



Reflection / Opinion / Insight

Psychologist and executive coach, Sharee Johnson tells us how her professional and personal experiences within the health system led her to coaching doctors.

Coaching doctors: better people skills and less burnout

In January 2008 my husband, Tim was diagnosed with cancer. He was just 37 years old. We were raising three small children together. It was a devastating blow that I cannot really describe in words.

Tim lived with cancer for four years and sadly, died in 2011. During those four years, we learnt a great deal about the Victorian health system as we traversed terrain that included six major hospitals, private and public. There were also many private providers and quite a few complimentary health carers too. Even though I worked as a psychologist counselling people, referred to me by doctors, this was unknown territory for us both.

Many of the health care providers we met were magnificent technically and some were also excellent caregivers. Many were obviously under pressure, stressed and with limited time. Or was it just limited interest in our particular concerns?

We worked hard to build relationships that allowed us to participate in Tim's care, with shared decision making the best option from our perspective. Sometimes it really felt like an effective team, psychologically safe and collaborative. All of the players were working toward shared goals, openly communicating and seeking to understand each other. In these moments we felt buoyed, hopeful and encouraged. While the conversations were sometimes painful, or even confusing, we felt supported and engaged.

Although I didn't know it then, there is evidence that when the patient *perceives* the doctor is empathic the patient has better health outcomes, they get better quicker (Haslam, 2007 and Hojat et. al., 2011). When the team was working well, when we felt that the healthcare providers were listening to us and cared about our values, we could focus on healing and our family's wellbeing. When we felt dismissed, ignored or judged by the health carers we spent a good deal of emotional energy on frustration, feeling disillusioned about why the protocol seemed more important than our particular concerns, seeking second opinions and feeling angry or confused about our situation.

Patients and their families are not always trying to get better, often they understand that this is not the likely outcome with cancer. Often it is about quality time together with loved ones. Time, space and gratitude can lead to a peaceful death. More active medical treatment and staying alive, is not always the desired outcome. Health care providers need to listen carefully to discern where a person is on this continuum, between being well and dying.



While I believe that most doctors aim to be empathic and compassionate, the reality is sometimes otherwise. Being in a hurry, time poor, stressed, under pressure, tired, hungry, angry or burnt out can erode even the best of intention. Pressure, stress, and burnout undermine empathy and limit our capacity for discernment, attunement and effective listening. Self awareness, mindfulness and emotional intelligence allow us to notice when we are losing touch with our values and intentions and to realise when empathy is waning. The tools of self awareness and emotional intelligence are significant in avoiding burnout and optimising patient centred care.

Truly effective care giving requires both an understanding of the scientific evidence *and* a compassionate intention to understand the needs of *each* person. Head, heart and gut play a role in human connection.

In the years since Tim's illness, I have learnt that Australia's medical schools do an excellent job, for the most part, at teaching to student's left brains, encouraging cognitive skills of memory and problem solving, fixing problems as if they are puzzles or maths. Patients are more complex than puzzles and maths problems of course. More like sunsets, one day all storm clouds, blue and black, the next day stunning pinks and oranges. Patients are unpredictable, frightened, joyous, mute, vulnerable or full of bravado. A doctor or a nurse who is emotionally intelligent can respond so much more effectively than the scientist who has a routine, or reactive strategy to this changing landscape.

Medical school does not allow much time to teach empathy, compassion, emotional intelligence, unconscious bias or listening to the narrative. It teaches anatomy, pharmacology, differential diagnosis and risk assessment. Those other 'soft skills' need to be learnt incidentally if they are even named at all. In my limited experience it is a totally random event if a doctor has learnt these skills at medical school or in the early years of their career. It certainly has not actively been given a priority and embedded into the curriculum. *(There has been some significant work to teach mindfulness skills to medical students, most notably led by A/Prof. Craig Hassed at Monash University.)

