
Course Objectives

The goal of this program is to provide nurses with evidence-based information about the critical career development relationship of coaching. After studying the information presented here, you will be able to —

- Identify the two key components crucial to coaching.
 - Describe supportive and initiating behaviors in the coaching relationship.
 - Describe at least three outcomes that may be obtained through coaching relationships for staff nurses.
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Julie,* a staff nurse who has worked on her unit for two years, feels her growth has reached a plateau. She has a good relationship with her nurse manager, Karen, and meets with Karen to explain her concerns. Karen listens carefully and tells Julie she is doing a wonderful job, but perhaps she is ready to move forward with some additional challenging assignments. They discuss having Julie sign up for the charge nurse course offered by the education department. Karen also wants to send Julie to a national nursing conference in the local area. After the charge nurse course, Julie will begin practicing as a charge nurse on shifts with a more experienced charge nurse available as a resource. After the nursing conference, Julie will provide inservices on what she learned about patient care and evidence-based practice. Julie leaves the meeting with Karen feeling better about her plans for ongoing development and clear about her goals and expectations, as well as those of her manager.

A critical career development relationship took place in this meeting: coaching. A staff nurse needs to know about coaching because it is a critical relationship that should be happening with his or her manager/boss. In this relationship, the manager helps the nurse meet professional goals through challenging, developmental tasks and establishes an interpersonal relationship with the nurse to guide increasing psychosocial development within the organization.

In a national survey, nurse managers said they would like to have more time to assess and coach their staff nurses. The primary reason nurse managers cited for not coaching was a lack of time due to the large number of people they managed. Both the executives and staffs of these managers believed the managers needed to improve their coaching skills; 52% of nursing executives thought nurse managers should learn more about coaching. Additionally, 70% to 73% of staff nurses said they did not receive sufficient feedback to maximize their daily performance, did not have discussions with their manager to help them be more effective, or did not receive explanations about how performance measures were tied to strategic priorities of the nursing unit or the organization.¹

What is coaching?

Coaching is not the same as mentoring or precepting. In precepting, the primary focus is to orient an employee to a new position and socialize the employee into the culture of the healthcare organization. The precepting relationship is primarily concerned with task accomplishment (about 75%) with a small psychosocial interpersonal component (about 25%).

Mentoring is typically an exclusive, long-term relationship oriented to nurses who are focusing on moving forward in nursing administration or on becoming a clinical expert after advanced education. Mentoring is one of the most complex levels of functioning within people-related skills because it rarely focuses on tasks (just 10% of the time). Rather, it is an intensely psychosocial relationship (90%) in which the mentor helps the protégé learn more complex ways of thinking and problem solving.² In most cases, the mentor is not the person's immediate supervisor.³

Coaching, on the other hand, is geared to all nursing staff to enhance immediate professional development. Coaching is an ongoing, two-way process in which an immediate manager and a direct report share knowledge and experience to enhance the direct report's potential and to help the direct report achieve agreed-upon goals. The two key components in coaching are an immediate supervisor (coach) willing to invest time and energy into the ongoing development of the employee (coachee) and an employee open to being coached.³

An essential link

In most cases, coaching can be more beneficial to teams and organizations than mentoring because it affects more people. Coaching is an essential link to ongoing development because it focuses on guiding the employee in a positive, encouraging environment in which staff members are more likely to play a proactive role in their own growth as they become more engaged with their manager.⁴⁻⁶

Because staff nurses require development with skill attainment and educational opportunities, coaching is 50% to 60% focused on instrumental (task-focused) skills. However, the relationship is also 40% to 50% psychosocially focused because of the requirement that both the coach and coachee be active listeners, nonjudgmental, honest, and genuinely helpful.⁴ Overall, the goal for nursing coaches is to achieve measurable change or improved development among the staff nurses they supervise.

