

Independent Evaluation of the COVID-19 Emergency Response  
Workforce Mentorship Program

**Final Report, June 2021**



Australian  
National  
University

## Foreword

Australia's public health workforce has been instrumental, some might go so far as saying heroic, in the nation's strong and consistent response to the COVID-19 pandemic. The pandemic response necessitated a rapid surge into government departments responsible for COVID-19 intelligence and control across each state and territory. The large second wave of COVID-19 experienced in Victoria escalated the demand for public health staff and put the surge workforce at the Department of Health and Human Services in Victoria under enormous pressure.

The Public Health Association of Australia (PHAA) and the Australasian Epidemiological Association (AEA) were approached by members and motivated to provide professional support to the Department of Health and Human Services of Victoria staff who were responsible for many aspects of the COVID-19 response. Our focus was on the new graduates entering their first professional role, through to experienced staff who were suddenly thrown into leadership roles with extraordinary pressure.

The mentoring program that we put in place was primarily designed to address burnout and other by-products of working in such a high-pressure environment. The staff working on the front line needed an opportunity for discussion, support and guidance from people with broad experience in the public health sector. We were delighted by the willingness of so many senior public health figures to step up and volunteer their time to help support colleagues in Victoria. The list of volunteer mentors really was a "who's who" of public health in Australia.

The Victorian COVID-19 experience provides us with an opportunity to learn and prepare for future public health emergencies. We are grateful to Ms Parry for her work on the mentoring program evaluation. The findings detailed in this report will resonate with Health Departments around the country, all of which are facing possible COVID-19 outbreaks or other major public health challenges into the foreseeable future.

Thanks should go to the people who made the program possible. Firstly, the committee of DHHS staff and Victorian public health academics and leaders, who quickly swung to action to bring this mentoring program together for the Victorian DHHS Covid19 staff. Secondly the Senior DHHS public health staff, and in particular Prof Brett Sutton, who supported and facilitated this program, as well as the PHAA staff, specifically Malcolm Baalman and Gemma Beet, who were the arms and legs of the initiative who kept it on the rails.

Greater commitment to and investment in the public health workforce is a vital consideration for the future health of Australians. This pandemic has shone a bright light on its current frailties. We urge all governments to invest more in the public


health experts of tomorrow.

Finally, thank-you to the hardworking public health professionals and public servants across all levels of government. Your work often goes unseen, but without your dedication and professionalism many critical public health programs and services would fail to deliver the benefits that they do.



**Adjunct Professor Terry Slevin**

**Public Health Association  
of Australia (PHAA)**



**Associate Professor Brigid Lynch**

**Australasian Epidemiological  
Association (AEA)**

## Executive Summary

During 2020, the Victorian Department of Health and Human Services rapidly increased their surge public health workforce to respond to the COVID-19 pandemic. To support this emergency response workforce, the Public Health Association of Australia and the Australasian Epidemiological Association implemented an emergency response mentorship program. This report presents the findings of an independent evaluation conducted of this program.

Three main areas were explored with evaluation participants; the utility of the program structure, how the program supported mentees, and the benefits of the participating in the program.

We found that the program structure was useful as a pilot, however modifications are required to ensure future programs set appropriate expectations and provide specific guidance suitable for emergency response.

Mentees sought support on professional issues such as leadership and decision making, rather than technical day-to-day aspects of their work. Through the support of mentors, the lesser experienced public health workforce were able to work and function within a demanding and stressful environment as mentors was reportedly able to fill knowledge and skill gaps of the junior workforce.

Addressing wellbeing and burnout of the emergency response workforce is essential to retaining a competent and experienced workforce. Personal support was highly valued by evaluation participants and ensured mentees were able to better manage their wellbeing during an intense period and focus on their work.

The primary recommendation of this evaluation is that a 'fit for purpose' emergency response mentorship model is needed. By refining this emergency response model, as well as addressing the other recommendations outlined in this report, the emergency response workforce will be better supported and will be more effective.

Amy Elizabeth Parry  
Evaluation lead  
June 2021

## Acknowledgements

Thank you to the Public Health Association of Australia (PHAA) and the Australasian Epidemiological Association (AEA) for supporting this mentorship program at a time of need amongst the public health workforce. Thanks especially to Professor Terry Slevin, Malcolm Baalman, and Gemma Beet who supported and maintained the program. Thanks also to the volunteer mentors, as this report will show you, your support and time were highly valued. Mentees, thank you for your tireless work at keeping Melbourne, but also Australia, safe during the COVID-19 pandemic. You are seen, and your work is appreciated. Thank you to Dr Christine Heyes La Bond for supporting question refinement for the interviews and focus group discussions. Lastly, thank you to all of the program participants who gave me their time to tell their story as part of this evaluation.

### Evaluation team

Amy Elizabeth Parry	National Centre for Epidemiology and Population Health, Australian National University
Dr Samantha Colquhoun	National Centre for Epidemiology and Population Health, Australian National University
Dr Tambri Housen	University of Newcastle
Dr Ingrid Johnston	Public Health Association of Australia
Associate Professor Brigid Lynch	Australasian Epidemiological Association Cancer Council Victoria University of Melbourne
Dr Aimee Brownbill	University of Adelaide Public Health Association of Australia Foundation for Alcohol Research and Education (FARE)

For any queries in relation to the report, please contact [amy.parry@anu.edu.au](mailto:amy.parry@anu.edu.au)  
[phaa@phaa.net.au](mailto:phaa@phaa.net.au)

## Evaluation recommendations

Area	Recommendation
Program model	<p>Develop 'fit for purpose' emergency response mentorship model</p> <p>Emergency response mentorship needs to focus both on the professional skills as well as wellbeing support.</p> <p>Clear program objectives for targeted emergency response mentorship</p> <p>Ensure flexibility of program, however provide targeted focus areas for discussion</p> <p>Offer option of individual or group mentorship</p>
Guidance documents	<p>Develop a checklist in guidance documents outlining expectations of mentorship program</p> <p>Clarify program purpose and structure within main document</p> <p>Provide mentees with instructions on how to develop smart objectives</p> <p>Guidance documents to include discussion ideas to support initial mentee/mentor relationship development</p> <p>Ideal mentor characteristics to be added to guidance document for mentors to reflect on what they can offer</p> <p>Ensure ability to change mentors or mentees if relationship is unsuccessful for any reason</p> <p>Develop or offer mentor training or an information session for mentors at the start</p> <p>Create a mentor forum and mentee forum for peer to interact and share knowledge</p>
Recruitment	<p>Vetting of mentors is needed</p> <p>Online application to include more closed questions</p>

than open-ended questions for ease of matching

Add additional questions to the recruitment of both mentors and mentees to match on need

Don't limit to epidemiologist's as mentors – a broad range of support can be provided by general public health mentors

Build network for peer-to-peer mentorship and support

Time commitment expectations and availability should be added to the application and taken into consideration when matching

Conduct group facilitated session on mentoring to set expectations

Set expectations at the start that pairing may not be along professional expertise

