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Lifelong development in medicine: a thematic analysis of coaching goals throughout medical careers

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ABSTRACT

Objectives Healthcare grapples with staff shortages and rising burnout rates for medical students, residents and specialists. To prioritise both their well-being and the delivery of high-quality patient care, it becomes imperative to deepen our understanding of physicians' developmental aims and needs. Our first aim is, therefore, to gain comprehensive insights into the specific developmental aims physicians prioritise by examining the coaching goals they set at the beginning of coaching. Since physicians face distinct roles as they advance in their careers, our second aim is to highlight similarities and differences in developmental aims and needs among individuals at various medical career stages.

Design We conducted a qualitative analysis of 2571 coaching goals. We performed an inductive thematic analysis to code one-half of coaching goals and a codebook thematic analysis for the other half. Our interpretation of the findings was grounded in a critical realist approach.

Setting Sixteen hospitals in the Netherlands.

Participants A total of 341 medical clerkship students, 336 medical residents, 122 early-career specialists, 82 mid-career specialists and 57 late-career specialists provided their coaching goals at the start of coaching.

Results The findings revealed that coachees commonly set goals about their career and future, current job and tasks, interpersonal work relations, self-insight and development, health and well-being, nonwork aspects and the coaching process. Furthermore, the findings illustrate how the diversity of coaching goals increases as physicians advance in their careers.

Conclusions Our findings underscore the significance of recognising distinct challenges at various career stages and the necessity for tailoring holistic support for physicians. This insight holds great relevance for healthcare organisations, enabling them to better align system interventions with physicians' needs and enhance support. Moreover, our classification of coaching goals serves as a valuable foundation for future research, facilitating a deeper exploration of how these goals influence coaching outcomes.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ Our study is unique in employing inductive thematic analysis to systematically categorise physicians' coaching goals across medical career stages.
⇒ Our study distinguishes between an exploratory and validation phase of the analysis to ensure the trustworthiness of our findings.
⇒ As our study includes a diverse and large cohort of physicians from various hospitals in the Netherlands, our findings likely have broad applicability in various contexts.
⇒ Our analysis focuses on variations in goals among different career groups, rather than tracking the same individuals throughout their careers, potentially leading to differences influenced by cohorts rather than career stages.
⇒ Our study primarily focuses on the initial coaching goals, but we recognise that these goals can evolve during coaching through collaborative efforts between the coach and coachee to make them more attainable.

INTRODUCTION

Healthcare organisations face great challenges, such as staff shortages, attracting and retaining healthcare workers, magnified by the increasing complexity of healthcare tasks, diverse patient needs, interdependence among healthcare professionals and the implementation of new technology.[1] Physicians at different career phases (ie, medical clerkship students, residents, early-career, mid-career and late-career specialists) encounter distinct demands and responsibilities tailored to their career stage. For instance, senior physicians typically handle more administrative, managerial, leadership and supervisory tasks[2] compared with students and residents, who face higher educational demands. In light of the increasing challenges and rising burnout among physicians,[3] it becomes imperative to deepen our understanding of the specific personal and professional developments that physicians deem essential. Hence, our first aim is to explore these developmental aims by examining physicians' coaching goals set at the beginning of a coaching programme. Additionally, our second aim is to uncover

similarities and differences in coaching goals across different stages of medical careers. As coaching goals are viewed as responses to a set of needs,[4] this analysis will underscore areas in physicians' (professional) lives that could benefit from systematic support.

To unravel patterns and variations in coaching goals across medical careers, we employ an inductive thematic analysis[5] to systematically categorise coaching goals into themes. Our study contributes uniquely to the coaching literature by creating a comprehensive classification of physicians' coaching goals, serving as a valuable resource for future research. Furthermore, the urgency stemming from the global healthcare crisis[6] emphasises the relevance and timeliness of our investigation into the developmental aims of healthcare professionals. Our study contributes to healthcare organisations by providing an in-depth overview of areas where physicians in different career stages may require additional support.

Coaching goals

Coaching improves physicians' mental health, well-being,[7 8] resilience, leadership self-efficacy[9] and promotes healthy lifestyles.[10] It can enhance communication skills,[11 12] stress management,[13] boundary setting, prioritisation[14] and technical skills.[15] Despite addressing the diverse range of content areas, coaching is fundamentally oriented towards achieving specific goals—a principle widely endorsed in coaching literature[16] and rooted in goal-setting theory.[17] Goal-setting theory explains how setting a goal represents the first attempt at creating a discrepancy between the present state and a future desired state. Setting clear and challenging goals that evoke commitment motivates individuals to direct attention, effort and action towards beneficial behaviours, knowledge and skills.[18] Hence, goals clarify coachees' desired changes and guide transitions from the existing state to desired outcomes.[19] Beyond their role as crucial motivators, coaching goals also hold significant informational value by offering insights into physicians' aims for professional and personal development.

