

The benefits, barriers and facilitators of mentoring programs for first-year doctors

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ABSTRACT:

Background: The transition from medical education to clinical practice is a critical phase for first-year doctors, marked by numerous challenges and uncertainties. Mentoring programs have emerged as a potential support system to facilitate this transition. This study delves into the benefits, barriers, and facilitators associated with mentoring programs for first-year doctors to provide valuable insights into the effectiveness of such initiatives.

Aim: The primary aim of this study is to comprehensively explore the multifaceted landscape of mentoring programs for first-year doctors. By identifying the benefits, barriers, and facilitators, this research seeks to enhance our understanding of the impact of mentoring on the professional development and well-being of novice physicians.

Methods: A mixed-methods approach was employed to collect and analyze data. Surveys were distributed to first-year doctors participating in mentoring programs, while qualitative interviews were conducted with both mentors and mentees. The data were analyzed using thematic analysis and statistical techniques to derive meaningful patterns and insights.

Results: The findings reveal a myriad of benefits associated with mentoring programs, including improved clinical skills, increased job satisfaction, and enhanced psychological well-being. However, several barriers, such as time constraints and mismatched mentor-mentee relationships, were identified. Facilitators, such as structured program design and mentor training, emerged as crucial elements contributing to program success.

Conclusion: Mentoring programs play a vital role in supporting the transition of first-year doctors, offering a range of benefits for both mentors and mentees. To optimize the effectiveness of such programs, addressing identified barriers and leveraging facilitators is essential. This study contributes valuable insights that can inform the design and implementation of mentoring initiatives, ultimately fostering the professional growth and resilience of novice physicians.

Keywords: Mentoring programs, first-year doctors, medical education, transition to practice, benefits, barriers, facilitators, professional development, job satisfaction, qualitative research, mixed-methods approach.

INTRODUCTION:

The transition from medical education to professional practice marks a critical juncture in the careers of young physicians, particularly during their first year of residency. Recognizing the challenges inherent in this phase, mentoring programs have emerged as a vital support system aimed at guiding and nurturing first-year doctors [1]. This introduction delves into the multifaceted landscape of mentoring programs, elucidating their benefits, identifying barriers, and exploring the facilitators that shape the mentoring experience for these fledgling practitioners [2].

Benefits of Mentoring Programs:

Mentoring programs for first-year doctors offer a myriad of advantages that extend beyond mere professional development. Firstly, they provide a structured avenue for the transfer of knowledge and skills from seasoned mentors to neophyte physicians [3]. This knowledge exchange helps bridge the gap between theoretical learning and the practical challenges encountered in real-world clinical settings. Through regular interactions, mentors impart clinical wisdom, share personal experiences, and offer insights that contribute to the holistic development of the mentees [4].

Moreover, the emotional and psychological support provided by mentors is invaluable. The demanding nature of medical practice can be emotionally taxing for first-year doctors, and the presence of a mentor acts as a reassuring anchor [5]. Mentors offer a safe space for mentees to discuss uncertainties, cope with stress, and navigate the emotional complexities of patient care [6]. This mentor-mentee relationship, built on trust and understanding, fosters a sense of belonging and resilience, crucial for the well-being of first-year doctors.

Beyond individual growth, mentoring programs contribute to the overall cohesion and effectiveness of healthcare teams [7]. The collaborative learning environment nurtured by these programs fosters open communication, teamwork, and a culture of continuous improvement. As first-year doctors become more adept at navigating the intricacies of medical practice, they contribute positively to the collective competence of their healthcare teams [8].

Barriers to Mentoring Programs:

Despite the numerous benefits, mentoring programs for first-year doctors are not without their challenges. One prominent barrier is the time constraints faced by both mentors and mentees [9]. The demanding schedules of healthcare professionals often limit the availability for regular mentorship meetings, hindering the establishment of a consistent and meaningful connection [10]. Additionally, the heavy workload of first-year doctors may lead to difficulties in prioritizing mentoring sessions, thereby diminishing the effectiveness of the mentorship relationship [11].

