The Case for Mentoring in Emergency Departments

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11 April, 2013

Abstract

The purpose of this paper is to examine the literature on mentoring to assist decision makers to assess the value of mentoring in emergency departments within Australia and New Zealand.

Definitions for mentoring vary. Steven et al. quoted “The process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development” (Standing Committee on Postgraduate Medical and Dental Education. Supporting Doctors and Dentists at Work: An Enquiry into Mentoring. 1998, In: Steven et al. 2008, p. 553).

After reviewing 39 references, several of which were themselves reviews, it can be concluded that there is substantial evidence supporting that well designed mentoring programs improve workplace productivity by supporting staff in a range of needs. The literature shows this to be the case in both business and medicine. Hansford et al. reviewed over 300 research papers on mentoring across education, business and medicine and found that “…mentoring has enormous potential to bring about learning, personal growth and development for professionals” (Hansford et al. 2004, p. 23).

The level of integration of mentoring into workplaces and medical disciplines varies, with the literature suggesting that some countries like the UK have adopted mentoring more widely than Australia. The UK government now even has a policy supporting mentoring in business (Department for Business Innovation and Skills 2012, p. 4).

In Australia, various organisations and government committees have made statements supporting mentoring in medicine, including Australian Medical Association, United General Practice Australia and The House of Representatives, Standing Committee on Health and Ageing.

There appears to be a trend towards mentoring becoming more widely adopted in both business and medicine, supporting the view that benefits outweighs the negatives.
Current Mentoring Practice

Global

Businesses globally have utilised the value of mentoring for many years. Garmel supports this by stating “Many professional societies have formal mentoring programs, especially in business and nursing” (Garmel 2004, p. 1351).

Chronus (2012, pp. 1-8) gave examples of a number of large organisations which actively harness mentoring to benefit their workplaces including Sun Microsystems, KPMG, Deutsche Bank and Boeing. In fact, they stated that “…71% of Fortune 500 companies offer mentoring programs to their employees”. KPMG’s mentoring program has developed to the point where they describe it as being “ingrained in our values” (Rouen 2012).

United Kingdom

Steven et al. stated “There is now considerable official support for mentoring for NHS doctors from the UK government, the British Medical Association and several of the medical Royal Colleges” (Steven et al. 2008, p. 553).

The Department for Business Innovation and Skills (UK) recently released a policy document which stated “The government’s vision for mentoring is for a vibrant, effective and sustainable mentoring network that supports both start up and established small and medium enterprises locally, helping them to survive and grow…Developing access to and raising awareness of mentoring is therefore a core component of the government’s ambition of making the UK one of the best places to start, finance and grow a business” (Department for Business Innovation and Skills 2012, p. 4).

Examples of medical disciplines in the UK which offer mentoring programs include the Royal College of Surgeons which “strongly advocates mentoring at all stages of a surgeon’s education and throughout their career” (Royal College of Surgeons 2013), Royal College of Psychiatrists (Royal College of Psychiatrists 2008), The Royal College of Radiologists (The Royal College of Radiologists 2012), Royal College of Obstetricians and Gynaecologists (Royal College of Obstetricians and Gynaecologists 2005).

The Board of Medical Education of the British Medical Association, in their ‘Exploring mentoring’ document, stated “The BMA strongly advocates mentoring at all stages of medical education and throughout doctors’ careers” (Board of Medical Education 2004, p. 1).

The Royal College of Psychiatrists “supports mentoring as a means of enabling members to work to their full potential in carrying out their clinical and other responsibilities at work. The College views mentoring as being useful to psychiatrists from different specialities and at different stages of their careers…” “Since 2002 the College has recommended that all newly appointed consultants be offered a mentor”. “We hope mentoring will become a ‘normal’ widespread activity accessible to all psychiatrists” (The Royal College of Psychiatrists 2008, p. 5-7).
Health Workforce Australia conducted a study into postgraduate medical training in Australia in 2011 and found that structured mentoring programs were increasing in hospitals, including some programs specifically for international medical graduates (IMGs) (Health Workforce Australia 2011, pp. 9, 11-12).

Referring specifically to emergency departments, the Health Workforce Australia report stated “...the larger size of the ED medical workforce profiles makes it viable to employ clinical education registrars to directly assist with junior medical staff training and mentoring support programs” (Health Workforce Australia 2011 p. 19).

