

# “Give me something I can use”

An exploration of how senior nurses and midwives, in a regional setting, acquire and integrate coaching skills into routine practice: a grounded theory study

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# List of Abbreviations

NCAHS North Coast Area Health Service  
NSW LHD Northern NSW Local Health District  
MNC LHD MidNorth Coast Local Health District

LCP Leadership Coaching Program  
NUM Nursing Unit Manager  
DON Director of Nursing

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# Abstract

## Background

Organisations invest significant resources in leadership coaching programs, in an attempt to ensure that coaching is embedded as a core function of the manager's role. However, even after training, many managers are still not able to undertake this role successfully. The process by which 'manager as coach' training translates into successful practice outcomes in the workplace has remained largely unexplored. This study describes how leaders acquire and successfully integrate coaching skills into routine practice. It focuses on a group of 20 senior nurses and midwives who attended a 12 month Leadership Coaching Program provided by the North Coast Area Health Service in 2010. The implications of the findings for improving the effectiveness of coaching training will also be discussed.

## Methods

The data collected included interviews with 20 senior nurses and midwives, and nine reflective practice diaries. The study used grounded theory principles informed by symbolic interactionism, to construct a model grounded in the data.

## Results

The model represents the acquisition and integration of coaching skills among senior nurses and midwives as

a multifactorial, dynamic and mutually influential process. The outcomes of training ranged from inappropriate and limited use of the coaching skills through to integrated and transformational practice change. These outcomes were engendered by the influences of three main determinants (pre-existing individual perceptions, program elements and contemporaneous catalysts). The relationships between each of the three determinants drive activators such as courage, motivation, commitment and confidence, without which learning and integration could not occur.

## Conclusion

The study offers new insights into how senior nurses and midwives acquire coaching skills and integrate them into their routine practice. The model has implications for both training and organisational support of leadership coaching programs. When organisations and facilitators address the influential factors identified in the study, there may be enhanced uptake and integration of coaching skills in the workplace, thereby maximising the return on training investment.

## Key Words

Effective leadership coaching training, manager as coach, grounded theory, return on training investment, transformational practice change.

# Executive Summary

## Implications

The study findings point to a number of possible opportunities for improving the uptake and integration of leadership coaching skills among senior nurses and midwives. Capitalising on these opportunities would be largely cost neutral and could make a positive difference to outcomes of leadership coaching programs in health-care. Successful outcomes ensure improved return on investment via the transfer of training into meaningful changes in the workplace.

Informed by the findings, leadership coaching programs can be designed to utilise enabling individual perceptions, and maximise catalytic experiences that enhance learning and practice outcomes. Simultaneously, informed program design and delivery can ameliorate inhibiting individual perceptions and minimise the effects of training experiences that can restrict a manager's mastery of this essential skill set.

Not taking these factors into consideration in the development and delivery of leadership coaching programs is likely to diminish potential positive practice outcomes, resulting in considerable lost opportunity.

## Recommendations

1. The model developed in this study should be utilised to inform the planning and delivery of future leadership coaching programs in health services.
2. To further strengthen organisational support for future leadership coaching programs in NNSW LHD, the following should be implemented:
  - a. supervisory and senior management trained to use the same skill set as their middle managers;
  - b. an ability to utilise the 'coach-approach' incorporated into the position descriptions of leaders and managers;
  - c. the senior managers of program participants encouraged to enquire, following training, how the newly acquired skills will be used in the workplace;

- d. communities of coaching practice actively promoted, to offer peer support and to continue to develop the coaching culture.
3. Prospective research to advance this work could include:
  - a. discerning the most cost efficient method of follow up that still delivers effective outcomes
  - b. determining the applicability of this model to other professional groups in healthcare.
  - c. further exploration of specific benefits to the manager and the organisation, achieved through leadership coaching training.

## Context

Organisations invest significant resources in leadership coaching programs in an attempt to ensure that coaching is embedded as a core function of the managers' role. However, even after training many managers are still not able to undertake this role successfully. The process by which 'manager as coach' training translates into successful practice outcomes has remained largely unexplored. This study describes how leaders acquire and successfully integrate coaching skills into routine practice. It focuses on a group of 20 senior nurses and midwives who attended a 12 month Leadership Coaching Program in the previous North Coast Area Health Service in 2010. Implications of the findings for improving the effectiveness of coaching training and thereby maximising the return on training investment are also outlined by this study.

## Approach

The study used grounded theory principles informed by symbolic interactionism to induce a model of key factors, derived from data, which influence the acquisition and integration of leadership coaching skills. Data were collected via semi-structured interviews and participant reflective practice diaries. Data collection and analysis were guided by theoretical sampling and a constant comparative process.

## Findings

The senior nurses and midwives who attended the Leadership Coaching Program indicated they are nearly overwhelmed by the competing demands of their roles and they are hungry for 'something they can use' to effect positive change. Although they acknowledged how confronting coaching skills can be to learn and implement, the managers welcomed coaching as a respectful and effective method to improve communication and management. These leaders of healthcare have informed the development of a complex and multifaceted model that describes the process of acquisition and integration of coaching skills into routine practice.

This study indicated that effective leadership coaching programs can result in positive practice changes for senior nurses and midwives and that there are numerous leverage opportunities to improve the outcomes of training. The model developed as a result of this study has, at its core, the interrelationship between three main determinants (pre-existing individual perceptions, program elements and contemporaneous catalysts). These relationships drive activators of courage, motivation, commitment and confidence, without which learning and integration could not occur. The model is conceptualised as multifactorial, dynamic and mutual.

# Introduction

Due to the speed of change and the complexity of organisational life the role of the manager has shifted from 'control and direct' to one of 'facilitator of learning' or 'coach'<sup>(1-3)</sup>. A manager's negotiation skills must extend to maximising individual and team strengths at the same time as minimising barriers, in order to meet the multiple objectives required in today's organisations<sup>(4)</sup>. Poor team and individual communication can result in conflict, work dissatisfaction and even sentinel events<sup>(5, 6)</sup>. Given the critical nature of the work being performed in health services, and the key role nursing and midwifery managers have as the main interface between the patients and the multi-disciplinary team, managers are in need of additional strategies that will assist in addressing their challenging and important roles. In recent years, coaching has emerged as a potentially valuable strategy<sup>(7)</sup>.

Contemporary commentators in the field of management research have deemed effective coaching an essential managerial function and cite evidence to indicate that truly effective managers and leaders are those who have embedded coaching skills into the heart of their communication practice<sup>(3, 9)</sup>. O'Connor (2001)<sup>(10)</sup> reinforces Whyte's originating view that when looking at the role of manager of health care teams, the conversation is not about the work, 'it is the work itself'<sup>(11)</sup>. The role of the manager is to ensure that every conversation with a member of the health team is seen as an opportunity to generate new ideas, share understandings, strengthen relationships, develop staff or improve outcomes for patients.

Organisations invest significant resources in leadership development programs, some of which are aimed at instilling coaching skills to improve the interactions between managers and their staff. Whilst these programs are many and varied the evidence is clear that many managers are not undertaking this role or do not have the skills to do so, even following training<sup>(7, 9, 12-14)</sup>. The extent to which these programs positively affect the leadership behaviour of managers depends on the extent that the skills, knowledge and attitudes learned in the program are effectively transferred into the job setting, and the extent to which they are maintained and generalised into routine practice<sup>(15-17)</sup>. For the purposes of this report the terms transfer, maintenance and generalisation of skills will be referred to as 'integration'.

This study seeks to explore the question: what factors influence the process by which senior nurses and midwives acquire and integrate leadership coaching skills into routine practice? It is focused on a group of senior nursing

and midwifery managers involved in a 12 month Leadership Coaching Program (LCP) in the previous North Coast Area Health Service (NCAHS) between 2010 and 2011. The study will comment not only on the activators of the learning process but also articulate the factors and conditions which affect successful integration and change in practice.

The 12 month Leadership Coaching Training explored as part of this study was developed primarily in-house by NNSW LHD. It included a two-day workshop in a conversational model of coaching followed by assertive and diverse follow-up. The follow-up process included: coaching others, being coached, emailed tips and group coaching sessions via teleconference. The program covered basic coaching theory and skills, plus essential management skills, such as how to provide constructive feedback and meaningful acknowledgement using the coach approach.

Consistent with the traditional form of grounded theory, all interviews for this study, were conducted prior to detailed engagement in the literature, with the literature then treated as another form of data<sup>(18)</sup>. The literature supports some aspects of the newly developed theory and has been incorporated throughout this report rather than presented as a stand-alone section. Note: This study involved clinical managers and leaders in health; however, in the interest of brevity, the term 'manager' will be used throughout the report, to indicate both.

While this study may be useful to healthcare in general (since every organisation strives for effective management) it has a particular relevance in regional and rural areas due to: (i) the large distances between facilities, lack of public transport and lack of access to the variety of programs conducted in metropolitan areas creating an incidental disparity<sup>(8)</sup>, resulting in the training dollar, in rural areas, needing to go further, both literally and figuratively and; (ii) a nursing and midwifery workforce study conducted in NCAHS in 2008<sup>(19)</sup> which identified that by 2018, 42% of the 4000 nurses and midwives working in the area were planning to leave the workforce. The report recommended, among other strategies, the implementation of coaching skills for managers, to address nurses' reports that a more responsive and inclusive management style would positively impact their intention to remain at work.

It is hoped that the findings of this study will help inform the development and implementation of leadership coaching programs within health services, both from a facilitator and an organisational perspective, to enhance the likelihood of successful outcomes and thereby maximise the return on training investment.

# Background

The professional practice of coaching that can be traced back through sport, psychological, education and management literature<sup>(20)</sup>. Whitmore<sup>(21)</sup> cites 'The inner game of tennis' by Timothy Gallwey in 1974<sup>(22)</sup> as the beginning of professional coaching; however there appears to be management literature as far back as 1937 looking at organisational coaching from a managerial perspective<sup>(23)</sup>.

Most organisational coaching literature is focussed on executives **receiving coaching** to improve performance<sup>(4, 24-27)</sup>. The emphasis of this study, however is on the concept of '**manager as coach**', that is the manager using coaching skills in the workplace with staff and patients to improve relationships and the results of interactions<sup>(1, 2, 13)</sup>. The 'manager as coach' concept has been developed in the literature since the 1980s<sup>(1)</sup> and is based on a set of skills which can be learned and developed. Managerial coaching mainly occurs in one-to-one conversations and applies active listening and questioning as well as constructive feedback for improving employee work and organisation-relevant issues<sup>(7)</sup>.

The current literature provides some examples of the benefits of training managers to use coaching skills; for example, employees with a coaching manager demonstrate increased role clarity, job satisfaction and retention<sup>(7, 28)</sup> and; higher levels of confidence, self-esteem, purpose, respect and goal achievement<sup>(7)</sup>. There is little research describing how the manager is affected by using coaching skills, aside from recent reports of an improvement in the technical use of the coaching skills

themselves<sup>(12, 29)</sup> and; of an increase in the level of the managers' emotional intelligence<sup>(29)</sup>. Further research is needed in this area, especially in healthcare<sup>(30)</sup>.

Ultimately any boost in performance as a result of coaching at the individual level, will result in positive organisational effects<sup>(3, 31)</sup>. A manager who can utilise coaching skills to develop supportive working relationships can build enthusiasm and commitment to continuing performance improvement<sup>(7, 33)</sup>.