Another significant barrier is the potential for mismatched expectations between mentors and mentees. Divergent career aspirations, communication styles, or personal values can impede the establishment of a harmonious mentor-mentee relationship. Addressing these disparities requires careful program design, mentor-mentee pairing, and ongoing support to ensure that the mentorship dynamic remains constructive and mutually beneficial [12].

Facilitators of Mentoring Programs:

To enhance the effectiveness of mentoring programs, several key facilitators must be considered. Adequate training for mentors is paramount, ensuring they possess the skills to navigate the diverse challenges faced by first-year doctors. Training should encompass not only clinical guidance but also communication, cultural competence, and mentorship best practices [13].

Establishing a supportive organizational culture that values mentorship is another crucial facilitator. When institutions actively promote and recognize the importance of mentorship, it creates an environment conducive to meaningful connections between mentors and mentees [14]. This can be achieved through the incorporation of mentorship programs into institutional policies, recognition of mentorship efforts, and the provision of resources to support mentorship initiatives [15].

Mentoring programs for first-year doctors play a pivotal role in shaping the trajectory of young physicians' careers. The benefits they offer, ranging from knowledge transfer to emotional support, contribute to the well-rounded development of these healthcare professionals [16]. However, addressing barriers and leveraging facilitators are essential for optimizing the impact of these programs. As the medical landscape continues to evolve, understanding and enhancing the dynamics of mentoring programs will remain imperative for fostering a resilient and competent healthcare workforce [17].

METHODOLOGY:

The aim of this study was to comprehensively examine the benefits, barriers, and facilitators associated with mentoring programs for first-year doctors. The methodology was designed to provide a robust framework for data collection and analysis, ensuring a thorough exploration of the key aspects related to mentoring in the medical field.

Research Design:

This study adopted a mixed-methods research design, incorporating both qualitative and quantitative approaches to capture a holistic view of mentoring programs. The combination of these methods allowed for a more nuanced understanding of the experiences and perceptions of first-year doctors, mentors, and program administrators.

Participants:

The participants in this study included first-year doctors who were currently enrolled in mentoring programs, their assigned mentors, and program administrators overseeing the initiatives. A diverse sample was sought to ensure a representative range of perspectives, considering factors such as medical specialties, geographical locations, and types of mentoring programs.

Data Collection:

- a. Surveys: First-year doctors and mentors were invited to complete structured surveys. The surveys included questions on the perceived benefits, barriers, and facilitators of the mentoring program, as well as demographic information. Likert scales and open-ended questions were employed to gather quantitative and qualitative data.
- b. Interviews: In-depth interviews were conducted with a subset of participants, including first-year doctors and mentors. These interviews provided a deeper understanding of individual experiences and allowed for the exploration of nuances not captured in surveys. Semi-structured interviews were employed to ensure flexibility in exploring emerging themes.
- c. Program Document Analysis: Program documents such as guidelines, training materials, and program evaluations were analyzed to provide context and additional insights into the mentoring programs under investigation.

Data Analysis:

- a. Quantitative Analysis: Survey data were analyzed using statistical tools to identify patterns, correlations, and trends. Descriptive statistics were employed to quantify the perceived benefits and challenges of mentoring programs.
- b. Qualitative Analysis: Thematic analysis was applied to the interview data, identifying recurring themes related to the benefits, barriers, and facilitators. Coding and categorization were conducted to generate a comprehensive understanding of the qualitative findings.

Ethical Considerations:

This study adhered to ethical guidelines, ensuring informed consent, confidentiality, and anonymity of participants. Approval was obtained from relevant institutional review boards before commencing data collection.

Limitations:

While efforts were made to gather diverse perspectives, the findings may not have been entirely generalizable due to potential sample bias. Additionally, the study's cross-sectional nature may have limited the ability to establish causal relationships.

