors as mentors, found that the participants came to the programme with the intention of helping others, but soon found that they were being helped themselves by becoming part of a supportive network of senior doctors. Sackin et al. (1997) proposed that mentoring leads to a reduction in stress both as a result of establishing the mentoring relationship and due to acquisition of new knowledge and skills during the process.

Also some progressive organizations have started allocating continuing professional development (CPD) points to mentors for their mentoring activities (BMA 2004).

Benefits to the organization

Of the many factors that contribute to a thriving and successful work environment especially in medicine, none is more important than its workforce. Mentoring can help doctors develop and feel valued. Such doctors are more likely to provide better care to patients. Mentoring also has a contribution to make to the development of clinical governance in an organization (Young 1999) and provides the opportunity to air potential problems at an early stage. This reduces the risk of major difficulties and consequently both referrals to regulatory bodies and the time employing organizations spend dealing with problem doctors.

Difficulties involved and disadvantages of mentoring

Many of the disadvantages attributed to mentoring in the literature are in fact not so much disadvantages of mentoring itself but are problems associated with the improper conduct of the mentoring process.

In medicine, often a junior doctor's mentor is a consultant under whom the doctor works. This type of mentoring has been termed 'faculty mentoring' (DOH 2004), and is an approach that is still much advocated in USA academic medicine. However, this approach can often lead to a conflict of interest between the mentoring and supervisory roles of the mentor (e.g. training versus service provision issues) and consequently may interfere with the mentoring process. Hence, the mentor should ideally not be the mentee's educational supervisor or line manager at work or otherwise be involved in any way in the mentee's assessment or appraisal to avoid blurring of these distinct roles. Shaw (1983) has also referred to these inherent tensions in the role of the mentor if he or she also contributes, at whatever distance, to an assessment of performance at work.

Another potential downside of mentoring is that over a period of time mentors tend to develop a considerable personal and private knowledge about their mentees and this knowledge base if shared even during mentor support group meetings or fed to professional regulatory bodies can lead to problems such as breach of confidentiality, mentor bias, or a perception of mentors as agents of the establishment (Alliott 1996). Safeguards of confidentiality are hence, of vital importance in maintaining the integrity of the mentoring process and should be observed at all times (Freeman 1997) barring exceptional circumstances when the safety of the public would be at stake.

During the mentoring process it is sometimes easy for the mentor to develop a patronising attitude towards the mentee and it is important for the mentor to be aware of this tendency and resist it. Hence, mentoring should not always be about the mentor advising the mentee what to do in a particular situation, but rather should be about the mentor facilitating exploration of the issues by the mentee, at his or her own pace. Thus by encouraging critical reflection on the issues the mentee should be able to find solutions to his or her own problems. In this way the mentee is more likely to enjoy the process and the challenges of change. This technique is also called “active listening” Sackin et al. (1997). It proposes that active listeners do not offer solutions, but try to enable those speaking to find their own.

Unfortunately doctors as mentors often find this approach difficult, as it differs fundamentally from the approach they commonly apply in a clinical setting, where they are seen as the expert and are required to intervene. What they should be doing is to master the art of active listening and even apply it selectively in their clinical practice as some patients may also find this approach useful (DOH 2004).

Therefore a good mentor should resist jumping to conclusions or offering immediate ready made solutions but instead try to guide the mentee to think through the issues impartially, knowledgeably and clearly and as a consequence realise his/her own potential. Considering that the aims of a mentoring relationship can vary depending primarily on the mentee's stage of development and other requirements this can present a challenge for the mentor.

A dysfunctional mentoring relationship could also result from possession of certain personality traits that are not compatible with the process. Hence the importance of the mentor and the mentee having some common interests to give the relationship a good start.

Other difficulties that may at times be encountered during mentoring include frustration due to lack of progress and strains and conflicts, which can occur in any caring relationship. Improperly conducted mentoring can result in individual stress, role confusion and disillusionment with the task.