Despite the significant investments in, and potential benefits of training, organisational decision-makers are often not sure to what extent they are getting a good return on their investment i.e. how much of the training is equating to positive change back in the workplace<sup>(16)</sup>. A recent randomised control trial of a similar type of skills-based training reported that without follow-up, a stand-alone workshop makes no appreciable difference to practice four months after the training<sup>(34)</sup>. There is, within the general training literature, research pointing to certain contextual factors being critical for successful transfer of skills, for example motivation to learn<sup>(32, 35)</sup>, program content, teaching method and nature of learning support offered<sup>(14, 26, 29, 34, 36, 37)</sup>. However, to date there is little or no published data exploring what may engender an individual's motivation to learn coaching skills; and no published grounded theory describing how managers utilise the contextual elements to acquire and integrate coaching skills into their routine practice.

## Method

### Study Design

This study was not driven by evaluative goals; rather, the aim was exploration and theory generation and for this reason, grounded theory principles were employed. Grounded theory is a methodology designed specifically for discovering 'social processes' and to understand the multiplicity of interactions that produce variation in the process<sup>(18, 38)</sup>. It is an inductive method which facilitates the generation of theories of process, sequence and change pertaining to organisations, positions and social interaction<sup>(18)</sup> and as such has a valuable role to play in helping to understated the richness of human interactions involved with coaching and coaching training<sup>(39)</sup>. Using ground-

ed theory permitted the researcher to develop a fluid but dense model of related concepts which can allow a predictable claim (in the limited sense) that if elsewhere approximately similar conditions are present, then approximately similar consequences should occur<sup>(18)</sup>.

The unique features of this methodology are the concurrent data collection and constant comparative analysis; theoretical sampling; and memoing<sup>(40)</sup>. These processes help to ensure the development of a theory that is grounded in and emerges from the data<sup>(18, 41, 42)</sup>.

Symbolic interactionism provides the philosophical foundation for grounded theory and as such has guided the development of every part of this study (the research

question itself, the interview questions, data collection strategies and data analysis). The premise of symbolic interactionism is that meaning is a social construct made possible through interaction with others<sup>(43)</sup>. The role of the researcher is to use the philosophy as a lens when interacting with the data to remain sensitive to the interpretations and meaning given to the situation by the managers<sup>(18,38)</sup>, and take into consideration issues such as language, communication, interrelationships and community<sup>(44)</sup>.

## Participants and Setting

The target for recruitment was a cohort of 26 senior nurses and midwives who participated in a 12 month Leadership Coaching Program (LCP) between 2010 and 2011 in the previous NCAHS. They were enrolled into the LCP either by self-selection or nomination by the program facilitator or other senior nursing management. The aim of the LCP was to introduce and integrate coaching skills into their routine practice. The program was delivered by the researcher and two independent program facilitators.

In an attempt to mitigate any real or perceived power imbalances, four of the 26 possible candidates were excluded from the study due to a direct line management relationship with the researcher. Using consecutive sampling (i.e. seeking to include all accessible subjects as part of the sample) the remaining 22 were invited to participate via an email from the researcher in the first instance. This email contained notification of the study and a participant information sheet (see appendix A and B). To reduce any coercion in the recruitment process, a neutral third person was used to phone each of the 22 managers eligible to participate, in doing so the third party emphasised the voluntary nature of the study. Two eligible managers declined to be involved stating they were too busy. The remainder agreed to be involved; the resultant sample size was 20 out of the possible 22.

Demographic characteristics of participants are provided in appendix D. There was a mean age of 51 years (range 35–60 years). As a whole the group reported a mean time working in nursing and midwifery of 30 years (range 20–40 years) and a mean time in management or leadership positions as 10 years (range 3–28 years). The group consisted of Clinical Nurse Specialists, Clinical Nurse Consultants, Nursing Unit Managers, Nurse Managers and Directors of Nursing and Midwifery.

The previous NCAHS, now Mid North Coast and Northern New South Wales Local Health Districts (MNC and NNSW LHDs) covered an area of 35,570 square kilometres, extending from the Hastings Shire in the south to the Queensland Border in the north; it extended

westward from the coast to the Great Dividing Range. Both LHDs have fast-growing populations with a total population of approximately 520,000 between the two. The NNSW and MNC LHDs provide a full range of health services, from population health (health promotion, disease prevention, public health and screening) through to rehabilitation and palliative care. There are a total of 21 public hospital facilities, 28 community health centres, specialist Mental Health as well as Alcohol and Other Drug Services and approximately 4000 nurses and midwives across the two LHDs<sup>(45)</sup>.

## Data Collection

In keeping with grounded theory method, data were collected from a variety of sources over a considerable period of time<sup>(46)</sup>. The data were collected between Feb 2012 and May 2013 and included: interviews (both primary and secondary); participant reflective practice diaries; the researcher's journal, memos and field notes; and the extant literature. Such diverse 'slices of data' ensure density of information and provide multiple perspectives for discerning and making sense of social processes<sup>(18,47)</sup>.

Primary interviews were conducted with all 20 participants and secondary interviews were undertaken with nine of the participants who completed reflective practice diaries. The in-depth semi-structured primary interviews were guided by theoretical sampling as the conceptual categories began to develop<sup>(48)</sup>; these interviews ranged from 45–60 mins in duration. Theoretical sampling is a process of directing the enquiry to meaningful sources of relevant data, where relevancy is determined by the requirements for generating, delimiting, and saturating the theoretical codes<sup>(46)</sup>.

The primary interviews were focused around participants' experience of the coaching training program and their use of the coaching skills back in the workplace. The initial interview guide was developed with the researcher's mentor and critical friend and was not piloted (see appendix E). The initial questions were modified and further developed for subsequent interviews as coding proceeded and as categories emerged.

All primary interviews were conducted with just the researcher and the participant present at a venue of their choice. The locations included: five in the participants' own office, two in the researcher's office, four by phone, seven in meeting rooms in participant's facilities and two in coffee shops. To maintain confidentiality all participants were allocated a random number (M1 – M20)<sup>(49)</sup>. The interviews were digitally recorded and transcribed with signed informed consent of all participants (see Appendix C).

The secondary interviews were used to discuss the reflective practice diaries. Given the time parameters of this research study, only the first 12 participants interviewed were provided with a diary and asked to keep a log over a period of three months (Appendix F). Three participants did not complete the activity. Of the nine completed diaries, two were discussed via phone, three were discussed in individual interviews and four in one group interview. These meetings were recorded but not transcribed, due to the time limitations of this study, however all nine journals were retrieved following the meeting, analysed and returned to the participants. These secondary interviews were approximately 20–30 mins in duration except the group interview with four participants which was 120 mins. These were brief unstructured interviews with the purpose of discussing diary entries and facilitating a deeper and broader discovery of the learning and integration process<sup>(46)</sup>.

Participants were not offered their interview transcripts for validation; rather content validity was reached via two researchers comparing coding and data saturation using the constant comparative methods of grounded theory. The second researcher was the primary researcher's mentor (PhD and a Registered Nurse). In addition, the draft theoretical model was presented to six of the participants (two directly following their primary interview as they were interviewed last and the model had formed by this stage and the other four in their secondary group interview to discuss their reflective practice diaries). During this process participants had an opportunity to see what had been gleaned from the research and the interpretations made by the researcher and comment on any concept that: resonated with them, seemed out of place or was incorrect or incomplete.

Data continued to be collected until theoretical saturation occurred. Saturation was determined when there were no new data available as a new code or as a source for existing codes<sup>(50)</sup>. Saturation was reached at 15 interviews however the researcher continued for a further five interviews to further test the emergent theory<sup>(18)</sup> and to ensure the rigour of the study. Management of the data was all manual, no software program was used. All of the illustrative quotes used throughout this report are from the primary interviews unless otherwise specified.

All data was collected by the researcher. The researcher is a Registered Nurse and holds a Masters in Business Administration (MBA), is a novice researcher, has worked for NSW Health in clinical, education and managerial roles for 30 years and, for the past 15 years has worked in senior or executive management positions. The researcher was the designated coach for some of the participants

during training and was also acting in the role of the then, NCAHS, Director of Nursing and Midwifery for a significant period of the training time.

Given the researcher's role in the organisation and the strong connections with both the LCP and the participants, the researcher was vigilant about employing constant reflexivity<sup>(49, 51, 52)</sup>. This reflexivity included keeping a research journal, undertaking the process of memoing (theorising write-up of ideas about substantive codes and their relationships as they emerge)<sup>(42)</sup> and writing extensive field notes following each interview, mentor session or discussion with a critical friend. These exercises consisted of the researcher noting self-awareness about any preconceptions, assumptions and interpretations throughout the research process<sup>(49, 53)</sup> and using this to engage with the data in the constant comparative process required using grounded theory methodology.

## Data Analysis

A symbolic interactionist perspective was used throughout the process of data collection and analysis, in an attempt to elicit and understand the managers' views and actions from their perspective<sup>(42, 44)</sup>. Open, axial and selective coding were used recursively to identify the key concepts, to conceptually group related concepts into categories and to theoretically sort the data into higher levels of abstraction and link them by relationships that emerged from the codes<sup>(18, 48)</sup>. A draft theory emerged from this process (see appendix G for the first iteration of the theoretical model).

The emerging theory, the transcripts, reflective practice diaries, memos, field notes, and the literature were continuously examined and compared to ensure that all themes were derived from the data<sup>(47)</sup>. Two researchers were used to read, code and analyse all of the interview transcripts, rigorous attention to coding procedures were upheld and regular discussions with the mentor and critical friends took place as the theory progressively emerged.

In addition, during the training and throughout the study the researcher observed the use of coaching skills by the participants in both individual coaching and group coaching follow-up. These observations were utilised to inform the analysis of the emergent theory. The observations also helped verify some of the reports gleaned during interview.

The grounded theory presented in this report reflects the 9th iteration of this theory-building process. A form of member checking was used to get feedback on interpretations made by the researcher<sup>(46)</sup>; this occurred during the secondary interviews to collect the reflective practice diaries, and two of the initial interviews which were conducted late in the research process.

## Ethical Approval

The Study was approved on 24/11/11 by the NCAHS HREC (LNR 021); with Site Specific Assessments approvals received on 31/1/12.

## Conflict of Interest

No conflict of interest is declared.

# Findings

The findings section will start by providing an overview of the model developed using the grounded theory method and will be followed by a description of the themes that emerged from the data.

This study indicates that the process by which the participants acquire and integrate coaching skills is multifactorial, dynamic and mutual. The process is activated by a manager's courage, motivation, commitment and confidence. These activators are impacted upon by the dynamic interaction of three main determinants: pre-existing individual perceptions, program elements and contemporaneous catalysts. The model suggests that managers interact differently with particular program elements based on their pre-existing individual perceptions. This interaction determines whether a manager has certain catalytic experiences during training, and determines the inhibiting extent that certain experiences have on the manager's learning process. In turn man-

agers' experiences during training and their responses to them can alter their original individual perceptions.