Facilitate introductions and support mentee in initial relationship development

Provide brief biographies and context to pairs

Offer mentors a mentor to support developing mentor skills

## Table of Contents

<b>Foreword</b> .....	<b>2</b>
<b>Executive Summary</b> .....	<b>4</b>
<b>Acknowledgements</b> .....	<b>5</b>
<b>Evaluation recommendations</b> .....	<b>6</b>
<b>Acronyms</b> .....	<b>9</b>
<b>Introduction</b> .....	<b>11</b>
Evaluation aim.....	11
Research rationale.....	12
<b>Method</b> .....	<b>13</b>
<b>Findings</b> .....	<b>15</b>
Program administration.....	15
Participants.....	15
Themes.....	16
Focus area one: Programmatic .....	16
Summary and key recommendations.....	16
Programme structure and guidance.....	16
Matching .....	19
Time.. .....	22
Focus area two: Support.....	24
Summary and key recommendations.....	24
Professional support.....	24
Wellbeing support.....	29
Focus area three: Benefits.....	32
Summary and key recommendations.....	32
Collegial support.....	32



Mentee confidence .....	33
Remote mentorship trial .....	33
Mentor motivation .....	34
<b>Discussion .....</b>	<b>37</b>
<b>Limitations .....</b>	<b>39</b>
<b>Conclusion.....</b>	<b>39</b>
<b>References.....</b>	<b>40</b>
<b>Figures, Tables, and Vignettes</b>	
Figure 1: Thematic structure of findings .....	16
Figure 2: Ideal mentor characteristics as indicated by mentees* .....	20
Table 1: Survey findings, mentorship program evaluation, 2020.....	37
Vignette 1: Matching (Mentee).....	21
Vignette 2: Technical support (Mentor).....	26
Vignette 3: Recognition (Mentee) .....	31

## Acronyms

AEA	Australasian Epidemiology Association
ANU	Australian National University
COVID-19	Coronavirus Disease 2019
DHHS	Department of Health and Human Services
FGD	Focus Group Discussion
NCEPH	National Centre for Epidemiology and Population Health
PHAA	Public Health Association of Australia
PHE	Public Health Emergency

## Introduction

The COVID-19 pandemic response demanded a rapid increase in the public health workforce and a wide range of skills and expertise were required to address the crisis. Research conducted in 2019 with emergency response experts, identified that there was insufficient support and mentoring of the epidemiology workforce during emergency responses.(1,2)

The Australian state of Victoria experienced a large second wave of COVID-19 between late May to late November 2020.(3) To support the response, the Victorian Department of Health and Human Services (DHHS) on-boarded new staff and seconded staff from other Departments.

As the second wave escalated, a group of experienced epidemiologists and public health practitioners convened to discuss surge workforce challenges and necessary mitigation measures to sustain the workforce capacity. Based on these discussions, the Public Health Association of Australia (PHAA) and the Australasian Epidemiological Association (AEA) partnered to implement a mentorship program to support the public health response workforce within the DHHS.(4)

As this mentor program was developed rapidly, it was modelled on a successful public health mentor program run previously by the PHAA in South Australia. The DHHS mentor program commenced on 16 September and ran for a three month period during the height of the COVID-19 pandemic, officially finishing in December 2020.

This mentorship program was open to all COVID-19 staff at DHHS. The target participants ranged from newly arrived staff through to established middle level staff working at DHHS. Mentors were experienced public health professionals with more than five years of public health experience.(4)

Program participants were not required to be PHAA/AEA members. There were 197 mentors and 198 mentees registered in this program. All program participants were invited to share their experience.

### **Evaluation aim**

To evaluate the PHAA/AEA COVID-19 mentorship program at DHHS.

## Research rationale

There has been limited research conducted in emergency health workforce strengthening. In a recent study with public health emergency response experts identified more support is needed for frontline workers.(2) The development and refining of a mentoring program for emergency response workforce will support and increase the effectiveness of this workforce, leading to reduced stress and burnout. An evaluation of the COVID-19 mentoring program was conducted as stakeholders believed findings could be of value for future program improvement.

This report will describe findings from an evaluation of the PHAA/AEA mentor program to determine its usefulness and assess whether implementation of this model should be adapted for use during future emergency response

## Method

### Evaluation method and model

The evaluation of the mentorship program consisted of a short, self-administered and anonymous online survey for both mentors and mentees, and participation in a focus group discussion or one-on-one interview, following the completion of the three-month program. All components of the evaluation were voluntary, and these were not a required pre-requisite for participation in the PHAA/AEA mentor program.

We used Kirkpatrick's model to evaluate the COVID-19 mentor program data. The model has four levels: reaction, learning, behaviour, and results.<sup>(5)</sup> “Reaction” aims to ascertain whether participants felt the program was valuable. “Learning” identifies what participants learnt. “Behaviour” aims to understand how well people applied what they learnt. The “Results” level was to identify the overall outcomes of the program.<sup>(5)</sup>

### Data collection

Program matching details and documentation were collected directly from PHAA mentorship program staff. Email and phone correspondence clarified program administration details.

We used the online survey software, REDCap (Research Electronic Data Capture), to distribute a self-administered electronic survey. The survey was open from September 2020 to January 2021, and the data were housed on a secure server. The PHAA/AEA mentorship program team distributed the survey link to all registered program participants, after which PHAA sent two reminder emails to encourage participation. Embedded in the online survey was plain language participant information statement and consent was provided electronically. The survey was short in format to encourage busy respondents to complete and consisted predominantly of multiple choice (yes, no, unsure) or Likert scale format questions (strongly agree, agree, neutral, disagree, strongly disagree). Completion of open-ended questions was optional. The survey included questions related to career stage, length of the program, objectives, matching of mentees and mentors, confidence, lessons learned, and application of lessons in the workplace during the pandemic.

In February 2021, PHAA/AEA invited all program participants to share their mentorship experience in a focus group discussion or semi-structured interview. A plain language participant information statement was provided electronically, participants returned their signed consent via email. Focus group discussions and interviews were voluntary and confidential and were conducted via Zoom in March

2021. We conducted mentor and mentees group discussions separately to ensure there was no perceived power imbalance, and so participants felt they were amongst peers.

Focus group discussion and interview questions were guided by survey findings. We consulted an experienced social researcher to support question enhancement that promoted sharing of personal stories and experiences. The order of questions asked was based on the flow of conversation, prompts were used as a tool to expand on the discussion and illicit depth.(6) For consistency, the lead researcher (AP) conducted all interviews and focus group discussions.

Questions for interviews and focus group discussions included perceptions on the benefits of the mentorship program, opinions on the program structure, program challenges, application of learnings, and perceptions on the mentor/mentee matching process. Focus group discussion and interviews evolved based on what the group felt was important to them, therefore not all questions were asked in all focus group discussions or interviews. We recorded the interviews and focus group discussions and transcribed them verbatim using an auto-transcription software, Sonix (sonix.ai, California and New York, United States of America). The research lead (AP) cross-checked all transcriptions against the recording to ensure accuracy.

## **Data analysis**

Survey data were analysed descriptively in Microsoft Excel 2016 and STATA 15 (TX:StataCorp). Content analysis was conducted for the open-ended survey questions.

We redacted identifying information within the transcript data. Data familiarisation was conducted through repeated listening and reviewing of the data.(7) Transcripts were imported to NVivo11 (QSR International Pty Ltd, Melbourne, Australia) qualitative data analysis software and open coded without a pre-existing frame.(8,9) Transcripts were reviewed at least twice to ensure consistency and complete capture of data. Codes were iteratively developed and merged as required, prior to identification of themes and interpretation for meaning.(9)

Survey, interview, and focus group discussion data were analysed together in a mixed analysis and presented together. Semantic and latent thematic analysis of the coded data was conducted to ensure direct and underlying issues were examined.(9)

## **Ethics**

The Australian National University Human Research Ethics Committee provided approval for this evaluation (identification no. 2020–596).

