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Coaching clinicians for leadership or supporting survival in a tough career?

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Abstract

We describe how coaching has been used successfully as an integral part of a leadership development programme for hospital doctors who are in their final year of postgraduate training. We explain our approach, our experiences, the outcomes from the coaching and why coaching could be crucial in creating a new generation of clinical leaders. This is crucial in light of the expectation of the new UK government that doctors will play an even more crucial role in the leadership of UK health services whilst controlling expenditure.

Key words: leadership, management, doctors, coaching

Context

We (A New Kind of Leadership¹) were commissioned to deliver a programme “Leading and Managing in the NHS” by the Director of Postgraduate Education of a major London Teaching Hospital. We are now delivering the 4th programme. The programme was specifically designed to help doctors in their last year of postgraduate training (Specialist Registrars in the UK system) to bridge the gap between their clinical training and the knowledge/skills they would need to take up a Consultant position. The need for clinical as opposed to generalist leaders in healthcare settings is now longer debatable but the journey for many clinicians is sufficiently challenging for a number to still regard leadership positions as going over ‘to the dark side’². Indeed the programme sponsor said: “increasingly I noticed that Specialist Registrars exist in a training ‘bubble’. They push themselves very hard to reach the peak represented by their first consultant post – only to find that they do not understand what they can create beyond it. As a result they sometimes become arrogant and insular, regarding leadership as something managers alone can do: this is not a good landscape in which to practice and is a waste of talented people”.

In common with many European health systems in the UK Health Service there is constant pressure to balance the clinical needs and demands of patients within limited and indeed finite resources. This has been heightened by the White Paper, ‘Equity and Excellence: Liberating the NHS’³ issued by the coalition government appointed in May 2010. This envisages an even greater need for highly effective clinical leaders in hospitals and in primary/community settings. In our programmes we are working with hospital-based clinicians.

¹

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² Stanton E et al (eds) (2010) *Clinical Leadership, Bridging the divide* Quay Books; foreword by Professor Lord Darzi of Denham

³ Equity and Excellence: Liberating the NHS, Department of Health, June 2010

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Proposition

When we began to design the programme we were conscious that many doctors at this level regard a management course as a tick box activity they must do before applying for a hospital Consultant post which often entails attendance at one-day or evening events. We wanted to offer something in which doctors would have more personal involvement in contrast to the usual transactional and didactic style of such events. Furthermore, with our sponsor it became clear that we were aiming to meet a number of parallel requirements although the overall objective was to help the enrolled doctors take responsibility for managing their careers. Specifically, the course was designed to assist these doctors in better understanding current and emerging medical career pathways and shaping their future progression by identifying and evaluating their options, from which point they would be able create their own career plan. Individuals would be guided in:

- Understanding their own motivations and needs, and how to meet them
- Understanding how they can make better use of their strengths
- Understanding the context in which they are working and how they can manage it
- Becoming more fulfilled
- Achieving and maintaining a sense of direction and focus on an ongoing basis.

The intention extended to providing benefit not only at a personal level, but also at an organisational level. We proposed therefore to run a programme with 5 one day modules over eight months, supported by 3 individual coaching sessions. This has now been refined and revised to 4 one day modules over 6 months supported by 4 individual coaching sessions for each participant. Twice a year we run an Alumni Masterclass for participants who have completed the programme. At the outset all participants are expected to complete MBTI Stage 1 and the Strengthsfinder Questionnaire⁴. The Modules are:

1. *Personal strengths and leadership*
2. *Career Drivers and Leadership*
3. *Service Development*
4. *Teams and Relationships*

Wherever possible coaching sessions are held between the modules but this is often difficult due to the shift patterns of these doctors and the service demands they are endeavouring to fulfil.

⁴ Rath T (2007) Strengthsfinder 2.0 Gallup Press

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What we coaches experienced

Although we are a group of experienced leadership coaches and have coached senior clinicians before, we were not sure what to expect, other than we were there to support these individuals to achieve their goals. Our sponsor advised that sessions were likely to be dominated by career issues and how to succeed in getting an interview and then a substantive job. In truth this has been a very small part of what has been brought to the coaching sessions. Between 3 of us we have coached 43 Specialist Registrars from a broad range of clinical specialities in the two years this programme has been running.