## Model Overview

Figure 1 depicts the theoretical model, detailing the process by which senior nurses and midwives acquire and integrate coaching skills into routine practice. It is made up of four domains: The first domain is the 'platform of overall leadership development training' within which leadership coaching is situated. The second domain consists of 'activators' (courage, motivation, commitment and confidence) and the third domain consists of the models' three main determinants ( (A) pre-existing Individual perceptions; (B) program elements; and (C) contemporaneous catalysts). The fourth domain is the result of the Leadership Coaching Program or the practice outcomes of the managers involved in the training.

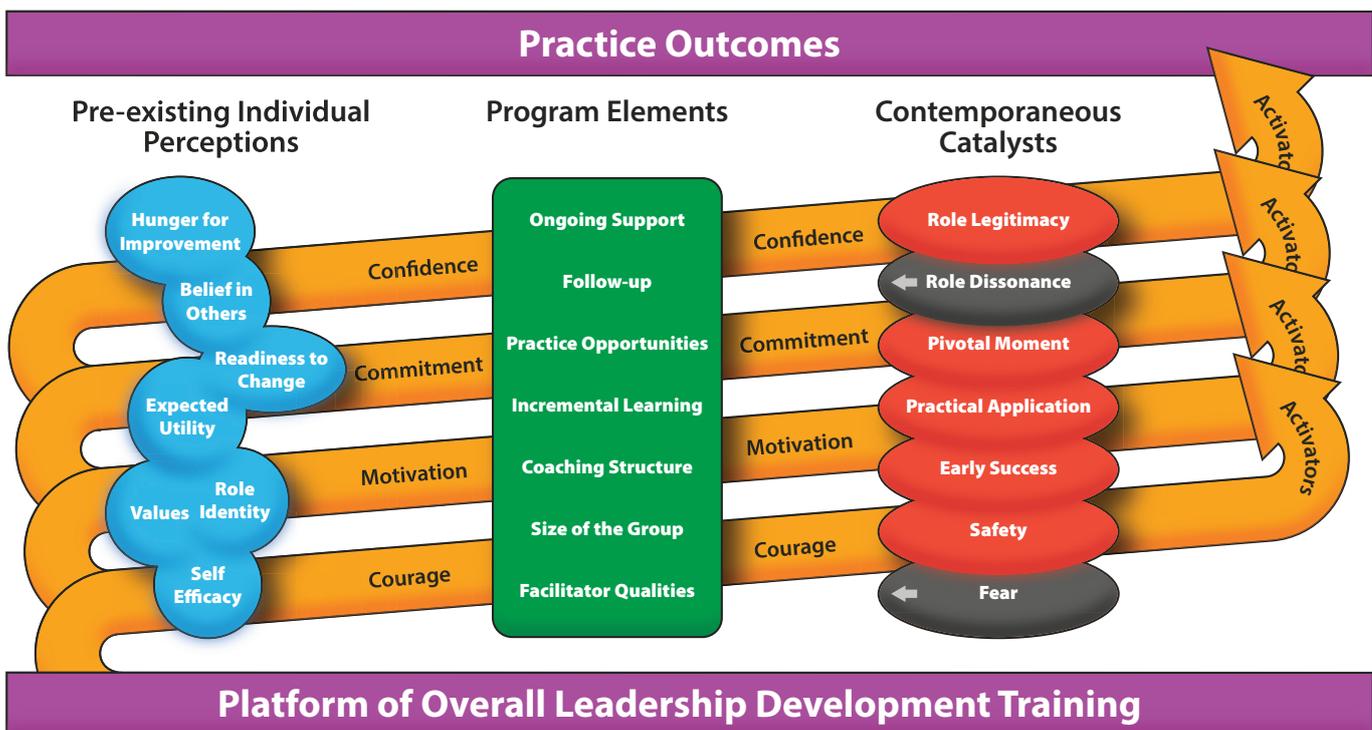


Figure 1 Leadership coaching acquisition and integration process among senior nurses and midwives

The theoretical model is multifactorial and complex in its interactions. This is because human interaction, multifarious by its very nature, is at the core of coaching skills and because grounded theory is designed to produce a theory that is 'dense' in conceptual relationships<sup>(41)</sup>. Any simpler form of describing this process would have been reductionist<sup>(46)</sup>.

## The Four Domains

### *Domain 1: Platform of Overall Leadership Development Training*

Within NSW Health, coaching training is one part of the overall leadership development of staff or the 'People Management Skills Training' framework. This framework or platform encompasses team development, change management, communication, conflict resolution, and influencing and negotiation skills<sup>(54)</sup>. Coaching skills ensure not only that managers can interact more positively with staff but also that they can more effectively embed the other leadership skills in this platform<sup>(26, 55, 56)</sup>.

### *Domain 2: The Activators*

The activators that appeared to enhance a manager's uptake and integration of the coaching skills included courage, motivation, commitment and confidence (see figure 1). Whilst this study's aim was to identify these activators it was not the core focus of the research, due to the fact that they (at least the latter three) have already received much empirical support in the literature<sup>(35, 57-59)</sup>. The focus in this study was to discover the processes by which these activators are engendered in the training of coaching skills; that is, what makes a nursing manager more motivated to learn, more committed to practice and more confident in the use of newly acquired coaching skills.

All of the activators are so interlinked with the three main determinants that they will be discussed throughout the next section (Domain 3). Courage, however, deserves special attention, since it has not previously been identified in either nursing or general training literature. The emergence of courage in this study indicates that it may be specific to skills training which requires managers to step out of their comfort zone in the learning process. Given its unique potential contribution, both to the literature and to coaching training for nursing and midwifery managers, the influence of courage will be more fully discussed throughout this report.

## *Domain 3: The Three Main Determinants*

The model (Figure 1) depicts the interaction between the three main determinants as driving the activators. In addition it illustrates the factors within two of the determinants (individual perceptions and contemporaneous catalysts) as connecting circles to indicate that there are internal relationships occurring simultaneously. Each of the factors within the circles can interact with each other, or other parts of the model. These inter-relationships will be discussed in more detail in the respective sections.

### *3A: Pre-existing Individual Perceptions*

Seven pre-existing perceptions emerged as relevant to the process by which senior nurses and midwives acquire and integrate coaching skills into their routine practice (see Figure 1). A manager's individual perceptions exist prior to training and exert strong influences on all of the activators of the learning process<sup>(2, 58)</sup>. Their perceptions can predict how they will respond to specific elements of the program, determine whether they have certain catalytic experiences throughout their training, and how much of an inhibiting factor other experiences will have on their learning.

#### *3A (i) Self-efficacy*

A manager's belief in their own ability to succeed in certain situations<sup>(60)</sup> affected their courage and confidence to engage with the program. A manager with low self-efficacy required much more courage than one with strong self-efficacy, to try the new skill set with colleagues in the workshop and on the job following training. This concept of self-efficacy is well supported in the literature<sup>(58, 61, 62)</sup> and by the empirical research of Bandura: he identified it as being one of the main criteria for successful change<sup>(60)</sup>. Bandura posited that people with strong self-efficacy are those who believe that they are capable of performing well and that they are more likely to view challenges as something to be mastered rather than avoided. Indeed, people with poor self-efficacy avoid activities that they believe exceed their coping capabilities<sup>(60)</sup>

*I freaked out and let the exposure thing get to me because the truth was I thought it wasn't possible for me to do this (M4)*

Certain skills proved more difficult than others and a manager's sense of self-efficacy moderated their response to those difficult skills.

*I found the hardest skills to learn were those that demanded the most assertiveness... I understand*

*them but I am reluctant to apply. I have to get past myself to use them (M17)*

### 3A (ii) Belief in others

Some leaders spoke of their strong belief in the ability of staff to change and develop, whilst others either held a more fixed view or hadn't actively thought about it. A manager's belief in others was strongly associated with their motivation and commitment and active use of the coaching skill set.

This concept of a manager's belief about others and its impact, is supported in the literature<sup>(63, 64)</sup>. Dweck described implicit person theory as people either having "entity" or "incremental" beliefs about others: entity refers to a fixed perception of others which is strongly held from the beginning and more difficult to shift; whereas incremental refers to a perception of others which is amenable to new information<sup>(63)</sup>.

When a fixed or 'entity' view about the abilities of others was prominent, the manager usually anticipated less utility of coaching skills; and their perception served as an inhibitor to both their motivation and commitment to skill acquisition<sup>(64)</sup>.

*Doesn't matter how much you work on some people they are never going to get it (M5)*

*Some people cannot function without direction (M7)*

Many managers expressed surprise when staff came up with and acted on their own solutions. This surprise, and often relief, served to reshape their perception of what others are capable of and in turn served as a motivating factor to practice and a commitment to continue to develop staff and themselves.

*I would never have thought, before coaching, that people had all these solutions themselves (M8)*

*The big thing I'm taking away is that people are resourceful and resilient. They will know the answers. They will have something to give (M3)*

### 3A (iii) Expected utility

Expected utility describes how relevant and useful the manager believes the training and subsequent skills would be to their role. This factor is well recognised in the literature as contributing to motivation and the transfer of training skills into practice<sup>(57, 65)</sup>. In this study, a manager's degree of motivation and commitment to engage fully with the program was positively influenced by anticipated applicability of the skills. This finding is supported by and related to another factor in Bandura's social learning theory; he terms it 'outcome expectancy (i.e. expectations that the behavior will result in a specific outcome and the value one places on that outcome)<sup>(60)</sup>.

This study indicated that a manager's beliefs about the expected utility appeared to be moderated not only by their role identity and their values but also influenced by: their previous experience with training; previous experience with the facilitator; and their hunger for improvement in their current circumstances.

*I was struggling with a lot of interactions e.g. clinical and staff investigations it was weighing heavily on me and I was feeling I could use some help...it seemed if I could hold on to a process that may be an opportunity to develop, to be sort of conscious and mindful of how I was dealing with people rather than just sort of relying on natural ability (M19)*

When linked to a previous poor training experience a low expected utility acted as barrier to a manager's engagement and level of learning.

*I've done other things that have gone nowhere, you come out but then don't use it and the language is sometimes really difficult to understand (M8)*

Surprise [that the skills actually worked] was an experience described by most of the managers and seemed closely linked to a low expected utility based on previous training experiences and low self-efficacy. 'Surprise' often had a positive influence on these perceptions.

*I'd had such a bad experience in previous training that I was concerned that this was not possible for me to do this so I resisted and didn't want to come back on day two. I was so surprised that it worked, it actually works! (M4)*

The concept of expected utility was also strongly linked to two of the contemporaneous catalysts i.e. 'being able to foresee practical applications of the skills' and the experience of 'role legitimacy' associated with this skill set. These are discussed more in respective sections but it is noted that a positive experience with these resulted in an increased expected utility.

### 3A (iv) Role identity

The concept of manager identity is multifaceted. For the purposes of coaching training, it appears the beliefs that hindered a manager's progress were related to the role of manager as the fixer or solver (linked to the training experience of role dissonance) and the importance of the need to appear in control and knowledgeable (linked to fear of exposure as a novice learner). When this strong role identity presented, the manager had a harder time breaking free of these perceptions and practicing the new skills of 'manager as coach':

*I wanted to be good at it straight away. I didn't want to make a fool of myself (M20)*

Some managers were already looking for something else and their self-perception was open to new experiences.