Understanding physicians' specific coaching goals is crucial, given the motivational and informational significance of these goals. Previous research, using coach notes,[20] identified several topics discussed during coaching sessions, ranging from work efficiency to self-care. However, these topics may differ from the initial coaching goals due to the evolving interaction between coach and coachee. That is, coaching goals may change as the coach helps the coachee become aware of relevant factors and assesses goal congruence.[16] Regardless of whether physicians persist with or modify their goals, their *initial* coaching goals serve as 'internal representations of desired states or outcomes'.[21] Essentially, these coaching goals encapsulate what physicians aspire to change, believe they can change and wish to achieve through the coaching. Thus, exploring physicians' coaching goals provides insight into their professional and personal development aims, revealing potential career obstacles.

Coaching goals in different career stages

Physicians in different career stages (ie, clerkship students, residents, early-career, mid-career and late-career specialists) face unique challenges. Clerkship students must demonstrate strong commitment amidst demanding clinical tasks.[2 22 23] Residents balance learning, personal growth[24 25] and patient care responsibilities within a limited timeframe.[2] Early-career specialists manage additional family demands.[26] Mid-career specialists face exhausting role juggling,[27] potentially leading to burnout.[26] Finally, late-career specialists handle non-medical tasks without senior support.[20]

Although previous research suggests that demands in the medical field vary across different career stages, it remains unclear which specific aspects of professional and private lives physicians themselves consider most crucial to improve through coaching. We aim to uncover these essential aspects by analysing similarities and differences in coaching goals across different medical career stages. This analysis will highlight the areas in which physicians in different career stages need the most support from coaches, team leaders, their organisations and policymakers.

METHOD
Procedure and participants

Data from medical students, residents and specialists were collected as part of two larger research projects. First, data from medical students were collected as part of the *Match Your Future* coaching programme (https://matchyourfuture.nl/). Between November 2020 and September 2022, medical master's students starting their clinical clerkships were invited through a 10 min presentation given by the programme coordinator to participate in the coaching programme and research. Coaching was described as an individual process in a confidential environment that is tailored to students' needs and goals, aligned with the definition of coaching.[16] To introduce students to potential coaching topics, the programme coordinator cited career decisions as an example, but stressed that students could choose their own coaching goals. Students who decided to participate in the *Match Your Future* programme followed a coaching trajectory of five individual coaching sessions with a professional coach. Students could choose a coach from a pool of approximately six coaches (the exact number of coaches differed across the study period). Study participants were informed about the research, data confidentiality, and their right to withdraw at any time. After giving consent, they completed the initial questionnaire, covering demographics, psychological constructs and coaching goals, including their main coaching goal. This happened before their first clinical clerkship and coaching session. For other research purposes, additional measures were administered that were not included in the current study. Among 656 invited medical clerkship students, 52.0% reported their coaching goals.

Second, data from medical residents and specialists were collected as part of the *Challenge & Support* coaching programme (https://challengesupport.nu/). Data were collected from physicians across 16 Dutch hospitals between November 2019 and October 2022. The coaching programme consisted of six individual coaching sessions with a professional coach. During the recruitment phase, it was emphasised that coachees could choose their own coaching goals and topics related to their professional and personal lives. Coaching was described as a developmental process that would help coachees reach their full potential and optimise their performance, aligned with the definition of coaching.[16] Each coachee was able to choose their coach from the pool of 40 available coaches after seeing their self-introduction videos. Before participating, all participants were informed about the research, potential withdrawal and data usage. After consenting, participants filled out the baseline questionnaire before their first coaching session. This questionnaire included questions on demographics, several psychological constructs and coaching goals. Specifically, participants were asked to describe three goals they would like to achieve through coaching, with a remark: 'Describe each goal briefly but as specifically as possible and in order of importance. The most important goal must therefore be described under Goal 1'. For other research purposes, additional measures were administered that were not included in the current study. Among 723 registered medical residents and specialists, 80.1% reported their coaching goals. Both *Match Your Future* and *Challenge & Support* coaching programmes exclusively involved coaches certified by the *Nederlandse Orde van Beroepscoaches* (https://www.nobco.nl/).

A total of 938 physicians participated. See table 1 for a description of the participants' characteristics within each career stage. Physicians came from various medical specialties, such as paediatrics (19.0%), gynaecology (13.3%), internal medicine (12.0%), neurology (8.5%), geriatrics (6.2%) and orthopedy (3.2%). We categorised medical specialists into three groups based on their reported tenure in their current positions. Early-career specialists had up to 5 years of experience, mid-career specialists had between 5 and 15 years and late-career specialists had more than 15 years in their current positions.

Patient and public involvement
No patients involved.

Data
The length of self-reported coaching goal responses varied between 1 and 175 words (M=9.2 words, SD=12.4), with most of the responses (75.8%) using 10 or fewer words. These responses were imported and coded in Nvivo V.1.7.1, a tool for qualitative data analysis. The first reading of the data showed that some coachees described various goals in one response field. Hence, a total of 2054 responses were coded as 2571 different goals, where each goal was the basic unit of analysis and coded with only one code.

Analysis
We conducted our analysis in two stages: an exploration stage and a validation stage. In the exploration stage, we performed an *inductive* thematic analysis[28] on the coaching goals of the first random half of participants and developed a detailed codebook. In the validation stage, we used data of the second random half of participants to perform a *codebook* thematic analysis[29] and examine how exhaustive our codebook is.