## Findings

### Program administration

Documentation provided to participants included an information pack, (4) promotion flyer, and application forms. The information pack outlined what mentoring was, listed potential objectives of mentee/mentor relationships, and set some expectations in terms of approximate time and regularity of meetings.

The application included characteristics that the applicant would like to be matched on, including gender, ethnicity, culture, religion, sexual orientation, disability, and language. Applicants were asked to detail their academic qualifications and training, their specific skill sets and areas of experience (from a set list), the number of years in the public health workforce, and experience in previous mentor programs. Mentors were asked about their experience in supervising staff/ students and the characteristics they are looking for in a mentee. Mentees were asked to list their length of employment at DHHS, their career plans/ aspirations next 5 years, and characteristics they are looking for in a mentor.

Google Forms was used to manage the application process and allowed for applications to be submitted online. The online database of applications were exported to Microsoft Excel where applicants were matched on their preferences and compatibility where possible. The matching process attempted to ensure senior mentees were matched with appropriately senior mentors. Once matched an email was sent to both mentee and mentor with contact details, informing the mentee that they were to make primary contact with the mentor and set relationship objectives.

### Participants

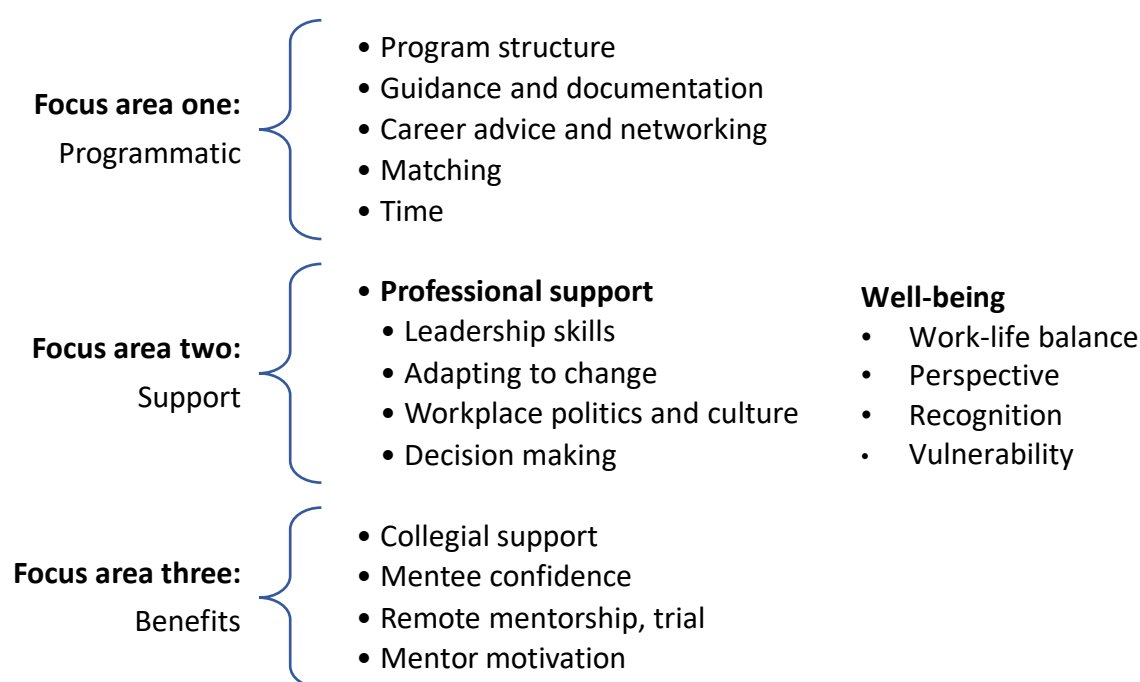
There were 197 mentors and 198 mentees registered in this program (n=395). Seventy-six program participants completed the online survey (response rate 19% n=76/395), 37% (n=28/76) were mentees and 63% (n=48/76) were mentors. Two mentor and two mentee focus group discussions were held with a total of 11 mentors and five mentees. Nine semi-structured interviews were conducted, five with mentors and four with mentees.

Eighty-nine percent (n=25/28) of surveyed mentees reported this was their first involvement in public health emergency response, and 54% (n=15/28) reported that they had less than five years of public health experience. Of the mentors, 51% (n=24/48) reported this was the first time they had mentored (Table 1).

## Themes

Three primary focus areas were identified from the data: 'programmatic', 'support', and 'benefits'. The relevant identified themes are included under each focus area (Figure 1).

**Figure 1: Thematic structure of findings**



## Focus area one: Programmatic

### Summary and key recommendations

Focus area one examines responses from the participant's discussion on their experience of the program and how it could be strengthened for future implementation. The key themes discussed by participants were program structure, guidance and documentation provided, time, and matching.

The main recommendation derived from this focus area is that a purpose built emergency response mentorship program model is required.

### Programme structure and guidance

Mentees and mentors found the program to be flexible to their needs, however a more 'fit-for-purpose' structure was identified as a need to support an emergency response mentorship program in the future. Differing ideas were reported on what fit-



for-purpose meant, however this included prompts on important areas to focus on during mentor sessions, ensuring the goal of the program was to support the response and the people involved, and clarifying program expectations.

Evaluation participants stated that clear program expectations need to be set from the start. Mentors with previous experience within mentor programs said they used previous mentorship models to shape the relationship, rather than the brief guidance from the program. Some reported that they appreciated the lack of guidance as it meant they were flexible in terms of approach.

*“Maybe the goal should be more direct in a time of crisis...directed to getting people to think more clearly, or get perspective.” Mentor*

*“I think probably a little more tailoring to the emergency situation, setting up and setting up the expectation.” Mentor*

When asked whether this program was different to other mentor programs interviewees had participated in, the responses were largely that there was not much difference, however this program was more targeted given the focus was on COVID-19 response. The differences mentioned suggested that the relationship was more intense than other mentor relationships as the workforce were managing both intense personal and professional challenges. The topics of discussion were reportedly broader than traditional mentor relationships which commonly focused on career development.

Evaluation participants stated they found the program structure was lacking in clarity. Mentors with previous experience within mentor programs said they used previous models to shape the relationship, rather than guidance from the program.

*“If I hadn’t mentored before, I might have been a bit more lost, especially because my mentee wasn’t particularly driving it. I had been in quite structured programs before so I sort of fell back on that.” Mentor*

Evaluation participants stated that expectations of the program need to be set up from the start. Some mentors commented that they were unsure if their mentee had volunteered to participate in the program therefore were unsure how much to push the mentee to get the relationship started. There seemed to be confusion from many mentors about whether or not mentees had volunteered to be part of the program. Some stated that a checklist would be useful to guide the development of the relationship initially, whilst others liked the flexibility of the program structure so they could develop the relationship as they pleased.

*“It would be great if there could have been a very clear set of expectations that were defined between the mentor and the mentee, at the start. So, like maybe a checklist of discussion points or something that you could fill out saying this is what I feel would benefit.” Mentee*

Some mentors felt this mentor program was more politically sensitive than others they had been involved in – and worried about the advice they may give could be contradictory to that of the workplace and/or the PHAA. Mentors were from across Australia, within different health systems and under different response guidance. Guidance clarification may help avoid this in the future.