*I felt trapped and overwhelmed by my own and others' expectations of having to have the answers so this new way was a real relief (M15)*

### 3A (v) Values

Values are considered a special type of belief that focuses on what is important to a person and that guides their actions and judgments<sup>(66)</sup>. Some managers found coaching methodology to be very compatible with their own values and way of working with people; for these individuals, their values acted as a catalyst towards motivation and commitment to practice and master these skills.

*I enjoy growth in others – I enjoy watching people work it out for themselves (M3)*

*It is so important to me to be able to just get on with my job and achieve something each day. I remember thinking I will practice this because it promises to give that time back, that freedom to get on with it (M18)*

In some cases, the value of a 'keeping on top of everything', and the value of 'feeling in control' served as an inhibitor to beginning to practice the skills in the workplace.

*I'm torn - people are lined up, I want to move them on so I can deal with the next thing. They probably deserve more time but you've got to keep things rolling for the next and subsequent things that are going to happen (M6)*

Whilst it has been noted in the literature that time constraints would act as an inhibitor to a manager mastering a coaching skill set<sup>(14)</sup> this study found that time constraints became less important when a manager had a real hunger for improvement and held positive values and perceptions related to expected utility, readiness to change, and a belief in the abilities of others.

*If you want to grow and develop your staff and have them functioning at their peak you will make the time. If it's important to you it will go to the top of your list (M5)*

### 3A (vi) Readiness for change

The transtheoretical model of change is also known as the 'stages of change' model; it indicates stages people move through, in the process of personal change<sup>(67)</sup>. It describes these stages as pre-contemplation, contemplation, preparation, action maintenance and relapse<sup>(67)</sup>. The authors claim that a person's stage of readiness is impacted on by their desire for change, their self-efficacy and a belief that a change in behaviour will result in something new that they value<sup>(67)</sup>. This study supported those claims:

*I was very prepared to put the effort in because I could see that it was going to be beneficial (M8)*

### 3A (vii) Hunger for improvement

Many managers were extremely 'hungry' for improvement, they were at breaking point and eager to embrace something they could use to change their work experience. Those that experienced this 'hunger' indicated if this training offered any glimmer of hope (expected utility) for improving their situation they were going to do whatever it took to master the skills; they were clearly in the action stage of readiness to change.

*I was at career breaking point. The role was so stressful I thought I can't keep doing this – I felt overwhelmed and I didn't have the energy. I didn't want to be a manager – I wasn't getting any satisfaction from being a NUM - that is how I was feeling (M19)*

*Before this training, when I had to have a difficult conversation I wore it as a personal burden, I felt sick, uncomfortable, emotional and I had a feeling of dread... I would wish it away and delay it (M14)*

*I can't keep up this workload, it was like I was constantly having to solve things. I had difficult things to do like investigations and complaints management and I realised that coaching may be something I could use to make that shift (M8)*

This concept emerged as essential to a manager's motivation and commitment to full engagement in the program. In addition it impacted on how courageous they became, even in the face of obstacles, about practicing the skills in the workplace.

### 3B: Program Elements

There were seven elements of the LCP that the managers identified as useful in mediating acquisition and integration of coaching skills (see Figure 1). Of note are the first four program elements (credible facilitator, small training group, a coaching structure and incremental learning) which engendered strong feelings of safety and helped the manager find the courage to act, despite their feelings.

#### 3B (i) Facilitator qualities

Many of the managers spoke about the importance of facilitator qualities<sup>(68)</sup> especially credibility as manager in healthcare, genuineness and confidence and competence<sup>(57)</sup> with the model. They mentioned a sense of trust and respect for the trainer that had built up over time, and the influence this had on a large array of factors, for example: whether to attend the training program at all; how they responded to uncomfortable feelings of self-doubt, exposure, fear, and role dissonance; their sense of safety; and their motivation to practice (and subsequently master) the coaching skills.

*I think the person leading it is absolutely key - trust had built up over years, that stuff is so important (M19)*

### 3B (ii) Size of the group

The two training groups that were part of the LCP had 12 and 14 participants respectively. Many leaders commented that the small size of the training group had a positive impact on their learning. Emergent ideas included: feeling courageous enough to practice in relative safety; receiving enough personal attention and still getting to have a variety of experiences with different participants; and not feeling overwhelmed with too many people.

*The small group size was great for me, it presented less social challenges, also you didn't get lost or forgotten (M17)*

*I attended training in Sydney, it was a huge room with 50 managers. With that many people you really only get a tiny bit of exposure to the concept. Having the smaller group you felt kind of supported and you were able to focus (M4).*

### 3B (iii) Coaching structure

The coaching model presented to the managers had a simple defined structure, not unlike a flowchart. Managers commented on the feelings of courage, confidence, security and reassurance it provided and its effects on their increased willingness to commit to practice.

*The structure made me feel confident, it saved me from being afraid to have a go (M11)*

*The structure gave me the courage to have the difficult conversations (M9)*

The managers were provided with laminated cards depicting the coaching model, these served as both a reminder and an aid to continue with practice in the workplace. Although some authors<sup>(69)</sup> contend that retention aids do not contribute to learning, managers in this study reported the opposite, especially in the early phase of the learning process

*In the beginning I used this all the time, I found it incredibly useful, I need to rely on it less today (M20)*

*I keep the card with me; if I'm stuck I use it, especially on the phone (M6)*

### 3B (iv) Incremental learning

The process of learning the individual coaching skills sequentially appeared to have a significant effect on the manager's courage, motivation and confidence. Training that is designed to improve self-efficacy is supported in the literature<sup>(70)</sup>. Self-efficacy improved with each skill successfully practiced which in turn motivated further willingness to practice and learn.

*Every bit was built on...one bit led to another and you had something in the end – felt like making a cake – felt like the whole package (M6)*

*Being able to have a go in a really safe kind of way – linking one skill at a time and practice in between – that was very helpful (M3)*

### 3B (v) Practice opportunities

Opportunity to practice any new skill in training is seen as essential to developing confidence and competence, as long as the practice is a true reflection of genuine work issues<sup>(34, 57, 69, 71, 72)</sup>. Multiple 'real world' practice opportunities were built into this program, both in the workshop and in the follow-up activities. The workshop was structured as a combination of practice opportunities<sup>(73)</sup> as well as discussion about the theory and principles of coaching<sup>(34, 73, 74)</sup>. Managers' level of engagement varied, but respondents often described practice as invaluable and as an essential component of their learning process.

*Practice was important – a concept that seems easy, can be harder to master than you think and you can quite easily find yourself going down the wrong track (M5)*

*Every time I use it, it makes much more sense, I feel more enthusiastic about doing it because you can see results (M20)*

The manner with which feedback and correction of practice<sup>(72)</sup> was provided, in the early phases of training, was also very important with regard to maintaining the safety and confidence, especially for those with low self-efficacy.

*"Can I do this?" I constantly questioned myself, I wanted to be great at it straight away (M15)*

*Practice sessions in the training were well explained; the feedback was gentle and non-judgemental (M17)*

Data revealed that issues such as low expected utility of the coaching model, fixed beliefs about others, role dissonance and fear of becoming a novice learner were experienced more often by those who did not fully engage with the practice opportunities. In contrast, managers that fully engaged in practice either actively dealt with personal doubts, fear and role dissonance issues (either with their coach or via peer support), or were enabled by a strong hunger for improvement, feelings of safety, incremental learning, early success, foreseeing practical applications and (for some) having pivotal learning moments within a practice session.

### 3B (vi) Follow-up

The importance of providing post-workshop activities, supportive coaching or some means of feedback to man-

agers following a skill-based workshop is well supported in the literature<sup>(26, 34, 72, 75)</sup>. It remains clear that, without follow-up, skill-based stand-alone workshops do not make an appreciable difference to participants' practice in the long-term<sup>(34)</sup>.

The managers who attended the LCP were told that the workshop was not the end but just the beginning of their training experience<sup>(29, 34, 73)</sup>. The follow-up activities were clearly explained, and managers were informed that integration into their daily routine required dedicated effort and frequent practice. In the literature this has been referred to as an 'application bridge'<sup>(73)</sup>. This is a very important concept given that a few of the managers reported that they wanted to be 'good at this immediately' and on the basis of this didn't want to (or feel they needed to) engage in any follow-up practice to master the skill set.

*It wasn't an instant thing that you could learn in two days, which would have been nice (M7).*

Follow-up for the NNSW and MNC LHD's LCP was assertive and comprehensive. It included personalised action plans, emailed coaching tips, allocation of six coachees for practice, six individual sessions with an expert coach, reflective practice, and group coaching sessions via teleconference scheduled to be held once per month for a period of 12 months<sup>(72)</sup>. Whilst it has been noted in the literature that support following training (as close as possible to the training date) is vital for retention and implementation of new skills,<sup>(70)</sup> more research is needed to quantify how much follow-up is ideal and how long it needs to be available.

There were varying degrees of participation in the follow-up among the managers; those who utilised the most opportunities reported increased motivation, commitment and confidence with coaching skills. It was also these managers who reported and were able to demonstrate integration of the skills into their daily routine; the extent of successful integration was mediated by the interaction of the three main determinants.

*I loved the fact that it (the program) had a structure and continuity. It was really important to me because I knew it wouldn't be wasted. I'm not someone who is able to just go to a workshop and then have the discipline to keep applying the stuff on my own (M17)*

*All of the follow up reinforced and cemented the skills. You never felt just sort of abandoned with it – lots of courses you do you get bombarded with the information and then that's it (M5)*

*We got that bridge straight away to start our sessions with the expert coach. My interest was really high*

*but I think what was really important for me was how closely on the heels of the training all that stuff was (M1)*

Managers, on the whole, did not feel that working on their personalised action plan or the emailed tips added to the value of their progress. They did however feel strongly that the allocation of coachees for practice, having an expert coach and the group coaching sessions created a vital and tangible advantage in the acquisition and integration of their coaching skills.

*It was extraordinary to have half a dozen people to work with so that there were lots of opportunities to try the skills again and again. Simultaneously coaching others whilst being coached was "gold" (M17)*

*Being coached reflected the model, the language, gave me an idea about what I was meant to do with my coachees and solidified the coaching foundations (M3)*

*The hardest skill of 'messaging' I only mastered after working with my coach on it (M15)*

*Hearing someone else coach at the group sessions was inspiring (M5)*

However, the managers pointed out that the most helpful activities were also the most confronting, as novice learners.

*Being evaluated live is always very confronting but at the same time very educational and very helpful (M3)*

*The group coaching tele-links could be nerve-racking but you need to remind yourself it is a protected environment (M8)*

*I was fearful the coachees would think "what the hell would you know" but the program just allocated you the coachees for practice so you rang them and got on with it (M4)*

One of the advantages of the group coaching in particular was the peer support and collegiality<sup>(56, 76)</sup> which appeared to favourably moderate the "fear factor". The group sessions were regarded by the managers as an opportunity to reflect on their practice, connect with like-minded peers, and receive support, encouragement and motivation to continue. In fact approximately 12 of the original 26 trained managers continue to meet monthly to further develop their skills, now three years post training.

Whilst reflective practice (that is, critical consideration of one's actions<sup>(77)</sup>) was encouraged as a form of follow-up activity very few managers engaged in the formal written version of it. Many preferred the opportunity to reflect in the individual and group coaching sessions where they were asked for feedback on their coaching experiences,

including reflection of what strategies worked and what did not. However, many managers commented on the beneficial exercise of being asked to journal their reflections on coaching for the purposes of this research through the participant diaries.

