

# Supporting the Supporters: The Role of Mentoring and Supervision in Healthcare

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## Abstract

Marked by both profound rewards and significant challenges, health professions occupy a unique position in society. These careers offer a deep sense of empowerment and fulfillment, but also involve considerable stress, frustration, and personal sacrifice. Healthcare professionals – such as doctors, nurses, paramedics, and physical therapists – often work at the very limits of their mental and physical capacities, as they deal with the most difficult aspects of human life.

The recent SARS-CoV-2 pandemic has placed additional strain on healthcare systems worldwide, exacerbating existing pressures. Alarming global statistics show an increase in suicide attempts and completed suicides among doctors (Harvey et al., 2021). Consequently, it is essential that all professionals involved in patient care and related support services possess a solid foundation of competencies, alongside access to a readily available support system. Equally critical is the promotion of self-care and attention to the psycho-physical well-being of healthcare workers.

This article explores two underutilized forms of support available to healthcare professionals: mentoring and supervision.

**Keywords:** professional burnout in the health professions, mentoring in the health professions, supervision, Balint groups, mental health care in the health professions

## Introduction

Health professions represent a unique, complex group of careers facing both immense rewards and formidable challenges. These roles offer a powerful sense of empowerment and satisfaction, yet they also entail considerable frustrations and numerous sacrifices. Professionals in these fields, including doctors, nurses, paramedics, and physiotherapists, operate at the very limits of their mental and physical capacities. Their daily work involves engaging with some of the most difficult aspects of human existence – suffering, pain, death, and fear – while dealing with individuals who are entirely dependent on their expertise and actions. They regularly confront the most intimate aspects of patients' lives and bodies.

To practice in these professions, individuals must undergo long and rigorous training, commit to extensive working hours, and accept the demands of night shifts. These professionals are frequently overwhelmed by their responsibilities and duties (Givens & Tjia, 2002; West et al., 2011; Kinowska, 2023). Concurrently, they must cope with their own feelings of frustration, helplessness, powerlessness, exhaustion, anxiety, demotivation, and anger. Despite having a strong sense of professional identity and belonging to a community, they function within an exceptionally demanding and competitive environment (Gerada, 2022).

This combination of factors contributes to higher levels of stress and burnout among health professionals compared to many other occupations. Recent years have been particularly taxing on healthcare systems globally due to the SARS-CoV-19 pandemic. Alarming statistics show an increase in suicide attempts and completed suicides among physicians worldwide (Harvey et al., 2021).

However, there has been a positive shift toward addressing the well-being of healthcare professionals. Increasing attention is being paid to systemic measures aimed at improving working conditions and protecting mental health. The success of these initiatives will depend on effectively raising awareness within the medical community that maintaining one's own psycho-physical well-being is as crucial as patient care, and that seeking professional support is a vital aspect of professional responsibility and work ethic, rather than a sign of weakness or incompetence.

This article examines two forms of support that are commonly available but not always fully utilized by healthcare professionals: mentoring and supervision.

## **Mentoring: A Pathway for Professional Support and Development in Medicine**

Current studies indicate that over 50% of medical professionals experience burnout (Batanda, 2024). Epidemiological data reveal a sharp increase in burnout among physicians in recent years, with a pronounced rise since the COVID-19 pandemic. The prevalence and severity of psychological strain in the medical profession point to the need for effective support mechanisms for healthcare professionals. Occupational Burnout Syndrome frequently affects those who work closely with others, struggling with excessive workloads and constantly operating at the limits of their capacities (Patel et al., 2018). Professional burnout syndrome is defined as “a state of physical, emotional, and mental exhaustion caused by prolonged involvement in emotionally taxing situations” (Antczewska & Roszczyńska, 2004; Henzel-Korzeniowska, 2004; Sęk, 2006).

In medical education, students are comprehensively trained in knowledge, competencies, and professional skills. Increasing emphasis is placed on developing their soft skills and professionalizing their interactions with patients. As a result, students become aware of the importance of mental health care and burnout prevention from the earliest stages of their training. Traditionally, the master–student relationship has played a pivotal role in medical education, aiding in the practical development of occupational skills and the modeling of professional attitudes. Today, mentoring remains an indispensable element in training young medical professionals, nurturing professional expertise, and providing a space for personal growth in self-awareness, reflectiveness, mental resilience, values, and psycho-physical well-being.

As a field of professional interaction, mentoring involves not only sharing practical knowhow but also employing tools and principles grounded in research from psychology, organizational studies, andragogy, and ethics. Modern mentors can receive specialized training to enhance their effectiveness in this role. Mentoring is a multifaceted and complex relationship between senior and junior professionals. When successful, it hones and expands the abilities and competencies of the junior professional, forming an integral part of their professional development (Barondess, 1997). This relationship enables them to learn about the environment they are entering, understand the nature of their duties – including priorities, habits, and crucial aspects of professional identity formation – and develop the personality and attitude necessary for a profession of public trust, such as medicine. Additionally, it plays a major role in shaping and implementing career paths.