Overwhelmingly these doctors find the programme awakens a number of issues for them—about themselves, how they work, what they now want from a medical career and indeed their whole lives. Because of the nature of their training at undergraduate and postgraduate level, they often find their social groups are all doctors too and this can make for quite a lonely existence out of the workplace. We found that at least half of our coaching time was about surviving in a tough environment rather than being able to focus on growing as effective clinical leaders. We appreciate these experiences add to the emotional repertoire of excellent leaders but what we have heard from our coachees has made us fearful that very able doctors will steer clear of leadership positions because of negative experiences during their training. We have detailed here a set of themes which have emerged from our coaching:

- Close to burnout: at least 3 of the group described physical, emotional and mental symptoms which indicated they were close to burnout. Indeed one commented “*I’ve made it to my coaching session so I know I’m not yet burnt out*”. As one might expect, the reasons for being in this fragile state are linked to personal life issues as well as work. Given the rotas and shift patterns faced by these doctors it is not hard to see how sustaining healthy and fulfilling personal relationships is incredibly challenging. Both men and women described real problems in creating and keeping a good family life going.
- Stressful working conditions: at least half of our clients reported working conditions where they work long 12-14 hour shifts with few, if any, breaks. They often are asked to stay on and work a night shift to cover for absent colleagues even if they have just completed a long day shift. This is in addition to completing their studies, such as PhDs, and contributing to the academic life of their institutions.
- Loneliness: at least 3 of the group were experiencing loneliness as the result of working long hours and then living alone. They often had solitary hobbies which they loved but that added to their sense of isolation. Interestingly this group were almost shocked that they could bring this issue to coaching—they had expected the sessions to be highly directed.
- Relationships with peers: a substantial majority of the group used their coaching sessions to work through challenging workplace relationships, specifically in respect of the teams they were part of. Part of their training includes frequent rotation so they often had to re-establish themselves with new teams. This in itself can lead to all sorts of stresses and for some the sense that they were just a ‘number’ not a person. However many expected there to be difficult relationships and were delighted to have the private space to work through these and devise strategies for changing relationship dynamics.

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- Relationships with senior colleagues: Despite the cultural changes in society in general, the professions in the UK seem still to be dominated by hierarchy and particularly so the medical profession. Some of our coachees described healthy relationships with senior colleagues, especially now as they were reaching consultant level posts and were negotiating where they might apply. For a larger number, though, they often found themselves at odds with senior academics and senior hospital clinicians whether about getting the right clinical experience, working reasonable hours, getting access to appropriate training and development, getting time to do research or even just taking their leave entitlement. Our coachees were often reluctant to challenge as they thought this would damage their career prospects. Interestingly too they scarcely got positive feedback about work they had done well and often said most feedback was critical or negative which is supposedly to encourage improved performance!
- Inappropriate and sexist behaviour: Some of the most shocking issues were brought to us by women doctors. At least 55% of UK medical school entrants are female but numerous reports have highlighted how the system is missing out on their considerable talents⁵. At one level this is unsurprising: our coachees described an array of environments where women clinicians were publicly undermined despite being amongst equal peers; where pregnancy was overtly described as a gross inconvenience and where individual women were humiliated when they were too sick to work as a result of early pregnancy. One woman described how she was shocked to be singled out for criticising a decision to invite a clinical team to a burlesque evening. These behaviours lead the women to believing it was still about “survival of the toughest” and in general one still had to put up with this type of behaviour in order to achieve career goals.
- Uncertainty about career choice: as one might expect a few coachees discovered during coaching that they were now seriously questioning whether they did want to be doctors. These individuals, given the space to reflect, realised they had been on a trajectory from about age 14 and maybe hadn't paused to think about their career plans much since then. Further some of their experiences as they progressed to be more senior trainees caused deep soul searching about their value set and desired lifestyle. Most came to the conclusion that it was the right path but they wanted to be really specific about where they wanted to work-a couple remained uncertain. For some, the realisation that they may not want to pursue medical careers was of itself frightening as so much of their lives and the expectations of family and friends were orientated towards reaching the pinnacle of medical career success.
- Interview techniques: on the whole interviews during medical training are highly structured and very much judged on clinical expertise. The consultant interview is entirely different: it is institution based and is currently pretty much a lifetime commitment. During coaching it was both a matter of interview preparation but also testing how coachees were going to judge whether the place, team and prospects were right for them. This was a challenge for some-they had got used to either going where they were told or picking somewhere because they had few choices.

⁵ Baroness Deech (2009) Women doctors: making a difference, Department of Health

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What our coachees discovered and fed back to us

Without exception our 43 coachees really loved the opportunities offered by coaching. During their training they have rarely had time for reflection and barely ever on a one to one basis. They were surprised to find they could bring personal and work issues to the sessions. In particular they highlighted:

- Clarity of goals: the majority describe being much clearer about what they want to get out of their future medical career and how they will meld this round the important things in their own lives. In particular most had worked out more specifically what kind of hospital they wanted to work in and what the culture would need to be like in their chosen specialty before they committed to a new job. Three participants (typical of many) commented: *"I'm more specific now about the type of job I want, where my boundaries are, and how to articulate what I want. I'm ready for it [a consultant role] now. I wanted to be appropriately in control of my career, and I am. I'm more goal orientated, more organised...".* *"I'm more aware of how to get the job I want. I've got much, much more from the programme than I anticipated"....* *"For the first time I've been able to verbalise what I want, and having a sounding board has been very, very helpful"*
- Self Perception and Self Management: coachees loved the insights offered by MBTI which were then further exploited in coaching. They found out why they could annoy as well as delight colleagues and future bosses. They worked on using their heightened self awareness to good effect in team working, team meetings and indeed interviews. For many the improved self awareness was a bit scary but incredibly useful. They reflected at the end of the programme: *"I learned more about myself. Knowing my strengths and weaknesses has helped me with facing challenges and meeting people from outside my speciality has been valuable"....* *"I've made a huge transition in the last 6 months. MBTI was a huge revelation"....* *"It hasn't been didactic – it's been a great opportunity to learn about team working, personal development, MBTI....I understand where I'm coming from, although the work is unfinished"....* *"The coaching was fantastic: you develop yourself every time"....* *I've learnt lots from MBTI about how others think differently, and I'm more aware about how I handle other people"....* *"The coaching prevented me burning out. I have better self-awareness and strategies to deal with stressful situations. I've learnt to take a break, to reflect and to re-reprioritise.*

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- Self confidence: The members of the medical profession are often seen as highly self confident and indeed training encourages this from a clinical perspective. However our work with these doctors indicated that a number found the culture of the training dented their self confidence on a regular basis. One described how she thought she was facing legal proceedings after a clinical incident was referred to the coroner-no senior colleague explained the process, her role or indeed that she was in no way to blame for the death of the patient. A fundamental element of our coaching therefore was based on the Strengthsfinder work⁶, encouraging coachees to build on and develop their strengths. Working in a system in which so much is directed and so relatively little initiative is expected, the direct and practical impact for not only the doctors themselves but also for patients, relationships with colleagues and for leadership, of such a lift in their confidence is demonstrated in comments such as: *“I’m more aware: I think about things before I do them. I’ve become more open and confident, and I participate more. I’m more comfortable with contributing extra things like teaching sessions.”... “I’m a better listener, and I’ve got more confidence”*
- Prepared for leadership: Given the nature of their clinical training and indeed being “shielded” from the politics, finances and leadership challenges of the NHS, it is perhaps unsurprising that few participants envisaged themselves in a defined leadership role. During our programme they are encouraged to shadow both clinical and non-clinical leaders. These experiences and exploration of leadership skills during coaching led at least 6 to profess that one of their career objectives was to be a clinical or potentially a Medical Director. Alumni whom we are in touch with have related how they are applying their learning about leadership and how they can better analyse other leaders now too. They are overall much more confident in their abilities and prepared to tackle some quite “wicked” issues in their new Consultant posts. The extent to which participants began to bridge the gap between their technical medical roles and management is demonstrated by comments such as *“I learnt a new speciality! Management and leadership don’t seem in a separate silo any more. It’s been excellent – these things are second nature now”... “I know the Divisional Manager now, and we know each other’s points of view. It would never have occurred to me to do shadowing: managers are usually faceless”*
- Increase in knowledge: one of the fascinating issues for us throughout this programme has been the exposition and exploration of knowledge gaps. These have been around practical aspects of future careers: health financing, health policy, health strategy but also around exploring team dynamics, understanding motivation of self and others, using reflective practice beyond the clinical scenarios. A number highlighted how coaching in particular had created personal “lightbulb” moments, not solely about work but also about their own lives and relationships. Coaching provided an unusually safe space for these individuals; indeed many have come to Alumni events and shared highly personal stories that they first surfaced in coaching but now feel able to explore in a larger group of fellow participants-even if they were in different cohorts of the programme. This remarkable growth in trust is both humbling and exhilarating to experience. One participant said *“[The programme] raised the importance of personal and professional responsibility: I realise we can raise questions and communicate concerns. We can ask questions which can influence what happens.”*

⁶ Op cit.

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Conclusions

Given our experience to date we believe that coaching is a valuable and indeed vital component of leadership development for doctors. Through our development programme and the coaching sessions we have seen a number of doctors:

- increase their self esteem and self confidence
- grapple with feeling their values are being compromised
- learn how to work with and manage difficult colleagues
- feel more in control of conflict and stress
- acknowledge their strengths, surface their weaknesses
- understand themselves and their impact on others
- think through how to be effective in teams
- recognise and grow their capability to be excellent leaders.

For many of our coachees it has been and will continue to be a difficult journey. We recognise that being a leader can be very tough indeed but we can see now that for many doctors the journey is made more difficult by a lack of time to reflect, a lack of positive feedback, little opportunity to explore team dynamics or self perception and crucially no safe space to explore the impact of their career choice.