Ideally, coaches focus on skill development, teamwork, leadership, and preparation for increased responsibility, clinical or managerial. Coaching is believed to be useful for strengthening employee skills so that tasks of increasing complexity can be delegated. Coaching also boosts the productivity of staff, overcomes costly and time-consuming performance problems, fosters a more positive work environment as a result of increased job satisfaction and motivation, and increases retention because employees tend to be more loyal to a manager who takes time to encourage their skill development.³

As coaches, nurse managers are expected to encourage growth and risk taking, support team members when they make mistakes, and celebrate their successes. Coaches assess talent and give employees progressively more responsibility so that they can grow and achieve their potential in the organization. By recognizing people with talent and developing them, coaches are often involved in determining what employee is selected to replace them if they are promoted.

Especially in small organizations, coaching can foster a sense of family and community so that people believe they are working toward a shared personal mission, as well as for an organization.⁷⁻¹⁰

What to expect

Staff nurses need to understand what they should be receiving in a coaching relationship and how they can maximize the benefit of coaching. Coaching starts with the manager's defining or expressing the desired outcome — in other words, explaining what success looks like. The next step involves conveying clear expectations and ensuring that staff members understand and agree to the expected behaviors and outcomes.^{1,3,11} After setting the stage with staff, coaches can be effective by providing challenging assignments and structured learning, and evaluating performance and results (both individual and team). The more a given assignment is beyond an employee's experience, training, and skills, the more the coach may need to be involved. But as employees learn, the coach can become more hands-off.¹²

Some researchers report that the best coaches demonstrate a mixture of initiating and supportive behaviors. Initiating behaviors consist of attempts by the coach to initiate and structure an action-oriented, problem-focused, or development-focused discussion. Initiating behaviors may consist of encouraging a nurse to give an inservice about a timely clinical topic or discussing the need for additional training with a staff member who has made several medication errors. Supportive behaviors consist of the coach's words and actions demonstrating consideration, concern, and acceptance of the employee. These behaviors tend to reduce tension and facilitate open communication.¹² Coaching works best in a "safe" environment, but creating an environment safe for coaching may be one of the hardest steps. Nurses often have wonderful ideas to share with managers and senior leaders, but if they do not feel safe sharing these ideas, they, the nursing unit, and the organization may not benefit.¹³

The goal for coaches is to achieve a long-term, measurable change in behavior or skill advancement rather than to be liked by everyone.¹⁴ The best coaches expect the best of themselves and others. The most vital aspect of coaching is developing a relationship with the employee.¹⁵ Furthermore, the employee should view this relationship as a helping relationship.

A coach's feedback should be specific and directed at behavior, and should not criticize the person being coached; a coach should recognize and encourage the nurse's ongoing development. Also, the coach should ask nurses to evaluate their own skills and behaviors to determine their understanding of their strengths and weaknesses.¹⁶ Steps for both the coach and the nurse being coached include:¹⁴

1. Let go of the past. Focus on the future and on making the most of your relationship with your leaders and coworkers.
2. Be helpful and supportive, not cynical, sarcastic, or judgmental. People respond better to positive, yet realistic, attitudes toward problems and change.
3. Be honest about learning needs or goals for improvement. Everyone has areas in which he or she can improve.

Most coaches — and mentors for that matter — have a bias toward developing people who are “doers” rather than slow-moving “resisters” who fail to understand that health care is constantly and rapidly changing, especially in hospitals.⁸ While it's certainly easier to focus on the more positive, motivated staff members, everyone can benefit from coaching. Less motivated staff nurses often say they would be more likely to support change and do more in their organizations if they felt more valued and understood.^{1,4,5} Coaching provides that sense of being valued and heard. Coaching is an opportunity for growth and for the identification of problem behaviors before they affect the entire staff and patient care.