Mentoring encompasses the entirety of interactions between the mentor and their mentee. Clutterbuck notes that mentoring aids individuals in guiding their own learning to achieve their full potential, enhance their skills, improve their performance, and reach their personal goals. He describes mentoring as a supportive relationship that facilitates learning and experimentation, with success being evaluated based on the competencies

acquired rather than the amount of material covered (Clutterbuck, 2014). Barczykowska and Dzierżyńska also suggest that “almost from its inception, mentoring has been part of a trend of preventive and corrective interventions” (Barczykowska & Dzierżyńska, 2012). Mentoring is not necessarily defined by an age difference between the mentor, who is typically older, and the mentee, who is younger. Instead, it is defined by the mentor’s experience in a specific area. The essence of mentoring lies in partnership, offering mentees support from an experienced individual in a field that the mentee is currently exploring. This relationship is geared toward discovering and developing the mentee’s potential, providing guidance to stimulate and accelerate their growth, and enhancing their knowledge and skills.

In this context, mentoring serves a preventive and protective function, as it addresses the professional challenges faced by junior employees. It can be both competency-based, where knowledge and specific skills decide about its strength, and developmental, where the mentor acts as a career guide. For the mentee, mentoring offers opportunities to avoid mistakes, gain new perspectives, and acquire industry-specific expertise. Analyzing the scope of mentoring work, we can distinguish between areas related strictly to professional competence and those concerning soft skills related to the mentee’s personal effectiveness. The development of resilience (Dencla, 2020), a sense of self-efficacy, and awareness of available resources are key elements in preventing general psychological distress and counteracting professional burnout.

The effectiveness of the mentoring process depends on the willingness of both parties to engage in this developmental path and, perhaps most importantly, on the characteristics of the mentor. A good mentor should possess skills and qualities that successfully support the mentee, including:

- empathy – to understand the mentee’s perspective and tailoring their support to meet those needs
- patience – mentoring is a lengthy process that requires time and persistence
- listening skills – to better understand the needs of the mentee
- openness to change and flexibility – to stay current with the latest trends in the field and to embrace diverse viewpoints
- motivational skills – to inspire and encourage the mentee to grow and maintain a positive outlook
- good manners and professional ethics – to model desirable attitudes and behavior.

This description of the mentor’s characteristics and responsibilities emphasizes the multifaceted and potentially significant influence inherent in the mentoring relationship. It underscores the mentor’s professional obligation to instill attitudes and behaviors in their mentee that encourage a habit of personal development and mental healthcare. Assuming the role of a mentor offers numerous benefits, such as enriching professional growth and safeguarding the mentor against burnout. The following scientific perspective delves into selected forms of mentoring and examines their application in the cascading

process of training medical professionals, training academic staff, and exploring their interrelationships.

### **Group Mentoring: A Model of Community Practice in Healthcare**

Focusing on the contextual-developmental perspective of the mentoring process, we must stress the reciprocity between mentor and mentee, as well as the transformation of identity experienced by both parties. Research on the primary benefits for the mentor reveals three main categories: generativity, personal growth and reflection, and increased action due to enhanced self-efficacy (Kline, et al., 2022). Sharing personal experiences reinforces the mentor's sense of contributing to others and making a meaningful impact. It stimulates the need to create conditions for growth, share role models, and experience the fresh energy of mentees. In the literature, these values are linked to Erikson's (1958, 1998) construct of generativity, which involves a commitment to future care, to others, and to oneself – a concept filled with creativity, care, and kindness (Jankowska, 2017). Personal transformation, or growth, includes building greater self-confidence, accepting limitations, and developing a positive self-attitude. Additionally, mentors experience a heightened sense of agency: the belief in one's ability to control reality and achieve one's goals through personal effort.

When examining mentoring in terms of participant numbers, we can distinguish group mentoring, multiple mentoring, and hub mentoring. In group mentoring, mentors simultaneously advise and support a group of mentees. Each mentor may interact with multiple students in both collective and individual formats. Reciprocity is key, as mentees can engage with different mentors based on their needs and situations. In contrast, the multiple mentoring model involves a group of mentors with diverse experiences and competencies rotating to provide support to a single mentee. Through this dynamic process, mentees benefit from a variety of perspectives and skills depending on the circumstances and their current needs for growth. In hub mentoring, a single mentor plays a central role, by guiding group discussions and forming developmental pairs. This mentor not only provides individual support, but also coordinates group interactions to ensure their effectiveness and efficiency. The mentor's role includes building strong group bonds and facilitating the exchange of knowledge and experience among participants (Khatchikian, et al., 2021).

