Evaluating the impact of a coaching pilot on the resilience and retention of UK GPs

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JM collaborated on the evaluation, drafted the paper and is responsible for the overall content of the paper. JP contributed to the paper.

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Abstract

The role of the General Practitioner (GP) is central to the UK NHS, with the vast majority of health care being delivered in the community. Although a range of policy initiatives aim to address the immense pressures on GPs, the GP workforce in England is struggling to keep pace with demand. GP retention is therefore key. In the light of these issues, a confidential coaching programme for GPs at risk of leaving the profession or who had recently returned to practise after some time out was commissioned. This paper reports on the evaluation of the pilot programme and sets out recommendations for future action.

Keywords: general practitioners; GPs; coaching; workforce retention

INTRODUCTION

Primary care services and the role of the General Practitioner (GP) is central to the UK NHS, with the vast majority of health care being delivered in the community. Whilst service structures and delivery vary across the UK, pressures on GPs are immense. A number of reports have highlighted policy directions aimed at addressing these pressures including increasing recruitment and retention and strengthening the GP workforce through training and development, investment, care redesign and increasing the GP workforce e.g. [1];[2];[3]. However, despite this, the GP workforce in England has not grown in line with increased workload, and pressures have been increasing [4]. This is due to a combination of factors including:

- The economic situation placing a significant downward pressure on NHS funding, and increase in GP workload not being matched by a transfer in the proportion of funding or staff.
- Increasing demands on the NHS e.g. ageing population, technological / pharmacological advances, public expectations, and political drivers.
- Increasing demand on GPs: the overall number of contacts rose by 15% between 2011 and 2016, 90% of patient care takes place in primary care.
- Increasing range of opportunities in General Practice including: increasing complexity/volume of work in primary care; special interest roles, and leadership roles e.g. in commissioning/ planning and evolving new models of community-based care.
- Changing demographic of the GP workforce, including feminisation and loss of experienced GPs through early retirement.[4]

In the light of these issues, and in recognition that a multi-factorial approach needed to be taken to retain GPs, NHS England (NHSE) commissioned the Faculty of Medical Leadership and Management (FMLM) to pilot a confidential clinical coaching programme for GPs at risk of leaving the profession, and/or who had recently returned to practise medicine after a period of time out. FMLM was established in 2011 by UK medical royal colleges and faculties as the professional body for medical leadership and management, with the purpose of strengthening medical leadership for the benefit of health systems and populations. FMLM hosts a network of professional coaches, some of whom have significant experience in coaching GPs. This paper reports on the evaluation of the pilot programme and sets out recommendations for future action.

METHODS

AIMS AND SELECTION OF PARTICIPANTS

In December 2015, NHS England commissioned FMLM to deliver four coaching sessions to each of 50 GPs for a period of up to 18 months. The GPs were drawn from a population that was actively considering leaving or had recently returned to the profession after a break. The project was primarily set up as a pilot to establish whether 1:1 coaching support would have a positive impact on this group's desire to quit working as a GP.

In February and May 2016, FMLM advertised the availability of this coaching through a range of

communication channels. The selection criteria were:

- Compliance with eligibility criteria:
    - Fully qualified GP (locum, salaried or partner)in England for at least five years,
    - Registered and in good standing with the GMC,
    - Able to commit to four coaching sessions over 18 months,
    - Willing to participate in an evaluation process;
- Could demonstrate compelling reasons for, and anticipated benefits of, seeking coaching;
- High likelihood of leaving score;
- Suitability for coaching (e.g. no evidence of severe psychological difficulties, and realistic expectations of coaching).

Interested GPs were asked to complete an application form which included asking them to rate how likely they were to leave the profession and why coaching might help them. Reasons for GPs applying included burnout; becoming disillusioned; losing confidence in their ability to do the job in the current pressurised climate; being dispirited by patient demands or complaints, and work-life balance issues. GPs also wanted to reflect on their careers and make decisions about next steps. Coaching sessions ran from April 2016 to March 2017.