'Coachable moments'

Coaching should not be relegated to “required quarterly counseling sessions.” Rather, coaching should be part of everyday development. The literature emphasizes that leaders must recognize, verbalize, and mobilize. Leaders must recognize opportunities for “coachable moments,” picking up on employees' words and actions that indicate an openness to immediate developmental feedback. Leaders must take time to talk to employees (verbalize) in a way that helps them understand developmental opportunities. Leaders should suggest, on the spot, steps employees can take to develop their careers (mobilize).¹⁷ Common cues that show that employees are open to a coachable moment include:¹⁷

1. A nurse demonstrates a new skill or interest and seeks feedback.
Susan is a new charge nurse on the evening shift. She asks her manager for feedback about her performance and any ideas the manager may have for improvement.
2. The nurse is thinking about a change within the organization.
Meg tells her manager that she has heard the hospital is starting a palliative care team, and she wants to know how she can be considered for it.
3. The nurse is experiencing a poor job fit.
Alex, a nurse in the ED, is exhibiting behavioral problems with patients and staff. When his manager asks him about this, Alex says, “I was really excited about coming to work in the ED, but the pace and the stress are making me too anxious. I think I would do better back in the step-down unit.”
4. The nurse is looking for developmental opportunities with incremental increases in responsibility.
Jill is an energetic staff nurse who feels constrained within her work environment. She believes she is at a developmental standstill and would like to be considered for the Magnet coordinator position to learn more about the organization beyond her unit.

Before, during, after

The coaching role also includes simulating learning events in advance of actual events (such as disaster drills); discussing an event afterward to clarify or replay it (such as asking a nurse, “What did you learn from that

situation?" or "How might you have handled that situation better?"); and leading the employee through an event as it is occurring (concurrent coaching).⁶

With ongoing practice, seizing everyday coachable moments will become second nature for leaders who desire to create a caring and dynamic environment that alleviates frustrations about staff development and growth. Conversely, staff nurses can use the cues described above to demonstrate the desire for coaching and the willingness to accept advice.

Both the staff nurse and the manager can maximize coaching by:¹⁸

- Scheduling a time free of interruptions
- Listening
- Using a factual approach: who, what, where, when, how
- Summarizing back what was learned and agreed upon during the session and the outcomes or actions that are expected
- Keeping notes

Good communication skills and concrete suggestions will alleviate staff nurses' stress. Positive behaviors for a manager coaching a distressed staff nurse include listening, offering reassurance, giving advice, taking action, validating the nurse's feelings (this does not mean agreeing), and helping the nurse understand the perspective of other employees, physicians, and patients during situations in which interpersonal conflict might be an issue. The coach must take time to know the staff. Conversely, the coachee must be willing to accept constructive feedback, advice, and delegation of tasks aimed at improving learning.^{11,19}

Coaching is typically initiated by the coach, but a staff nurse may need to be proactive about receiving ongoing feedback and development, especially when part of a large staff. Also, because nurse managers in some organizations have so many responsibilities, they may ask staff nurses in charge nurse roles, senior experienced staff nurses, and advanced practice nurses to assist with coaching, especially in relation to advancing the clinical skills of the staff, dealing with complex interpersonal issues, or evaluating competencies. Also, some nurses, especially novices, may need more coaching time no matter how busy the day is. Nurse managers should give nurses time they need or ask a CNS, charge nurse, or assistant nurse manager to help work with them.

Part of the equation

The key variable in determining the success of coaching is the people being coached. If you are being coached, never put the responsibility for your change on the coach; you are the one who has to do the work. Each nurse has a personal responsibility to be actively involved in personal career planning rather than adopting a passive approach. Career planning within coaching should be an ongoing, deliberate process.²⁰ Typically not only people getting coaching improve and grow, but the people around them do, as well.²¹

Coaching prepares an employee for the next level of responsibility, whether it is attaining clinical expertise, becoming a charge nurse or nurse manager, or reaching senior levels of leadership.

The ability of coachees to address their own strengths and weaknesses and to identify areas in which they need to develop makes it easier for coaches to target growth opportunities for them.

The best coaching relationships allow the staff to know the manager better and therefore see the manager in a more human, nonjudgmental way.

Clearly, for coaching to be maximally successful for any employee, some degree of self-leadership is required. Employees must continually look within to decide what they want, value, and are willing to be courageous about. They must have a sense of internal motivation. Challenge yourself to get out of your comfort zone. Risk and challenge can recharge your batteries.²² Ask yourself, "What are my goals? Where do I want to be in the future? What is my plan to get there?" Working from a clear sense of purpose is important; try to revisit that sense of purpose in times of anxiety and stress.