In summary, group mentoring forms are characterized by the practice of support and development through access to diverse viewpoints and knowledge resources. They enhance interpersonal skills through group interaction, supporting problem-solving and the achievement of developmental goals. Participants benefit from the motivation and emotional support of the community, which creates an atmosphere of mutual trust and acceptance. Group mentoring also provides a space for interdisciplinary peer mentoring

programs and fosters individual development and the exchange of experiences between experts in different professional fields.

As a final conclusion on mentoring, it is important to highlight a best practice recommendation that underscores the value of a holistic and cascading approach to implementing mentoring programs. This practice involves supplementing traditional mentoring with electronic mentoring (e-mentoring), peer mentoring, and group mentoring. Such an approach reinforces personalized, relevant, timely, and longitudinal support (Ong, et al., 2022). Mentoring plays a significant role in professional identity formation (PIF), shaping how individuals perceive, feel, and behave as professionals (Kim et al., 2023). According to the literature, mentoring supports professional identity formation through a structured approach as a community of practice (CoP) (Krishna, et al., 2023).

The concepts of communities of practice and situated learning, formulated by Lave and Wenger, offer substantial practical value. According to their approach, social interactions among individuals promote learning and a community of practice forms when individuals willing to share a common body of knowledge engage in activities aimed at acquiring knowledge and skills in a specific domain. Learning becomes situated when it occurs within a defined domain and follows a staged process. This process begins with observation, progresses through imitation and the performance of simple tasks, and culminates in the execution of more complex activities. It is a trajectory from peripheral participation to full participation in the community, where it is essential for individuals to acquire an identity associated with the community (Cruess, et al., 2015).

Members of a community of practice come together due to shared interests, professional goals, or passions, which provides a foundation for collaboration and knowledge exchange. They are engaged in a specific area of practice or professional activity and regularly utilize similar methods, techniques, and approaches. Communities of practice serve as forums for sharing experiences, knowledge, and skills, and for supporting each other in problem-solving and professional growth. They also create an environment where members can continually learn from one another, experiment with new ideas, and boost their skills. Experts in medical education strongly emphasize the importance of understanding professionalism, which is continually being developed through research and literature on identity formation. An inspiring and often cited example is the United States Army's use of the Kegan framework as a theoretical construct to monitor the professional identity development of its officer corps (Cruess et al., 2014).

Further important findings underscore the concept of "medicine as a community of practice," which stresses the need for a theoretical framework for the foundations of medical education. Under this approach, communities of practice are recommended as foundational for medical education. Recognizing the potential of these communities is the first step, with subsequent steps including active inclusion, building a welcoming environment, role modeling, mentoring, experiential learning, and reflection (Cruess et al., 2018).

## **Supervision: Enhancing Professional Skills and Personal Growth for Medical Professionals**

Wenger's concept of communities of practice is inextricably linked to development and education as a transformative process for the individuals involved. The main components of this process include learning through experience, action, belonging, and becoming; in other words, making meaning, being active in action, being part of a community, and forming an identity (Hughes et al., 2024). This approach emphasizes ways to support and enhance medical professionals, one of which is mentoring, along with metamentoring, where mentors' reflection on their mentoring practices plays a major role. In addition to mentoring, another valuable source of support and professional development for medical professionals is supervision. While it is a fundamental aspect of the work and development of psychotherapists and other mental health professionals (Gilbert & Evans, 2004), supervision also offers considerable potential for any professional whose efficacy largely depends on the quality of their interactions with care recipients.

While mentoring typically involves professionals from the same field, supervision is a consultative process where the supervisor is a certified expert in psychotherapy, psychological support, or related areas such as organization or education. Importantly, the supervisor may belong to a different profession. The goal of supervision is to offer comprehensive support to professionals in health and assistance fields. Through a specific agreement, the supervisee can enhance soft and diagnostic skills related to mental health, critically examine their work with patients, particularly addressing challenges and obstacles, and process difficult emotions arising from the demanding nature of their work. This process helps maintain mental well-being.

Medical professionals often learn to compartmentalize their emotions to preserve rational thinking. Supervision, however, teaches them to reintegrate emotions and manage their emotional states effectively, while ensuring that work-related stress does not adversely impact their personal and relational lives. Originating in the 1950s in Great Britain, Balint groups, a notable example of support for medical professionals, have since gained traction globally within medical communities. These groups involve regular meetings with both educational and supervisory components (Adams, 2006). By cultivating emotional communication and providing a supportive environment in which to share experiences, Balint groups help physicians develop personal competencies, improve their sense of security, and regain or strengthen their satisfaction with their profession (Benson & Magraith, 2005; Popa-Velea et al., 2019; Kjeldmand & Holmström, 2008).

## Conclusion

Presenting mentoring and supervision as accessible and potentially burnout-preventive activities for healthcare professionals may address the increasing need to enhance comfort and support mental health within the medical field.

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