Exploration stage
Our inductive thematic analysis was data driven, extracting themes directly from the data rather than being guided by a specific theory. Given the concise nature of the coaching goal descriptions, we primarily conducted the thematic analysis on a semantic level, conceptualising themes as 'domain summaries'[29] within the surface meaning of the data. Adhering to a critical realist approach,[30] we regarded the data as accounts shaped by (Dutch) socially available meanings and constructions related to work, career and personal and professional development. Combining a six-step approach by Braun and Clarke[28] with a three-phase coding method by Williams and Moser[31] (figure 1), the first author familiarised herself with the data by reading through the responses a few times without any special focus.[28] We then engaged in open coding, identifying initial concepts in the data.[31] That is, we used short sequences or single words (ie, initial codes) to attach units of meaning to the data. The second author then independently coded one half of that data while using the

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Table 1 Demographics of physicians participating in the present study

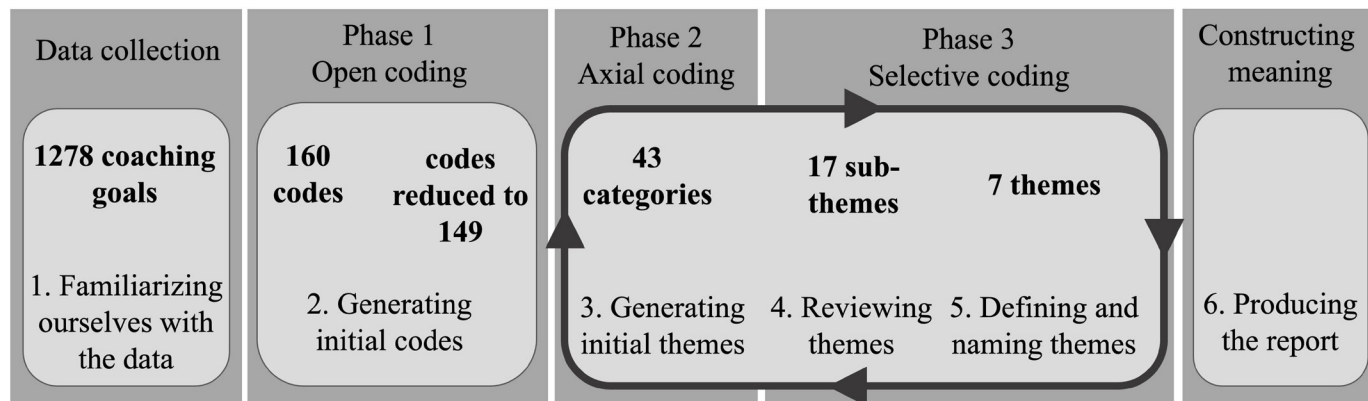| Career stages	N	Age			% of female	Tenure on the position (years)		
		Range	Mean	SD		Range	Mean	SD
Medical clerkship students	341	20–35	22.9	1.8	78.9	/	/	/
Medical residents	336	27–43	32.0	2.6	76.2	0–10	3.0	1.8
Early-career specialists	122	31–58	38.8	4.9	74.6	0–5	2.3	1.7
Mid-career specialists	82	38–62	45.9	4.9	64.6	6–14	9.8	2.5
Late-career specialists	57	44–66	54.5	4.6	57.9	15–31	19.7	4.2
Total	938	20–66	32.2	9.7	74.8	/	/	/

Figure 1 Non-linear process of coding with cyclical moving between phases and steps. The dark boxes represent the three-phases approach discussed by Williams and Moser[31] and the light boxes illustrate the six-step approach described by Braun and Clarke.[28 32]

existing codes and adding new codes. The two authors attained 59.7% of overlap in their coding. During the coding of responses, both authors hid participants' personal information and demographics. All differences and unclarities in coding were discussed and agreed on with the remaining authors, resulting in a final set of 149 codes. An example of a semantic code is 'improve communication'.

We then progressed to axial coding, refining, aligning and organising our codes into thematic categories.[31] After searching for themes by analysing and sorting codes into broader categories,[28 32] the first two authors discussed with the fourth author and developed 43 categories, such as 'better communication'.

In the selective coding phase, we selected and integrated the categories into cohesive and meaningful expressions,[31] creating subthemes and overarching themes. This recursive process involved continuous comparison, reduction and consolidation of categories, subthemes and themes.[28 31 32] Finally, we created 17 subthemes, such as 'improve teamwork'. All authors (excluding the third) discussed to achieve consensus and further integrated these subthemes into seven overarching themes, such as 'interpersonal work relations'. Finally, we produced a comprehensive codebook and prepared the current report. Our comprehensive codebook informed the final report, where we presented broader analytical statements about coaching goals throughout medical careers. The presented excerpts were translated from Dutch to English for clarity.