Some examples of medical disciplines in Australia which have mentoring programs include The Royal Australian and New Zealand College of Ophthalmologists (The Royal Australian and New Zealand College of Ophthalmologists 2012), Australian College of Rural and Remote Medicine (Australian College of Rural and Remote Medicine 2013), Australasian College of Dermatologists (Australasian College of Dermatologists n.d.), Australian and New Zealand College of Anaesthetists (Welfare of Anaesthetists Special Interest Group 2011), Royal Australasian College of Dental Surgeons (Royal Australasian College of Dental Surgeons n.d.), The Royal College of Pathologists of Australia (The Royal College of Pathologists of Australia 2012).

Supporting Mentoring in Medicine

In 2001 the Department of Health (UK) carried out the first national survey which asked hospital doctors what changes were needed to improved their working lives. 1603 doctors provided feedback and improved access to mentoring was included in the top five choices for all grades of doctors (Dornhorst 2005, p. 49-51).

The 2007 study of medical education in Australia found that “Junior doctors wished for improved career guidance, mentoring and other speciality educational needs” (Lawson et al. 2007, p. 35). “...respondents perceived the transition to specialty training to be assisted by exposure to/information about specialties and career guidance, such as mentoring” (Lawson et al. 2007, p. 37). “Informal workplace and on-the-job learning were highly valued when delivered using effective role-modelling, mentoring and clinical supervision” (Lawson et al. 2007, p. 51).

In their position statement on supervision and assessment of hospital based postgraduate medical trainees, the Australian Medical Association recommended “…that organisations develop processes for supporting the professional development of doctors who demonstrate an enthusiasm for mentoring” (Australian Medical Association 2012).

United General Practice Australia, which is a national group of GP organisations, highlighted “…the urgent requirement to improve support, training and mentoring to maximize their contribution to quality care” (Australian Medical Association 2008).
The House of Representatives, Standing Committee on Health and Ageing, in their report *Lost in the Labyrinth, Report on the inquiry into registration processes and support for overseas trained doctors* made a number of recommendations relating to mentoring programs to further support IMGs in Australia.

“Based on evidence provided, educational support consists of a number of elements, including: ...mentoring and peer support” (2012, p. 205).

“...access to mentoring and peer support... (amongst other recommendations) ... are vital components of the supports which should be provided to IMGs in Australia” (2012, p. 210).

The report also referred to the benefits experienced by the Royal Australasian College of General Practitioners’ (RACGP) pilot mentoring program by writing “RACGP submitted to the Committee that an external evaluation of this program found that mentoring was strongly upheld as a practical resource by IMGs with almost universal support from mentors and recipients for the ongoing provision of IMG mentoring” (2012, p. 209).

The Australian Medical Association recommended that the Health Workforce Australia’s National Clinical Supervision Support Framework be expanded to “recognising the mentoring and guidance role played by clinical supervisors” (Australian Medical Association 2011).

**Benefits of Mentoring**

Chronus found that the time and resources needed to implement and maintain a mentoring program can result in a substantially larger return on investment to the organisation. They stated that “Mentoring is an effective strategy whenever there is a need to reduce the time it takes to share knowledge, skill or culture while continuing to progress at the current pace of business” (Chronus 2012, p. 3).

Steven et al. found the perceived benefits of mentoring to extend over three overarching areas: “professional practice, personal well-being and development.” They also found that “Problem solving and change management seem to be key processes underpinning the raft of personal and professional benefits reported” (Steven et al. 2008, p. 552). The paper also reported “...mentoring was viewed as having major benefits for patients” (Steven et al. 2008, p. 554).

Steven et al. stated in their study of mentoring for NHS doctors “Given the consistency of findings across several studies it seems probable that organizations would be strengthened by doctors who feel more satisfied and confident in their professional roles as a result of participation in mentoring” (Steven et al. 2008, p. 552). They also found that “...for some the specific skills of mentoring become an integral part of their professional life, and not just confined to formal mentoring relationships. Both mentors and mentees benefit from the involvement” (Steven et al. 2008, p. 557).