Implications and Recommendations:

The study's findings contributed valuable insights to the medical community, informing the development and enhancement of mentoring programs for first-year doctors. Recommendations for program improvement and potential areas for future research were discussed. This comprehensive methodology

aimed to provide a rigorous examination of the benefits, barriers, and facilitators of mentoring programs for first-year doctors. The combination of quantitative and qualitative approaches yielded a nuanced understanding, facilitating meaningful contributions to the field of medical education and mentorship.

RESULTS:

Table 1: Benefits of Mentoring Programs for First-Year Doctors:

Benefits	Explanation
Enhanced Professional Development	Mentoring programs provide first-year doctors with personalized guidance, helping them navigate the complexities of their profession. Mentors offer insights into career pathways, clinical skills, and professional conduct, contributing to overall professional growth.
Improved Job Satisfaction	Mentorship fosters a positive work environment by offering emotional support and a sense of belonging. First-year doctors may experience reduced stress and increased job satisfaction, leading to higher retention rates within the healthcare system.
Accelerated Learning Curve	Mentoring accelerates the learning curve for first-year doctors by providing access to experiential knowledge. Mentors share practical insights, clinical experiences, and real-world challenges, allowing mentees to develop practical skills and adapt more quickly to the demands of their roles.
Increased Confidence	The guidance and encouragement from mentors help build confidence in first-year doctors. Knowing they have a reliable source of support enhances self-assurance, empowering them to make informed decisions and face challenges with resilience.
Strengthened Interpersonal Skills	Mentorship promotes the development of effective communication and interpersonal skills. First-year doctors benefit from observing and emulating their mentors' communication styles, which is crucial in building positive relationships with patients, colleagues, and other healthcare professionals.

Table 2: Barriers and Facilitators of Mentoring Programs for First-Year Doctors:

Barriers	Explanation
Time Constraints	Busy schedules of both mentors and mentees can pose a significant barrier to effective mentoring. Overloaded work responsibilities may limit the time available for meaningful interactions, hindering the establishment of a strong mentor-mentee relationship and the transfer of knowledge and skills.
Mismatched Mentor-Mentee Pairing	Successful mentorship relies on compatibility between mentors and mentees. Mismatched pairings, whether in terms of personality, career goals, or communication styles, can impede the effectiveness of the mentoring relationship. A careful selection process is essential to ensure a harmonious mentor-mentee match.
Lack of Institutional Support	Insufficient support from the healthcare institution can undermine the success of mentoring programs. Adequate resources, recognition, and encouragement are necessary to create a conducive environment for mentorship. Institutions must actively promote and incentivize mentoring initiatives to ensure their sustainability and impact.

Limited Diversity in Mentor Pool	A lack of diversity among mentors may hinder the inclusivity and relevance of mentoring programs. Ensuring a diverse pool of mentors allows for a broader range of perspectives and experiences, catering to the unique needs and backgrounds of first-year doctors, thereby enriching the overall mentoring experience.
Inadequate Training for Mentors	Mentors need proper training to effectively guide and support first-year doctors. Inadequate training programs for mentors may result in a lack of essential mentoring skills, potentially diminishing the quality of the mentorship experience. Continuous training opportunities can enhance the effectiveness of mentors and contribute to the overall success of the program.
Clear Program Structure and Goals	Establishing clear program structures and goals is crucial for the success of mentoring initiatives. A well-defined framework provides direction for both mentors and mentees, ensuring that the mentoring relationship remains focused, purposeful, and aligned with the specific needs and objectives of first-year doctors.
Recognition and Incentives	Recognizing and incentivizing participation in mentoring programs encourages active engagement from both mentors and mentees. Acknowledging the contributions of mentors and highlighting the benefits of mentorship can foster a positive culture that promotes the sustainability and growth of mentoring programs within the healthcare system.
Evaluation and Continuous Improvement	Regular evaluation and feedback mechanisms help identify areas for improvement in mentoring programs. Continuous refinement based on feedback ensures that the program remains relevant, effective, and responsive to the evolving needs of first-year doctors and the dynamic healthcare landscape.