EVALUATION METHODOLOGY

The project was evaluated by an external expert (JM) using both qualitative and quantitative methods which generated consistent, standardized feedback from both GPs and coaches. The methods used were:

a. A survey questionnaire developed by the coaches was completed online by each GP:
    - prior to the start of coaching to generate baseline data
    - immediately after their final coaching session;
b. Semi-structured interviews with each coach at the end of the project;
c. The Human Function Curve[5][6], a performance curve tool widely used in GP appraisals – each GP was asked at the beginning of the first session and end of the final session to mark where they felt they were on the curve to provide a self- assessed 'before and after' pressure measure;
d. Robertson Cooper's validated online i-resilience questionnaire[7][8] which explores confidence, social support, adaptability and confidence. Each GP completed this between the first and second sessions. The report generated was discussed in subsequent coaching sessions to help build the resilience of individual GPs.

GP PROFILE

From 97 applications received from GPs across England, 52 met the eligibility criteria and were selected for coaching. The majority of those coached were female (69%), white (76%), all aged 30–50 living in London or the South East: 94% had never been coached before.

Applications cited both 'push' and 'pull' factors. The vast majority indicated that they were

thinking of leaving, making a career change or had reached a turning point in their careers due to experiencing high levels of stress, or were unhappy or losing confidence in their ability to do the job in the current pressurised climate, being 'disillusioned' or 'dispirited' by patient demands and complaints. Three mentioned that a complaint against them had progressed to the GMC which affected their confidence and feelings about staying in practice. Some felt that coaching could help them in returning to work or making a transition, and would provide an opportunity for reflection. Many recognised that the coaching might help them improve their attitude or resilience, change their behaviours and improve motivation. Work-life balance issues were commonplace. GPs also wanted to take the opportunity to reflect on their careers and make decisions about next steps. Pre-coaching, GPs expressed high hopes of the coaching support: 77% stating it could be helpful or life- changing.

THE COACHING PROCESS

The purpose of the coaching was to support GPs in their decision-making processes and prepare them for any transition. Timing of sessions and length of support was agreed between the coach and GP. The four coaches belonged to FMLM's national network of experienced, executive, professional coaches who work within professional codes of ethics. They were involved in the selection of GPs, delivered the coaching, and undertook peer and group supervision. The coaches were all trained professionals (two with mental health backgrounds) well versed in managing the boundaries between coaching and therapy and could therefore direct GPs towards counselling/therapy where relevant.

RESULTS

98% of the GPs completed the pre-coaching questionnaire and 76% completed the post-coaching questionnaire. All coaches were interviewed.

Expectations of coaching

The majority (61%) of GPs were hopeful that coaching would help them solve issues, 19% were open-minded and (16%) felt it could be 'life changing'. Respondents were given a comprehensive list of issues that coaching might help them to deal with, asked to select those that applied to them and invited to provide free text on other issues, see Table 1.

Table 1 What GPs felt coaching could help them with

- feeling more in control (or gaining control) of their work;
- managing their time or heavy workloads more effectively;
- obtaining a better work-life balance;
- feeling more enthusiastic about continuing as a GP;
- increasing job satisfaction;
- making informed career decisions;
- developing new skills

- obtaining support which is not currently available to them.

Leaving the profession

The majority (61%) believed coaching would be 'very' or 'fairly' influential in helping them make decisions about whether to leave the profession. Post-coaching, 97% stated that they found the coaching 'very useful' or 'fairly useful' in helping them decide about their future as a GP. GPs rated their likelihood of leaving the profession, both before and after coaching, on a scale of 1–10, (1 'highly unlikely' and 10 'highly likely'). Pre-coaching, 75% of respondents said they were likely (score of 7+) to leave general practice, this fell to 21% (9 GPs) of post-coaching questionnaire respondents. Of the latter group, half of them were aged between 50–60 and four planned to continue working as a doctor in different roles. Coaching appears to have had a very positive impact.