*I can see some emotional buttons were pushed. I can see how I would go back and do it differently (M4)*

Of particular note was the use of the reflective practice diaries by managers as an aid in helping them understand the importance of 'intent' when engaging with staff. When managers mastered this concept they were less likely to use the coaching skills inappropriately.

*Reading this back I can see more clearly where I went wrong, my intent was not as clear as I thought it was or my agenda was too fixed. One of the biggest things for me was becoming really conscious of my intention, if you get your intention right the conversation goes much better (M19)*

### 3B (vii) Ongoing support

The managers identified ongoing peer and organisational support as factors which strengthened their learning and further integration of skills. Although formal peer support was provided by the group processes of the two-day workshop and the follow-up group coaching sessions, some managers sought more, in the form of informal peer support networks. Peer support emerged as having strong and deep catalytic effects on the manager's continued motivation and commitment<sup>(76, 78)</sup> to integrate the coaching skills.

*This is what keeps me motivated – connections with other NUMs who know coaching - it is really key with NUMs to feel that you are not alone (M19)*

The managers also identified organisational support as vital to the continued development and sustainability of their coaching skills and imperative to the development of a coaching culture<sup>(75)</sup> however, few of them actually experienced it.

*The program felt like a gift, an acknowledgement from the organisation. I feel appreciated and more useful – that was very motivating (M17)*

*They don't understand – they think you've gone to the workshop and had some time to practice that should be the end of it - they don't know it takes commitment and a conscious effort to continue to practice and renew the learning (M19)*

*I would love to tell you that coaching was absolutely displayed throughout the whole organisation but it's not and it's a big thing, I think when you are having*

*behaviour displayed to you from the top it's difficult not to become like that as well (M8)*

Managers who did not experience organisational support reported that this acted as a significant inhibitor to the integration of their skills back in the workplace and this is well supported in the training transfer literature<sup>(1, 13, 34, 69, 79, 80)</sup>.

*I've moved to a place where it is the culture that everyone comes to the senior nurse – it feels uncomfortable and awkward to go against that culture, it has shaken my confidence with the use the [coaching] skills (M10)*

The managers offered suggestions to improve the levels of organisational support including: senior supervisory managers taking an interest in their staff implementing coaching skills at work, supervisors undergoing the same skills training themselves and embedding coaching as an expected and valued part of the manager's role. All of the managers' suggestions are empirically supported by the literature<sup>(72, 75, 81)</sup> in particular the idea of the manager's supervisors being trained to use the same skill set. This one strategy can improve overall training effectiveness as the supervisor becomes able to provide managerial support for the training, model the skills in the workplace and discuss how skills can be used on the job<sup>(4, 35, 59, 69)</sup>.

*More involvement from the line managers would be good – if they took an interest and asked how you are using it (M5)*

*There is a disconnect between what we now know and are trying to do and what the DON does – it would be helpful for me if the DON understood and used these concepts (M19)*

*I watch the higher managers around me and I am now trying to detect if they are using the [coaching] skills. I really wish they were (M4)*

### 3C: Contemporaneous Catalysts

Experiences during training were interpreted differently by each manager depending on their pre-existing perceptions and how strongly these perceptions were held. Emerging from the data for their strong catalytic effect on the learning and integration of coaching skills were experiences described in the model as 'contemporaneous catalysts' (see figure 1). It is noted that two of the factors (fear and role dissonance) are coded differently; these two elements could act as inhibitors to progress where strong symbolism was attached to a fixed role identity of 'skilled and fully competent solver'.

#### 3C (i) Fear

The data indicated the experience of fear did act as an inhibitor to some managers. Fear was linked with low self-ef-

ficacy, the prospect of personal exposure, role identity issues such as the fear of being a novice learner<sup>(82)</sup> or the fear of letting go of the problem-solver approach<sup>(14)</sup>.

*I found the whole two days very emotionally confronting actually – I don't think I'm introspective and this is very introspective, you really have to look at yourself (M4)*

*It can be confronting... you start off talking about a work situation but when you actually unpack it, it's something to do with how you operate as a human being and it's much more than just about work (M20)*

*I didn't want the staff to think I didn't know what I was doing (M13)*

For some managers, the importance of maintaining the appearance and feeling of being in control and competent (closely linked to role identity) served as a strong inhibitor in their training. It appears these managers carried a supposition that their leadership expertise would transfer to this new learning with ease<sup>(82)</sup> and in order to avoid the feeling of exposure which arises through being a novice learner, they did not engage in many of the group coaching sessions and some did not practice with their coachees.

*I found the group sessions confronting... if I make a mistake then it'll be terrible (M20)*

For others being a novice did not deter them from utilising new skills: fear became less powerful when the manager possessed a strong hunger for improvement, readiness to change, and a strong belief in others and the expected utility of the method. Those managers with positive expectations tended to utilise the supports provided and to persevere in workplace practice despite fear, which was experienced by most.

*You are out of your comfort zone with this but you have to get out of your comfort zone or you're never going to improve anything (M5)*

*It felt odd not providing the answers so I had to be very conscious in my attempts to put this model into place. I worked really hard, within six months I think I was really getting a handle on it and it just progressed from there (M19)*

Essentially managers had to find the courage to proceed with practice regardless of their fears to succeed in the implementation of their new skills at a workplace level. Whilst particular elements of the training and follow-up were important to assist the manager to find that courage it is an important point for all programs of this nature to be able to provide exposure to these skills without the participants having to feel too exposed.

### 3C (ii) Safety

Given the potency of the experience of fear, safety became a key catalyst for leaders to be able to accept the uncomfortable feeling of fear and have the courage to engage despite it. Without a feeling of safety a leader's experience of fear acted as a significant inhibitor to utilisation of these skills in the workplace.

Manager's who found the courage to practice despite fear (and often low self-efficacy) spoke of a high degree of expected utility, readiness for change, trust in the trainer, and hunger for change. These factors, along with other specific program elements (e.g. incremental skill development, practice sessions with non-judgmental feedback, small group size) resulted in a feeling of relative safety, which engendered the courage to strive in training.

*I felt safe to try and fail and try again (M11)*

The feeling that everyone was training together was another factor that helped strengthen the feeling of safety for some.

*The training was an equaliser, we were all learning at the same time and it was a great atmosphere... it was a level playing field (M16)*

### 3C (iii) Experiencing early success

When a leader experienced success with the skills it acted as an immediate and strong catalyst for all of the activators.

*It was amazing about the outcomes that you sometimes got in training and then the first time it worked on the ward I thought this is magic, Absolute magic! (M8)*

Many were surprised that the skills 'worked' and this surprise gave rise to foreseeing further utility for the skill set, relief that they did not always have to be the solve all the problems and a willingness to practice more.

*This really works, it frees you up from having to solve everything ... I'm going to try using this on all of my services! (M4)*

### 3C (iv) Foreseeing practical applications

Strongly linked to the experience of success, managers' spoke of their ability to foresee, as the training progressed, more practical applications for these skills. This exerted a positive effect on expected utility which in turn increased motivation and commitment for further development of their coaching skills<sup>(57)</sup>

*I love the practicality of coaching – from the very first day I could see so many uses. I thought "if I can nail this it's going to be excellent" (M8)*

*I was having so many issues with staff and HR and professional issues and the clinical issues that go along with it I could just see that it would be a great tool to assist me with all of that (M9)*

Homework was given between the first and second day of the workshop. When managers reported back to the group about their attempts to use the skills, this sometimes provided inspiration to other participants.

*Hearing people talk about how they used it with their kids and others, opened up the possibilities for me to use with clients and staff (M14)*

For some the realisation of practical application came only after they tried coaching in the clinical areas and had success with it.

*I used it back in the Hospital and thought "Oh my God" this actually works!...oh.. this could actually be very useful" (M2)*

### 3C (v) Undergoing a pivotal moment

The experience of undergoing a pivotal moment was a particularly strong catalyst for some managers, serving to increase motivation to utilise coaching skills. This turning point also boosted self-efficacy, a shift in role identity and commitment to achieve mastery.

Almost every manager that was experiencing transformational change in their practice, as a result of using coaching skills, expressed these pivotal moments in vivid detail and without hesitation to the question: "As you look back on your coaching journey, do any events or situations stand out in your mind as significant?" The pivotal moments occurred for managers at a variety of times and places:

During the training:

*We did that listening exercise and that was really kind of emotional, really powerful. I found it amazing what you could pick-up about someone by just listening deeply (M4).*

Through reflective practice:

*I witnessed an inspirational shift for a coachee regarding what avenue she should take - it surprised me and I am left with an a strengthened resolve that people have their own solutions (M17)*

During a coaching session with the facilitator:

*That's when it really gelled for me and I'll never forget it... there was a real paradigm shift of thinking.. something I thought of as a weakness actually flipped over and turned into my greatest strength as a NUM and that was really powerful for me it. I realised the power of a conversation and not to underestimate that, because I'd seen it in action, I'd experienced it that made me even more keen to continue on (M19)*

Although the times and places varied, the powerful associated emotions resulted in a strengthened commitment to ongoing development of this skill set.

### 3C (vi) Role dissonance

The switch from 'directing and controlling' to 'facilitating and coaching' is a major operational change for someone who has spent years telling people what to do, sometimes down to the smallest detail<sup>(2, 13)</sup>. The role of coach requires a large paradigm shift for some nursing and midwifery managers<sup>(2, 83, 84)</sup>, and for many this may necessitate unlearning the very behaviours by which they attained their positions<sup>(2, 85, 86)</sup>.

The dissonance between 'solver' and 'coach' was expressed as a real discomfort by some as they relinquished the control that accompanied their previous style of management. For managers who held a strong 'solver' identity coupled with a limited belief in the ability of others, the role dissonance acted as a significant inhibitor to the full utilisation of the coaching skills.

*The hardest part was believing they [the staff] had the answers (M6)*

*I had high confidence in my 'fixer ability' so moving to this 'unknown' was really really uncomfortable (M12)*

*I'd felt a lot of pressure was directed at me. I had to solve it. It feels odd to step back (M1)*

However, those leaders who already felt uncomfortable in the role of 'fixer' and were ready for the change found this new incongruence a welcome relief and therefore the experience acted as a catalyst.

*In order to be a 'good' NUM I needed to have all the answers, I hated this (M8)*

*I felt like I was always having to drag people with me, I felt exhausted – this is liberating – I feel more productive as a manager (M15)*

*Having all the answers is not my burden to carry anymore! (M9)*

Some were surprised by the experience of role dissonance, this caused them to reflect on their pre-existing role identity and what this symbolised to them.

*I was someone who would fix things... "who would I be or what value would I have if I didn't fix things?" (M8)*

*You have to accept that you don't have the solutions to tell this person, it was a real change... this is not how I generally am so this is a good way of me becoming that (M4)*

### 3C (vi) Role legitimacy

The experience of role legitimacy was closely linked to the pre-existing perception of role identity, the experience of role dissonance, and the perceived level of organisational support for coaching<sup>(2)</sup>. Once managers achieved a congruence between the new skills and how they wanted to be as a leader there was a stronger sense of role legitimacy and this appeared to engender further motivation and commitment to develop and master this skill set.

