

Academic Paper

How have nurses found coaching training useful in their role as line managers, and what were their perceived barriers to implementing their training?

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Abstract

This paper focuses on the usefulness of coaching training for nurse managers in the UK and the perceived barriers to using it in practice. There is very little empirical research on the impact and perceptions of coaching on nurse managers as coaches, so this gap is important to fill in order to know how to support managers carrying out this role. Using interpretative phenomenological analysis, I interviewed four nurse managers from one organisation who had all received coaching training, in order to reveal themes or trends. All participants found coaching useful when working with their staff to develop better relationships and increase self-confidence, empowerment and a sense of achievement. In contrast to existing research, participants felt that using coaching reduced their workload in the long term.

Keywords

trust, time, satisfaction, happiness, leadership, nurse managers

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Introduction

The research aims were to investigate how useful National Health Service (NHS) nurse line managers have found coaching training and what barriers they met using it. The objectives were to seek out the lived experience of line managers in using their coaching training.

Managerial coaching is becoming increasingly popular in many organisations, yet there is relatively little research into how it works and its effectiveness (Ellinger, Beattie and Hamlin 2018, Beattie et al. 2014). Ellinger et al (2018) state that there is little empirical evidence of the benefits of managerial coaching for either individuals or organisations, but they try to bring what there is together to provide a broader understanding of this type of coaching. They state that further

research is needed on the influences, context and intervening factors that could have an impact on managerial coaching.

There is a modest amount of empirical research into managerial coaching from the manager's perspective. One study by She, Li, Li, London and Yang (2019), investigated how coaching could impact managers' job attitudes and suggested that managerial coaching could increase managers' feelings of accomplishment. These authors purported that coaching consequently improved job satisfaction, however, there was also evidence it increased overload, which would be important to recognise with participants in this study who are already in a high-pressure environment in the NHS.

With the increased interest and use of coaching within the NHS, it is important to understand if nurse managers find coaching a useful addition to their skill set in carrying out their job and if there are any barriers that are inhibiting its use. I could find no research based in the NHS on the nurse managers' perspective of coaching and its impact on them and so this gap is the focus of this research. I feel it is important to understand, as She et al (2019) have already suggested that coaching can overload nurse managers, even though it improves job satisfaction. The role is not universally used in the NHS and research may provide evidence to support or disprove its extension to a wider group of nurse managers.

The context of the study is a community NHS foundation trust in southern England, consisting of both hospital and community-based staff. This has been a particularly stressful period in NHS history and many staff are struggling with stress, burnout and mental health issues. There is also a high number of staff looking to change their current careers and leave the NHS. This appears to have been recognised to some extent by the trust which may be the reason why they have offered training for managers in coaching. The effectiveness of this training has never been evaluated from either the managers' or the staff's perspectives.

Without this evaluation, it is not clear if this approach is being used by those who have completed the training and if it is beneficial for staff. This is particularly important as staff retention is a huge challenge across the NHS and any way that can be found to improve this would have an impact on not just staff themselves, but also colleagues and ultimately patients.

In the next section, I will explain the background and the question followed by the rationale, scope and significance of the research. This will be followed by an examination of existing literature, a discussion of my chosen methodology and an examination of the findings, ending with my conclusion and recommendations for further research.

Literature Review

The literature search only produced one recent paper directly related to managers' views on how helpful coaching was to them in their role (She et al 2019). Other papers were much more focused on the impact on the subordinates being managed and the outcomes for them and the organisations. This demonstrates a gap in the current knowledge about managers' feelings about the impact of coaching as part of their managerial role.

There are numerous definitions and categories of coaching. For example, Beattie et al. (2014) argue that managerial coaching focuses on improving abilities, skills, and performance. They also categorise managerial coaching into four types, hierarchical, peer, team and cross-organisational. Managerial coaching is viewed as highly successful in promoting learning and development in organisations, thanks to the Chartered Institute of Personnel and Development (CIPD), whose survey in 2011 promoted its success. The benefits being singled out were improved performance,

team cohesion, motivation, conflict resolution and retention, all essential factors in large organisations.

