

# EMCC Research Review

Issue 10: Coaching and burnout in  
healthcare



## Introduction

Dear Reader,

This issue of the EMCC Research Review marks the 10<sup>th</sup>-issue anniversary of the EMCC Research Review!

It seems fitting, then, to use the opportunity to shed light on a topic of significant public interest and debate, namely burnout in healthcare. Recent statistics from Denmark show that 35% of chief physicians, 48% of general practitioners, and 23% of nurses experience symptoms of burnout. These numbers seem to fit with the burnout prevalence among healthcare workers across Europe. This depressing statistic has large ramifications both for the individual health care workers, their colleagues and patient safety.

Coaching has been suggested as a potential means to mitigate the risk of burnout in the workplace in general, so what does the scientific literature tell us about the effect of coaching as burnout prevention in healthcare?

The first study by Stephanie Kiser and colleagues is a well-conducted Randomised Controlled Trial and it shows that coaching by professionally trained peers can significantly improve burnout risk as well as work engagement and professional fulfilment among practicing physicians.

The next study by Eunice Huang and colleagues zooms in on paediatric surgery trainees. Their positive psychology-based coaching interventions significantly improved burnout risk and a range of other outcomes.

The final study is of a smaller scale, but I included it because it addresses nurses rather than doctors. Kelly Hines-Stellisch and her colleagues show that a 6–8-week coaching intervention significantly lowers burnout scores while also lowering the participants intention to leave.

Consensus seems to be that coaching is a useful means to mitigate the risk of burnout and achieve a range of other positive outcomes in healthcare. It is also worth noting, that all coaches in the studies underwent professional training and that there were structures set



in place to facilitate the process. This, of course, does not mean that coaching is the panacea, but it is, in all likelihood, a useful, relatively low-cost tool.

Sincerely

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## **Peer coaching and burnout among physicians**

*Study: Physician coaching by professionally trained peers for burnout and well-being: A randomised controlled trial*

By: Stephanie B. Kiser, J. David Sterns, Po Ying Lai, Nora K. Horick, & Kerri Palamara

*Published in: JAMA Network Open, 2024, issue 7(4). 1-12*

### **Introduction**

In this study, the authors sought to test whether peer-coaching can mitigate the risk of burnout among physicians.

In addition to the burnout-prevention effects, the study also investigated a number of other positive outcomes, professional fulfilment, work engagement and self-evaluation as well as two more general outcomes, quality of life and effect of work on personal relationships.

The was set up as a randomised controlled trial, meaning the study participants were randomly assigned to either a control group, which continued work as usual, or an intervention group.

### **What did the researchers do?**

The study was conducted in collaboration with the Massachusetts General Physicians Organization between August and December in 2021. A total of 123 physicians participated in the study, 52 in the intervention group and 71 in the control group. After randomising the participant into either a control or an intervention group, the researcher measured baseline scores on all the variables described above. There were no significant differences between the two groups, meaning that all participants started from the same baseline. Validated surveys were used to measure all the outcomes.

Coachees self-selected their coach from a platform containing information about the specific coaches in the programme. Their pairs engaged in 6 coaching sessions over a 3-month period – a fairly substantial and intense intervention. The process itself was centred around a 3-month vision and weekly goals, making it a rather goal-driven process.

All outcome variables were re-measured after the 3-month period.

## **Main Findings**

- Significant improvements in Burnout scores with an average decrease of 21.6% in the intervention group compared to a 2.5 % in the control group
- Significant improvements in professional Fulfilment scores with an average increase of 10.7% in the intervention group compared to no differences in the control group
- Significant improvements in work Engagement scores with an increase of 6.3% in the intervention group compared to a 2.2% decrease in the control group
- No differences were observed on the Self-evaluation outcome
- The most common themes across the coaching sessions were: Engaging in self-care, integrating personal and professional life, forging career paths aligned with personal and/or institutional values
- 100% (!) of the study participants indicated that they would consider coaching in the future



### **Why is this interesting?**

First and foremost, the positive effects of peer-coaching are quite interesting. Given the methodological rigour and the respectable sample size, this study offers a rather solid argument for implementing coaching interventions among physicians to prevent burnout.

