

DIFFÉRENCE D'ÉVALUATION DU NIVEAU DE PASSION ET D'ÉPUISEMENT PROFESSIONNELS ENTRE UN MÉDECIN-TUTEUR ET SON/SA STAGIAIRE

DIFFERENCE IN ASSESSMENT OF THE LEVEL OF PROFESSIONAL PASSION AND EXHAUSTION BETWEEN A MENTOR AND HIS/HER MENTEE

Hélène GIVRON(a), Virginie DEBAUCHE(b), Martin DESSEILLES(a,c)

(a) Faculty of Medicine, University of Namur

(b) Namur Center of Complex Systems (naXys), Department of Mathematics, University of Namur

(c) Alexian Brothers Psychiatry Clinic, Henri-Chapelle, Belgium

Résumé

La littérature recense un taux élevé de burnout et d'épuisement chez les professionnels de la santé. Cela soulève la question de l'état de bien-être dans lequel se trouvent les mentors qui accueillent nos étudiants en médecine en stage. Après 3 semaines de stage, nous avons demandé à 254 étudiants et à leurs mentors, médecins généralistes, d'évaluer la passion et l'épuisement professionnels du mentor. Des tests t pour échantillons appariés ont révélé des différences significatives dans les évaluations des étudiants et des mentors. Les étudiants ont surestimé le niveau de passion de leurs mentors pour leur profession et sous-estimé leur niveau d'épuisement. Ces résultats suggèrent soit que les étudiants ont une vision idéalisée de leur mentor, soit que les mentors ont tendance à se présenter de manière particulièrement passionnée et enthousiaste pendant ces 3 semaines. Cela encourage à explorer davantage les potentiels bénéfiques du mentorat pour les médecins généralistes.

Mots-clés : bien-être professionnel, mentorat, stage, étudiants en médecine

Abstract

Literature informs us of a high rate of burnout and exhaustion among health practitioners. This raises the question of the state of well-being in which the mentors who welcome our traineeship students find themselves. After 3 weeks of traineeship, we asked to 254 students and their general practitioner (GP) mentors to rate the mentor's professional passion and exhaustion. Paired sample t-tests revealed significant differences in the assessments of students and mentors. Students overestimated the level of passion of their mentors for their profession and underestimated their level of exhaustion. These results suggest either that students have an idealized vision of their mentor, or that mentors tend to introduce themselves in a particularly passionate and enthusiastic way during these 3 weeks. This encourages further exploration of the potential benefits of mentoring and participating in an educational program for general practitioners.

Key words: professional well-being, mentoring, traineeship, medical students

Samenvatting

De literatuur laat een hoge mate van burn-out en uitputting zien onder gezondheidswerkers. Dit roept de vraag op naar het welzijn van de mentoren die onze medische studenten in dienstverband ontvangen. Na 3 weken stage hebben we 254 studenten en hun mentoren, huisartsen, gevraagd om de passie en personeel uitputting van de mentor te evalueren. Paired sample t-tests brachten significante verschillen aan het licht in de evaluaties van studenten en mentoren. Studenten overschatten het niveau van de passie van hun mentoren voor hun beroep en onderschatten hun niveau van personeel uitputting. Deze resultaten suggereren ofwel dat studenten een geïdealiseerd beeld hebben van hun mentor, ofwel dat mentoren de neiging hebben om zich op een bijzonder gepassioneerde en enthousiaste manier te presenteren gedurende de 3 weken. Dit stimuleert verdere verkenning van de potentiële voordelen van mentorschap voor huisartsen.

Trefwoorden : professioneel welzijn, mentoring, traineeship, geneeskundestudenten

INTRODUCTION

In the face of societal demands for more family physicians, some medical universities have introduced general practice traineeships in their curricula¹. We know the importance of the dyad mentor-mentee in medical education; mentors “make a difference” in mentees’ lives². However, literature informs us of a high rate of burnout and exhaustion among practitioners³ that might impact the quality of healthcare⁴ and hence their mentoring skills even if globally mentorship programs seems beneficial for medical students⁵. This raises the question of the state of professional well-being in which the mentors who welcome our students find themselves. Are they passionate about their work or do they feel exhausted by it? We think firstly about the impact that this could have on the quality of learning. Secondly, about the image that this could convey of the practice of medicine to students. Finally, about the risk of exhaustion contagion, through the phenomenon of identification and modelling⁶, especially for this at-risk population⁷. In this study, our objectives were therefore: (1) to assess the professional well-being scores of mentors, (2) to compare it to students’ hetero-assessment to investigate whether there is a gap between what mentors report and what students perceive and (3) observe whether students’ assessment of their mentor’s professional well-being is related to the achievement of the traineeship goals.