Validation stage

We used the validation stage to assess the completeness of the codebook produced in the exploration stage.[33] To examine whether the codebook captured the full range of relevant concepts and themes presented in the data, the first author first coded the second random half of the data using the developed codebook. Out of 1293 coaching goals, 7 goals remained uncodeable, meaning that our codebook was sufficient to code 99.5% of coaching goals. Next, the third author coded 10% of this data using the

same codebook. The codebook was sufficient to code all but one coaching goal (ie, 99.9%). During the coding of responses, again, both authors hid participants' personal information and demographics. The first and third author coded identically 67.2% of goals at the code level, 78.4% of goals at the category level, 79.1% of goals at the subtheme level and 84.3% of goals at the theme level. The coding that did not overlap still frequently used similar codes. For example, one goal was coded as *find job satisfaction* by the first author and as *keep job satisfaction* by the third author.

FINDINGS

Physicians' coaching goals

The findings in relation to the first research question (*What are physicians' coaching goals at the start of coaching?*) are presented in table 2. Based on the 149 codes, we inductively generated 43 categories, 17 subthemes and 7 overarching themes: (1) career and future (19 codes), (2) coaching (8 codes), (3) current job and tasks (25 codes), (4) interpersonal work relations (23 codes), (5) health and well-being (29 codes), (6) self-insight and development (32 codes) and (7) nonwork (13 codes). See online supplemental material A for the complete codebook.

Coaching goals in different career stages

To answer our second research question (*Do medical students, residents, and specialists set different coaching goals?*), we analysed the goals per career stage. Below we describe the themes that were most often mentioned among medical students, residents and early-career, mid-career and late-career medical specialists (see online supplemental Material B).

Medical clerkship students

Clerkship students primarily set goals about self-insight and development, career and future and coaching. First, many students aimed to use coaching for professional identity discovery and find out what they like and what suits them. Moreover, they aim to grow and develop

Table 2 Themes, subthemes and categories of coaching goals with descriptions and examples

Theme	Subtheme	Category	Description	Example goal
Career and future	Make career choice and set career goals (11.1%)	Make career choice	Choose career and specialisation, learn how to make these choices and conclude which job or career aspect is particularly valuable.	'I want to make a good choice about my follow-up specialization.'
		Plan career	Use coaching to plan careers, set career goals, and discuss how to reach these goals.	'Form and concretize own thoughts about next career step(s).'
	Facilitate career transitions (2.5%)	Explore and prepare for job market	Explore possibilities on the job market, get information about the field, and prepare for applications.	'Get a better idea of what the medical profession (and the path to it) really entails.'
		Prepare for retirement	Discuss how to leave departments in good hands, anticipate transition to pension and make pension plans.	'Reach my retirement in a pleasant way.'
	Create general future goals and plans (8.2%)	Set general goals and plans	Create general future goals and plans.	'Gain clarity about my future.'
		Attain general goals	Discuss future path, plans, vision or ambitions, and ways to reach goals.	'Make it clearer where my goals for the future lie.'
Coaching	Get support from the coach (3.5%)	Get new perspective	Talk to someone with more experience or to get a new perspective from a coach.	'I am especially curious about how others view my plans for the future.'
		Get advice and guidance	Get a coach's guidance during studies or career, and advice on making choices.	'Get advice based on my choice and the further process.'
	Discover coaching (0.7%)	Get to know the coaching programme	Discover coaching and explore openly how one could benefit from this programme.	'Find out whether coaching can contribute to dealing with work and private circumstances'.
Current job and tasks	Do and deal with my job position and demands (2.6%)	Analyse my current position	Analyse job positions, find ways how to feel more comfortable in the current or a new job position.	'Feel more at home in the academic world and other (work) settings.'
		Deal with job demands	Deal with workload and emotional demands, or job uncertainty.	'Reduce uncertainties/stress about critically ill patients.'
	Improve task management and performance (5.6%)	Improve and keep job autonomy	Improve or maintain job autonomy.	'Preserving freedom and autonomy.'
		Organise my work	Better organise work and harmonise different tasks and roles, reduce procrastination, and improve time management.	'I want to make more effective use of my time in the hospital.'
		Optimise performance	Improve efficiency, professionalism, teaching skills and the healthcare one provides.	'To be able to work more efficiently in chaotic (working) conditions.'
	Enhance job attitudes (3.9%)	Improve and keep job motivation	Stay motivated and keep enthusiasm in work.	'Continue working with passion.'
		Find and keep job satisfaction	Increase or maintain job satisfaction.	'How to continue enjoying my work?'
		Find meaning in work	Find meaning in job and work.	'Meaning in medical care.'