Another interesting aspect is the improvement in work engagement, which has a range of well-documented positive effect of organisation level outcomes such as employee retention and customer satisfaction.

From a practical point of view, the peer-coaching aspect makes the study particularly interesting, since external coaches often come with a significant price tag attached. For comparison, the coaches in the study were paid \$200 per hour. Moreover, one could expect that peer-coaching could help drive a stronger professional identity and support network in general.

### **How can you put this into practice?**

The study quite indicates that implementing peer coaching among physicians is pretty good idea. However, it is important to stress that proper training of the coaches in such an intervention is essential. The same goes for selecting the coach candidates and setting a basic structure around the programme as a whole, both topics we have addressed in earlier issues of EMCC Research Review. With these fundamental aspects covered, the programme itself will probably need some supervision and support, a task that could sit with the institution responsible for running the programme.

Finally, it would be worthwhile to more or less copy the methodological setup used in the study to document the effects. Indeed, one could improve the effects measurement by having follow up surveys 6 and/or 12 months post-intervention.



## **Drawbacks**

The largest drawback of the study is the relatively short time frame and lack of long-term follow-up. One final comment can be made about the intervention itself. For me, at least, it is not entirely clear, whether the intervention itself is coaching or mentoring. Not that it matters for the outcome, though.

## **Coaching surgery trainees**

*Study: Coaching program to address burnout, well-being and professional development in paediatric surgeon trainees*

*By: Eunice Y. Huang, Rebecca A. Saberi, Kerri Palamara, Danielle Katz, Holly N. Neville*

*Published in: Annals of Surgery, 2024, vol. 280, number 6, pp. 938-944*

### **Introduction**

This study was conducted during the COVID-19 pandemic, between September 2020 and July 2021, a period with extraordinarily high work pressure in all medical professions. The specific intervention is rooted in positive psychology and based on building and leveraging personal strengths of the participants. Moreover, the coaching program was virtual.

Like the previous study, this is also a randomised controlled trial, and, also like the previous study, coaches received formal training prior to the intervention.

### **What did the researcher do?**

43 trainees were recruited for the study, with 40 completing the full study – 20 in the control group and 20 in the intervention group. In accordance with the positive psychology paradigm, coaches were instructed to emphasise, listening and reflection while avoiding frank instructions. Coaches and coachees were matched so that they were in different locations in order to ensure a safe space. The coaching conversations were held virtually, and participants were instructed to meet at least 3 times over the course of the 9 months intervention period.

The researchers measured the following variables: Burnout, Well-being, Professional fulfilment, and Self-valuation.

### **Main findings:**

- Significant improvements in burnout scores in the coached group compared to the non-coached group
- Significant improvements in well-being scores in the coached group compared to the non-coached group



- No differences were observed on professional fulfilment and self-valuation
- Interestingly, a higher coaching frequency in the period improved self-valuation, whereas more opportunities to reflect improved burnout scores and self-valuation

### **Why is this interesting?**

The study has several interesting aspects to it. First, it evaluates a specific approach to coaching to, namely strength-based positive psychology. This makes it easier to “copy” the set-up, since there are quite specific practices associated with this approach. Compared to the previous study in the Research Review, the intensity of the intervention is significantly lower; 3 meetings in 9 months, compared to 6 meetings in 3 months. Assuming that any frequency between these two extremes will work as well, it seems that the basic structure is quite adaptable.

Finally, the study showed that virtual coaching sessions can be effectful which lessens the administrative and logistical burden of the intervention quite significantly.

### **How can you put this into practice?**

If you want to improve well-being and reduce burnout risk, a strength-based intervention seems like a very reasonable way forward. The study indicates a few points that are worth considering when setting up such a program. First, it might be worthwhile to ensure that the process itself is scheduled to last at least 9 months with at least 3 meetings. Also, it is important to give coaches a decent amount of training. And finally, the study shows that virtual coaching seems like a viable option which can be practical in many cases.

### **Drawbacks**

One potential drawback of the study is the timing. The immense work intensity increase experienced by all healthcare professionals could inflate the positive results, since participants had more to gain from the coaching intervention. Moreover, the sample size is not particularly large. Nevertheless, the paper presents a good case for coaching interventions targeted to surgeon trainees.