METHODS

PARTICIPANTS

At the end of their third year of studies, all students enrolled at the University of Namur (Belgium) must complete a 3 weeks traineeship in out-patient primary care setting. They observe their “mentor” (i.e., a family physician educator) throughout his/her consultations. The objectives of this traineeship set

by the Traineeship Committee are (1) to put into practice one’s theoretical knowledge, (2) to approach the concrete aspects of the doctor-patient relationship, (3) to understand the importance of professional secrecy, medical ethics and teamwork, (4) to initiate an analysis and reflection about one’s future medical practice, (5) to recognize the importance of general medicine. After the three-week traineeship, a self-questionnaire is proposed during one week, on a voluntary and unpaid basis, to these medical students (N = 254). The announcement was made in classrooms between lessons for the students and by email for the mentors (N = 254). The data were collected during the first week of July 2017. Before completing the questionnaire, students and mentors were asked to read and accept the informed consent form to participate freely in this study. This study was approved by the local Ethics Committee of “Cliniques Universitaires UCL Mont-Godinne” and conducted in accordance with the Declaration of Helsinki.

INSTRUMENTS

In this article, we will focus on students’ perception of their mentor’s “professional well-being”. In order to avoid different understandings of this concept, we have more precisely defined two variables to investigate: passion and exhaustion of the mentors towards their work. The items, created for this purpose, are listed in the table 1. These same items were presented to their mentors. Participants were asked to position themselves on a scale ranging from 0 (strongly disagree) to 100 (strongly agree) for each dimension. In addition to two socio-demographic questions (about age and gender), we also asked mentors to indicate their type of practice (solo practice, team practice, medical home) and their work environment (rural, semi-rural, urban) so that we could then observe if their reported passion/exhaustion score differs according to these variables. Finally, students were asked to rate the achievement of the five traineeship objectives listed below (0: not at all achieved to 10: fully achieved).

TABLE 1: ITEMS ADDRESSED TO STUDENTS AND MENTORS.

Items addressed to students:

- 1- « How passionate about his work did your internship mentor seem to you? »
- 2- « How exhausted from his work did your internship mentor seem to you? »

Equivalent items addressed to mentors:

- 1- « How passionate are you about your work? »
- 2- « How exhausted are you from your work »

DATA ANALYSIS

The data were analysed using SPSS (*Statistical Package for the Social Sciences*), version 24 (IBM).

RESULTS

MEDICAL STUDENTS

Of the 254 students, 233 responded to the questionnaire. The participation rate was 91.73%. Our sample is composed of 63.8% of women and 36.2% of men. Women are on average 22.71 years old ($SD = 1.12$) and men 23.18 years old ($SD = 2.17$).

MENTORS

Of the 254 mentors, 128 responded to the questionnaire. The participation rate was 50.39%. Unlike students, men are here in the majority (53.9% compared to 46.1% women). Women are on average 46.41 years old ($SD = 9.46$) and men 53 years old ($SD = 9.24$).

FINAL SAMPLE

We obtained for 123 students the answers to the questionnaire for both the student and his/her mentor. The following analyses were conducted only on this sample since the objective is to match the scores reported by the students and their mentor. The final student sample is composed of 68.3% women and 30.9% men. The average age is 21.84 ($SD = 1.2$). The final mentor sample consists of 45.5% of women and 54.5% of men. The mean age is 49.9 ($SD = 9.93$).

MENTORS' PASSION AND EXHAUSTION SCORES

The average score for passion is 83.02 ($SD = 18.72$) and exhaustion is 48.36 ($SD = 24.99$). A comparison of means (*one-way ANOVA*) allows us to conclude that passion scores do not differ significantly according to the gender of the mentors ($F = 2.08, p = 0.15$), their type of practice ($F = 1.07, p = 0.35$) and their work environment ($F = 1.07, p = 0.35$). Similarly, mean exhaustion scores do not differ significantly by mentor gender ($F = 0.04, p = 0.84$), type of practice ($F = 0.68, p = 0.51$) and work environment ($F = 0.26, p = 0.77$). Finally, no significant correlation was identified between age and passion score ($r = 0.04, p = 0.66$) or exhaustion score ($r = 0.15, p = 0.09$) reported by the mentors.