*“I wanted to be careful...the PHAA proposed the program and the last thing that anybody would want is everybody saying we want to leave [DHHS] and the mentoring program helped us.” Mentor*

Mentees reported struggling with development of their objectives at the start of the program, and this was stated as one of the delays or hesitations with contacting their mentor. Participants stated that guidance on developing smart objectives was needed and clarification or tips on what would be useful to objectives during a health emergency. Mentees commented that as the response and their mentor relationship developed, their objectives changed to be less career direction focused. In the survey, a higher percentage of mentees compared to mentors stated they believed they met their personal objectives set at the beginning of the program (79%, n=22/28). Mentors were less convinced, with 65% (n=31/48) stating that the set objectives had

A recurrent challenge amongst both mentees and mentors were in navigating the initial introduction and forming a connection quickly. Given the short program timeframe, program participants felt pressure to rapidly develop a relationship. Some relationships did not need help to get started, however, respondents stated that having clearer guidance and introduction support would help rapidly develop relationships and may have improved the understanding of the scope of the program. As a way of setting up the relationship and removing barriers, both mentors and mentees reported the need for facilitated introductions.

*“I didn’t actually know who I was speaking with, really... I didn’t kind of have any context of what pressure she was under, how junior, how inexperienced, even her feelings towards participation [in the mentor program]... I wanted to be supportive, [but] am I just adding to her load and adding to her stress?” Mentor*

Evaluation participants commented that people often had an understanding of mentorship programs existing to guide career objectives, rather than to provide day-

to-day work support or personal support. This COVID-19 mentoring program was different as was undertaken in a short timeframe and situated within an emergency response. There were queries as to whether calling this a mentor program was misleading, as mentor programs are often driven by discussions of career and networking rather than providing professional and personal support. Despite this program classification issue, participants didn't mind what it is called as long as program purpose and structure were clear. Although career development and networking was a common program value identified, it was one of many important aspects of support that was received (further described in the next section).

*“So the regular mentorship program is more about where you want to go in your career and sort of how to get there and thinking about how to develop those networks, whereas this was more, I guess, a bit more supportive of how to go about undertaking day to day work.” Mentor*

## Matching

Overall, the matching of mentees and mentors was lauded as a program success amongst evaluation participants. Eighty percent (n=61/76) of survey participants thought they were well matched with their mentor/mentee. Mentees reported a higher percentage of agreeance than mentors (86% n=24/28, 77.1% n=37/48 respectively). Almost 21% (n=10/48) of mentor respondents stated they were unsure whether they were well matched.

*“I think the initiative is great. I'm perhaps just one of the very few it didn't work for.” Mentee*

*“Both my mentor and I felt that we were not well matched and I discussed this with the PHAA mentor team but they told me they would not be able to let me swap mentors.” Mentee*

*“I didn't get much out of it with my particular mentor” Mentee*

During the interviews we attempted to explore what a good match and a mismatch looked like. A good match did not seem to be dependent on being a technical or skills-based match. Many who were matched across professions initially reported feeling as though they had been mismatched. On reflection, they found that they were able to bring a lot to the relationship outside of their technical experience. One mentor said we should set people up to expect a non-technical match and that mentoring is often on non-technical aspects of the work (further explored in next section of report). Future programs should consider broadening the application and inclusion for both non-public health focused mentees and mentors.

*“If I was going into what I thought might be a really strong mentor program. I think she was exceeded what I would have expected that...I feel like I found the gold.” Mentee*

*“If you'd spent two weeks interviewing both of us...I don't think you could have done better.” Mentor*

*“At first I was thinking, how is this a match?...I really enjoyed the experience and the learning from my mentee, as well as providing what I could to mentee.” Mentor*

*“I think they [the program] could benefit from realising that people outside of epidemiology and public health still have the ability to contribute within emergency response times, particularly with policy.” Mentor*

*“I'd say that was one thing about how the program was presented. It seemed very geared towards epidemiologists, which is possibly what the intent was, and I just was a stowaway.” Mentee*

What seemed more important than technical skill-based matching were the characteristics of the mentor. Overwhelmingly, when asked the characteristics of a good mentor, empathy, listening, experienced, and kindness were frequently repeated. A list of ideal mentor characteristics can be found in Table 2.

**Figure 2: Ideal mentor characteristics as indicated by mentees\***



The perceived power dynamic within a mentor/ mentee relationship was discussed in the interviews and focus groups (Vignette 1). Mentors questioned whether some relationships may have ‘failed’ because of the power imbalance and the expectation for the mentee to make primary contact with the mentor and to drive the relationship. Mentees reported they did feel pressure to ‘not ask dumb questions’ because of the perceived power imbalance.

*“It did add a touch of pressure because of the calibre of my mentor, but also because of the calibre of my mentor, it was worth it.” Mentee*

### **Vignette 1: Matching (Mentee)**

*“To be matched with my mentor, quite overwhelming, to be honest. She is top of her game. I was so nervous, so, so nervous just meeting her, and she's, you know, I mean, she's laid back, easy going, fantastic, amazing, so beautiful, so emotionally intelligent. But I just have a conversation with her and she can just pick up everything, contain the amount of time I've ended up crying hysterically because I've just unburden myself completely and totally understood. Or I said a couple of words and she's like, ‘I had that experience. Let me tell you what's going on.’ And she's dead on the money. So it's the emotional stuff has been really beautiful. And being able to be really vulnerable has been amazing. The stuff I find really challenging, though, is coming up with something really smart to talk about”*

*Mentee*

When discussing the relationships that didn't succeed, participants were of the opinion that sometimes relationships will just not work out, and that should be expected. Some ‘failed’ on personality clashes, some had different expectations that did not align, and others reported a lack of effort from one or more party to enhance and develop the relationship. Participants discussed that if the relationship didn't happen quickly, then there is a need to work at it, which in this context, may have been difficult due to the short time frame.

*“I had a friend who was not well matched at all...but she wasn't being very realistic. I said, who did you put as your ideal mentor, she said 'Brett Sutton'.”*  
Mentee

*“Programs like this will always have some pairs that fail to fire. I think mine was one of those.”* Mentor

*“[Mentor] was completely unprepared, casual to the point of being unprofessional, and unable to assist me professionally.”* Mentee

*“[mentee] didn't seem to have any particular questions he wanted to ask me”*  
Mentor

## **Time**

The concept of time was discussed in three different ways; the program length, whether involvement was worth participant's time, and whether an emergency response is the right time to participate in mentorship.

*“I was really, really happy with who they matched with, I just wish we had more time.”* Mentee

During the survey, evaluation participants were asked whether the program was an appropriate length, 62% (n=47/76) of survey respondents agreed that it was. This finding was also similar between mentees (64%, n=18/28) and mentors (60%, n=29/48). General comments were made suggesting that the program was too short. Some interviewees clarified this stating that the time was a good length as a minimum, however they would prefer more time to develop a relationship, with many well-matched pairs deciding to continue.

*“A longer timeframe to develop relationships and contribute to goal setting would be valuable.”* Mentor

*“[I would have liked] more frequent/longer phone calls so that I could 'pick' her exceptional brain and gain some of her knowledge.”* Mentee

When asked whether participants believed the program was worth their time, considering their time constraints working on the pandemic response, survey participants were largely positive about the program. Eighty-five percent (n=65/76) of participants agree that the program was worth their time; this reaction was similar between mentors (83%, n=40/48) and mentees (89% n=25/28). The majority of survey respondents reported meeting fortnightly (57%, n=43/76). Interviewees reflected this finding also stating that the time spent with their mentor was some of the most valuable time in their week.

*“At work you don't have time to stop, there's not been any time to stop and ground and think... like let's take perspective... [mentor was] grounding in the midst of absolute mayhem.” Mentee*

There were comments from both mentors and mentees about the strain on their time, however this was often followed up with a discussion on the value of the time with their mentor and how the sessions made them stop and think or process what they were doing rather than react to whatever was needed in any given moment.