During the 1980s and 1990s management styles evolved into partnership relationships designed to improve performance through learning and development (McLean et al. 2005). Ellinger and Bostrom (1999) discussed the evolving belief that managers and leaders were also coaches, moving away from instructing staff to a paradigm that was extremely learner-focused, seeking to empower, motivate and develop an understanding of relationships (Mink, Owen & Mink, 1993). While it may have been the case that managers during this period considered themselves as developers of their staff, they also frequently felt it was a disruption, poorly recognised as part of their role and that they were also deficient in the skills required to act as a coach (Ellinger & Bostrom 1999). There does appear to be a lack of commitment from organisations to fully support managers in this new developing aspect of their role (CIPD 2011).

Krazmien and Berger (1997) argued that many papers discussing coaching theories for managers oversimplified the methods. There did not appear to be a definition of managerial coaching or analysis of how this type of coaching would work. While managers could recognise that coaching was potentially positive when properly applied, there were also misconceptions about its use, demonstrating that managers need practical training to incorporate coaching into their management style.

A definition of the manager as coach by Ellinger et al. (2014) describes the manager as carrying out particular activities to assist the subordinates in their learning and development. Nevertheless, when looking at the CIPD survey (2011), it showed that organisations were keen on coaching, but only just over half had trained their managers in coaching and even fewer had received any coaching supervision. This brings into question the commitment of organisations to coaching in their management structure (Beattie et al. 2014).

Ladyshevsky (2009) states that trust is essential to this role and that numerous organisations are in a trust crisis that impacts all workforce levels. He purports that organisations that want to cultivate the manager as coach role must create momentum in altering beliefs, creating a culture of learning and investing in training for its managers. The training of managers within organisations must extend beyond just basic coaching skills; it needs to explore emotional intelligence, trust and values and how these impact staff motivation.

Milner, McCarthy and Milner (2017) attempted to explore how managers were trained in coaching, surveying 580 managers in large organisations, and the results showed that less than half had received training in coaching. Ten years earlier than Milner (2017), Lindbom (2007), a director of talent management, reported this as an issue. His opinion was that the role of a manager should have coaching as its most important skill, yet new managers are entirely unprepared to carry it out. In ten years, organisations do not appear to have taken on board the importance of training to create a thriving coaching culture by effectively training their managers.

Even when managers have been trained, there is often little follow-up to assist the learning transfer, which is a significant barrier. Mentoring may be a way to improve this (Powell & Serkan 2010). Who would carry out this mentoring and supervision is another issue that would need to be addressed at an organisational level. When asked, the respondents in Milner et al.'s (2017) research wanted further training and feedback on their effectiveness as coaches. This shows an appetite for a long-term commitment to developing coaching skills.

Milner et al. (2017) acknowledge that there is little research into how organisations support their managers to become coaches, and this is an area needing further investigation. In order to change the habits and practices of managers, organisations need to clarify why this coaching style is advantageous and to have role modelling of it from the top down (McComb, 2012).

She et al. (2019) raised awareness of the gap in research on the impact of coaching on managers fulfilling the manager as coach role. The results showed that managers as coaches had an increased level of job satisfaction generated by a feeling of self-accomplishment. However, they reported feeling overburdened, which resulted in high work fatigue. This was due to the increased individual capacity needed to learn coaching skills and potentially problematic subordinates who do not engage with coaching. She et al. (2019) also discussed the managers' understanding of the support they were receiving from their organisation and how a high level of support improved their perception of work overload and personal achievement. She et al. (2019) did not address the fact that not all managers will want to include coaching in their practice, and not all are suited to the role, which will impact the benefits they will gain from carrying it out. This theme is echoed by Theeboom, Beersma and Van Vianen (2014). They discuss the importance of characteristics of the manager as coach, such as empathy, listening skills, encouragement and understanding and how this needs further research.

An issue raised in several papers was the wide variety of training organisations provide to support the manager as coach. Milner et al. (2017) identified this and went further, stating that organisations' attitudes to coaching also varied greatly. Very few participants in the study felt that their organisation valued the role of coaching. The need for feedback on managers' coaching and follow-up after their training was also highlighted (Clutterbuck and Megginson, 2005). Having specific support mechanisms in place, which have been created with the help of managers themselves would be beneficial in their development as coaches. Part of this would be appropriate supervision to enable managers to discuss any conflicts they are having (Milner et al., 2017).

When searching for specific research on coaching within nursing, I could find nothing relating to nursing managers using coaching and its impact on them in that role.

Diak et al. (2020) discuss the concerns about workforce shortage across Europe, unattractive working conditions and nurse burnout, which are causing challenges for employers and training institutions. Their paper explores specific career coaching carried out by separate career coaches, but this is not the manager-as-coach approach.