Continued

Table 2 Continued

Theme	Subtheme	Category	Description	Example goal
Interpersonal work relations	Better influence others (2.4%)	Improve leadership skills	Improve leadership and delegating skills.	'Enhance leadership skills.'
		Improve feedback skills	Improve skills related to giving and receiving feedback.	'Give constructive feedback without judgement.'
	Improve teamwork (4.4%)	Connect with team	Optimise collaboration with teammates, be more connected, and affect the team climate.	'Develop a sustainable working climate.'
		Profiling in a team	Better present and position oneself within a department, better contribute to teams and make those contributions visible.	'Strengthen my position in the team and contribute to the general tasks as best as possible.'
		Better communication	Improve communication skills, such as negotiation and assertiveness.	'Improve my use of different communication styles.'
	Cope better with interpersonal challenges (1.9%)	Deal with organisational climate	Cope better with hierarchy, competition and injustice.	'Deal professionally with the feeling that you are being treated unjustly within the organization.'
		Deal with others	Deal better with other individuals, better manage their conflicts or handle difficult characters.	'How to properly deal with the attitude/characteristics of supervisors?'
Health and well-being	Cultivate health-promoting qualities (2.0%)	Build resilient qualities	Build resilient qualities such as self-compassion and mindfulness.	'Routinize self-compassion.'
		Curb perfectionism	Curb perfectionism, reduce self-criticism and deal better with one's and others' expectations.	'Become less perfectionistic or learn to deal with this in a better way.'
		Improve personal adaptability	Improve personal adaptability, and ability to cope with challenges.	'Deal with the changes in the profession.'
	Vitality and mood (6.6%)	Health and vitality	Reduce burnout, stress, and fatigue, manage energy better and stay healthy.	'I want to monitor my mental and physical health despite busyness and hectic and emotional moments at work.'
		Better mood	Improve mood, be happier, calmer, more positive and find peace.	'Learn to keep calm during busy periods.'
		Cope with negative emotions	Better cope with negative emotions, such as guilt or worry.	'Worrying about both work and private things.'
		Deal with negative events	Learn how to better deal with disappointing or frustrating events.	'Become less frustrated with things that do not go well.'

Continued

Table 2 Continued

Theme	Subtheme	Category	Description	Example goal
Self-insight and development	Discover myself (15.6%)	Discover my talents and flaws	Get insight into own talents, capacities, strengths, weaknesses and flaws.	'Get more insight into my own strengths and limitations.'
		Understand my priorities	Consider different sacrifices that medical jobs might require or generally make choices.	'Get it clear what I want to give up privately in order to excel in my work.'
		Uncover professional identity	Identify what kind of doctor one would like to be, what one likes, and what suits one best.	'Gain insight into what suits me and what does not.'
		Get to know myself	Gain insight into own emotions, behaviour, and personal values.	'Get a better idea of who I am.'
	Develop myself (13.3%)	Enhance self-development	Facilitate self-development, professional development, and personal growth.	'Create concrete ideas for professional development.'
		Improve confidence	Gain a stronger feeling of self-worth, stop doubting oneself, care less about what others think, be less afraid of failure, and feel less insecure or like an imposter.	'I want to gain more confidence in my abilities.'
		Utilise qualities and flaws	Better use personal qualities, handle personal flaws, and stay true to oneself.	'How do I get the best out of myself in the workplace but stay who I am?'
Nonwork	Foster balance and boundaries (14.4%)	Create work-nonwork balance	Reflect on, improve, and maintain current work-nonwork balance, and find ways to prevent future work-nonwork imbalance.	'I have a great desire to have children and find it difficult to think of how I can achieve this in my career as a doctor.'
		Find and maintain balance	Find and maintain more general balance and harmony in life.	'Balance between ambition and energy.'
		Set boundaries	Learn to say 'no' when needed and set boundaries.	'Learn to say no sometimes and find out why saying no is hard for me.'
	Attention for nonwork activities (1.3%)	Care for family and leisure	Give more attention to family and private problems and find time for relaxation and hobbies.	'Make room for relationships and activities other than work.'
		Detach from work	Detach from work and let go of things or feelings after work.	'Be able to let things go.'

The number in brackets next to each subtheme shows the percentage of all text units related to the subtheme.

themselves, often by improving confidence in their choices and skills. Second, many students intend to use coaching to make career choices and especially to choose their specialisation. Also, they want to explore both their possibilities within the job market and their own ambitions for the future. Finally, many students hope to get a new perspective from their coach as a more experienced colleague (eg, 'It would be nice to be able to reflect with someone who understands the field'). They want to get support and guidance from their coach when making a career choice.

Medical residents

Medical residents also focus on goals about self-insight and development and career and future, but additionally on goals about the balance between work and nonwork. Similar to students, most medical residents intend to use coaching to discover and develop themselves, emphasising getting to know themselves through self-reflection, discovering their talents and flaws and understanding their own motivation. Furthermore, residents are also interested in improving their confidence, particularly in their specific abilities, and learn how to employ personal qualities. Also, they are interested in learning how to set their boundaries, setting specific goals for their careers and future, exploring their ambitions and discussing their future in general. Finally, many residents aim to use coaching to find ways to create, maintain or improve their work-nonwork balance (eg, 'How can I perform well both at home and at work without feeling like I am falling short?').