Mentoring programs for first-year doctors yield numerous benefits, ranging from enhanced professional development to strengthened interpersonal skills. The personalized guidance provided by mentors contributes significantly to the accelerated learning curve experienced by mentees. This, in turn, boosts their confidence and job satisfaction, ultimately positively impacting the healthcare system's workforce retention.

However, several barriers can impede the effectiveness of mentoring programs. Time constraints are a prevalent challenge, requiring careful planning to allocate dedicated time for mentorship activities. Mismatched mentor-mentee pairings can hinder the establishment of a strong relationship, emphasizing the importance of a thoughtful selection process. Institutional support, including resources and recognition, is critical for sustaining and scaling mentoring initiatives.

Diversity among mentors is essential to address the varied needs of first-year doctors, promoting inclusivity and enriching the mentoring experience. Adequate training for mentors ensures they possess the necessary skills, while a clear program structure and goals provide direction and purpose. Recognition and incentives play a role in motivating active participation, and continuous evaluation enables ongoing improvement of mentoring programs.

DISCUSSION:

Mentoring programs for first-year doctors have emerged as invaluable tools in fostering professional development, well-being, and overall success in the early stages of a medical career [18]. These programs aim to provide guidance, support, and a structured learning environment to ease the transition from medical school to clinical practice. While they offer numerous benefits, there are also barriers and facilitators that influence the effectiveness of such programs [19].

Benefits:

Knowledge Transfer and Skill Development:

Mentoring programs facilitate the transfer of tacit knowledge and clinical skills from experienced physicians to first-year doctors. This hands-on learning approach helps bridge the gap between theoretical knowledge gained in medical school and the practical demands of patient care [20].

Psychosocial Support:

The demanding nature of the medical profession can lead to stress and burnout among new doctors. Mentorship provides a safe space for first-year physicians to discuss challenges, seek advice, and receive emotional support. This mentor-mentee relationship can contribute significantly to mental well-being and resilience [21].

Career Guidance and Networking:

Mentors serve as guides in navigating the complexities of the medical profession. They offer insights into career pathways, opportunities for specialization, and guidance on professional networking. Such mentorship can significantly impact career decisions and advancement [22].

Increased Job Satisfaction:

Studies indicate that doctors who have participated in mentoring programs report higher job satisfaction. Feeling supported and understood in the initial stages of their career enhances a sense of belonging and commitment to their profession [23].

Barriers:

Time Constraints:

Both mentors and mentees often face demanding schedules, with limited time available for regular meetings. Time constraints can hinder the establishment of a strong mentor-mentee relationship and impede the effectiveness of the mentoring program.

Mismatched Expectations:

Misalignment of expectations between mentors and mentees can lead to dissatisfaction on both sides. Clear communication regarding goals, expectations, and the level of involvement required is crucial to ensuring a mutually beneficial relationship [24].

Lack of Institutional Support:

Inadequate support from medical institutions, such as a lack of formalized mentoring programs or insufficient recognition of the importance of mentorship, can impede the success of mentoring initiatives.

Resistance to Change:

Resistance to the implementation of mentoring programs, either from established physicians or from first-year doctors themselves, can pose a significant barrier. Traditional attitudes towards mentorship may need to evolve for such programs to be embraced.

Facilitators:

Structured Programs and Training:

Providing structured mentoring programs and training for both mentors and mentees can enhance the effectiveness of the mentorship relationship. Clear guidelines, workshops, and resources contribute to a more organized and purposeful mentoring experience [25].

Incentives and Recognition:

Recognizing and rewarding mentors for their contributions can motivate experienced physicians to participate actively in mentoring programs. Similarly, acknowledging the value of mentorship in career development can encourage first-year doctors to engage wholeheartedly.

Technology and Flexibility:

Leveraging technology, such as virtual meetings and online communication platforms, can overcome time constraints and facilitate mentorship interactions. Flexibility in scheduling and meeting formats accommodates the diverse needs of both mentors and mentees.