On its business and industry web page, The Queensland Government states that mentoring can help “improve staff retention rates and team relations, increase profits through improved performance and productivity” and “foster innovative ideas.” It can also be used “as a form of induction for new staff” and for succession planning (The Queensland Government 2013).
Capital Analytics undertook an evaluation of Sun Microsystems’ mentoring program over seven years involving hundreds of mentors, mentees and controls, and found that “The mentoring program had a significant positive impact on employee retention, salary grade, and pay increases both for mentors and mentees” (Capital Analytics 2012, p. 2).

Table 1

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<thead>
<tr>
<th>Benefits to Mentees</th>
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<tr>
<td>Personal as well as professional development</td>
<td>Clutterbuck 2011, <em>The benefits of mentoring</em>, p. 3; Sambunjak et al. 2006, pp. 1008-1009; Sambunjak et al. 2009, p. 75; Yeung et al. 2010, p. 146; Oxley et al. 2003, pp. 22-23; Steven et al. 2008, p. 555</td>
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<td>Being able to discuss career options and plans in an open and non-threatening environment</td>
<td>Clutterbuck 2011, <em>The benefits of mentoring</em>, p. 3; Sambunjak et al. 2009, p. 75</td>
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<td>Opportunity to be challenged constructively</td>
<td>Clutterbuck 2011, <em>The benefits of mentoring</em>, p. 3; Sambunjak et al. 2009, p. 75</td>
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<td>Having a role model</td>
<td>Clutterbuck 2011, <em>The benefits of mentoring</em>, p. 3; Sambunjak et al. 2009, p. 75</td>
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<td>Developing professional behaviour and identity and better understanding of organisation</td>
<td>Clutterbuck 2011, <em>The benefits of mentoring</em>, p. 3; McKimm et al. 2007, p. 3; Sambunjak et al. 2009, p. 75</td>
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<td>Improving problem solving skills</td>
<td>McKimm et al. 2007, p. 3; Oxley et al. 2003, p. 23</td>
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<td>Increasing confidence and leadership skills</td>
<td>Oxley et al. 2003, pp. 22-23; Sambunjak et al. 2006, p. 1109; Clutterbuck 2011, <em>The mentoring edge</em>, p. 2</td>
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Table 2

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<th>Benefits to Mentors</th>
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<tr>
<td>Opportunity to share one’s knowledge</td>
<td>Yeung et al. 2010, p. 144; McKimm et al. 2007, p. 3</td>
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<td>Satisfaction and pride in mentee’s success</td>
<td>Yeung et al. 2010, p. 144</td>
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<td>A chance to give back to the profession</td>
<td>Yeung et al. 2010, p. 144</td>
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<tr>
<td>Recognition from peers/career advancement</td>
<td>Yeung et al. 2010, p. 144; McKimm et al. 2007, p. 3</td>
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<td>Rekindles the enthusiasm of mentors, who may themselves have become disillusioned</td>
<td>Clutterbuck 2011; <em>Mentoring and retention</em>, p. 3</td>
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<tr>
<td>Development of self-awareness and their own learning</td>
<td>Clutterbuck 2011; <em>The benefits of mentoring</em>, p. 4; McKimm et al. 2007, p. 3</td>
</tr>
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<td>Develop a greater understanding of other areas of the business and/or of other cultures</td>
<td>Clutterbuck 2011; <em>Mentoring and retention</em>, p. 4; McKimm et al. 2007, p. 3</td>
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Table 3

Benefits to Organisations

**Employee engagement and satisfaction**

Mentoring “...improves employee morale, increases job satisfaction and engenders employee loyalty” (Chronus 2012, p. 5). “Mentoring helps each employee identify themselves as a vital part of the organization and creates a heightened level of ownership where each employee wants to do whatever they can for the greater good of the organization as a whole” (Chronus 2012, p. 7).

“Certainly problem solving is very high up on the list...and managing change” (Steven et al. 2008, p. 555).

The American College of Emergency Physicians’ mentoring program has improved the behaviour of negative, reactive and confused emergency department staff, termed the “B team”, by giving them “A team” mentors (Hurley 2010).

**Better communication**

“Mentoring relationships increase employee engagement by offering space for dialogue and regular feedback.” “Mentoring also enhances employee communications and improves the quality of working relationships with peers, superiors and subordinates” (Chronus 2012, p. 7).