*“I had maximum two hours with her in total through the two sessions and considering the amount of time that was spent, the benefits were pretty big.” Mentee*

Not all participants had the time, and there were reports of mentors or mentees repeatedly missing meetings or not being contactable. Participants were unsure whether this inferred that they weren't finding the sessions useful or whether they were too busy.

*“I wasn't sure how much to pursue it because... I didn't know who I was talking with and was also conscious that it was like an extremely precious time and stressful and didn't want to contribute to that.” Mentor*

*“[We] never met as they had taken on another mentee and did not have time for me.” Mentee*

*“I was happy to meet with my mentee, but they have been a no-show for meetings several times.” Mentor*

When asked whether an emergency response was the right time to participate in a mentorship program, both mentor and mentees interviewed responded with a clear “Yes”. Participants discussed how the workforce that was drawn rapidly into the response was not a workforce that had a lot of experience. The response workforce was under a lot of strain both at work and home, many mentors were reportedly able to support their mentees both professionally and personally, which some discussed as a pragmatic step in supporting a strained workforce and potential strategy for workforce retention.

*“I think it's a really valuable asset to have as a support mechanism working in emergency response” Mentee*

## Focus area two: Support

### Summary and key recommendations

Descriptions of support provided by mentees was broken down into two main categories in this focus area: professional support and wellbeing.

Key recommendations for focus area two is that emergency response mentorship needs to focus both on the professional skills as well as wellbeing support.

### Professional support

Discussions on professional support ranged in topic, however were largely based on professional skills needed to undertake response work, not just technical knowledge or knowhow. These skills include leadership, adapting to change, understanding workplace politics and culture, decision making, and perspective.

In the survey, both mentees and mentors agreed that the mentoring model was suitable for professional development during emergency response (86% n=24/28, 88% n=42/48 respectively). When surveyed, mentors were confident that they were able to provide professional development (85%, n=41/48).

*“They had to scale up so quickly that the people that they were drawing and putting into roles didn’t necessarily have any experience whatsoever.” Mentor*

*“An excellent support program. It should be remembered that many of the people working in this emergency response situation have little if any practical experience in the area in which they found themselves working.” Mentor*

### Career advice

Mentees reported that their initial expectation about participating in the program was around making professional connections and talking about career advice, however this became a minor objective as value was placed more on the support the mentor was able to provide in terms of personal and professional advice. However, these more traditional mentorship objectives did occur; mentors reported that they were able to broaden mentees networks and introduce them to others and mentees reported being able to discuss career advice with mentors to assist them to plan their career post the COVID-19 response.

*“I am so unbelievably grateful for the program. My mentor was incredible, and I really appreciated their time and input. I feel this experience has had a huge impact on me, and where I see my career heading.” Mentee*



*“I would come out of those sessions feeling super relieved and almost energised...it had a very positive direct effect for the stress and well-being, as well as the career.” Mentee*

### **Technical support**

From the perspective of the mentors, they reported mixed results in whether they believed they were able to provide technical support to their mentee. Almost 44% (n=21/48) of survey mentor participants said they were able to, 27% (n=13/48) reported they were unsure, and 29% (n=14/48) said they did not provide technical support. When participants were asked if they believed the mentor program model was an effective tool to provide technical support during a public health emergency response, mentees were more in support than mentors (50% n=14/28, 27% n=13/48 respectively). The majority of mentors claimed to be unsure whether this was the right model to provide technical support (67%, n=32/48).

*“This was not really the focus of our interactions...I was using corporate knowledge more than technical knowledge.” Mentor*

*“I felt like we didn't go into a lot [technical support], a few ideas, but not really. She was reasonably well schooled in that space.” Mentor*

Evaluation participants discussed the provision of technical support during the mentor program as highly valued however many were surprised that this was not the focus. Evaluation participants said a better description of the mentoring program would be to state it was professional support rather than technical support, as not all matches were along technical lines. Professional support included technical advice, as well as support with leadership and management, adapting, decision making, and navigating workplace culture and politics.

*“[I] did not give one piece of technical advice but I gave lots of context around managing a role in the area.” Mentor*

*“Technical advice isn't something that mentees were seeking from me...They were after more general advice on their situations, how to resolve workplace conflict, how to effectively manage their time etc.” Mentor*

Mentors understood that many of the mentees had limited or no experience, and were under heavy workloads with sometimes minimal support. They reported being able to support the mentee with thinking through of ideas, offering practical advice, being a sounding board for ideas, and debriefing to better understand.

*“I really don't think it was about technical advice and I did not approach it from that point of view.” Mentor*

*“This scheme was extremely helpful, not only in supporting the mentees to gain skills necessary to perform their roles, but also to provide a willing ear from someone who has been there themselves and can understand what they are going through.” Mentor*

Some matches discussed operational day-to-day aspects of the job the mentee was doing and mentors suggested breaking down tasks and providing advice on managing those tasks (vignette 2), whilst other mentors commented that their mentee was very proficient and needed no technical support.

*“I'm actually surrounded by some real experts, so I didn't need the technical side.” Mentee*

### **Vignette 2: Technical support (Mentor)**

*“[The mentee] found she was getting really overwhelmed all the time. She was saying that she wasn't able to sit down and do the real strategic thinking work because she was always having her inbox flooded with people requesting things. So she'd be chopping and changing all the time, dropping the... work and going and fixing the inbox and doing that 10 million times a day, which... is really not very effective. So I just made some suggestions to her about how to structure her workday and how to manage the inbox a bit better....I think helping to take a step back and breathing.”*

*Mentor*

### **Leadership skills**

A common scenario reported from both mentors and mentees was that junior and inexperienced people (mentees) were rapidly being promoted to team leaders or placed in positions of leadership. Mentees sought support for understanding leadership styles, managing teams and individuals, how to initiate and manage important conversations, on how to lead during stressful times, and on how to shift leadership styles depending on need.

*“I was lucky enough to get a team leader position, I think it was not long before I was assigned this mentor... [we discussed] examples of how to manage people, how to be a positive role model and team leader... being able to support your peers and the people that you're managing and leading.”*  
Mentee

*“[Mentee] went into a team leader role for a team that had already been working but working poorly, and she was taking over and needing to sort of very quickly get this team up to speed to deal with the piece of work that they were working on together. And we nussed out some issues around those challenges.”* Mentor

*“My mentor has given me some ideas on how to build my team and function in an uncertain environment.”* Mentee

### **Decision making**

Many mentees were put into positions of leadership for the first time and were required to make rapid decisions. Mentees reported that they felt increased confidence knowing they could talk through a decision with their mentors without worrying about politics, or perception of their team or managers. Mentors reported supporting mentee decision making through posing questions to their mentee, and helping them to think laterally and be aware of possible implications or ramifications of the decisions they were making.

*“Just knowing that you've got an independent person to kind of talk to and go through when you suddenly have to make tricky decisions.”* Mentee

### **Adapting to change**

Adapting to change was a common learning reported by mentees. Mentees highlighted the need to learn how to identify and cope with change at work, adapt to stress levels, the fast pace of work, different ways of working (from home), and how to learn to understand what standard of work was acceptable without aiming for perfection. The mentor relationship supported mentees to gain confidence in managing and adapting to change.