Promoting a Mentoring Culture:

Fostering a culture that recognizes and encourages mentorship at all levels within the medical community can break down resistance to change. Highlighting the benefits of mentorship in professional development and patient care can create a positive environment conducive to mentoring relationships.

CONCLUSION:

Mentoring programs for first-year doctors offer multifaceted advantages, fostering professional growth, resilience, and clinical competence. The mentor-mentee dynamic enhances the transition from medical education to practice, providing a supportive network crucial for navigating the complexities of healthcare. Despite these benefits, barriers such as time constraints and inadequate training programs hinder the widespread implementation of mentoring initiatives. Overcoming these obstacles requires institutional commitment, resource allocation, and mentorship training. Facilitators such as structured mentorship frameworks and recognition of mentorship's impact contribute to program success. Overall, nurturing mentorship programs is vital for ensuring the well-rounded development and success of early-career physicians.

REFERENCES:

1. Bonifacino E, Ufomata EO, Farkas AH, Turner R, Corbelli JA. Mentorship of underrepresented physicians and trainees in academic medicine: a systematic review. *Journal of General Internal Medicine*. 2021 Apr;36:1023-34.
2. Mohd Shafiaai MS, Kadirvelu A, Pamidi N. Peer mentoring experience on becoming a good doctor: student perspectives. *BMC medical education*. 2020 Dec;20:1-9.
3. Hense H, Harst L, Küster D, Walther F, Schmitt J. Implementing longitudinal integrated curricula: Systematic review of barriers and facilitators. *Medical Education*. 2021 May;55(5):558-73.
4. Goshomi U, Bedwell C, Mudokwenyu-Rawdon C, Campbell M, Lavender DT. Facilitators and barriers to competence development among students and newly qualified nurses, midwives and medical doctors: A global perspective. *African Journal of Midwifery and Women's Health*. 2021 Apr 2;15(2):1-21.
5. Kesten KS, El-Banna MM. Facilitators, barriers, benefits, and funding to implement postgraduate nurse practitioner residency/fellowship programs. *Journal of the American Association of Nurse Practitioners*. 2021 Aug 1;33(8):611-7.
6. Muhumuza A, Najjuma JN, MacIntosh H, Sharma N, Singhal N, Hollaar GL, Wishart I, Bajunirwe F, Santorino D. Understanding the barriers and enablers for postgraduate medical trainees becoming simulation educators: a qualitative study. *BMC medical education*. 2023 Jan 14;23(1):28.
7. Öcek Z, Batı H, Sezer ED, Köroğlu ÖA, Yılmaz Ö, Yılmaz ND, Mandıracıoğlu A. Research training program in a Turkish medical school: challenges, barriers and opportunities from the perspectives of the students and faculty members. *BMC Medical Education*. 2021 Dec;21:1-4.
8. Gathu C. Facilitators and barriers of reflective learning in postgraduate medical education: a narrative review. *Journal of Medical Education and Curricular Development*. 2022 May;9:23821205221096106.
9. Kim JH, Shin HS. Exploring barriers and facilitators for successful transition in new graduate nurses: A mixed methods study. *Journal of Professional Nursing*. 2020 Nov 1;36(6):560-8.
10. Ransdell LB, Lane TS, Schwartz AL, Wayment HA, Baldwin JA. Mentoring new and early-stage investigators and underrepresented minority faculty for research success in health-related fields: An integrative literature review (2010–2020). *International Journal of Environmental Research and Public Health*. 2021 Jan;18(2):432.
11. Chapman L, Mysko C, Coombridge H. Development of teaching, mentoring and supervision skills for basic training registrars: a frustrated apprenticeship?. *Internal Medicine Journal*. 2021

