



## WHY DOCTORS NEED COACHING

Medical doctor turned coach **Dr Jocelyn Lowinger** has found that the most rewarding coaching is helping doctors heal themselves.

I am a doctor turned coach and have recently completed a Master of Science degree in Coaching Psychology from Sydney University – Yes, I am Australian. My aim as a coach is to bring healing to medicine using coaching by working with individuals and systems. I discovered coaching by accident when I hired an executive coach to help me manage a difficult organisational situation. From day one I fell in love with coaching. Here was a new approach that I felt had something unique to offer the medical profession, and something that traditional medicine was unlikely to achieve on its own.

Medicine in the 21st century, both in Australia and across the world, is a high-stakes, high-pressure and fast-paced endeavour. Even the most junior doctors are routinely exposed to death, trauma, illness and suffering, and have some degree of responsibility towards managing these situations. In addition, medical training is increasingly complex and technical; there is little space in the curriculum for explicit support for developing the personal and professional skillsets required to manage traumatic, complex and uncertain situations without running into problems with distress, burnout and suicide.

Despite a slow start, there is mounting evidence that individual, team and leadership coaching programmes have multiple benefits in healthcare contexts, including:

- Improving retention rates in rural GPs who were considering retiring from clinical practice.
- Supporting medical students transition to clinician practice in terms of professional identity development, career planning and achieving a healthy work-life balance.
- Helping senior clinicians develop leadership skills and better manage complexity, ambiguity and uncertainty.
- Helping doctors reduce burnout, plus improve stress management and overall wellbeing.

Even so, it has been difficult to get traction in developing coaching programmes for doctors at an organisational level, as it seems many health organisations and hospitals are not yet ready for taking action or investing in coaching. There are, no doubt, many reasons why coaching has had a slower uptake by doctors when compared to corporate or business workers. My feeling is that part of the reason for this is the fundamentally different cultures and associated world views about the nature of helping and what it is to be human.

The practice of medicine is founded on the medical model – a deficits-based, reductionist approach to diagnosing and treating disease and illness. Coaching, in its broadest conception, is a humanistic phenomenology built on the assumption that

people are ‘creative, resourceful and whole’. Thus, coaching represents an absolute paradigm shift for medicine, and it is this shift that has the potential to contribute to doctor wellbeing above and beyond the typical medical-model derived wellbeing programmes involving mindfulness and self-care.

Rather than fixing what is broken, coaching aims to build on strengths and develop the person, expanding their capacity to manage complexity and uncertainty. Medicine simply can’t get to the developmental promise of coaching because it is founded on completely different assumptions and asks completely different questions. It’s why, I believe, medicine needs to look outside itself for answers to its pressing problems concerning doctor wellbeing.

Building credibility and acceptance for coaching in the medical world has been a daunting task, but coaching is slowly growing as an acceptable professional development strategy. Since 2016, I have coached somewhere in the order of 100 individual doctors – ranging from the newly graduated to those who have been specialists for many years. Issues that arise include managing burnout, stress, imposter syndrome, career indecision regarding specialty choice or the desire to leave clinical medicine altogether, and developing leadership skills following promotion and increased responsibility.

Coaching doctors is the most exciting and rewarding ‘medicine’ I have ever done. Helping doctors rediscover meaning and enthusiasm for their work, encouraging them to choose to proactively stay in clinical medicine and develop skills to better manage complexity and uncertainty, is undoubtedly not only good for individual doctors: it’s good for their patients, good for the organisations they work for and is a valuable contribution to the world.

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## ABOUT THE AUTHOR



Dr Jocelyn Lowinger has an Honours degree in Medicine (1994) and a Master of Science degree in Coaching Psychology (2019). In 2018 Jocelyn started Coach GP, a coaching practice focused on medical professional development including helping doctors build leadership skills, confidence and manage career transitions. Jocelyn coaches doctors from a broad range of medical backgrounds including specialists, GPs, doctors in training, and doctors working in metropolitan and rural settings.

[www.coachgp.com.au](http://www.coachgp.com.au)

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## Further reading

Recent evidence for coaching in medicine:

Dyrbye LN, Shanafelt TD, Gill PR, et al. Effect of a professional coaching intervention on the well-being and distress of physicians: A pilot randomized clinical trial. *JAMA Internal Medicine* 2019 doi: 10.1001/jamainternmed.2019.2425

Gardiner M, Kearns H, Tiggemann M. Effectiveness of cognitive behavioural coaching in improving the well-being and retention of rural general practitioners: Cognitive Behavioural Coaching. *Australian Journal of Rural Health* 2013;21(3):183-89.

Grant AM, Studholme I, Verma R, et al. The impact of leadership coaching in an Australian healthcare setting. *Journal of Health Organization and Management* 2017;31(2):237.