Resilience and function measurement

GPs completed the Robertson Cooper i-resilience online tool [7], between the first and second coaching sessions. The report generated provides a detailed interpretation of the individual's personality under four resilience 'components' – Confidence, Purposefulness, Adaptability and Social Support - and identifies aspects that may help or hinder ability to handle stressful situations. Results showed that over half the cohort lacked confidence in their abilities, and a third had insufficient sense of purpose and drive to handle setbacks. These issues were worked on in the coaching sessions.

The Human Function Curve ([5];[6]) is another self-rating instrument designed to illustrate the effect on performance of the degree of pressure that individuals feel themselves to be under. At the start of coaching, four GPs rated themselves at breakdown point, 27 at the point of exhaustion and a further four considered themselves fatigued. GPs' self-rated performance was considerably improved at the end of coaching (see Figure 1). The final ratings of all except four GPs moved from 'distress', 'boredom' and excess pressure nearer to the 'safe zone', with 27 moving to the 'safe zone'. Only one GP moved further up the 'pressure scale', however they explained that coaching had revealed they were in denial about the pressure they were working under at the start of coaching.

Figure 1 GP performance measures pre- and post- ratings on Human Function Curve
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Length and structure of coaching programme

Between them, coaches delivered 193 face-to-face coaching sessions and shorter, telephone 'laser' sessions in between, which many GPs made use of. The duration between the first and last session varied from three months to over a year. The coaches felt that this flexibility had enabled them to work with their clients to meet their need to reflect, practice, step back or forge ahead with changes they wanted to make. Over half of the GPs thought four sessions of coaching insufficient, five would have appreciated eight or more sessions. Some wanted more sessions over a longer time period,

including more time between sessions with longer to put things into practice.

GPS' VIEWS OF THE COACHING

The majority of GPs were extremely positive about the coaching. Over 80% valued that they felt listened to and that their ideas/comments were respected; their coaching goals were successfully identified, and sessions provided them with clear ideas how to move forward or tackle issues. 95% would recommend their coach to others, 34 said that they would engage in coaching again. The GPs had identified a series of issues that they felt coaching would help them address (see Table 2). Following the coaching, the GPs were aksed to rate how successful coaching had been in helping them to deal with these issues. Coaching clearly had a positive impact, particularly in helping GPs to obtain a better work-life balance and more support from their colleagues, and think about new ways of doing the job.

Many GPs commented that the coaching was (often surprisingly) valuable, helpful and empowering, particularly the opportunities for self-development; reflection; thinking through issues, clarifying goals; planning and making decisions; realising that others feel the same way and being challenged and stretched. The very positive, proactive, supportive, structured coaching approach, including being listened to, their coach's empathy and being given time for themselves was highly valued. The provision of a confidential, non-judgemental, supportive, 'safe space' combined with a neutral, knowledgeable, 'outsider', 'normalising' perspective was fundamental. The coaching gave the GPs insight into situations and behaviours, access to managerial expertise and a personal 'toolkit' with which to manage their feelings, communications and practice.

We asked the GPs: 'What will you take away from your coaching and use in your work in the future?' Responses highlight the coaches' instrumental role in helping GPs find different ways to manage stress, the overwhelming workload, and other issues they identified, see Table 2.

Table 2 What GPs will take away from coaching and use in their future work

- a changed mindset and approach to practice;
- an ability to generate ideas for career development or future employment;
- enhanced communication skills, confidence and assertiveness;
- learning to set boundaries, manage their time and work within their limits;
- reaffirming their skills;
- affirming that feelings or concerns were appropriate;
- providing a range of 'tools' to use in practice;
- regaining the motivation to stay working as a GP;
- discovering different ways to solve problems;
- increased awareness of helpful systems and organisations.