Styles of mentoring

The fact that mentoring is a relationship rather than just a set of activities is emphasised in the literature (Barondess 1997). The mentoring relationship may be as a part of a well-established scheme which tend to be highly structured or may be more informal and personally arranged. Even then,

some previous formal training for the mentor in mentoring techniques is highly desirable if not an absolute pre-requisite. The training provided to prospective mentors in established mentoring schemes includes areas such as; skills development, particularly active listening, non-directive facilitation of change and problem management techniques. It also usually encompasses using mentoring skills in a variety of situations, including working with colleagues (sometimes co-mentoring) in clinical and managerial contexts, in educational supervision and in supporting people in difficulty. The idea is to provide prospective mentors with a greater insight into their strengths and development needs, and a greater understanding of their own and other people's behaviour.

The highly structured formalized mentoring programmes can provide benefits to the organisation as well as personal benefits to the mentee and the mentor alike by way of accelerated learning and personal development. Their downside, however, is that they have a high cost in terms of resources and time. These costs are for role preparation, support, agreeing the processes, conduct, monitoring of performance and evaluation of effectiveness of such schemes. Measuring the cost effectiveness of such schemes though desirable and important remains difficult as the rewards generated by such schemes are hard to measure quantitatively. Another downside of such schemes is that due to their complexity and costs many of them fall by the wayside because of lack of sustained funding or time (Hutton-Taylor 1999).

Informal mentoring on the other hand is delivered with minimal if any cost to the organisation and carried out properly can still be very rewarding. In fact, Bligh (1999) suggests that most mentoring remains informal and invisible.

The downside of informal mentoring, however, is that it is more difficult to standardise, advertise, monitor and evaluate. Though usually a relationship between two individuals, a shared approach to mentoring has also been advocated which involves a team of mentors providing joint or individual mentoring sessions to the same mentee depending upon practical constraints such as time etc. It is proposed that such a model can be advantageous, providing a broader range of skills and exposing mentees to multiple styles, perspectives and philosophies (Levine et al. 2003).

Hence as Larkin (2003) suggests, mentoring may mean different things to different people but the central role of guidance and protection remains. Perhaps this versatility in the process of mentoring is one of its major strengths. Freeman (1997) however, challenges the tendency to define the term mentoring rather loosely as this encourages the use of this term to cover a wide variety of activities, thus creating confusion and threatening the ability of doctors to make accurate choices about the type of support they might need in facing their professional challenges.

Mentoring has itself evolved with the passage of time. Souba (1999) distinguishes between an older model of mentoring which was characterized by a paternalistic, authoritarian, strict approach towards the mentee and the newer approach which involves empowering, partnership, inspiring, liberating and independent development of the mentee.

Initiation of the mentoring relationship

The stimuli for the initiation of the process of mentoring can vary, often depending on the type of mentoring relationship. In informal mentoring the process is usually but not invariably initiated at the behest of the mentee. On the other hand in structured mentoring the process often starts as part of an organizational policy or project. Only rarely does a mentoring relationship initiate as a sole initiative of the mentor.

Who needs mentoring?

Doctors at all stages of their careers including medical students can benefit from mentoring. However those who need it most are mentees who are new to an organisation or position, those concerned with their career plans, those being developed for future leadership positions, those in professional or personal difficulty, and those with cultural barriers at work such as ethnic minority or overseas doctors.

Common mentoring examples in medicine include mentoring of trainees and peer mentoring (i.e. consultant to consultant, particularly in cases of newly appointed consultants, those with problems related to performance procedures or under undue stress).

However, as a rule, the mentor should not be the mentee's educational supervisor, college tutor, or regional adviser as these have to make appraisals and assessments and are involved in in-training assessments for specialist trainees and hence role confusion may result (Lingam and Gupta 1998).