Over the last 100 years or so, medical training in Australia and around the world, has focused more and more on evidence based science and we have seen radical improvements in health across the board as a result. In large part this scientific progress contained Tim's cancer and kept him alive. However, there is potential to subsequently dismiss the healing value of empathy and compassion, which play their own role in people getting better. There is significant research now being undertaken around the world to understand more about the roles of empathy, compassion, mindfulness and human connection in healing. Feeling heard and laughing or talking about our life other than cancer with the doctors and nurses, sustained us through many dark moments on our cancer journey.

How did Tim's cancer bring me to be Coaching doctors?

As a psychologist and coach of doctors (and health executives) I am occasionally distressed for the doctors I meet as my clients. They are incredibly resilient people, working in intense environments, with very complicated subject matter, within a complex system that often does not promote the best care. In addition, the environment between doctors is competitive and the culture is hierarchical. Both can be damaging for individual doctors.



Since 2014 I have been working one-on-one with doctors coaching them to develop their skills in self-awareness, mindfulness, recognising unconscious bias, emotional intelligence, empathy and compassion. These are all skills that can be learnt. While short training sessions might raise a person's awareness, they do little to change habits in the medium to longer term. In my experience, a person who works with a coach over a period of time is more likely to embed their insights. In other words, change their behaviour. Coaching over a period of time provides a psychologically safe forum to be accountable to one's self. The relationship is built on trust, allowing the doctor to be vulnerable, own their intentions and shortcomings, be creative in their thinking and change.

Attending a short lived training session will probably not have an impact for long, in changing habits, especially if the environment remains the same. Coaching has also included working on goals like achieving the next career milestone, conflict management, developing leadership skills, managing stress while making complex decisions, communicating more effectively even when there is a lot of pressure and anything else that is causing internal conflict or confusion for the doctor. The coaching has helped expose people to their own biases and unconscious incompetency's, their own self-limiting behaviours and beliefs.

My experience as a psychologist, coach and personally has convinced me that until there is a radical overhaul of the health system culture, structure and system, doctors need people like me to help them take care of others and especially to take care of themselves.

Who coaches doctors?

Traditionally the mentors and supervisors of doctors are doctors. For technical skills this is as it should be, however where the teaching doctor is also burnt out or lacking in human relationship and communication skills this means medicine is self-limiting. Why does medicine value teaching from other doctors to the exclusion of other professions? I would not try to teach a surgeon how to use a scalpel in my wildest dreams. Why then does medicine expect a surgeon to teach other surgeons people skills or understanding of behaviour? As a psychologist this is my skill set. I have spent many years learning how to assess and teach these skills. It is my daily bread and butter job to observe patterns and discern how to help the person alter them, to identify and overcome their biases, to unearth and name their perspective so as to reflect on it and decide if it is serving a useful and effective purpose, or limiting their development in some way.

Coaching is a process of push and pull where the coach has the coachee's permission to hold them accountable. The coachee strives for their version of success, reaching for named and emergent goals and learning about the psychological aspects of their perception and their career. It has been such a privilege for me to bring my skills to meet this need, to walk beside doctors who are invested in their own development and wellbeing, in the interests of serving others as well as they can. The doctors and their patients all benefit.

Coaching has been honed for 30 years in the corporate world as a useful strategy of support and skill development. Coaching is an unregulated industry globally. This will likely change in the coming years. If you are looking for a coach ask them what industry they specialise in, how they came to work in this space, what training they have in coaching and how they will measure their work with you.



Also ask them what they expect of you in the coaching relationship. Coaching is goal driven, future focused work. It is more than a friendly debrief or chat and it is not counselling, though it can be therapeutic in its outcome. Coaching is seeking to change your thinking, to tap new insight and to stretch your capability. Then it seeks to help you take action on this new thinking, to help you deliver on your insights. To this end it is best delivered as a process over time, a sacred trusted space in which to build skill and clarity.

