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The future role of healthcare mentors and coaches in navigating workplace culture

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Abstract

A core value of the Australian and New Zealand Association for Health Professional Educators (ANZAHPE) is to be a nurturing organisation. As part of being a nurturing organisation, ANZAHPE enshrines the value of mentorship. In this paper, we explore the roles of mentors and coaches. We look at how these roles might adapt over the next 50 years to assist novices to understand their workplace culture in order to enable them to function, survive and thrive within this context. We further propose that the respective roles of mentors and coaches will become increasingly distinct from each other to optimise the support that is available for new health professionals, educators and researchers as they enter the workforce and prepare for lifelong learning and scholarship.

Keywords: mentor; coach; culture; healthcare

Introduction

Culture is often unseen by those immersed in it, yet we have come to understand that it deeply impacts on learning, wellbeing and performance (Sheehan & Wilkinson, 2022). It has been said that context is everything (Gouldner, 1955). We propose that culture and context are everything. Understanding the domains of culture provides a guide for navigating the healthcare workplace context and for facilitating workplace learning. We propose that the future roles of mentors and coaches will be to guide their mentees and coachees to recognise the diversity in clinical environments, to help make the culture and values more explicit and, thereby, to highlight the challenges and strengths each workplace offers.

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In 2021, Bearman et al. (2021) invited medical educators to reflect on and engage with culture in healthcare workplaces. They reported that medical educators frequently comment on culture, however these discussions tend to centre around the negative impacts of healthcare workplace culture on individuals. The authors of the study propose that this is a missed opportunity and that there is a "notable absence around conceptualisations of culture that allow educators, students and administrators agency" (p. 903). Given the significant influence of our social contexts and practices on workplace culture, and the complexity of both these factors, utilising frameworks may aid in understanding and responding to the culture of healthcare workplaces. One such framework, proposed by Watling et al. (2020), considers culture as having three perspectives: organisational, identity and practice.

> The ***organisational perspective*** highlights the shared assumptions and values that bind individuals within an organisation.
>
> The ***identity perspective*** considers the power of communal narratives to shape how individuals see themselves.
>
> The ***practice perspective*** reflects activity and human–material networks or arrangements.

It is here that we see the crucial role of mentors and coaches—to guide the navigation amongst the wider organisation in which health professionals, educators and researchers are situated through the understanding of workplace culture.

Mentors and coaches

Developing knowledge, skills and attributes through the support of more experienced individuals in the field is a vital part of lifelong learning for health professionals, educators and researchers alike. Debate regarding best practice frameworks and philosophies for mentorship, supervision and coaching can be traced back to Ancient Greek myths of 3,000 years ago (Colley, 2001), which highlighted the absence of a static solution that is fit for purpose across all contexts and times. We propose that distinguishing between a mentor and a coach, and encouraging novice healthcare professionals to engage with both, will optimise the ability of the novice to respond to and engage with the culture of their workplace over the coming decades of the 21st century.

Traditionally, a mentor is someone who shares their knowledge, skills and experiences across a longitudinal relationship to help another to develop and grow (Marcdante & Simpson, 2018). The mentor is likely to be slightly distant from day-to-day clinical practice—in the "back office", offsite or working for another organisation—and can often be accessed remotely (Seldon et al., 2021). Mentoring is traditionally mentee driven, in response to the needs of the individual as they arise (Watling & La Donna, 2019). This necessitates that the mentee is cognisant of their own development needs and raises them with their mentor.

Mentoring can include coaching (Marcdante & Simpson, 2018), however the roles are distinct. Comparatively, a coach is right there at the coalface (Watling & La Donna, 2019). A coach focuses on directing immediate and observed actions as they provide more immediate feedback and monitor progress, whereas discussions with a mentor may be separated by both time and physical distance from the mentee's performance. Coaching requires a closer relationship with direct guidance as a cornerstone (Noble & Billett, 2017; Watling & La Donna, 2019). Participants in a 2017 study exploring coaching and mentorship emphasised how coaching created a safe space for the coachee to develop, whereas mentorship was perceived as an advisory role (Stewart-Lord et al., 2017). Separate from a supervisor, advisor or tutor, the role of a coach has been described as not only directing and guiding but also motivating and inspiring (Watling & La Donna, 2019). The role of supervisors has traditionally been to oversee the performance of an individual, focusing on thresholds for safe independent practice (Mellon & Murdoch-Eaton, 2015). Furthermore, the positioning of both a coach and mentor allows for a unique relationship of trust (Parsons et al., 2021), as the language shifts from "you are working on this" to "*we* are working on this" (Watling & La Donna, 2019).