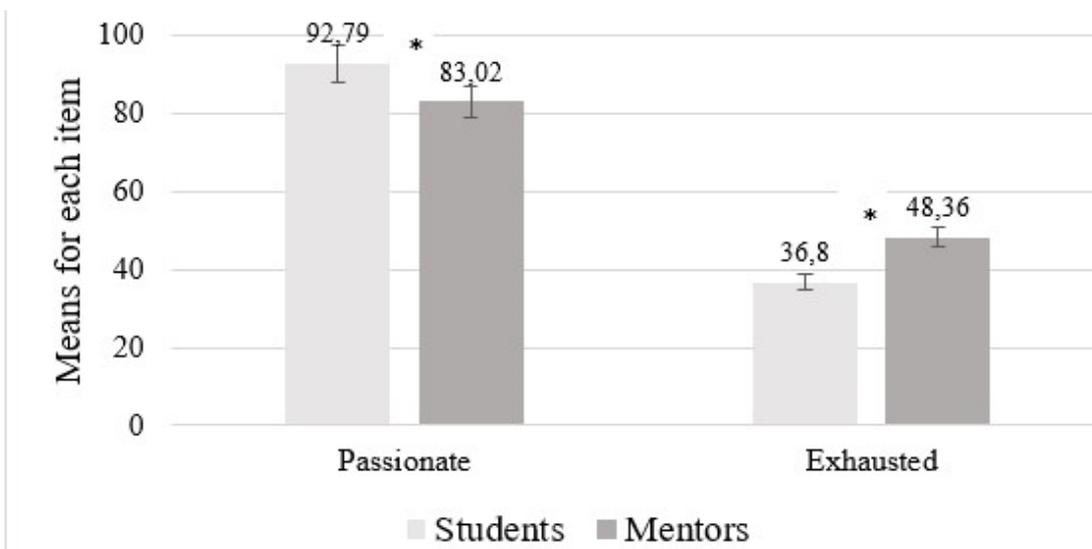
COMPARISON OF PASSION AND EXHAUSTION SCORES REPORTED BY MENTORS VS. THEIR STUDENTS

For item 1 "passion", a paired sample t-test allowed us to identify a significant difference between the means reported by students and their mentors ($t = 17.47, p < .001$). The average of students: $M = 92.79, SD = 12.77$ was significantly lower than that of mentors: $M = 83.02, SD = 18.72$ suggesting that students overestimated the level of passion their mentors had for their profession ($t = 4.99, p < .000$).

For item 2 "exhaustion", a paired sample t-test allowed us to identify a significant difference between the means reported by students and their mentors ($t = -4.36, p < .000$). The average of students: $M = 36.8, SD = 24.66$ was significantly lower than that of mentors: $M = 48.36, SD = 24.99$ suggesting that students underestimated their mentor's level of exhaustion (see figure and table 2).

Among students, we observed no significant correlation between mentor passion/exhaustion scores and assessment of the achievement of traineeship objectives.

FIGURE : MEANS OBTAINED FOR EACH ITEM FROM STUDENTS AND MENTORS.



Note : * $p < 0.000$

TABLE 2: MEANS AND TEST RESULTS OBTAINED FOR EACH ITEM FROM STUDENTS AND MENTORS.

Items	Students' Means (SD)	Mentors' Means (SD)	Paired sample t-test
Passionate	92.79 (12.77)	83.02 (18.72)	t = 4.99*
Exhausted	36.8 (24.66)	48.36 (24.99)	t = -4.36*

Note : *p < 0.000

CONCLUSIONS

Our results suggest that students have an idealized representation of their mentor's professional well-being, which they perceive as less exhausted and more passionate about their profession than what mentors report. It is difficult to assess one's own state of well-being and therefore even more difficult to assess the state in which others find themselves. These results suggest either that students have an idealized vision of their mentor, or that mentors tend to introduce themselves in a particularly passionate and enthusiastic way during these 3 weeks. This second hypothesis encourages further exploration of the potential benefits of mentoring and participating in an educational program for general practitioners⁸. Indeed this might explain that mentorship programs seems globally beneficial for medical students⁵ and might diminish professional burnout⁹. It could also be a way to decrease the burnout of mentors by forcing them to show themselves in a better light than they really feel and thus positively and gradually change their moods and emotions through a Velten effect¹⁰.

No significant differences were found in passion or exhaustion scores by practice type, work environment or gender of mentor. These variables also do not appear to be related to the age of the mentor. It would be interesting to investigate in a future study the relationship between these scores of well-being and the number of years of practice of the mentor rather than his/her age. On the student side, it would be interesting to test the relationship between students' assessment of their GP mentor's well-being and the mentor's effect on students' choice of GP specialty.

This study has some limitations. First, there may have been a bias of social desirability in the mentors' answers. Nevertheless, our results indicate that the mentors did not try to hide their state of exhaustion. However, it is possible that this bias has led some mentors to minimize an even more negative condition.

In conclusion, the students in our sample have a positive representation of their mentor's level of passion for their work, which is reassuring regarding their learning conditions. This representation differs from that reported by the mentors themselves, who report being less passionate and more exhausted by their work. This prompts us to examine mentors' conditions and to assess longitudinally the effect that mentoring a trainee can have on the mentor's level of professional well-being.

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AUTEURS CORRESPONDANTS

HELENE GIVRON ET MARTIN DESSEILLES

Université de Namur
Faculté de Médecine
Rue de Bruxelles, 61
5000 Namur

E-mails : helene.givron@unamur.be et martin.desseilles@unamur.be