*This training was a validation of what I thought about human interaction and what a manager is supposed to be (M9)*

Some leaders expressed a feeling of legitimacy when they realised, through practice, that management was actually a skill that could be learned and improved<sup>(74)</sup>.

*I watched other managers and fashioned my self on them but I thought it was inborn skill, I didn't know you could deliberately change your management style (M4)*

*When you become a manager all of a sudden you are meant to have all these skills but there's not much training put in to deal with those really highly emotional situations so I assumed it wasn't a skill it [appointment to NUM positions] was just the last man standing. This legitimises what I am meant to be doing as a NUM (M8)*

## Domain 4: Practice Outcomes

The final domain of the theoretical model highlights the practice outcomes of the managers who took part in the LCP. As this study was interested in the integrated use of coaching skills in managers' routine practice, theoretical sampling and questioning helped the researcher look for exceptions to the reports of integrated use to test the developing model<sup>(42)</sup>. The practice outcomes reported by the managers in this study were compared with the content of the nine reflective practice diaries and the observations of the managers using coaching skills during individual and group coaching sessions. This process was supported by recent research which demonstrated that self reports of skill utilisation and integration are unrelated to proficiency levels in observed practice<sup>(34)</sup>.

What emerged from the data and analysis was a continuum of practice outcomes including: (i) inappropriate use of the skills, (ii) small scale implementation of a limited number of skills, (iii) integration of skills into routine practice and finally, (iv) transformational changes to practice.

### (i) Inappropriate use of the coaching skills

The data occasionally revealed inappropriate use of coaching skills in the workplace where the manager would use coaching skills in the wrong context. Examples include employing coaching skills when direct managerial feedback is indicated or being unable to flex between managerial and coach approach when required. This could be a result of a training flaw, that is too much time spent on technique and not enough time on the theory or principles that underpin the skills<sup>(87)</sup>.

However, occasionally coaching skills were being used with the wrong intent and in some cases this appeared to be linked to a manager's experience of role dissonance (that is, the discord between the coach-approach and a strong 'control and direct' role identity) and their limited belief in the ability of others to find their own solutions. This combination resulted in an abridged version of the skills, for example using some open-ended questions whilst still holding firmly to their belief that they knew all the answers. Use of the skills in this manner could be viewed as manipulation of staff to meet the manager's agenda. Whilst this may serve specific managerial purposes it is not in accord with coaching principles.

*I just bit my tongue for a little while until they came up with a solution that was similar to mine or I thought might work (M7)*

*I guess I manipulate the coaching questions sometimes so that they come up with the idea I wanted them to have (M2)*

### (ii) Small scale implementation of a limited number of the coaching skills

The exploration of examples of 'limited use' were useful as they highlighted which factors had the potential to act as inhibitors to a manager's process of learning and integration.

*I still want to solve things so find I do not use this [coaching skills] off the cuff (M11)*

*I find I just use the skills that were easiest to learn, not the ones that were too abstract (M2)*

It is of importance to note that even those who used the skills to a limited degree reported increased confidence, and a renewed enthusiasm in their role. In health services, as any organisation, signs of renewed hope, enthusiasm or resilience are invaluable. It appears that regardless of successful integration, managers see these skills as essential to their roles and they feel buoyed by exposure to them at any stage of their career.

*Even if you just do the basics – pick up a bit of the language, become aware of how you speak and con-*

*duct yourself, even if you just begin to reflect, that's all pretty powerful stuff, the change they can bring about is quite dramatic (M8)*

*I started to use 'undivided attention' ..even this one change makes a big difference. I didn't realise what a profound impact it does have! (M5)*

*It's huge. I did another course since, It was really good for me... I don't think I ever would have done that if I hadn't been to the coaching (M7)*

### (iii) Integration of coaching skills into routine practice

The researcher was looking for evidence of the coaching skills becoming truly integrated into the manager's routine practice. Integration was judged to have occurred when managers were able to provide examples of use of these skills in a variety of conditions and circumstances, and when there was evidence that managers had reflected and understood what may have occurred to make a coaching conversation successful or unsuccessful.

Managers reported a wide range of settings and circumstances where they were using coaching skills including: team meetings, clinical discussions (both with patients and staff), office 'drop ins', performance appraisals, staff development, critical conversations, corrective performance management, policy implementation discussions, coaching with coachees, meetings with medical staff, change management projects, dealing with complaints and investigations, dealing with conflict, patient and staff 'rounding'<sup>(87)</sup>, Essentials of Care projects<sup>(88)</sup> and general support of staff. They reported that when they used coaching skills in these situations, engagement was easier and the conversations felt more productive.

*I used to dread performance appraisals so I started to tie that in – I thought I'll get through all my appraisals and practice coaching at the same time – result – the dread has gone... I actually look forward to them now (M19)*

*I love to use it in meetings, especially heated meetings - I don't try to fix the problems any more (M16)*

*What I find, now that I have the skills, is the fear of having the difficult conversations was far worse than actually doing it (M9)*

Integration was further evidenced by the long-term utilisation of coaching skills in the workplace and managers verbatim comments enthusiastically referring to their own perceived integration. It is preferable that research takes a longitudinal view when exploring training transfer effects<sup>(34, 89)</sup> as studies completed soon after the training (when excitement is still high) may have the potential

to demonstrate positive yet transient results which are not synonymous with integration<sup>(34)</sup>.

*It's two years on and it still excites me... I'm still learning new applications for it every day. What keeps me going is seeing results from it (M8)*

*I use parts of the model every day. I feel like it has entered my subconscious. I don't miss many coaching moments now (M19)*

*I found I was doing it before I even realised. I think I had internalised the skills because I moved from timid to confident (M16)*

In addition, some of the senior clinical staff spoke of using the coaching model where previous techniques had not been as effective with some staff. Having a choice of techniques was really important to the manager.

*The other day instead of doing what I would normally do in clinical supervision, I used this [the coaching model] quite deliberately. The session was much more focused; she actually arrived at something that she was going to do. There was a really clear plan... it felt much more useful... I felt much more useful (M20)*

### (iv) Transformational changes to practice

The self reported 'transformational' changes in practice referred to the deep and apparently lasting changes that ensued for some managers who integrated the coaching skills successfully into their daily work practices<sup>(14)</sup>. Reports of transformed practice helped the researcher explore which factors acted as the strongest catalysts for full integration of the skills.

Transformational changes appeared to be engendered by shifts in individual perceptions and personal growth arising from experiences during training.

*I doubt whether there are people that could do this training and not be affected by it. I'd be very surprised. It forces you to be introspective and really look at who you are. I've become perhaps better to work with, more inclusive and I think I'm possibly a nicer manager now and a lot more effective too (M4)*

Transformational outcomes were evidenced by a new optimism about work challenges and reports about a less burdened life and team changes.

*I changed the way I was a manager after this training. It completely changed my practice. Coaching allows me to quickly get to the real issue with integrity and respect (M9)*

*I feel so much more certain about myself as a manager and my role with difficult conversations (M15)*

*I didn't expect this, but it's made a complete shift in the whole unit! I didn't expect that (M8)*

When managers spoke of complete shifts in their units they referred to it as cultural change. Whilst culture change can take many years<sup>(90)</sup> to achieve, the managers were reporting witnessing the beginning of such changes in their areas of influence.

*We had a big NUMs meeting here – we used the coach approach – I felt like everyone at the table had a voice - I remember thinking at the end of it, that was a really grown up meeting for our Hospital (M8)*

*I was just surviving before – it has absolutely begun a culture change. The language on our unit is different, people treat each other differently – there is more respect, more professionalism (M14)*

For individual managers, transformational change was also acknowledged by the organisation, as was reflected in career outcomes over the next two years. Seventy

percent (70%) of the research participants had experienced promotion in the two years since initial training, either acting in a higher grade for a significant period of time or permanent promotion to a higher position (see Appendix D for the breakdown). Managers reported a strong link between their promotions and the leadership coaching training.

*Being coached and using coaching with others changed that [being at breaking point, not wanting to continue as a manager in Health]. It changed the way I looked at me and my role – I can sort of walk proud and think “oh I’m a very good NUM”. The weight of the world was lifted off my shoulders and I was able to enjoy my job more. I’m still here today and that was a long time ago. I’ve been accepted to act up into two more senior nursing management roles since the coaching training; everything feels exciting (M19)*

## Study Strengths

To the best of the author’s knowledge, this is the first grounded theory study into the acquisition and integration process of leadership coaching skills in health services. As such it provides a valuable contribution to the literature and a starting point for the improved development and delivery of leadership coaching programs in healthcare that produce lasting positive outcomes.

The researcher’s ‘insider’ status as well as previous positive work experiences with the participants facilitated receptivity. It afforded the researcher a rich understanding of the participants’ language, circumstances, challenges and experiences. The well-established relationships appear to have engendered a genuine sense of trust which promoted a deep and unguarded candour among the participants.

## Study Limitations

The original training cohort of 26 senior staff were self-selected or nominated by managers or the facilitator to attend the training. Given this, they may have represented a more motivated sub-group of learners.

Given the researcher’s role in the organisation and known interest in coaching there is an acknowledgement that managers may have tended to respond more positively.

## Implications for Training

The study findings point to a number of possible opportunities for improving the uptake and integration of leadership coaching skills among senior nurses and midwives. Data pertaining to manager perceptions, response to program elements and contemporaneous training

experiences have revealed these leverage points. Future program facilitators who have awareness of these factors can address them openly in training. Capitalising on these opportunities will be largely cost neutral and could make a positive difference to outcomes of leadership

coaching programs in healthcare. Successful outcomes ensure improved return on investment via the transfer of training into meaningful changes in the workplace.

The ability of an organisation to take advantage of the leverage opportunities articulated in this study lies in the **design and delivery** of future leadership coaching programs. Informed by the findings, leadership coaching programs can be designed to utilise enabling individual perceptions, and maximise catalytic experiences that en-

hance learning and practice outcomes. Simultaneously, informed program design and delivery can ameliorate inhibiting individual perceptions and minimise the effects of training experiences that can restrict a manager's acquisition and integration of this essential skill set. (See Appendix H for a plan of the 'design and delivery' of a leadership coaching program informed by this study and related evidence in the literature).

## Conclusion

The senior nurses and midwives who attended the Leadership Coaching Program indicated they are nearly overwhelmed by the competing demands of their roles and they are hungry for 'something they can use' to effect positive change. Although they acknowledge how confronting coaching skills can be to learn and implement, the managers welcomed coaching as a respectful and effective method to improve communication and management. As a group, these leaders in health care have informed the development of a complex and multifaceted model which describes the process of acquisition and integration of coaching skills into routine practice.

The study produced a model that has, at its core, the interrelationship between three main determinants (pre-existing individual perceptions, program elements and contemporaneous catalysts). These relationships

drive the activators of courage, motivation, commitment and confidence, without which learning and integration could not occur. The model is framed by a platform of overall leadership development and the resultant changes in practice outcomes. The model is conceptualised as multifactorial, dynamic and mutual.

Whilst it is challenging for facilitators to have to deal with issues such as beliefs, values, fear, safety, role dissonance and role identity when training managers, this model suggests that the organisation needs to develop and conduct leadership coaching programs with these issues in mind and facilitators need to be familiar with and address the issues before, during and after training<sup>(13)</sup>. Not taking these factors into consideration in the development and delivery of leadership coaching programs is likely to diminish potential positive practice outcomes, resulting in considerable lost opportunity.