Qualities of a good mentoring relationship

Good intentions and knowledge and experience of a subject area are not sufficient pre-requisites for good mentoring. For good mentoring it is important that the approach of the mentor is constructive and non-judgemental and the process is positive, facilitative, and developmental. A good mentor should also have good interpersonal skills, adequate time, an open mind and a willingness to support the relationship.

The process of mentoring is essentially a relationship between two people and for it to succeed, there must be a high level of mutual trust and respect between the two parties. Though a mentor is essentially a friend, good mentoring is as much about challenging as supporting, and constructive criticism and emphasising the need for change, where required, should be an integral part of the process. Medical mentors should also be trained and/or knowledgeable in study leave guidelines, immigration and employment laws, grievance procedures and equal opportunity laws (Lingam and Gupta 1998).

Souba (1999) describes the many hats a mentor has to adopt which include: 1. adviser and counsellor; 2. friend;

3. agent; 4. teacher/helper; 5. coach; 6. manager/leader. He further argues that a mentor should:

Motivate;
Empower and Encourage;
Nurture self confidence;
Teach by example;
Offer wise counsel and;
Raise the performance bar.

In addition to the above the mentor needs to be clear about his role and confident enough to be able to set boundaries on the relationship in terms of its limits and duration. These need to be defined and agreed between the two parties. The mentee should preferably choose a mentor near to where he/she lives or works to enable at least occasional face to face meetings between the two. These can supplement more regular distance communication via telephone or email.

Ideally potential mentors and mentees should meet in social as well as in professional settings to begin the networking process (Jackson et al. 2003). A good mentor should be prepared to go beyond obligatory relationships and remain truthful, committed and unselfish (Souba 1999). Bould (1997) suggested that reflection is an integral part of the mentoring process which can provide a fresh impetus to the personal and professional development of doctors, whose collective morale, she felt, was at a low level.

The principal lessons of the Standing Committee on Postgraduate Medical and Dental Education report on mentoring were that mentoring should be informal, separate from assessment, and confidential, and that prospective mentors should be trained (SCOPME 1998).

Measures to promote mentoring

Mentoring is well established as a means of professional development in other professions (Merriam 1983), but Okereke (2000) suggested that in medicine mentoring is an under-researched area and advocated qualitative studies such as interviews with mentees, observation of mentoring process and focus groups to research this important issue further. Hutton-Taylor (1999) suggests that coaching, mentoring, and the skill of networking are concepts that need to be portrayed as highly desirable and enjoyable from the first year of medical school to encourage a greater uptake of these by doctors throughout their professional lives.

This promotion of mentoring to doctors early in their careers as something desirable and useful, can help to dispel the mistaken notion amongst a section of the medical profession, that seeking mentoring is only for those who are weak and cannot cope or who have career or personal problems. Also the opportunity to access mentoring should be made more widely available allowing prospective mentees a choice in the scheme they wish to participate in.

Recent developments in mentoring

Recent changes workforce demographics have highlighted issues of gender and ethnicity within mentoring. For example

whilst women now form the majority of medical student numbers in US and UK medical schools, in academic medicine they are not promoted or paid on a par with men. Recent studies have also shown that women perceive that they had more difficulty finding mentors than their colleagues who are men. Hence groups like women and ethnic minority doctors represent both a challenge as well as an opportunity for mentoring.

Also recently there has been a greater focus on translational research in medicine which may have an impact on mentoring since this type of research utilizes different methods and specialties and brings together a variety of professionals with differing mentoring skills and needs.

Conclusion

Mentoring is an important developmental process for both parties involved and carried out correctly can enhance professional and personal life in a fruitful way.

There is a strong perception amongst both mentors and mentees that mentoring if well conducted and well timed can reap enormous benefits for the mentees and at the same time be useful to the mentors and the organization as well. However strong evidence in the literature to support this perception is lacking at present and there is a need for further qualitative and quantitative research in this area to make the concept and practices of mentoring more evidence based.

Notes on contributors

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