Early-career specialists

Similar to residents, early-career specialists set coaching goals about self-insight and development, career and future and the balance between work and nonwork. First, early-career specialists want to get to know themselves by getting insight into themselves and improve their confidence. Next, early-career specialists want to use coaching to plan their careers, explore their ambitions and set more general future goals. These physicians also want to create, improve and maintain their work–nonwork balance (eg, 'It will be increasingly important for me to maintain a good work-life balance because of my family with two young children'). Furthermore, early-career specialists want to use coaching to plan their careers, explore their ambitions and set more general future goals. Additionally, early-career specialists are becoming interested in finding ways to improve their current job and tasks by facilitating the organisation and productivity of their work.

Mid-career specialists

Mid-career specialists primarily set goals not only about their career and future, nonwork but also about interpersonal work relations. Similar to residents and early-career specialists, mid-career specialists aim to use their coaching to set general and career-specific goals. Next, mid-career specialists are interested in creating and improving their

work–nonwork balance. Additionally, many mid-career specialists are becoming interested in improving their interpersonal relations at work by improving their leadership skills, team dynamics and communication (eg, 'improve communication with colleagues in the department and obtain cooperation').

Late-career specialists

In the group of late-career specialists, the diversity of coaching goals was large, covering all themes (except the theme about coaching). First, these specialists intend to improve their self-insight and development by understand their own motivation and employing more effectively their talents and qualities. Next, late-career specialists want to facilitate their careers and future by setting specific career goals, anticipating their transition to retirement (eg, 'Reach my retirement in a pleasant way') and exploring plans and activities for their retirement. Also, these physicians want to facilitate their current jobs and tasks by improving harmony between their different tasks and roles (eg, 'improve balance between content and leadership') and exploring how to keep their job satisfaction and enthusiasm for work. Furthermore, they want to keep improving and maintaining their work–nonwork balance and interpersonal relationships at work ('improve the approach to effectively influence, eg, the atmosphere in the workplace'). Finally, more than other career stages, these specialists are interested in maintaining their health, vitality and mood through coaching.

DISCUSSION

In the light of growing challenges in the healthcare industry, such as increased burnout rates among physicians,[1 3] it is crucial to deepen our knowledge about physicians' developmental aims and needs. Using a qualitative approach, this study provided a comprehensive insight into physicians' developmental needs by exploring (a) the coaching goals physicians set at the start of coaching and (b) how these coaching goals differ across career stages.

Our findings showed that coachees set coaching goals about their career and future, current job and tasks, interpersonal work relations, self-insight and development, health and well-being, nonwork and the coaching process. These themes specify the developmental needs that underlie physicians' challenges described in previous research, such as poor work–life balance.[20 34 35] Furthermore, our findings extend previous research by providing insights into what physicians themselves perceive as valuable avenues for their ongoing personal and professional development.

From themes to theory

The importance of the seven overarching themes (ie, career and future, coaching, current job and tasks, interpersonal work relations, health and well-being, self-insight and development, nonwork) can be explained through

psychological theories such as the Social Cognitive Model of Career Self-Management,[36] the Job Demands-Resources (JD-R) model,[37] the broaden-and-Bbild theory[38] and the boundary theory.[39]

Specifically, our participants set goals about *coaching*, requiring new perspectives, advice and guidance from the coach. They also focus on career choices, career transitions and general future plans that constructed the theme *career and future*. These goals clearly illustrate the importance of the adaptive career behaviours outlined in the social cognitive model of career self-management.[36] According to this model, engaging in those career behaviours that one can control fosters career goal attainment, despite external uncontrollable factors.[36] Therefore, physicians recognise the need to identify limitations to their career advancement and assert control over adaptive career behaviours.

The theme *current job and tasks* reflects the importance of addressing job demands. This involves managing one's job position, improving task management and performance and enhancing job attitudes. According to the JD-R model,[37] jobs include job demands and job resources influencing well-being and motivation. Job demands require physical and/or psychological effort (eg, high workload), while job resources aid goal achievement and personal growth. Coping with job demands can be strengthened by increasing job resources, such as social support, which may also mitigate the negative impact of job demands on well-being.[37] The importance of interpersonal resources and social context for physicians was illustrated in the theme *interpersonal work relations* that consisted of goals about influencing others, improving teamwork and coping with interpersonal challenges. Therefore, physicians clearly identify the need to concurrently manage job demands and facilitate job resources.

The theme *health and well-being* involves goals centred on creating positive emotions, overall health and cultivating health-promoting qualities, vitality and better mood. According to the broaden-and-build theory,[38] positive emotions broaden thought-action repertoires, promoting discovery and creativity, ultimately building an individual's resources. That is, these positive emotions widen the range of thoughts and actions that come to mind by creating an urge to explore, play and integrate current life circumstances. Therefore, improving physicians' health and well-being is crucial not only for its intrinsic value but also for fostering beneficial circumstances conducive to psychological growth. Indeed, the theme *self-insight and development* is an evident example of physicians' strong ambition for continual self-discovery and growth, with goals focused on personal development. Hence, physicians aim to establish a positive synergy that benefits both their personal fulfilment and professional development by simultaneously prioritising well-being and self-development.