*“[Mentor] gave me added confidence in my abilities and showed how well I had adapted without even realising it.”* Mentee

*“I had a mentor who very much helped [me to]... adapt and adjust to all the challenges and frustrations.”* Mentee

*“I found my time spent with my mentor incredibly valuable particularly because of the level of support I received. Just having a sounding board for all of my concerns, ideas, frustrations etc and also her input, advice and ideas. It has been crucial in helping me adapt to my environment.” Mentee*

### **Workplace politics and culture understanding**

Many mentees were new to the public health workforce and/or government and public service roles. The mentorship program reportedly assisted mentees to navigate the new landscape and difficult workplace experiences, as well as to explore ways forward as learning from mentors experience and advice. An added benefit repeatedly mentioned was that the mentor was external to their workplace and therefore the mentees were more comfortable discussing ideas and challenges.

*“Good to have someone go ‘this is how government works.’ Oh it's not just the people, it's just actually the system.” Mentee*

*“Having a consistent person to touch base with while working in a rapidly changing and insecure environment.” Mentee*

*“Having someone who understands the environment in which I work has been tremendously helpful.” Mentee*

Navigating workplace politics and culture was one of the key areas talked about but both mentees and mentors. Having an experienced mentor as a ‘sounding board’ was valued and was where reportedly some of the richest learnings emanated. Understanding politics of a new workplace or team can be difficult for many at any time, but during a pandemic this is exacerbated.

*“[Mentor] has been really good at thinking about that sort of organizational structures and how people fit and how we're all humans at the end of the day.” Mentee*

*“As well as the professional challenges, it was obviously a really difficult working environment.” Mentor*

*“Sometimes as a human, you just need to be reminded that those things that are crap in most places are universally crap everywhere.” Mentor*

*“If there was another response, again, organizational turmoil will be a normal part of it.” Mentor*

## Wellbeing support

At the time of the mentor program, the state of Victoria was experiencing their second wave of COVID-19 transmission with a high number of cases and community deaths, and a stage 4 (total) lockdown in force.<sup>(10)</sup> Within Metropolitan Melbourne, schools and most workplaces were closed. People were allowed one hour of outside exercise time, and were required to stay within 5 km of their home. Given the difficult situation, support of the individual was highly appreciated, and frequently stated throughout the evaluation. Evaluation participants frequently mentioned that the challenge of work-life balance, and juggling family commitments was a topic that they sought advice from their mentors on. Participants told their stories of being locked-down, of uncertainty, of family challenges, of being scared, but also how their mentor was able to provide recognition, acknowledge vulnerability, and extend friendship and respect during this challenging time. Mentees said that knowing their mentor was there helped them remain positive, and reassured them that it was normal to feel stressed or to be overwhelmed in the roles and situations they were in.

*“I think we were all grappling with that pandemic situation, the unknown.”  
Mentor*

*“Knowing I wasn't alone in navigating the uncertainty.” Mentee*

*“Reminding the mentee that her work life balance was also very important and that it was alright to have time to herself to refresh and relax.” Mentor*

*“We started right in the depths of Victorian lockdown. So it was personal stuff happening, I think, as well as the professional challenges.” Mentor*

*“I really liked that my mentor was quite concerned about how I was going... she was just going ‘pace yourself’ and giving me lots of things like self-care stuff. Yet the light at the end of the tunnel and the support and encouragement was actually really invaluable.” Mentee*

Mentees valued having a connection with a ‘neutral’ person who was there to support them. Mentees told of mentors being great listeners, being able to reflect on the events with someone who was experienced, as well as someone who was excited and interested in them as a person.

Relationships that took a personal nature rather than a professional were the ones that were reportedly the most successful. Mentees described the high level of stress and pressure mentees were under, and the need to have someone outside of their work and home life to discuss the pressure and ‘vent’. Mentees who reported being able to be vulnerable with their mentor and open to discussing personal as well as

professional issues, were more likely to reflect positively on the programs value. Mentees who did not feel comfortable being vulnerable or discussing personal topics with their mentor often stated that they would have found this to be beneficial.

*“Someone who sees the importance in mental health and wellbeing has been crucial in developing my own coping mechanisms.” Mentee*

*“[Mentor] took quite a professional approach... there were times when I could be vulnerable but not as vulnerable as maybe it would have been beneficial.” Mentee*

*“Someone who was focused on your well-being would have been great during the second wave instead of having to think of an action item agenda.” Mentee*

*“I probably needed help with wellbeing and she wasn't able to do that so I didn't ask.” Mentee*

### **Perspective**

The theme of perspective was a reoccurring one for both mentees and mentors. Mentees frequently commented that talking to their mentor helped them to see where they fit in the response and how the work they were doing was important. Others stated that having this “time out” to discuss their work with someone outside of their workplace, led to them being able to see the “forest for the trees”. Contextualisation supported mentees to take a breath and refocus on what was important. This meant they were able to reprioritise or apply themselves to the important aspects of their workload.

*“In the middle of it, you just go, how can I do this, this is awful. But then you look back and [think] wow, we did something really important.” Mentee*

*“It was so valuable to help me go back... with a different perspective and be more constructive and forward thinking.” Mentee*

*“[I have a] greater understanding of how the work I'm doing fits into the broader context.” Mentee*

Mentors discussed how they were sometimes able to assist to reframe mentee frustrations for them to better understand team behaviour or leadership decisions. Some mentors reported posing questions to help mentees think laterally about possible solutions to issues they were having.

*“I think also giving her a variety of ways of looking at it. So firstly, inviting her to think about how, you know, kind of how could you interpret that situation differently to what you've told me.” Mentor*

Mentors also discussed perspective in a personal way. Many commented that their support role led them to better understand the pandemic and the pressures the workforce were under. Others found perspective in realising they had knowledge and experience relevant to share in an emergency, even if their background was quite different.

### **Recognition**

Reminding mentees that they were valuable members of the health emergency workforce was discussed amongst evaluation participants. Vignette 3 provides an insight into how recognition was provided and received. Some mentors indicated that they were able to understand the stress and pressure of the work, mentees discussed this as an important part of mentorship and being able to relate to them and support their needs. One mentee said that knowing her mentor was there for her helped her remain positive.

### **Vignette 3: Recognition (Mentee)**

*“In the middle of a hyper stressful event Victoria is in the second wave, we lost nearly eight hundred people in nursing homes. You know, people say disasters zone. I've seen disasters... it was a disaster zone, all the trauma of our elders dying alone...and us being unsung heroes, we never got a thank you, we never got recognition. That's fine. That's perfectly fine. We know what we did. But her just recognizing it was massive, but she actually said to me when her son could come over, she thought, “Oh, I just want to thank you for your work you've done because you meant my son to come and visit me.” Oh, that's massive. That's huge. And that's her honing in on what I needed, even though I didn't voice it. So all that emotional stuff has been the stuff that I've gotten the most benefit from.”*

*Mentee*

## Focus area three: Benefits

### Summary and key recommendations

Besides the support provided to the mentees, there were other program benefits identified, including collegial support, confidence building of mentees, trial of a remote mentorship model, and identification of reasons why mentors participated in such a program.

### Collegial support

Collegial support was a broad topic that many mentors mentioned. Mentors saw participation in the program as a way of supporting the public health field in a time of need. Mentors also saw that this was a way for the profession to better understand each other and the work we do.