One of my doctor clients described coaching like this:

Coaching is hard. It is raw and it requires the courage of vulnerability. I cried a lot. For me it was about 'fessing up' to all of the things I thought I valued but wasn't actually doing. In a coaching session, I felt really exposed but this gave way quickly to a strong desire to start 'getting real' in my life and stop waiting for things to right themselves. It's been liberating - I'm not an innocent bystander in my life anymore and have been able to tap into courage much more readily.

It's a heady and powerful thing to feel your capacity and self-awareness grow in ways you'd never anticipated. To have someone like Sharee who is curious about your motivations and willing to keep you accountable to yourself for your actions is a gift. I only wish I hadn't waited until I did to seek the opportunity for coaching – I hope that in years to come it is just the 'done thing' for all medical students and doctors. I look back 12 months and can't believe how much my life has changed. While I still feel troubled philosophically by a medical system that often doesn't seem to value kindness or healing, I don't feel so adrift from myself, from the other parts of life that make me worthy and fulfilled.

Doctor client from 2018

There are some excellent doctor coaches working in Australia now, I commend them to you, if they have done the appropriate training in coaching and psychology. If you need a different view and expertise in psychological and behavioural skills, look outside medicine for a coach who can help you develop your creativity, your compassion and your self-awareness. If you only look for the feedback you have received before, how can you expect to gain any new insight or build any new skills?

Learning 'soft' skills takes time

In 2018 in collaboration with Dr Elisabeth Wearne, a rural GP and medical educator, we established our Immersion program, now called *Recalibrate*, so that doctors could come together to learn these skills with support and encouragement from each other. Real life learning and testing. Working in a group over time amplifies the effect of the one-on-one coaching. The doctors in the program are willing to bring their vulnerability to the group in order to grow and learn. They are learning how to be effective in the people business and how to manage their own wellbeing for the long term. They reconnect with their humanity, which they describe as having got lost in the course of medical training and the early years of their medical work.



We learn about the theory and the evidence for mindfulness, empathy and connection in healing, we experiment together with mind shifting experiences that alter our perceptions and biases and then the doctors try their new skills and mindsets out in their real workplaces. This deep immersion is transforming. Doctors learn to practice medicine differently, balancing evidence-based medicine and human connection; head and heart. The art and science of healing.

Recalibrate is founded on coaching, seeking to move people from explaining to experiencing, in a way that is fun and memorable. We seek to break old patterns and achieve new habits that are sustainable. We work with evidence-based psychology and neuroscience to strengthen attention and build laser sharp focus. We use mindfulness strategies to build self awareness and effective emotional regulation and we grow emotional intelligence as the bedrock of strong interpersonal skills. Doctors with these skills will achieve wellness and effectiveness. In time, perhaps that will become the norm, instead of the current high rates of suicide, depression and drug abuse seen in our doctor community.

People skills are not easy and don't come naturally to many of us, but they can be learnt. All the people we meet are different, with different needs, including doctors. It is hard to maintain your empathy when you are tired, stressed, hungry, under pressure. Tim's and my experience of doctors who had lost their ability to care echoed many of my counselling clients' stories of the health system. Now I know that this lack of care, all too often, also extends to our doctors. As doctors you can do better, be better, feel better and care better if you choose to pay attention to the non-technical skills. It's too important to leave to chance. If you truly want to be the best doctor you can be, take some proactive action about your 'soft skills', they make a massive difference to your wellbeing and to your patients' wellbeing.

I am grateful to those who have shared this journey to coaching doctors with me and I look forward to the continued privilege of learning from our doctors about their work and lives, about their stories. It is a legacy of Tim's life that I find myself working with doctors as their coach.

Sharee Johnson has worked as a registered psychologist for nearly three decades. She now works as coach of doctors and executives. She is the founder and Managing Director of [Coaching for Doctors](#).

Her favourite work is walking beside doctors as they grow their own insight and mindfully act upon it, in service of others and themselves.





References

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*You can attend Dr Craig Hassed's 4 week online mindfulness course, the next one begins on 4 March 2019. Sign up here: <https://www.futurelearn.com/courses/mindfulness-wellbeing-performance>