The importance of first-line managers within the nursing sector should not be underestimated but they are under enormous pressure daily (Westcott 2016). The lack of preparation for the role as a nursing manager and the ongoing support is documented (Sawbridge and Hewison, 2011). Higher levels of management have access to coaching. However, there is not yet access across the board for nursing managers to access coaching for themselves. Despite this, nursing managers can be expected to implement it with their subordinates. As a result, nurse managers reported feeling overwhelmed by the role (Wescott, 2016).

The comments from nurse managers who had been coached, regarding how useful it was having a coach separate from the organisation, gave them a non-biased view of the picture (Wescott 2016). This makes me consider how manager as coach nurses feel about trying to coach staff with whom they work closely in the same challenging environments and who may have similar concerns or states of learned powerlessness.

There are also concerns around boundaries and risks related to using managers as coaches. Not enough literature exists exploring the ethical considerations or risks associated with the manager as coach (Beattie et al 2014). Ladyshewsky (2009) discussed the importance of trust within a coaching relationship and that managers need to understand that trust is vital in the manager-subordinate relationship.

The manager as coach is caught between the organisation and the subordinate, creating the potential for a conflict of interest and even the risk of abuse of power. How managers address this, along with confidentiality, are areas that are still to be fully explored in research (Ferrari, 2006). How

impartial and objective can the manager be compared to an independent coach with no hidden agenda or organisational influences?

Krazmien and Berger (1997) believed more research was needed to aid managers in building coaching into their management style. The research raises concerns about the coach training standards and ongoing support for managers that they report they need but do not appear to be getting as a standard across organisations.

The voice of nurse managers as coaches and their lived experience is missing in the research including understanding how helpful coaching is as part of their toolkit and how it impacts them as managers.

Methodology

This research uses an interpretivist phenomenological approach (IPA), which has the potential to provide an unrestricted, evolving narrative. This approach closely aligns with my research aims of discovering the lived experience of nurse line managers in using coaching.

To draw any conclusions from an IPA study, what the participants are genuinely revealing needs to be at the foundation of the research, and using exact quotes will validate deductions (Pringle et al. 2011). While making generalisations from IPA research is not clear-cut in the same way as in quantitative studies, there can still be themes and trends that span the participant's stories indicating broader effects than might otherwise have not been noted (Reid et al. 2005). However, there can only be general observations made about the participants within the study, so the approach only allows us to hypothesise about the broader effects outside the study.

Four participants were recruited from nurse line managers within a single health organisation in the UK. All had undertaken the same level 7 module in coaching and mentoring. All participants were female; there is a high proportion of female staff within the NHS, so this was not unexpected; participants' ages were between 40 and 60.

An information sheet detailing the study's purpose and their role in the research was sent to each participant. There was also a consent form which needed signing, details regarding data protection and how the information collected would be shared in the future. Participants were informed that their participation was voluntary and that they could withdraw at any time. All names have been changed to protect confidentiality and anonymity. I selected Microsoft Teams as a suitable platform for interview due to its accessibility for staff, all of whom have access to and knowledge of how it works. Microsoft Teams also provides a transcript and recording of the interviews, which would be time-saving and vital in my analysis phase.

In planning for the interviews, I developed an aide memoire of questions and prompts to ensure the interviews, while free-flowing and open-ended, still stayed in line with the topic and, ultimately, my study aims. To ease the participants into the flow, I made sure I was fully present and interested, allowing space for participants to talk openly (Irvine et al., 2013). This approach granted the participants the freedom to connect with me, and I could adjust preliminary questions depending on participant replies and areas of interest that came up were explored further (Smith et al. 2009). When conducting interviews, Smith et al. (2009) reason that a certain quantity of impartiality is needed; they believe the researcher should attempt to shelve their assumptions during the devising and carrying out of the interviews. This is to facilitate participants in articulating their experiences from their lens.

Using a thematic analysis approach guided by Braun and Clarke's (2006) 6-step process of familiarisation, coding, establishing themes, re-examining themes, and specifying and naming

themes, I was then able to write up the analysis of the collected data. The thematic analysis process involves examining the data set to distinguish, examine and illuminate recurrences (Braun & Clark, 2006). It is descriptive and involves interpretation when picking out codes and generating themes (Kiger & Varpio, 2020).