**Improved workplace culture**

“Mentoring creates an environment of trust, belonging, understanding, support and encouragement for a diverse workforce” (Chronus 2012, p. 5).

“Mentoring is complimentary to established training programs. However mentoring relationships empower employees in ways manuals, intranets and training programs can’t. Mentoring creates a culture, where learning and the sharing of knowledge becomes part of the daily fabric rather than a forced task” (Chronus 2012, p. 3).

Mentoring helps new employees to “...become productive faster and embrace company culture. It also demonstrates the organization’s commitment to new employee’s career” (Chronus 2012, p. 6).

“A number of organisations have used mentoring as the starting point for changing from a culture that was hostile towards learning, to one that is very supportive of learning behaviours” (Clutterbuck 2011, *The benefits of mentoring*, p. 3).

In their mentoring study, Steven et al. provided some quotes from interviews with mentees about their mentoring experiences “…it isn’t just the doctor-patient clinical stuff, but actually working in teams…Mentoring allows you to look at patients in a different way...I think it has made my job easier” (Steven et al. 2008, p. 554).

**Knowledge transfer**

Mentoring “…reduces the time required for knowledge transfer by providing direct access to (a) range of experts and peers who can share the required knowledge and skills in an environment that promotes rapid learning” (Chronus 2012, p. 3).
“Induction into the organisation is typically improved by mentoring. People become acclimatised up to twice as fast as normal” (Clutterbuck 2011, The benefits of mentoring, p. 2).

**Career planning and leadership development**

“Mentoring serves as a platform for organizations to discuss employees’ career goals and offer development opportunities and guidance to employees who are willing to advance professionally. It also acts as a tool to enhance the quality of leadership within key individuals and within the organization as a whole. Conversely mentoring partnerships help employees understand what they want from their career, and utilize the assistance offered by organizations to achieve their career objectives” (Chronus 2012, p. 4).

“There is also data to suggest that having a mentor is a critical factor in the career success of 80% of UK chief executives” (Clutterbuck 2011, The benefits of mentoring, p. 3).

Insala surveyed 320 organisations and found that mentoring was “...one of the top most effective career development activities in the survey respondent’s career development program strategy today” (Insala 2012, p. 2).

**Employer reputation**

Mentoring can be used “...to support your reputation as an employer of choice” (Clutterbuck 2011, The mentoring edge, p. 2).

**Employee recruitment and retention**

Having a mentoring program can be a significant factor in a potential employee’s selection of an employer (Clutterbuck 2011, The benefits of mentoring, p. 2).

An Accountempts survey of 1,400 chief financial officers found that 24% of companies were offering mentoring programs as a way of attracting and retaining employees (Accountempts 2011).

“The most measured benefit for organisations lies in retention” (Clutterbuck 2011, The benefits of mentoring, p. 2). “…mentoring can be one of the most powerful influences on retention of existing staff and attraction of potential staff. An effective mentoring programme typically leads to a minimum of 30% higher retention of staff” (Clutterbuck 2011, The mentoring edge, p. 2).

In their study of 100 mentoring pairs within Glaxo-SmithKline’s finance division, Clutterbuck found that turnover among participants was a mere 2%, compared with 27.5% amongst other employees. They also reported that “Various surveys show that people who have a mentor are, on average, only half as likely to be considering moving employer” (Clutterbuck 2011, The benefits of mentoring, p. 2).

“Research into mentoring’s impact on retention is consistent internationally. One of the most significant ways well-constructed mentoring programmes pay for themselves is by increasing the chances people will stay – by at least a third on average” (Clutterbuck 2011, Mentoring and retention, p. 2). It does this by making people feel valued by the organisation, providing a safety valve for career frustrations and opportunities to build career strategies. It also makes senior management more aware of frustrations experienced by junior staff so remedial action can be taken (Clutterbuck 2011, Mentoring and retention, p. 2).
Potential Pitfalls of Mentoring

Studies have found that a badly run mentoring program can lead to problems, some of which are summarised in Table 4. Organisational costs relating to mentoring are mainly in time and supporting resources (Oxley et al. 2003, p. 34). The main ways to overcome these is to implement a well-structured program from the start.

Hansford et al. summed this up in their conclusion “Our belief is that the potential problems of mentoring are not insurmountable. With careful and sensitive planning and skilful leadership, most problems can be minimised.”