The theme *nonwork* highlighted the importance of balance, including goals related to creating and maintaining work–nonwork balance, setting boundaries, detaching from work and caring for family and leisure. The boundary theory[39] examines how individuals establish and manage flexible boundaries between work and nonwork life domains, which help employees balance their responsibilities in both domains. According to this theory, aligning one's preferred boundary management with actual practices enhances positive outcomes in both work and nonwork domains.[40 41] Indeed, physicians feel a pressing need for opportunities to customise these boundaries, aiming to improve their well-being and functioning in both work and nonwork aspects of life.

Our research reveals that physicians set coaching spanning both professional and personal aspects. This underscores the importance of allowing coachees to customise their coaching journey based on individual needs.[42] A narrowly focused programme may overlook the diverse developmental needs of physicians. Additionally, our findings suggest that some coaching goals are theoretically compatible, such as current job and tasks and interpersonal work relations. We encourage coaches to explore integrating seemingly disparate coaching goals for more desirable outcomes. While our study did not focus on coaching effectiveness, future research could investigate whether goal achievement is influenced by their nature or type. The goal classification developed in our study provides a valuable framework for such investigations.

From student to retirement

The thematic analysis showed that physicians at different career stages set different coaching goals. Deeper analysis of our data allowed us to explicate an overarching model that illustrates how different career stages focus on distinct themes (figure 2). The model portrays three layers of themes—person, tasks and relations—as well as the career stages through which these layers unfold. As illustrated in this model, our data uncover two valuable insights. First, physicians tend to engage with a broader spectrum of themes as they progress in their careers. For instance, clerkship students mostly focus on self-insight and development or career and future, while late-career specialists address a wider range of themes more evenly. Second, themes which are significant in one career stage persist in subsequent stages. That is, as physicians advance in their careers, they focus on new themes such as nonwork aspects and interpersonal relations at work, while themes like self-insight and development remain relevant for some specialists.

The person layer

The person layer illustrates physicians' needs to develop their sense of self, make the right choices about who they want to be, what they want to do with their careers and to get support in making these decisions. Many physicians in the earliest years of their careers tend to address these themes. For example, clerkship students need to discover their professional identity, while medical residents intend to get to know themselves and improve their confidence. Also, while students need to make career
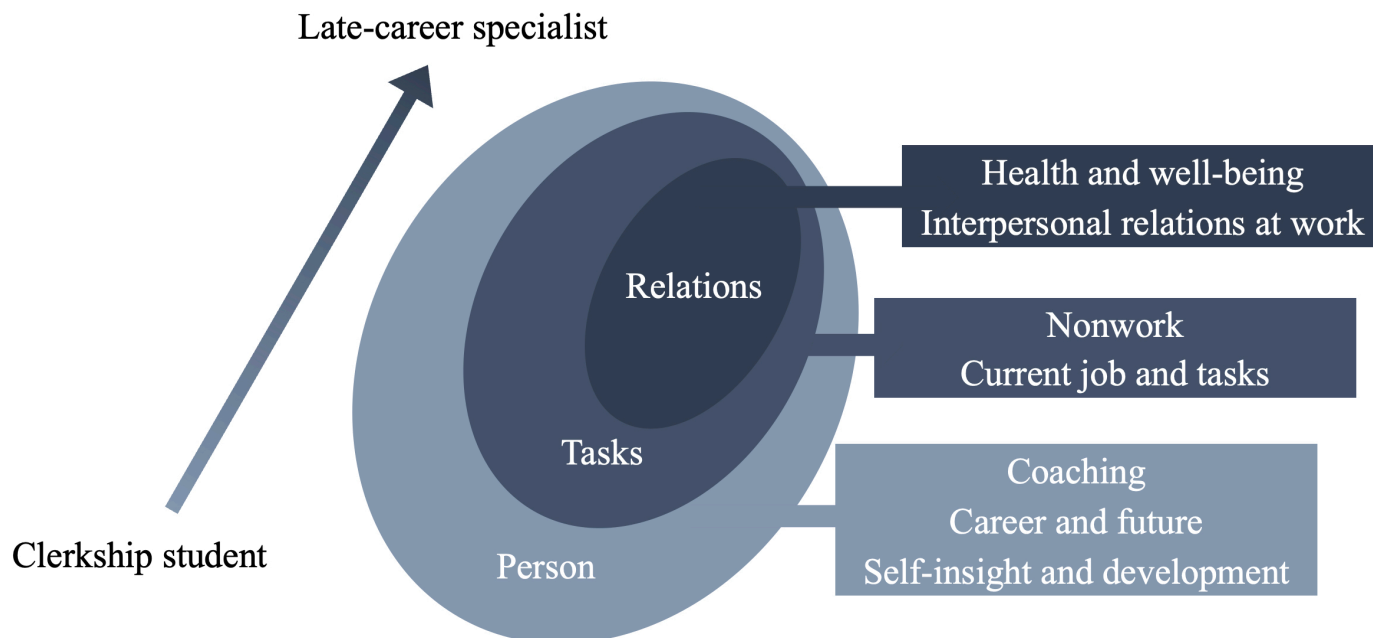
Figure 2 The three-layer model of physicians' professional and personal development incorporates the seven overarching themes of coaching goals formed using the thematic analysis. The model shows how new layers of development unfold as physicians advance in their career stages.

choices while experiencing heightened time pressure and stress,[43] medical residents need to learn how to select and prioritise certain career goals over others.[44] Additionally, during these processes, students need guidance from coaches, highlighting the significance of coaching in this context. Furthermore, themes within the person layer persist throughout later career stages, although with a different content. For example, while goals related to uncovering professional identity diminish among mid- and late-career specialists, these physicians tend to shift towards setting goals about understanding their priorities and utilising their qualities and flaws. Similarly, the theme of career and future evolves throughout career stages as, for instance, students prioritise specialisation choices while late-career specialists focus on preparing for retirement.