Coaching is becoming increasingly popular across multiple healthcare professions (Manzi et al., 2017; Watling & La Donna, 2019; Wolever et al., 2016). Potential contributing factors to the increased popularity of coaching may include chronic staff shortages preventing protected resources for structured mentorship and supervision (Manzi et al., 2017) or the increased workforce turnover amongst healthcare staff (Poon et al., 2022) that demands the continual upskilling of professionals new to healthcare settings. One hypothesis supporting a shift towards coaching is the broadening of who might be able to play a valuable role in supporting healthcare workers, as all colleagues can potentially be coaches. For example, coaching can be undertaken by a peer who holds unique knowledge, skills or attributes, for example, an experienced pharmacist as a coach to junior doctors in prescribing (Sheehan et al., 2021). Ultimately, the role of coaches in healthcare is distinct from the traditional role in a sporting context (Watling & La Donna, 2019). Coaches in healthcare are coaching whilst participating in the game themselves, coaching from the role of a teammate within the team.

The unique position of the coach enables them to work within the same culture as the coachee and to, therefore, potentially address cultural impacts on learning and practice. Whilst coaches may not initially see the culture they are in because they too are immersed in it (Sheehan & Wilkinson, 2022), with intentional reflection, the culture of their workplace can become explicit. Coaches are then ideally positioned to explore the impacts of the culture on their work. For example, consider the culture of a hospital ward that values patient recovery compared to a hospital ward that values patient throughput. A coach working in this environment may be ideally positioned to advocate for the culture of the ward to evolve from valuing patient throughput to valuing patient recovery by behaviour modelling and through articulating and communicating the organisational, identity and practice elements of the culture of the ward to their colleagues. Equally,

coaches, being at the coalface, have the potential to influence culture by setting standards, modelling behaviour and guiding the cultural narrative. As communications professor George Gerbner (1919–2005) explains, "[He] who tells the stories of a culture really governs human behaviour" (Oliver, 2005). The coaches of today's healthcare system are ideally positioned to frame how that story is told.

Emerging skills required of mentors and coaches to navigate culture

When the roles of mentors and coaches are made more explicit, the various ways in which they can identify and influence culture for the benefit of novice practitioners, educators and researchers who are navigating current and future healthcare landscapes is more apparent. The culture of healthcare workplaces impacts the experiences of learners as well as those offering support, mentorship and coaching—the people who are critical in assisting new practitioners to adapt and innovate in their specific culture. If, as we suggest, there is a requirement for a distinction between mentoring and coaching and for the provision of both, then the skills required of mentors and coaches to navigate culture must first be identified.

In acknowledgement of 50 years of the Australian & New Zealand Association for Health Professional Educators, we have reflected on the emerging skills required of healthcare professional mentors and coaches within the culture framework proposed by Watling et al. (2020).

The organisational perspective of culture

The organisational perspective of culture in healthcare workplaces highlights the shared assumptions and values that bind individuals within an organisation (Watling et al., 2020). Helping a novice professional to recognise and respond to the shared assumptions and values of their workplaces is a vital skill for mentors and coaches to impart. Navigating the culture of healthcare workplaces may involve fostering an understanding of what is valued and prioritised with consideration for the needs of the stakeholders (Watling et al., 2020). However, it is important to navigate the inherent ethical and reputational risk of mentoring and coaching others in the healthcare space. An example of this risk may occur when a coach or mentor provides recommendations to an individual despite the recommendations being counter to the goals, strategic direction or resourcing available to the organisation. This risk is especially prevalent where the healthcare workplace or its individuals are known to the mentor or coach.

The overlapping culture of healthcare workplaces and universities must also be acknowledged as a significant contextual influence on mentorship and coaching. This assertion is relevant to mentorship and coaching across all contexts, including clinical practice, health professional education, research and management. For example, research-active healthcare professionals have the potential to improve patient care and service delivery, and in reaping these benefits, healthcare professionals' roles and identities are

diversifying (Mickan et al., 2017). Subsequently, different mentors and coaches will be called upon to support healthcare professionals' diverse and emergent learning needs across different settings (Mickan et al., 2017). Overlapping cultures add an interesting complexity. Mentors and coaches must consider not only the novices' capability but also their opportunities and motivations for engaging in research (Wenke et al., 2020) and the subcultures of clinical practice, research, quality and patient safety and management in the workplace they are engaging with. Similarly, clinicians who transition to health professional education may have expert knowledge of culture in clinical practice and novice knowledge of culture in university teaching and learning. The role of coaching is emphasised in this example, whereby local coaches may provide support to traverse the cultural expectations of the setting.