## Recommendations

1. The model developed in this study should be utilised to inform the planning and delivery of future leadership coaching programs in health services.
2. To further strengthen organisational support for future leadership coaching programs in NNSW LHD, the following should be implemented:
  - a. supervisory and senior management trained to use the same skill set as their middle managers;
  - b. an ability to utilise the 'coach-approach' incorporated into the position descriptions of leaders and managers;
  - c. the senior managers of program participants encouraged to enquire, following training, how the newly acquired skills will be used in the workplace;
  - d. communities of coaching practice actively promoted, to offer peer support and to continue to develop the coaching culture.
3. Prospective research to advance this work could include:
  - a. discerning the most cost efficient method of follow up that still delivers effective outcomes
  - b. determining the applicability of this model to other professional groups in healthcare.
  - c. further exploration of specific benefits to the manager and the organisation, achieved through leadership coaching training.

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# Appendix A

## Participant Information Sheet



### PARTICIPANT INFORMATION STATEMENT

What works and why? Critical factors influencing senior nurses' uptake and integration of coaching skills into everyday practice in a regional setting

#### 1. What is the purpose of the project?

The objective of this study is to develop theory, grounded in data, of the factors that promote or prevent both the uptake of coaching skills and concepts, and the integration of these skills and concepts into daily practice.

#### 2. Why have I been asked to participate in this study?

Because you are part of the original cohort of senior staff trained in the coaching skills and concepts and as such have valuable experiences in integrating coaching skills into everyday practice.

#### 3. What if I don't want to take part in the study, or if I want to withdraw later?

Participation is entirely your choice.

We will be using a consecutive sampling technique in the hope of including a wide variety of experiences. To ensure you feel no pressure about your decision to participate, a neutral third party Jenny Parsons (Acting EA to the LHD DONM) will be conducting the recruitment process. Jenny will make contact with you by phone to ask if you are interested in being involved in the study. To reiterate, involvement is completely voluntary.

If you decide to participate, you may withdraw participation, at the data collection phase, without giving a reason by signing and returning the section at the bottom of the Participant Consent Form.

#### 4. What will participation involve?

Your participation will involve up to three interviews with Rae Conway at a time and place that is mutually convenient. The interviews will be approximately 60mins in duration and will occur at approximately 3 month intervals. The interviews will be recorded on a digital audio-recorder and transcribed into typed form.

A brief outline of the interviews:

- 1<sup>st</sup> round interviews:  
The principle focus is to seek the participants' descriptions of their current coaching practices, including any perceived effects on their work practices and communication.  
At the conclusion of the first interview, participants will be provided with a journal and asked to make notes during the next three months. The task will be to briefly journal some specific instances where:
  - (i) coaching conversations occurred to good effect (three instances where possible)

- (ii) coaching conversations occurred with a poor outcome (three instances where possible)
- (iii) Instances where coaching skills could have been employed but were not (three instances where possible).

The participants will be asked to note some contextual issues around each situation as a memory jogger, for discussion at the 2nd interview.

- 2nd round of interviews three months later:  
The second round of interviews will be focused on discussing specific instances where coaching conversations occurred and what the outcome was or where an opportunity presented itself and a coaching conversation could have occurred and didn't. The journal will assist the participant to readily recall specific instances readily.
- 3rd round of interviews 3 months later:  
This round will be summative in nature and will focus on the final testing of theory developed from the 1st and 2nd round of interviews.

#### **5. Will taking part in the study cost me anything, and will I be paid?**

If you chose to participate it will not cost you anything nor will you be paid. You will be provided with a journal to use and keep as well as a signed final report of this study. Interviews will occur in your normal working time unless otherwise agreed to.

#### **6. How will my confidentiality be protected?**

Only Dr Greg Fairbrother who is my mentor for this study and myself that will have access to your complete recorded audio interview files and transcripts.

The information on the recorder will be transferred into a password protected electronic audio file on a secure drive after which the recorder will be wiped clean. The audio files and the transcripts will be filed into a password protected file. This transcribed file will be used for analysis and comparison with information given in other interviews.

Anything said in the interviews will be de-identified (i.e. name, place and time of interview removed). Therefore any statements, ideas, opinions etc will not be able to be attributed to you.

#### **7. What happens with the results?**

The results of this study will help strengthen our current approach to coaching training and ensure staff are provided with every opportunity to use and integrate coaching skills and concepts into the workplace setting.

The results will inform us what enablers could be strengthened and where possible what disablers can be ameliorated to give staff every possible chance of succeeding with using this skill set.

If appropriate, the information may be used to roll out further initiatives to a broader range of nurses, other disciplines and/or other industries or settings.

The results, as de-identified data, will be written up and provided to you. As well, there would be a plan to present the findings at a National or International Conference and publish in an academic and/or professional journal.

The de-identified results may also be presented within the MidNorth Coast and Northern NSW Local Health Districts to interested parties.

**8. What should I do if I have a complaint or concerns about this project?**

The NCAHS Human Research Ethics Committee has approved this research project. Any complaints or concerns about this research project may be made to the NCAHS Human Research Ethics Committee through the Research Ethics Officer, quoting LNR AU/6/4B1B010 as follows:

Research Ethics Officer  
NCAHS Human Research Ethics Committee  
PO Box 126  
Port Macquarie NSW 2444  
Tel: (02) 6588 2941  
Fax: (02) 6588 2942  
Email: [EthicsNCAHS@ncahs.health.nsw.gov.au](mailto:EthicsNCAHS@ncahs.health.nsw.gov.au)

**Thank you for taking the time to read this participant information sheet.**

**Potential participants will be contacted by Jenny Parsons - should you wish to participate in the study she will provide you with a Participant Consent Form (we will ensure you get a copy of the consent form to keep)**

**If you have any questions I would be happy to discuss these with you. I can be contacted on 02 6620 7232 or 0438 217 681 or [rae.conway@ncahs.health.nsw.gov.au](mailto:rae.conway@ncahs.health.nsw.gov.au)**

# Appendix B

## Invitation to Participate



Email Subject line:  
"Important information about the Coaching Research to be conducted in 2012"

Research Study  
What works and why? Critical factors influencing senior nurses' integration of coaching skills into everyday practice in a regional setting

Dear Coaches

I am writing to you because you completed the Coaching Clinic Training for senior staff and to advise you that some research on this will be conducted in the coming year.

This letter is to inform you about the research in general and to give you advance notice that you may be invited to participate in the coming months.

The study is part of a Clinical Education and Training Institute (CETI) Rural Directorate scholarship. The project has been approved by the North Coast Area Health Service Ethics Committee (AU/6/4B1B010).

The objective of the study is to develop theory, grounded in data, of the factors that promote or prevent both the uptake of coaching skills and concepts, and the integration of these skills and concepts into daily practice.

Participants for the study will be recruited from the original 26 senior nurses trained by myself in May 2010 and Oct 2010. In an attempt to mitigate any real or perceived power imbalances I will exclude the four staff who had or currently have a direct reporting line to me.

We will be using a consecutive sampling technique in the hope of including a wide variety of experiences. To ensure you feel no pressure about your decision to participate, a neutral third party Jenny Parsons (Acting EA to the LHD DONM) will be conducting the recruitment process. Jenny will make contact with you by phone (between January and February 2012) to ask if you are interested in being involved in the study. Involvement is completely voluntary.

For a fuller understanding of what being involved would mean please read the Participants Information Sheet (see attached)

**Important points:**

- **Participation is completely voluntary**
- **Participation will involve no cost to you**
- **I will ensure that all 26 senior staff receives a copy of the report at the end of the study June 2013.**

Please feel free to contact me should you have any questions about the research or your coaching on 02 6620 7232 or 0438 217 681.

Warm Regards

Rae Conway

# Appendix C

## Consent Form



### Participant Consent Form

I agree to participate in the coaching study 'What works and why? Critical factors influencing senior nurses' uptake and integration of coaching skills into everyday practice in a regional setting'

I understand that I will be asked to participate in up to 3 interviews which will be recorded on a digital audio recorder (each interview being up to 60 minutes in duration) and to undertake some journaling between interview 1 and interview 2 about my coaching conversations.

I understand that my involvement is voluntary. I understand that if I do decide to take part I can withdraw from the study at the data collection phase without having to provide any explanation or reason and that I will not be prejudiced or penalised if I should choose to withdraw.

I understand that the data I provide will remain de-identified (i.e. all participant comments will be represented in a way that will not reveal their identity) and that I will receive a copy of the report when the study is complete.

I consent to taking part in the study and have read the information contained within the Participant Information Sheet.

#### PARTICIPANT

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

✕-----

#### If you wish to withdraw your consent:

In the event that you wish to withdraw consent from participating in the Coaching Study or you wish to withdraw consent for your information to be used (at the data collection phase), please sign below and mail to:

Rae Conway  
NNSW LHD Nursing and Midwifery, Locked Mail Bag 11  
Lismore NSW 2480

You do not have to give any reason for withdrawing consent.

**Please withdraw my data from the 'Coaching' study**

#### PARTICIPANT DETAILS

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix D

## Demographics

Dimension	Years (unless specified)	N
<b>Age group</b>	35-44	4
	45-54	8
	55-64	8
<b>Total time working in nursing and midwifery</b>	10-20	3
	21-30	6
	> 30	11
<b>Time working in managerial or senior clinical roles</b>	< 10	10
	10-20	8
	21-30	2
<b>Current role breakdown</b>	Clinical Nurse Specialist	2
	Clinical Nurse Consultant	2
	Nursing Unit Manager	7
	Nurse Manager	6
	Director of Nursing and Midwifery	3
<b>Number of current direct reports</b>	Number of staff	
	< 10	3
	10-60	8
	61-100	5
	101 - 300	2
	> 301	2
<b>Highest qualification</b>	Nursing degree	6
	Postgraduate certificate	8
	Masters degree	6
<b>Promotion to senior role since training</b>	No promotion	6
	Acting in higher grade for minimum of 6 months	6
	Promotion to permanent position at a higher grade	8
	<b>Total 14/20 (70%)</b>	
<b>Gender</b>	Male	5
	Female	15
<b>Local Health District</b>	MNC	9
	NNSW	11

# Appendix E

## Interview Guide

### Interview Guide

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What sort of things did you know about coaching before we started this journey?  
What motivated you to apply to do the program?  
What did you hope to get out of the Program?

As you look back on your coaching journey do any events stand out in your mind?

#### **Uptake**

Remember when you first started to use the skills – how did it feel?  
What helped you taking those first steps?  
What were the biggest challenges for you in taking those first steps?  
How did you address them?  
Did you reject any of the new ideas?  
Tell me what you were thinking?

#### **Integration**

So the journey started for you nearly 2 years ago:  
Tell me in which situations have you been using the coaching skills over the last year?

What assists you (or stops you from) using it in that variety of ways?  
If you were advising another person on how to move from beginner to integrated use what advice would you provide?

What do you personally enjoy about coaching?  
What do you personally find challenging about coaching?

Which skills did you find easiest /hardest to learn?  
What makes them hardest or easiest?

In your opinion what is the difference between traditional nursing management and coaching?

How have your views about coaching changed overall ?