The tasks layer

The tasks layer reveals physicians' needs to effectively handle growing complexity of both their professional duties and private responsibilities. Consequently, this layer adds themes that physicians typically start addressing from the medical resident stage onward, including current job and tasks and nonwork matters. First, medical residents, early-career and mid-career specialists have a need to learn to deal with high job demands and improve the organisation of their work as they must handle a growing number of increasingly complex patients and tasks while facing limited time.[45] Late-career specialists also set goals in this theme, focusing on those about enhancing and keeping motivation for their job and tasks. Second, the interest in learning how to balance work and nonwork domains and set boundaries peaks during the medical resident stage and gradually decreases but remains relevant in later stages. Indeed, young physicians are more likely to face more nonwork tasks and challenges due to their expanding families and young children.[26] Although this theme remains relevant among late-career specialists, they also focus more than younger colleagues on learning how to emotionally detach from their work and learn to let things go.

The relations layer

The relations layer illustrated physicians' needs to develop sustainable and healthy relations with both others at work and their own well-being. Therefore, this layer adds themes, which maturing specialists are increasingly concerned with, including interpersonal relations at work and health and well-being. First, mid-career and late-career specialists aim to improve their feedback skills, leadership skills and collaboration within their teams. That is, as these physicians deal more often with administrative and managerial roles,[2 27] they feel a greater need to learn to successfully manage numerous interpersonal relations they have with their students, colleagues, employers, patients and the public. Moreover, these ageing physicians intend to address their relations towards themselves, their health, vitality and mood in coaching. As rates of obesity, low physical activity and sleep deprivation rise,[46] physicians must address their mental and physical health intentionally to ensure long and healthy medical careers.

In conclusion, the three-layer model shows that physicians' developmental aims follow their increasingly complex tasks and roles. Moreover, this model shows that professional and personal development are largely inseparable. Hence, supporting physicians' well-being and functioning must be done through holistic

interventions—such as professional coaching—offering opportunities for a lifelong development across various aspects of physicians' lives.

Strengths and limitations

We employed inductive thematic analysis to develop themes and gain a comprehensive understanding of coaching goals uncovering physicians' developmental needs across medical career stages. Moreover, we distinguished between an exploratory and validation phase of the analysis to ensure the trustworthiness of our findings. Additionally, by including a diverse and large cohort of physicians from various hospitals in the Netherlands, our findings likely have broad applicability in various contexts.

Our study, centred on the coaching programmes Match Your Future and Challenge & Support, views coaching as an opportunity for professional and personal growth. However, our findings are influenced by each coachee's perception of coaching and its potential impact on their development. Additionally, coachees' initial goals may be shaped, in part, by programme information. For instance, medical students may seek advice and guidance from coaches because they were aware of their coaches' medical background. However, this limitation does not diminish the importance of medical students' needs for support and guidance in career decision-making. Moreover, our findings reveal a wide range of students' coaching goals, indicating that their goals were not solely determined by the initial instructions. Furthermore, our sample included more women than men and a relatively high representation of young physicians, which may have affected the findings. Although our gender distribution mirrors that of the Dutch healthcare sector and education,[47 48] future research may examine the transferability of our findings. Additionally, our analysis focused on variations in goals among different career groups, rather than tracking individuals over time, potentially leading to differences influenced by cohorts, in addition to career stages. Thus, future research could explore the goal evolution during career transitions. Finally, while our study primarily examined initial coaching goals, we recognise that these goals can evolve and change during coaching. Nevertheless, analysing initial coaching goals provides valuable insights into physicians' desired states and developmental aims, regardless of potential adjustments during the coaching trajectory. Future research could further explore the goal evolution during a coaching journey.

Conclusion

The present study enhances coaching literature by emphasising the importance of allowing coachees to choose their coaching goals, recognising narrowly focused programmes may not address their diverse developmental needs. Additionally, our study uncovers the increasing diversity in coaching goals among physicians in advanced career stages. The classification of these goals provides a valuable framework for further investigation

how coaching effectiveness is influenced by different types of goals.

Practically, our findings underscore unique layers of needs for support at different stages of medical careers. These insights offer valuable guidance for developing targeted interventions, policies and organisational changes. By considering these coaching themes and their importance at different career stages, organisations can improve their ability to foster the well-being and professional growth of healthcare professionals throughout their lifelong careers. This holistic approach will result in more effective and impactful support systems, benefiting both physicians and the healthcare system as a whole.

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