## **Coaching to prevent burnout among nurses**

Study: Implementation of coaching to address burnout in emergency clinicians

By: Kelly Hines-Stellisch, Kate Susteric Gawlik, Alice M. Teall, & Sharon Tucker

*Published in: Journal of Emergency Nursing, 2024, Volume 50, Issue 5, pp. 601-609*

### **Introduction**

This study also looks at the impact of coaching but rather than focussing on doctors, which most of the literature has done so far, the authors zoom in on nurses. More specifically, the investigate effect of coaching on emergency care nurses, who are at particular risk.

The study is rather small-scale, but it centres on an important and frequently overlooked group in healthcare.

### **What did the researcher do?**

A sample of 10 nurses participated in the study which was conducted at an American hospital. The coaching intervention lasted 6 to 8 weeks and was led by a certified nurse coach. More precisely, the intervention comprised 1-to-1 wellness coaching; a coachee-centred approach cultivating self-awareness, motivation and self-efficacy through inquiry and listening. In addition to the 1-to-1 coaching sessions, the intervention was supported by 8 learning modules 3 aspects of burnout emotional exhaustion, depersonalisation, and lack of personal achievement. These modules contained work sheets and videos and comprised the framework for the coaching sessions. The meetings were held either virtually or on the phone.

The researchers measured both burnout and intention to leave prior to and after the interventions.



### **Main findings:**

- The intervention significantly lowered burnout scores
- More specifically, emotional exhaustion a lot, sense of personal achievement improved a bit and depersonalisation remained unchanged
- The intervention also improved intention to leave scores drastically

### **Why is this interesting?**

First and foremost, the study is interesting because it looks specifically at nurses, a vocation where burnout has reached critical levels. The structure of the intervention is quite interesting as well. The use of videos and additional learning material is something to consider as well as the very specific anti-burnout focus. The timeframe of the study is quite interesting as well. Given the combination of 1-to-1 and self-study material this was a remarkably intense intervention. Moreover, this is another study to indicate the efficacy of virtual coaching sessions.

Finally, the study is of course interesting because it indicates, that nurse coaching can be an important part of bringing down burnout levels.

### **How can you put this into practice?**

The study finding should encourage anyone working with nurses to at least give coaching a shot. While this study was very intense and sprint-like, the previous study in this Research Review indicates that less intense programmes can work as well.

Another thing worth considering is, how to incorporate additional learning material, so that a coaching intervention is more than just a series of conversations.

Again, it is worth stressing that the coach in question was certified via a formally recognised accreditation board.

## **Drawbacks**

The study has some significant methodological shortcomings. First the sample size is quite small. Second there is no control group, meaning that any change in burnout and intention to stay could be due to circumstantial events. In addition, the lack of randomisation introduces a risk of self-selection influencing the results. One could imagine that those most eager to participate in the intervention would be more likely to get in and more likely to benefit. Finally, the analysis relies on a statistical method called Cohen's  $d$ , to assess the effect size or impact of the intervention, and as the authors point out, this may inflate the results somewhat.

Despite the drawbacks, the study offers sufficient evidence to give nurse coaching a try.

## Conclusion

The short conclusion is that coaching intervention work quite well to reduce burnout levels among healthcare professionals. Seeing that burnout among health professionals can decrease patient safety, this is a rather important observation.

Looking across all three studies in the current review a few things stand out.

First, all coaches were healthcare professionals themselves, and they had undergone formal coaching training. Although alternative models were not tested, going with this set-up is probably a solid start, if you want to implement something similar.

Second, the duration of the interventions differed quite significantly ranging from 6 weeks to 9 months. This means that the coaching intervention itself can be adjusted according to local circumstances and still have an effect. Equally, the meeting frequency differed quite significantly as well, ranging from every other week to every other month. Also, it is worth considering what happens after the coaching intervention to ensure that the positive effects last.

Third, virtual meeting seemed to work as well as physical meetings, which again makes implementation more adaptable. Adjusting the intervention to fit the local environment is quite important, because one of the main reasons for participants dropping out of the studies was that they could not fit the coaching sessions into their daily schedule.

Finally, it is necessary to point out that a coaching programme does not fix everything. Proper management, sufficient resources and a generally safe environment are still necessary.