*“It is a basic and simple way of supporting colleagues.” Mentor*

*“So I think in an emergency response... [If] people are able to kind of hold each other up, that is actually very valuable.” Mentee*

*“This was a timely initiative to support staff during significant upheaval and uncertainty.” Mentee*

*“I certainly don’t think that it hurt the public health workforce, to better understand the intricacies of pandemic response, we’re better off, we’re all better off for that deepened understanding, to help keep our community safe and to help people get roles in some way, shape or form.” Mentor*

*“For those of us lucky enough not to be in the front line day in, day out, it was really nice to be able to do something positive for those who were.” Mentor*

In terms of sharing the learnings, mentees who had successful matches, stated that they were frequently asked by colleagues to share the discussions and knowledge learnt. In the survey, 68% (n=19/28) claimed they had shared advice or a lesson or they learnt from their mentor with colleagues on the response; 89% (n=25/28) stated that they had applied the lessons they had learnt to their work. Direct examples from mentees were applying lessons such as how to implement team workplans, or stakeholder mapping, and setting up a skills and knowledge-sharing community of practice.



*“[Being mentored] is a real need and a real desire for that among a lot of my colleagues and friends working in this environment.” Mentee*

## **Mentee confidence**

Changes in mentee confidence was used as one indicator to determine whether the program was useful for the mentees. Sixty-four percent (n=18/28) of mentee survey respondents indicated improved confidence in their work. Mentors had a similar response when asked whether they believed their mentee increased in confidence during the program period, with 54% (n=26/48) agreeing, 35% (n=17/48) unsure, and 10% (n=5/48) stating they did not see confidence build in their mentor during the program.

*“A mentor provides a type of support that cannot be underestimated and the extent of the benefits perhaps cannot be entirely measured - I have come away feeling more confident, supported, engaged with public health and inspired by my work within Public Health.” Mentee*

Mentees reported increased confidence in their work because they knew they could ask mentors questions or trouble shoot ideas when them. Mentees provided examples of mentors identifying mentees skills and reflecting to them how they were demonstrating or applying those skills in their job. Mentees also stated that mentors reassured them that is was normal to feel stressed or being overwhelmed in the roles they were in. Others suggested their mentor’s knowledge on infectious diseases was useful for them to learn from and then feel more confident in their role

*“The situation left me feeling uncertain about everything, and it was grounding to be able to interact with someone outside of the situation but who has an understanding of what is going on.” Mentee*

## **Remote mentorship trial**

Another benefit identified from this evaluation was understanding whether remote mentorship works. This evaluation has shown that expert support can be provided externally and remotely as long as both parties have the technology, and understanding on how to use the technology. Participants stated they were comfortable with talking on via their preferred technology platform. Relationship development when not face-to-face was variable, with some saying it was more difficult, however some preferring it. Participants said it took less time out of their day as they could have a quick call, rather than arrange to meet. Mentees frequently saying they preferred it as it felt less invasive and took up less of their mentor’s time.

*“I think particularly in this day and age where you got working from home and remote working arrangements, you know, if you need someone there on the ground doing the work, that's fine, but you can have people who are experts or who have done it before helping guide and support from remote locations.”*  
Mentor

## **Mentor motivation**

Program value for mentees was overt, however it is also important to understand why mentors participated. When asked why they volunteered, mentors discussed both pragmatic and altruistic reasons. Four main categories of reasons were discussed: sharing their skills and knowledge, interest in COVID-19 and health emergency response, desire to support individuals, and professional development.

*“Mentoring is so useful for mentees, and quite enjoyable/ revitalising for mentors.”* Mentor

*“It was great to feel like you're still a cog in the wheel helping make things work. You don't need to be at the front line, but still in a supportive category.”*  
Mentor

Mentors who were unsuccessfully matched reported feeling disappointed that they were unable to support the response.

*“In terms of I guess at a program or workforce level that was kind of extra capacity I might offer that wasn't drawn on or reallocated to someone who might have needed it, was seeking it. So there was a missed opportunity there.”* Mentor

*“I was a little bit disappointed in one sense that it didn't work out, but I wouldn't say it was a negative experience because I think there are so many unknowns.”* Mentor

*“I was happy to meet with my mentee, but they have been a no-show for meetings several times...Perhaps I did not offer much during the one meeting we had.”* Mentor

## **Sharing their skills and knowledge**

Mentors discussed being able to revise and refresh their own knowledge through mentoring, and realised they had relevant experience and knowledge to share. One mentor claimed the program helped remind them they were still useful.

*“Feeling that sense of being able to ‘give back’ was really nourishing during this time.” Mentor*

Through sharing their knowledge and experience mentors reported personal satisfaction as well as professional. Mentors told stories of how through their discussions with mentees, they felt stimulated and energised as they remembered what they had to offer. Mentors reported that their participation helped to enhanced their own self-worth.

*“I recognise that I have a real bit of imposter syndrome, and it was really affirming to me that I actually knew stuff and that I actually had some insights to provide, which was great.” Mentor*

*“Able to give the mentee some tips on how to navigate difficult situations.” Mentor*

### **Interest in COVID-19 and health emergency response**

A common reason why mentors wanted to participate was they felt compelled to be involved in the pandemic response at some level. There was interest in what was happening in Melbourne and wanted to help. Mentors discussed learning a lot from the conversations they had with their mentee and regaining enthusiasm for the field of work.

*“Reinforced my own enthusiasm of public health.” Mentor*

*“I have learned as much from my mentee as I hope she has learned from me. We have public health backgrounds but in very different areas.” Mentor*

### **Desire to support individuals**

Mentors reportedly felt compelled to support the workforce as it was going through a difficult time and also saw this program as a way of reconnecting back into public health and the “new generation” public health workforce. Mentors took pride in “giving back”, and providing support and encouragement.

*“Walking with someone through a major event of our lifetimes.” Mentor*

*“I just thought it was a privilege in a way to be able to help someone who was on the front line to be that sounding board.” Mentor*

*“The warmth of our discussions - it is nice to meet someone new!” Mentor*

*“I have agreed to mentor for at least a year, as I really enjoy it.” Mentor*

Mentors discussed how they took pleasure in learning about the mentees professional and cultural background and being able to support them through a historical and difficult moment. One mentor stated that it’s a rare opportunity to be in a role where you’re purely supportive of an individual, but were happy to be able to apply their experience and knowledge to guide those they mentored.

*“Being able to support someone who is clearly doing a very important job under very trying circumstances.” Mentor*

*“I feel strongly about supporting other women in the public health space.” Mentor*

*“I believe very strongly that we should support each other to remain in the health system so that the system does not lose skilled and experienced workers.” Mentor*

### **Professional development**

Others approached mentoring as a way to improve their own skills. Some mentors reported wanting to gain more experience in mentoring and coaching, as well as learn about health emergency response. Mentors reported this was an opportunity for them to hone skills such as asking clear questions, providing appropriate advice, practicing communicating messages, *“listening for listening’s sake”*, practicing leadership, self-reflection, and rethinking how they used language and engaged with team members and the public on public health issues. Mentors reported learning more about the Victorian health system, government structure, and “fresh views” of public health as well as expanding their network. The majority of mentor survey participants reflected that their mentoring skills had improved through participating in the mentor program (69% n=33/48).