Tell me how you think the organisation has helped or hindered your efforts in developing your coaching skills? What more could they do (if relevant)?

How do you picture yourself and your use of coaching 2 years from now?  
What will have helped you get there?

What else should I know that I have not asked?

If there were one word you could use to describe your coaching journey what would that word be?

# Appendix F

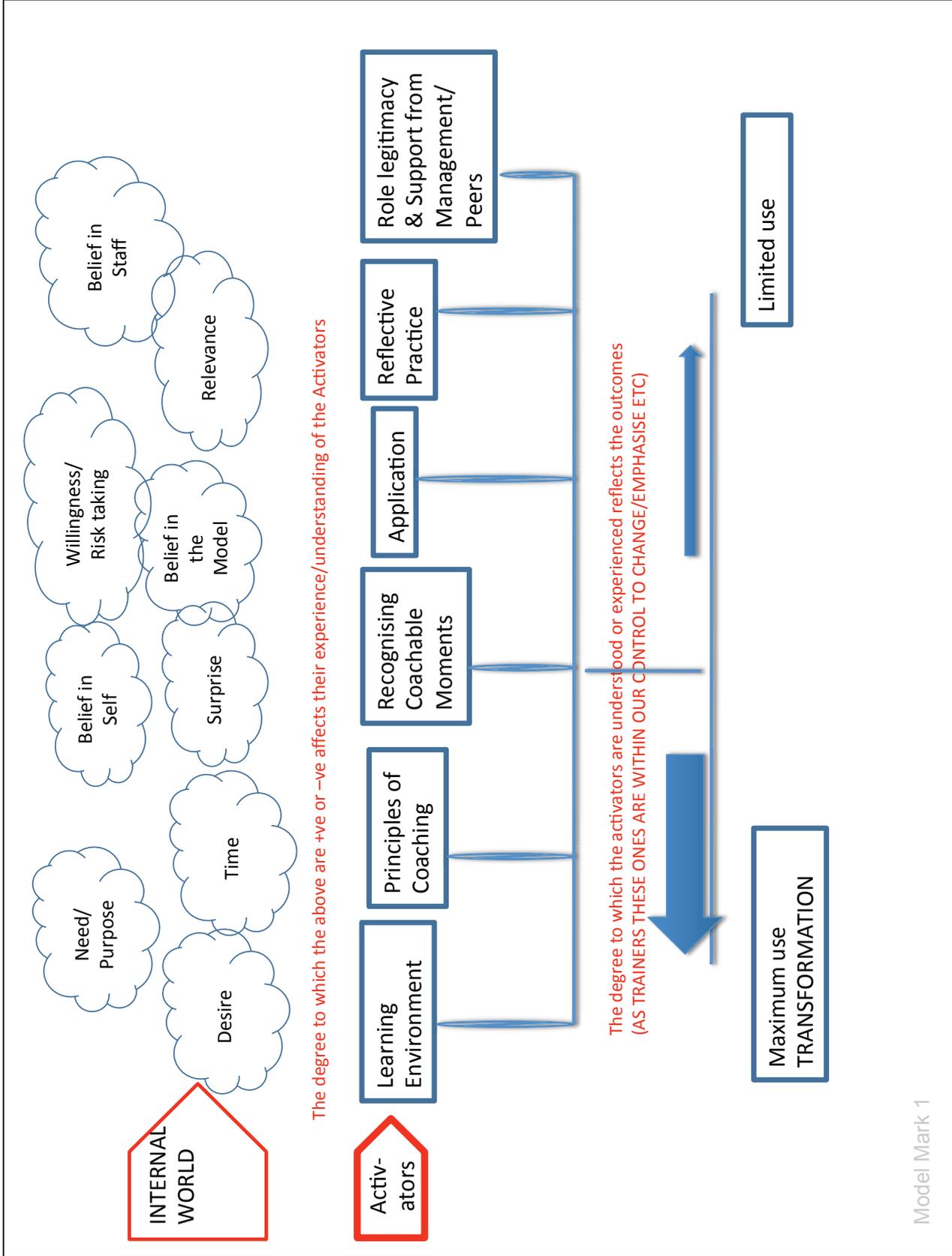
## Participant Reflective Practice Diary Instruction

Over the next 3 months please make note of:  
3 occasions where coaching (coach approach) was used with a good outcome  
3 occasions where coaching (coach approach) was used with a poor outcome  
3 occasions where a coaching moment was missed

Please note some context around these situations e.g. what sort of day it was, what else was happening, time of day, people you were interacting with, how you felt and what you thought.

# Appendix G

## First Iteration of the Emergent Theoretical Model



Model Mark 1

# Appendix H

## Implications for Training

### Design and Delivery of Future Leadership Coaching Programs

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#### Program Design

Each element of the proposed program has been determined by the manager's experiences, views and comments therefore each element has multiple connections to both the 'Individual Perceptions' and the 'Contemporaneous Catalysts'

##### Pre-Training Environment (Preparation)

- Pre-reading
- Individual pre-training coaching session

##### Training Environment (Learning)

- Safe learning environment
  - facilitator
    - credible; knowledgeable and confident with the model
  - small training groups (<15)
  - clear coaching structure or model
  - incremental learning
- 50% practical application
- 50% theory and principles

##### Post-Training Environment (Sustainability)

- Assertive Follow-up
  - Workplace practice
  - Reflective practice
  - Individual coaching
  - Group Coaching
- Ongoing Support
  - Peer
  - Organisational

Figure 2 Program Design informed by the study findings

## Program Delivery

Table 1 Program Delivery illustrating links to the study findings and to the literature

		Delivery
<b>Pre-training Environment (Preparation)</b>	<ul style="list-style-type: none"> <li>• Pre-reading</li> <li>• Individual pre-training coaching session with the facilitator</li> </ul>	<p>Pre-reading and a pre-training coaching session with the facilitator start the learning process for the manager<sup>(72)</sup>. Early engagement also creates the opportunity for the facilitator to become familiar with the manager's existing perceptions, expectations, motivation and beliefs and the possible impacts of these on training. Many of the manager's pre-existing perceptions are amenable to coaching conversations and therefore possible new insights and movements on issues such as self-efficacy, readiness to change, role identity, belief in others and expected utility.</p> <p>For example: If a facilitator recognises that the manager has a fixed belief in the abilities of others to change, these beliefs could be openly explored. Discussions about this would open dialogue about expected utility and what the manager hopes to gain by attending training. Pre training homework might entail the manager identifying and writing about any signs of staff changing or developing. This is an evidence-based strategy (counter-attitudinal reflection) for helping to shift beliefs about others and may need to continue through training and follow-up as necessary<sup>(63, 64)</sup>.</p>
<b>Training Environment (Learning)</b>	<ul style="list-style-type: none"> <li>• Safe Learning environment               <ul style="list-style-type: none"> <li>○ Credible facilitator who is knowledgeable and confident with the coaching model</li> <li>○ Small training groups (&lt;15)</li> <li>○ Clear coaching structure</li> <li>○ Incremental learning</li> </ul> </li> <li>• Practice (50% of the workshop)</li> <li>• Theory and Principles (50% of the workshop)</li> </ul>	<p>A safe learning environment is essential for training in leadership coaching. The foundations of a safe learning environment are embedded in these four strategies. Trust and confidence are created by having a facilitator that has credibility with the participants and is confident and knowledgeable about the coaching model being taught<sup>(74)</sup>. Small training groups and incremental learning help promote courage in the participants. Both a clear coaching structure and the incremental learning provide opportunities for some early wins<sup>(70)</sup> which can assist the manager in garnering more courage and motivation to continue their practice.</p> <p>Providing ample 'real world' coaching opportunities is a simple strategy yielding a large positive effect on the managers' ability to utilise coaching skills successfully in the workplace<sup>(57, 69, 71, 72)</sup>. The manner with which feedback and correction of practice is provided<sup>(72)</sup>, in the early phases of training, is also very important with regard to maintaining the managers' safety and confidence especially for those with low self-efficacy. Feedback must be timely, non-judgemental and clear to achieve these aims.</p> <p>As managers experience success in practice sessions it begins to positively affect their self-efficacy and their expected utility of the coaching skill set, as well as their beliefs about others' ability to change and develop. Success in practice sessions also allows managers to foresee further practical applications for the skills which reinforces role legitimacy.</p> <p>A significant period of the workshop should be devoted to exploring the theory and principles which underpin the coaching skills<sup>(73)</sup>. This assists in concept clarification and allows a more informed approach about when and where coaching is indicated. It may also help avoid inappropriate use of coaching skills. The concept of "intention" is a particularly important principle, and it is the facilitator's responsibility to help managers become conscious of their intent prior to engaging with staff.</p>

<b>Post Training Environment (Sustainability)</b>	<ul style="list-style-type: none"> <li>• Assertive Follow-up <ul style="list-style-type: none"> <li>○ Active workplace practice opportunities</li> <li>○ Reflective Practice</li> <li>○ Individual Coaching</li> <li>○ Group Coaching</li> </ul> </li> <li>• Ongoing Support <ul style="list-style-type: none"> <li>○ Peer support</li> <li>○ Organisational support</li> </ul> </li> </ul>	<p>Assertive and comprehensive follow-up should be incorporated into every coaching program<sup>(26, 34, 72, 75)</sup>. However, the ideal type and amount of follow-up for effective results is not addressed in the literature to date. Until such time a variety of the following strategies should be employed.</p> <p>Opportunities for workplace practice should be created as soon as possible following the workshop<sup>(73)</sup> (the participants' should be prepared for this in the workshop via an 'application bridge').</p> <p>A variety of forms of reflective practice should be offered and if journaling is offered as a formal part of a coaching program, a limited and specified number of entries with specific foci are recommended (an example is offered in Appendix F).</p> <p>The importance of providing supportive coaching or some means of feedback to participants following a skill-based workshop is well supported in the literature<sup>(26, 34, 72, 75)</sup>. Individual coaching allows opportunities to discuss issues as they occur, improve use of particular skills or to ameliorate inhibiting effects (fear, self doubts, doubts about others, role dissonance). For example, helping a manager to become aware of role dissonance can serve to reduce it. If the manager becomes immobilised by role dissonance, the facilitator can actually emphasise the cognitive dissonance (or deploy the discrepancy) between the current and desired state and then channel that dissonance into change behaviour<sup>(91)</sup>.</p> <p>It is clear that often those activities that provide great benefits to a participants' process of learning may also provoke the greatest fear. It is of importance then, that a facilitator of group coaching is also a well-skilled coach adept at encouraging the managers to demonstrate their skills, provide judgment-free constructive feedback, and keep the environment safe for all to volunteer to practice their skills, in the company of others.</p> <p>If coaching is to be sustained ongoing support is essential.</p> <p>Active encouragement of communities of coaching practice ensure peer support is maintained and skills continue to be shared and developed<sup>(76, 78)</sup>.</p> <p>A variety of strategies to ensure organisational support emerged from this study and were also well supported in the literature<sup>(4, 14, 35, 59, 72, 81)</sup>. For example supervisory and senior management being trained to use the same skill set as their middle managers; an ability to utilise the 'coach-approach' incorporated into the position descriptions of leaders and managers; and the senior managers of program participants encouraged to enquire, following training, how the newly acquired skills will be used in the workplace.</p>
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