The identity perspective of culture

The identity perspective of culture in healthcare workplaces considers the power of communal narratives to shape how individuals see themselves and their mentoring and coaching needs and roles within their workplaces (Watling et al., 2020). One aspect of supporting novices to engage with the identity perspective of culture involves consultation regarding career directions. Mentees may view mentors as an external "set of eyes" outside of the communal narrative of the healthcare workplace in which they are embedded. As such, the novice may value this external mentorship as a compass to guide their personal sense of identity within the communal narrative that surrounds them. Conversely, coaches can provide an "insider" perspective of the culture of the workplace, which can be equally useful to guide learners' decisions about their identity in the workplace context. Supporting novices to intentionally engage with the communal narrative of their healthcare workplace is of particular importance given the contemporary challenges of managing competing demands and workloads (Portoghese et al., 2014).

There are challenges for mentors and coaches associated with the changing culture and communal narrative amongst incoming cohorts of healthcare professions. Coaches are encouraged to consolidate their role in leading by example and advocating for ongoing cultural shift, whilst mentors are encouraged to assist mentees to advocate for themselves. For example, over the last 50 years, within medicine, the culture of healthcare has moved from an emphasis on the skills of the generalist to sub-specialisation, with very little reported evidence of improved outcomes for the patient or communities served (Pereira Gray et al., 2018; Starfield et al., 2005). It is, therefore, little wonder that medical students are preferring to not specialise in general practice. In Australia, there has been a drop in preference to the career of general practice from about 50% in the 1980s to approximately 14% currently (Medical Deans Australia & New Zealand, 2021). Therefore, a focus of future coaching and mentoring roles of medical educators may be to shift the communal narrative at the identity level, towards primary care and away from secondary healthcare, as students choose their future medical careers. Through promoting the choice of a

mentor outside of a novice's workplace as a valuable option, an alternative view not previously considered by the novice may be provided, for example, alternative career options. Of equal benefit, a coach will hold knowledge regarding the direct culture of the workplace the novice is immersed in and can provide specific and nuanced feedback regarding local career options or the career progression of previous novices.

The practice perspective of culture

The practice perspective of culture in healthcare workplaces reflects the activity and human–material networks or arrangements of the workplace (Watling et al., 2020) and is relevant in the consideration of mentoring and coaching. One useful framework for exploring the practice perspective of culture is the actor–network theory, which rejects theoretical notions of culture and what *should* be done and instead focuses on what *is* done (Tummons et al., 2015). For example, actor–network theory applied to mentoring and coaching encourages active reflection on the layout of the rooms that are used for feedback and the impact that this may have on the approach to feedback in the workplace (Watling et al., 2020), thus seeking an opportunity to positively alter the culture associated with feedback.

One aspect of the practice perspective of culture that is becoming increasing prevalent amongst mentors and coaches is supporting novices to advocate for positive cultural change through intentional adjustments to processes and procedures. This championing of positive cultural change within the actor–network theory may include advocating for workflow adjustments for efficiency or interprofessional communication strategies for workload prioritisation. Pragmatically, coaches and mentors must be cognisant of the balance between ensuring that the novice can continue to function effectively within the current culture of their workplace whilst simultaneously encouraging them to advocate for positive cultural change.

The environment created in coaching programs and the ongoing embedding of observation, feedback and enquiry as part of professional practice and clinical education sustains and supports a strong learning culture and builds learning environments. Understanding the practice perspective of culture assists in understanding and engaging with how mentors and coaches develop from novices to being the individuals providing support. Maximising the satisfaction and productivity of coaching and mentoring relationships entails self-awareness, focus, mutual respect and explicit communication about the relationship (Henry-Noel et al., 2019). In striving to enhance the quality and safety of healthcare or health professional education, all stakeholders must be open to creating environments where improvement-focused discussion can occur.

Conclusion

We propose that mentors and coaches of novice practitioners, educators and researchers need to be highly skilled in recognising the significance of the context and culture the

health professional is embedded within. Health professional formation is shaped not only by what we intend novice professionals to learn, the skills and roles they seek to develop and how we mentor and coach them; it is also significantly impacted by the interactions and behaviours of other healthcare professionals and the systems in place to guide care. The mentorship and coaching that the novice generations receive currently can then be certain to have a cyclical impact on the mentorship and coaching behaviour of those individuals in the decades to come. The authors encourage the mentors and coaches of today to consider the impact of workplace culture on the support they provide and to consider the strengths of the distinct roles of mentors and coaches. Now and into the future, we must offer others support through both mentorship and coaching so that novice practitioners, educators and researchers can navigate and thrive in their places of work. In return, this has the potential to support, grow and develop the culture of the workplace itself and lead to improvements in patient care as well as support change management and health system change.

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