**Table 1: Survey findings, mentorship program evaluation, 2020**

Topic	Total		Mentee		Mentor	
	n=76	%	n=28	%	n=48	%
Worth my time	65	85.5	25	89.3	40	83.3
Suitable length	47	61.8	18	64.3	29	60.4
Achieved objectives	53	69.7	22	78.6	31	64.6
Well matched	61	80.3	24	85.7	37	77.1
Recommend program to others	66	86.8	25	89.3	41	85.4
Mentee reported improved confidence at work	-	-	18	64.3	-	-
Mentee shared mentors advice/lessons with colleagues	-	-	19	67.9	-	-
Mentee applied mentors advice to work	-	-	25	89.3	-	-
Mentor provided technical support	-	-	-	-	21	43.8
Mentor provided professional development support	-	-	-	-	41	85.4
Mentor saw mentee develop confidence	-	-	-	-	26	54.2
Mentor further developed mentoring skills	-	-	-	-	33	68.8
Program useful for PHE technical support	27	35.5	14	50.0	13	27.1
Program useful for professional development support during PHE	66	86.8	24	85.7	42	87.5

\*PHE: public health emergencies

## Discussion

Throughout 2020, the Victorian DHHS COVID-19 response workforce experienced extraordinary pressures of working within a community wide health crisis having a profound effect across the entire population. It is essential that we continue to address and identify support mechanisms for people working in challenging public health response environments. The findings presented in this evaluation, show that mentorship can be a useful support measure for supporting the emergency response workforce.

Research has indicated that emergency responders are often limited in experience, however are placed in positions of leadership and decision making.(2) A key mentorship program success was in mitigating the inexperience of the surge workforce. The support provided to mentees in this program improved the

confidence as well engaged in professional skills and knowledge upskilling. The mentors involved reported an increase in awareness of other areas of public health as well as improved understanding of emergency response. Many mentors took pride that as a collective, the senior public health community across Australia volunteered to support those in a crisis.

Our evaluation findings echo other research on mentorship which shows the value in mentorship relationships is beyond that of technical expertise and career guidance.(11) Wellbeing is crucial for a workforce to function well and also for workforce retention, however mentors and mentees reported their wellbeing was substantially impacted by the pandemic. Technical matches are useful, however many of the required support areas are generalist, the focus should be on recruiting mentors who understand the general environment of an emergency and are experienced in the political landscape, as well as empathetic to understand the personal support needs of mentees.

The program structure was useful as a pilot, however modifications will be required to ensure future emergency response mentorship programs set appropriate expectations and provide specific emergency response mentorship guidance. The reported success of the matching process and the stories shared about mentor relationships, helped to understand characteristics of a successful match as well as mismatches.(11)

This evaluation was able to document reasons why mentors volunteered, these included wanting to support the pandemic as well as the public health workforce, a desire to share skills and knowledge, as well as an opportunity for them to learn about COVID-19 and practice their mentorship skills. This knowledge will be valuable for recruiting of mentors during future emergency response programs, as are more specific than mentor motivations identified within the literature.(11,12)

Mentorship research has demonstrated many positive outcomes for both mentees and mentors.(11,13,14) and early career professionals have identified this as an area of need.(15) By developing and refining a targeted mentoring program for an emergency response workforce, the mentor program aimed to support and increase the effectiveness of this workforce, and reduce stress and burnout.(14,16)

This report shows that the PHAA/AEA emergency response mentorship program was useful, valued, and appropriate. This report has also shown that mentorship is useful for emergency response workforce surge support. The findings of this study will inform the design and implementation of future mentorship models for the emergency response workforce.

## Limitations

There were a number of limitations to this study that may impact the interpretation of the findings. Mentees and mentors recounted both positive and negative experiences, however there may have been participation bias towards those who had a positive experience. Due to the self-selection method of recruitment, we were unable to explore a variety of experiences. The sample size and response rate of mentees participation in the evaluation may have been affected by their restricted availability during the pandemic response. In addition, this surge workforce were on temporary contracts, many may have left their government role at the time of the evaluation and were uncontactable. This evaluation was unable to comprehensively assess why some matches didn't work, a more in-depth exploration of mentor/mentee relationships in this category would help to improve the matching process in similar programs in the future.

## Conclusion

The mentor program supported frontline pandemic surge response workers at a time of intensive need. Addressing wellbeing and burnout of the emergency response workforce is essential to retaining a competent and experienced workforce.

*“Great idea in a difficult time, well done PHAA!” Mentor*

*“Wonderful program, the support and guidance was much appreciated.”  
Mentee*

## References

1. Parry Amy Elizabeth, Kirk MD, Durrheim DN, Olowokure B, Colquhoun SM, Housen T. Shaping applied epidemiology workforce training to strengthen emergency response; a global survey of applied epidemiologists, 2019-2020. *Hum Resour Health*. 2021 Apr;
2. Parry AE, Kirk MD, Durrheim DN, Olowokure B, Colquhoun S, Housen T. Emergency response and the need for collective competence in epidemiological teams. *Bull World Health Organ*. 2021 Mar 2;99(5):351–8.
3. Department of Health and Human Services Victoria | Coronavirus update for Victoria - 31 July 2020 [Internet]. [cited 2021 Jun 2]. Available from: <https://www.dhhs.vic.gov.au/coronavirus-update-victoria-31-july-2020>
4. Public Health Association of Australia and Australasian Epidemiological Association. Mentoring Program Information Pack for DHHS COVID19 Staff. 2020 Aug.
5. The Kirkpatrick Model [Internet]. [cited 2020 Oct 22]. Available from: <https://kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model>
6. Greg Guest, Kathleen M MacQueen, Emily E Namey. Chapter 2 | Planning and Preparing the Analysis. In: *Applied Thematic Analysis* [Internet]. SAGE Publications; 2012 [cited 2018 Oct 10]. Available from: [https://us.sagepub.com/sites/default/files/upm-binaries/44135\\_2.pdf](https://us.sagepub.com/sites/default/files/upm-binaries/44135_2.pdf)
7. Clarke, V, Braun, B. Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning [Internet]. [cited 2020 Nov 16]. Available from: <https://uwe-repository.worktribe.com/preview/937606/Teaching%20thematic%20analysis%20Research%20Repository%20version.pdf>
8. Liamputtong P. *Qualitative Research Methods*. South Melbourne, Vic., Oxford University Press; 2009.
9. Helene Joffe. Chapter 15: Thematic Analysis. In: *Qualitative Research Methods*



- in *Mental Health and Psychotherapy: A Guide for Students and Practitioners*. Edited by David Harper and Andrew Thompson. Chichester; 2012. p. 209–23.
10. Giles ML, Wallace EM, Alpren C, Brady N, Crouch S, Romanes F, et al. Suppression of SARS-CoV-2 after a second wave in Victoria, Australia. *Clin Infect Dis Off Publ Infect Dis Soc Am* [Internet]. 2020 Dec 23 [cited 2021 Jun 4]; Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7799206/>
  11. Burgess A, Diggele C van, Mellis C. Mentorship in the health professions: a review. *Clin Teach*. 2018;15(3):197–202.
  12. Charron K, Kalbarczyk A, Martin NA, Combs EA, Ward M, Leontsini E. Building Blocks of Global Health Mentorship: Motivation, Expectations, and Institutional Support. *Ann Glob Health* [Internet]. [cited 2021 Jun 9];85(1). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6634466/>
  13. Broughton RS, Plaisime MV, Green Parker MC. Mentorship: The necessity of intentionality. *Am J Orthopsychiatry*. 2019;89(3):317–20.
  14. Jordan J, Watcha D, Cassella C, Kaji AH, Trivedi S. Impact of a Mentorship Program on Medical Student Burnout. *AEM Educ Train*. 2019 May 23;3(3):218–25.
  15. WFPHA: World federation of public health associations [www.wfpha.org](http://www.wfpha.org). *J Public Health Policy*. 2018 Nov 1;39(4):454–8.
  16. Yong, Ed. The Pandemic Experts Are Not Okay. *The Atlantic* [Internet]. 2020 Jul 7 [cited 2020 Jul 28]; Available from: <https://www.theatlantic.com/health/archive/2020/07/pandemic-experts-are-not-okay/613879/>