THE COACHES' VIEWS

The coaches' views, gathered via semi-structured interview, were consistent. The preparation put into this pilot was deemed important in the ultimate success of the coaching, and the professional support that they offered one another helped them deliver the best possible results. They reported that many (but not all) of their clients were experiencing high levels of stress and that some were finding it difficult to cope with the demands put on them e.g. had been on anti- depressants and/or had taken time off work. Whilst reasons were varied, common themes were:

- the volume of work GPs had to deal with, exacerbated by paperwork and administration, and the 'impossibility' of doing the work within the time available;
- specifically being unable to do the 'doctoring' part of their role to the best of their abilities, through workload and restrictions of the 10-minute appointment time;
- problematic relationships with colleagues and/or feeling unsupported;
- difficulties in juggling work and home responsibilities;
- the broader context in which they were working (e.g. one described the NHS as a 'political football');
- fear of receiving and having to handle patient complaints.

Table 3 summarises the specific issues GPs worked on with their coaches.

Table 3 Issues worked on in coaching sessions

- confidence-building around their capabilities as doctors;
- conflict management techniques to build skills around handling difficult patients and colleagues;
- improving resilience, their ability to say no to unreasonable demands and avoiding burnout;
- leadership style, team management and partnership management issues;
- taking decisions about future career moves;
- time management skills and how to work within and around the 10-minute appointment period;
- self-limiting beliefs that were holding them back and making them feel inadequate;
- managing surgery 'politics' and power dynamics;
- work-life balance issues and solutions.

A flexible approach is essential however, with one coach commenting that *"the rate of change was different for each person. One GP had one session and it unlocked them completely – they were trying to be someone they were not …at the other end of the spectrum were some very vulnerable people who could have made even more progress with five or six sessions. (C2)"*

DISCUSSION

Purposeful and professional coaching enables improved performance and resilience ([9];[10];[11]). It is clear that the coaching provided in this programme benefitted the vast majority of participants, reflected in the literature on coaching for doctors ([12];[13]). It should be acknowledged that there are limitations of this study due to the self-selection of the GPs and the relatively small number of participants, however what emerges clearly from the evaluation is that the 'typical' GP in this cohort would benefit from developing additional skills and approaches to enhance their confidence in carrying out their role. This is echoed in other studies internationally[14]. Issues that the evaluation highlight include high degrees of anxiety and worry, a lack of confidence in being able to handle potentially stressful situations and a tendency to underestimate the resourcefulness they have at their disposal to deal with these situations. Overwhelmingly, in the pre-coaching questionnaire responses, the selected GPs express deep unhappiness and stress about their work as a GP, **not** the contact with patients (which most feel provide their core purpose) but factors they see as out of their control, see Table 4.

Table 4 Issues which influence GPs' desire to leave General Practice

- managing heavy workloads, including additional work: this leads to fear of making a clinical mistake and complaints;
- obtaining a better work-life balance;
- feeling in control of the work that they do, handling pressure, saying 'no';
- handling conflict with patients and with colleagues, surgery politics and power dynamics;
- coping with a 'blame culture';
- having time to think about how they can do the job better;
- feeling confident that they are practicing safely despite the work pressures;
- working with demanding patients;
- career next steps.

Feedback from the coaches indicated that the GP's worries about receiving and having to handle complaints added to their workloads and sapped their own and others' confidence in their medical ability. This stress impacted on their health and work-life balance, with many GPs feeling isolated, unvalued and unsupported. All but one respondent cited workload pressures and patient demands and expectations as the main reason for questioning their future in the specialty. One respondent (reflecting the feelings of many) said, *"I just want to do the job well and feel a good sense of caring for patients without being overburdened by their demands. (R23)"* The impact of this workload on the GPs' work-life balance, family life and their own physical and psychological health was also a major theme of the study, leading to unhappiness

and stress.

