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## Mentoring & Wellbeing

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Sometimes, whatever stage we are at in our careers, and regardless of our experience and our successes, we need to turn to others to seek support. Or bounce thoughts off someone who's "been there" or who provides that safe space to explore what's troubling us. And over the past couple of years that's never been more needed.

We all know this to be true so it's no surprise there's an abundance of evidence that good mentoring support has a beneficial impact on our wellbeing and stress levels and hence beneficial clinical outcomes for our patients. Workplace stress also affects doctors' own health, and as a Certified Lifestyle Medicine Physician, I feel strongly about physician wellbeing.

As far back as 2018, an era before the pandemic, the GMC published a report it had commissioned looking into the factors that affect the mental health and wellbeing of doctors and medical students<sup>1</sup>. The report emphasised that prioritising staff wellbeing and compassionate leadership provide higher quality patient care, higher levels of patient satisfaction and improve staff retention.

The 2018 NHS staff survey showed that over a third of hospital doctors have suffered health problems because of workplace stress. It has long been accepted that fatigue and lack of sleep can increase medical errors, but there is growing evidence that distress also contributes to such increases<sup>2</sup>. Distress includes burnout which is comprised of emotional exhaustion, low sense of personal achievement and depersonalisation, as well as moral distress.<sup>3,4</sup>

The 'Caring for Doctors, Caring for Patients' report<sup>1</sup> identified an ABC of doctors' core needs. These are:

**Autonomy** - including, voice, influence and fairness.

**Belonging** - including culture and leadership, to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported. A sense of belonging is particularly important to ensure wellbeing and motivation.

**Competence** - to experience effectiveness and deliver valued outcomes.

The Caring for Doctors, Caring for Patients' report emphasises the need for compassionate leadership and makes it clear that all doctors have a leadership contribution to make, although many NHS workplace environments do not make the best use of the skills of their doctors. It also addresses the needs of late career development, where fulfilled core needs become even more important to retain experienced doctors.

There are many initiatives to improve the working lives of people

in the NHS. The 2021 NHS Staff Survey<sup>5</sup> aligned its questions to the NHS People Promise<sup>6</sup>, a set of values to make the NHS a better place to work by 2024. There are equivalent initiatives in Northern Ireland<sup>7</sup>, Wales<sup>8</sup> and Scotland<sup>9</sup>. The NHS People Promise is a culture which is compassionate and inclusive, offers reward and recognition, and gives you a voice that counts; it creates a safe and healthy place to work, including having what you need to deliver the best possible care; where you are supported to reach your potential, with equal access to opportunity for people from all backgrounds, and where you are developed and retained. If these resonate, then mentoring can bring about positive change. Mentoring programmes enhance the sense of belonging to an organisation<sup>1</sup> which is key to progression, sense of fulfilment, wellbeing, and motivation.

So, are we powerless? No, we're not, and I encourage you all to find a mentor and to mentor someone else. The GMC ethical guidance for doctors states that 'you should be willing to take part in a mentoring scheme offered by your employer'<sup>10</sup>. This makes mentoring sound somewhat 'remedial', to help deal with issues that have arisen.

The truth is, mentoring is an amazing resource to help every one of us navigate our professional lives, engaging in it as a positive choice, rather than something that someone else tells us to do.

### What is Mentoring?

In its simplest form, mentoring is a reciprocal relationship between an experienced person (mentor) and less experienced person (mentee), which provides the mentee with guidance on personal and professional development<sup>11</sup>.

You have most likely had mentoring conversations and relationships throughout your career, though you may not have arranged them through formal mentoring agreements. The colleague you have as your 'phone-a-friend' to talk through decisions or dilemmas, your conversations with your consultant when you were an HST, fellow or SAS. And some of the most enduring mentoring relationships are those we have with our consultant colleagues. Mentoring relationships are built on trust, a sense of safety, and learning from the experience of a more senior colleague who, even if they have not had the same experiences as you, understand enough to help you work through what is best for you and your own circumstances. Mentors offer guidance, model professionalism and kindness, and understand what motivates their mentees, what their priorities are, and how they define success.