Just as staff nurses want their needs to be understood, they must keep in mind the needs of the nurse manager. Novice managers may fear that developing their staff to function more independently through coaching may lead to their own obsolescence. Other fears related to being a coach may include:

- Fear of failure: Giving more responsibility and accountability to staff risks the possibility of mistakes and the appearance of failure.
- Fear of chaos: Managers who are driven to perfection may find it difficult to delegate work in the coaching process because of the variability in the outcome of the product, especially when staff is learning new skills, such as revising a care protocol.
- Fear of losing power: As staff nurses develop in their roles as informal leaders, they gain power by virtue of their accomplishments. This may create an informal power structure within the unit that may feel threatening to the manager.
- Fear of invisibility: As staff nurses become active in committee work, self-scheduling, or self-governance through the manager's coaching, they often receive praise and recognition that previously went to the manager. This decentralization of power at the unit level may be a difficult adjustment for the manager.
- Fear of going unrewarded: Typical hierarchical evaluation and reward structures in healthcare organizations do not always recognize or reward nurse managers for developing staff nurses.
- Fear of support failure: If senior leadership undermines or undervalues the manager's efforts to develop staff through clinical and educational growth opportunities, the manager may be unable to follow through on promises or plans (e.g., tuition assistance).¹

More experienced nurse managers understand that taking the time to coach will produce more effective and efficient people who increase unit effectiveness and efficiency. Moreover, as staff members are recognized for their accomplishments, the manager is recognized for producing and maintaining a successful team. That creates a positive situation for everybody.

Is it worth it?

Few research studies have examined the effects of coaching, especially within health care and, specifically, nursing. A limited number of studies in business have demonstrated positive individual and organizational outcomes.^{23,24} Researchers have asserted that coaching improves employee and customer satisfaction and retention and the success and financial performance of the organization.¹⁶ Coaching also has been related to better-performing teams, better-performing people, improved productivity, enhanced employee autonomy, and improved organizational performance.⁹ However, one study demonstrated that many companies, including those in health care, have used coaching to develop leaders in management positions rather than front-line employees. Organizations that wait to coach employees until they are in formal leadership/management roles may be missing an opportunity for improved employee performance across the organization — and may be setting up new managers for failure by providing coaching only at the last minute.²¹

Nurses leave organizations, and even the profession, because of the intensity of the work, a lack of recognition and growth opportunities, a feeling they aren't supported by management, scheduling issues, and poor compensation.^{18,25} Actions of nurse managers or clinical leaders, such as CNSs or charge nurses, can make the difference between whether a nurse stays at a hospital or leaves, according to the Advisory Board, a company providing best-practices research to the healthcare industry.²⁶

The Magnet Recognition Program stimulates coaching by encouraging hospital and nursing leaders to use a participative management style and to incorporate feedback from all levels of the organization.²⁷ Feedback from direct care nurses is valued and encouraged; nurses in leadership positions are encouraged to be visible and accessible and to communicate effectively with staff members who provide clinical care. Research on Magnet hospitals supports the idea of coaching by demonstrating that organizational support for ongoing professional development improves nursing quality of care, job satisfaction, and retention.²⁸

Staff nurses want to be integral members of the healthcare team, helping with decision making and shared governance at the unit level. However, they often need additional clinical, administrative, and interpersonal skills to be more effective with patients, families, and other healthcare disciplines. Coaching does require time and a genuine desire to invest self in the direct care nurse. But when staff nurses work with a management and senior clinical team that values them, they will typically perform at their best and rise to whatever challenges the

changing healthcare environment presents.

Can one person really make a difference? The answer: The nurse manager has been repeatedly identified by staff nurses as the critical link in creating an environment for improved quality of care through enhanced safety and performance improvement initiatives, higher staff and patient satisfaction, and improved nurse retention.^{1,5,26} Through coaching, the nurse manager makes a difference, and staff nurses are developed to their potential individually. Together, nurse managers and staff nurses contribute to an improved healthcare environment.

**The nurses mentioned in this module are fictional, but illustrate common situations in nursing.*

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