Many factors influence a GPs' decisions to leave or stay in the profession[15]. Whilst this does not demonstrate causality, in several examples GPs attribute their decision to stay to the coaching. This needs further, long term research. The evaluation has provided details about the feelings and reasons why these GPs were questioning their futures. Themes identified through analysis were overwhelmingly consistent, reflecting a high pressure culture, lack of support, increasing demands from all sides, and impact on many aspects of their work and non-work lives.

The practice culture, combined with financial and resource constraints, has huge impact on GPs' morale. Many explained how workload pressures are exacerbated by their colleagues' behavior; internal conflicts; a toxic culture; feeling undervalued and isolated with subsequent low morale. A pervasive feeling exists also of a negative or unrealistic media view of GPs, a medico-legal culture based on blame and (where work pressures and blame culture coincide) a fear of complaints or of making an error. This response sums up the feelings of over half the respondents: *"I find the workload extremely stressful and the workload unmanageable. I feel that I am unable to do the best that I can do within the time restraints and find this really difficult to accept …but what affects me more is the feeling of anxiety and worry following a (consultation) session that I have missed something/not assessed something properly. (R32)"* Whilst the workload is pressurised, most respondents are highly patient-focussed but feel that the complexity of the health system, management demands, requirements from regulatory and other bodies and 'political interference' are key to their stress and unhappiness. This feeling is also reflected in psychiatry[16].

The coaching has provided these GPs with a 'safe', confidential, neutral space where they can discuss their feelings, fears, issues and concerns. This finding is reflected in other studies on the benefits of coaching ([12];[17]). The value of having the opportunity to work with an informed, credible outsider is highlighted by many of these GPs, as is the 'normalisation' of their feelings and concerns. The positive, solution-focused approach from the coaches has empowered and re-motivated the GPs by reaffirming their capabilities, enabling them to plan and make decisions and giving them their confidence back. A specific benefit is the provision of tools and skills to work more effectively with colleagues, and set boundaries around time and workload. For some, this has enabled them to reconsider whether they should leave general practice, others have explored alternative career options. Most respondents freely comment that they have valued the coaching immensely and, many suggest that this should be available to all doctors as part of their professional development.

CONCLUSIONS

This evaluation has provided an opportunity to explore issues which influence GPs' desire to leave general practice, whilst providing a targeted group with the opportunity to receive individualized, confidential coaching support. The coaching has made a significant and positive difference to the these GPs, through improving their confidence and sense of purpose, helping

them to explore stresses they were working under and make positive changes, make decisions about their future and clarifying their career direction. The engagement and recruitment process, and provision of four sessions with flexibility over their timing met the majority of the needs of GPs and their coaches, although the needs of individual GPs must be taken into account. The programme has proved a valued intervention for GPs, who were largely unaware of its benefits prior to undertaking coaching.

Building on the outcomes of this pilot, we suggest that additional coaching programmes should be undertaken for GPs who might benefit, and that the longer-term impact of such interventions on morale and retention should be formally evaluated. However, support for struggling GPs should be provided alongside policy directives that recognize and meaningfully address issues entrenched in the increasingly pressurised environment in which GPs operate, not seen or used as a 'sticking plaster' to 'fix' individual doctors.

SUMMARY

1. Coaching should be considered as a powerful tool for supporting struggling GPs to help with their confidence, resilience, career development, 'softer skills' and problem-solving abilities.
2. Coaching should be considered to support the retention of GPs.
3. Identifying GPs in need of support earlier in the process is important, so that coaching stands a greater chance of making a difference.
4. GP leaders, educators and GP appraisers should be made aware of the positive findings of coaching in this study.
5. Consideration should be given to follow up the GPs in this pilot project to evaluate the longer-term impact.
6. The results of this study should inform national, regional and local initiatives to address the issues surrounding the retention of GPs and the underlying causes of dissatisfaction and stress in this crucial sector of the workforce.
7. GP leaders and educators should consider introducing more leadership and team development opportunities for GPs to help with the sense of isolation, lack of support, and unclear direction.

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