In the hierarchical world that is medicine, particularly hospital medicine and a surgical specialty like ophthalmology, we follow a career trajectory that is almost decided for us due to the training structure, and we may not pause to consider what we really want until very much later in our careers. An article in the NEJM<sup>12</sup> suggests that many trainees are 'essentially high-achieving, highly driven professional students who have been "on a fairly regimented pathway," ... "and they haven't reached a point where there are multiple pathways they could take."

Mentoring is not educational supervision, appraisal or line management, and the mentoring relationship should not be with someone in these roles in relation to the mentee.

**What makes a successful mentoring relationship?**

The qualities and skills of a good mentor include expertise, professional integrity, honesty, accessibility, and approachability. Altruism, or acting in the best interests of the mentee is essential, as is being an active listener. A good mentoring relationship also requires a mentee to take responsibility for driving the mentoring relationship, be open to feedback, and be respectful of the mentor’s input and time.<sup>11</sup>

Mentoring relationships are likely to be less successful if there is poor communication, lack of commitment (from either party), perceived (or real) competition and conflicts of interest. Feedback from mentees suggests that actions of effective mentors include offering guidance for career development, focusing on work-life balance, and helping mentees find their own solutions. Career guidance may include advising, networking, goal setting and helping mentees navigate institutions.

**Benefits for the mentee**

A mentoring relationship can give the mentee an understanding of the culture and structure of the organisation<sup>13</sup>. It improves self-confidence, increases skills and knowledge, and provides a supportive environment in which successes and failures can be evaluated. It has potential for increased visibility and demonstration of career focus, and it provides individual attention from experienced senior colleagues. It can increase the sense of belonging to an organisation.

**Benefits for the mentor**

Mentoring should not be thought of as a one-way benefit to the person being mentored. There is evidence that the mentor also gains from the relationship in terms of satisfaction from contributing to the mentee’s development, enhanced self-esteem, revitalised interest in work through an opportunity to examine one’s own achievements and skills and improved ability to share experiences and knowledge.

**Benefits to the organisation, NHS, and patient care**

Successful mentoring partnerships aid the development of doctors at all stages of their career, improve retention rates, work performance, working relationships and encourage equality of opportunity and reduce discrimination.

Mentoring in academic medicine has been researched more than in clinical medicine. There is opportunity for more career and professional development of academic clinicians with longer term consistent mentoring relationships, than for those in clinical roles that change on an annual basis. Mid and late career clinicians also benefit from mentoring. There is burnout, lack of progression and thoughts of leaving the profession as late career doctors find there are challenges in taking up other roles, especially if these require reducing patient facing sessions<sup>1</sup>.

So, now that you want to become a mentor, a good place to start is with the e-learning for Health Medical Mentoring course<sup>14</sup>. Your RCOphth Regional Education Team Lead for Mentoring and Buddying would be a good first port of call to discover local resources.

The Regional Lead for Mentoring and Buddying will also be able to guide you if you are looking to find yourself a mentor. Your Trust may also have a mentoring network.

This year, let’s throw energy behind mentoring and realise the benefits available; the pay-off will be massive - it’s positive for you and your organisation, your sense of fulfilment at work, and grows nurturing and supportive relationships with your colleagues.

**ABC of The Core Needs of Doctors<sup>1</sup>**

**Autonomy**

- Voice
- Influence
- Fairness

**Belonging**

- Culture and leadership
- To be connected to, cared for, and caring of others around us in the workplace
- To feel valued, respected and supported

**Competence**

- To experience effectiveness
- To deliver valued outcomes.

**Benefits of Mentoring**

**For the mentee**

- An understanding of the culture and structure of the organisation
- Improves self-confidence
- Increases skills and knowledge
- A supportive environment in which successes and failures can be evaluated
- Increase the sense of belonging to an organisation

**For the mentor**

- Satisfaction from contributing to the mentee’s development
- Enhanced self-esteem
- Opportunity to examine one’s own achievements and skills
- Improved ability to share experiences and knowledge

**For patient care and the organisation**

- Development of doctors at all stages of their career
- Improve work performance
- Improve working relationships
- Increased equality of opportunity
- Reduce discrimination
- Improve retention rates

**Andrew Tatham**  
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