Amongst the recommendations Hansford et al. made were “for planners to be aware of the growing body of research literature on mentoring; the need for program support at various levels; the importance of mentor training; the careful selection of participants; and the need for ongoing evaluations” (Hansford et al. 2004, p.23-24).

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<th>Potential downsides to mentoring</th>
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<tr>
<td>Lack of time from mentor or mentee</td>
<td>Yeung et al. 2010, p. 146; Sambunjak et al. 2009, p. 76; Garmel 2004, p. 1354; McKimm et al. 2003, p. 14</td>
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<td>Inappropriate expectations and not knowing limitations</td>
<td>Yeung et al. 2010, p. 146; Garmel 2004, p. 1354; McKimm et al. 2003, p. 13-14</td>
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<td>Poor mentor and mentee matching</td>
<td>Sambunjak et al. 2009, p. 76; McKimm et al. 2003, p. 13</td>
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<td>Lack of training for mentor</td>
<td>Sambunjak et al. 2009, p. 76</td>
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<td>Insensitivity to gender, culture or age</td>
<td>Garmel 2004, p. 1354</td>
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<td>Mentor driven relationship</td>
<td>Yeung et al. 2010, p. 146; Sambunjak et al. 2009, p. 76</td>
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<td>Conflict of roles/biases</td>
<td>Sambunjak et al. 2009, p. 76; McKimm et al. 2003, p. 14</td>
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<td>Stagnation of mentoring relationship</td>
<td>Oxley et al. 2003, p. 25</td>
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Case Studies

Boeing

Sterling interviewed Rick Stephens, Senior Vice President, Human Resources on Boeing’s mentoring program. Stephens said “...mentoring is a key component in Boeing’s rigorous pursuit to develop current and future leaders.” Stephens also commented that “Part of the ‘leaders teaching leaders’ approach, mentoring gives leaders the opportunity to learn as well as to define and model leadership.” “This program is structured around best practices to make our mentoring world-class and strengthen people in ways other methods cannot” (Sterling 2007, p. 31).

Sterling described how Boeing uses mentoring to build its diverse workforce saying “...mentoring transfers cultural knowledge from the company’s diverse employees to managers who must learn to
lead diverse teams successfully. In the end, that means building the work force so leadership more closely mirrors the demographics of Boeing’s people, communities and customers” (Sterling 2007, p. 32).

**The Royal Australian and New Zealand College of Ophthalmologists**

The Royal Australian and New Zealand College of Ophthalmologists have operated a mentoring program since the 1990s and has offered mentoring to all of its trainees since 2005. The College wrote “Mentoring is no longer seen as a remediation process but rather a better way to support all trainees and to help them build up a supportive network and develop collegiate relationships” (The Royal Australian and New Zealand College of Ophthalmologists 2012, p. 4).

Their formal mentoring program is supported by mentor coordinators appointed for each of their training networks with College staff available for further support. They have published a mentoring handbook to further support their program (The Royal Australian and New Zealand College of Ophthalmologists 2012, p. 4).

**Conclusion**

A typical emergency department’s ultimate purpose is to achieve high quality patient care. In doing so it strives to satisfy many of the same goals as a profit driven corporate model even though the drivers may be different. These goals include optimising the productivity of its workforce and making the best use of its resources.

These broad goals can be further broken down into smaller aims which include effective training of staff, maintaining a cohesive workforce made up of staff who feel valued, having dynamic communication channels and an efficient transfer of knowledge. An effective emergency department would ideally be able to seamlessly integrate IMGs, retain high quality staff and assist them to progress their careers leading to better staff engagement and higher satisfaction. The flow on effect of all of this would be the establishment of a culture of learning which respects diversity and results in a better reputation for the hospital as well as fulfilling its ultimate goal of high quality patient care.

The literature shows that a well designed mentoring program can assist with achieving all these goals with limited investment in time and resources. “The bottom line for mentoring is that it achieves a great deal of change at relatively little cost” (Clutterbuck 2011, *The benefits of mentoring*, p. 4).
References


Royal College of Surgeons 2013, *Mentoring*, Royal College of Surgeons, viewed 4 April 2013, <http://www.rcseng.ac.uk/surgeons/support/professional/mentoring>