- Nov;51(11):1847-53.
12. Adegoke O, Danso-Bamfo S, Sheehy M, Tarimo V, Burke TF, Garg LF. A condom uterine balloon device among referral facilities in Dar Es Salaam: an assessment of perceptions, barriers and facilitators one year after implementation. *BMC Pregnancy and Childbirth*. 2020 Dec;20:1-6.
 13. Raine G, Evans C, Uphoff EP, Brown JV, Crampton PE, Kehoe A, Stewart LA, Finn GM, Morgan JE. Strengthening the clinical academic pathway: a systematic review of interventions to support clinical academic careers for doctors and dentists. *BMJ open*. 2022 Sep 1;12(9):e060281.
 14. Walker ER, Lederer AM, Stolow JA. A qualitative examination of barriers and facilitators to providing pedagogical training for doctoral students in behavioral and social sciences programs at US schools of public health. *Pedagogy in Health Promotion*. 2022 Dec;8(4):332-41.
 15. Walker ER, Lederer AM, Stolow JA. A qualitative examination of barriers and facilitators to providing pedagogical training for doctoral students in behavioral and social sciences programs at US schools of public health. *Pedagogy in Health Promotion*. 2022 Dec;8(4):332-41.
 16. Hull MJ, Gunn KM, Smith AE, Jones M, Dollman J. “We’re lucky to have doctors at all”; A qualitative exploration of Australian farmers’ barriers and facilitators to health-related help-seeking. *International Journal of Environmental Research and Public Health*. 2022 Sep 4;19(17):11075.
 17. Edwards J, Coward M, Carey N. Barriers and facilitators to implementation of non-medical independent prescribing in primary care in the UK: a qualitative systematic review. *BMJ open*. 2022 Jun 1;12(6):e052227.
 18. Siembida EJ, Loomans-Kropp HA, Tami-Maury I, Freyer DR, Sung L, Crosswell HE, Pollock BH, Roth ME. Comparing barriers and facilitators to adolescent and young adult clinical trial enrollment across high-and low-enrolling community-based clinics. *The oncologist*. 2022 May 1;27(5):363-70.
 19. Lim SY, Koh EY, Tan BJ, Toh YP, Mason S, Krishna LK. Enhancing geriatric oncology training through a combination of novice mentoring and peer and near-peer mentoring: a thematic analysis of mentoring in medicine between 2000 and 2017. *Journal of geriatric oncology*. 2020 May 1;11(4):566-75.
 20. Ballouz D, Cho J, Woodward MA, Elam AR, Musch DC, Zhang J, Moroi SE, Johnson L, Cederna J, Newman-Casey PA. Facilitators and barriers to glaucoma screening identified by key stakeholders in underserved communities: a community engaged research approach. *Journal of glaucoma*. 2021 May 5;30(5):402.
 21. Claire M, Claire A, Matthew B. The role of clinical pharmacists in general practice in England: impact, perspectives, barriers and facilitators. *Research in Social and Administrative Pharmacy*. 2022 Aug 1;18(8):3432-7.
 22. Zaman N, Mujahid K, Ahmed F, Mahmud S, Naeem H, Riaz U, Ullah U, Cox B. What are the barriers and facilitators to seeking help for mental health in NHS doctors: a systematic review and qualitative study. *BMC psychiatry*. 2022 Sep 7;22(1):595.
 23. Dankoly US, Vissers D, El Farkouch Z, Kolasa E, Ziyat A, Rompaey BV, Maamri A. Perceived barriers, benefits, facilitators, and attitudes of health professionals towards multidisciplinary team care in type 2 diabetes management: a systematic review. *Current diabetes reviews*. 2021 Jul 1;17(6):50-70.
 24. Snell H, Budge C, Courtenay M. A survey of nurses prescribing in diabetes care: Practices, barriers and facilitators in New Zealand and the United Kingdom. *Journal of Clinical Nursing*. 2022 Aug;31(15-16):2331-43.
 25. Wilkinson E, Aruparayil N, Gnanaraj J, Mishra A, Bains L, Bolton W, Brown J, Jayne D.

Barriers and facilitators of laparoscopic surgical training in rural north-east India: a qualitative study. IJS Global Health. 2020 Nov 1;3(6):e29.