To gain the depth of information required, a close and detailed reading of the transcripts was followed to generate codes, using coloured highlights to identify different strands evident from repeated words or phrases, questions and items of interest; these were then divided into codes. I compiled a master list of the emergent codes and refined them into common patterns across all the transcripts (Braun & Clarke, 2006). Finally, to support the codes, I noted any quotes that stood out as examples of the codes to support my research with evidence.

Once all transcripts had been analysed and coded, the created codes were examined to look for broader themes, patterns and connections. I was aware of my position in choosing which codes would be grouped and what emergent themes would be chosen. My choices were only one strand that could have been followed, and a variety of other stances could have been taken from the data (Braun & Clarke, 2013). Each theme was defined with a description of why it was valuable to the research question (Braun & Clarke, 2006).

While this approach cannot give results that can be generalised across a broader population, it did provide some central themes for consideration if the organisation wanted to look at the use of coaching within its nursing staff.

Findings

From the analysis, I identified three superordinate themes and eight emergent themes. The key findings were:

- i. behaviour change from the managers resulting in better relationships and empowered staff, which saved managers time.
- ii. improved staff happiness which increased team cohesion and retention.
- iii. increased job satisfaction, improved self-confidence, and a sense of achievement from using coaching.
- iv. The managers also identified two barriers to implementing coaching: the lack of time to use coaching as a stand-alone activity and organisational support in terms of ongoing development across the organisation and plan for how coaching could be used more in developing a coaching culture.

All the participants talked about using coaching principles in their management contacts and during informal conversations. Changing their day-to-day interactions with everyone and extending to interactions outside work aligns with Ladyshewsky (2009), who reported that managers as coaches incorporate coaching as part of their skill set across their leadership style. In addition, the participants showed a predisposition to motivate their staff through positive reinforcement and feedback, which supported the literature (van Nieuwerburgh, 2017).

A common thread with all participants was their desire to do the very best for their staff and support them in particularly challenging times. They felt they could support staff by developing robust relationships built on trust. These views echoed the literature, which reports that solid relationships were essential for managers (Ellinger et al. 2020, Ladyshewsky 2009). The reflections by participants implied that trust was vital between them and their staff and is necessary for the relationships within their hierarchy. Participants had not explicitly discussed trust, but I sensed that it was necessary for their relationships with staff. These improved relationships are beneficial when organisations are in trust crises, which significantly impact the workforce. The participants felt that

the improvements in staff happiness and relationships improved retention, Diak et al. (2020) also found this and felt that coaching could address and modify some factors that lead to nurses leaving the profession.

The gratification and pleasure evident from participants when they described instances when they had used coaching that had a positive outcome, were striking. It gave them a sense of satisfaction and achievement that they had been able to support people through a decision-making process to a positive result for both staff and the organisation. Furthermore, they enjoyed the success of helping staff reach conclusions. I had not anticipated that this would be such a strong thread running through the interviews, and it surprised me how much satisfaction the nurse managers derived from seeing their staff develop due to their coaching interventions. This supports the findings by She et al. (2019) regarding personal accomplishment in carrying out managerial coaching increasing job satisfaction. Furthermore, they have grown in confidence, and their empowerment has improved their outcomes and skill set. Nieuwerburgh and Tong (2013) also found in their research that student coaches improved self-confidence, communication and awareness, and while this research was not on nurse managers, it does support my findings on the impact on self of being a coach.

Coaching gives nurse managers something back from their interactions, satisfaction, pride, pleasure, and increased capacity, all of which are useful to them by increasing happiness, self-worth and self-confidence. This sense of pride and joy were feelings prevalent in all participants and essential to them as part of their experience. The participants felt pleased that their coaching interventions positively impacted their staff. In addition, the participants' increased job satisfaction was evident in all cases, which supports She et al.'s (2019) findings. However, in contrast to She et al.'s (2019) participants, this study did not find that nurse managers felt overburdened by using coaching. Instead, they thought that it lessened their workload over the long term, which could be because they were not offering separate coaching sessions, which would have taken up more of their time. This study cannot provide evidence for this, but it is clear that it is what the participants believed.

A theme among participants was that using coaching gave them time to think. Having the capacity to do this is a huge step in helping them implement self-care at work, allowing time for reflection and consideration and enabling individuals to make better decisions and choices. In addition, all the participants valued the chance to let their staff do the work of problem-solving, which meant they had more headspace for themselves.

As participants had embraced this new way of working with their staff. They had seen how they had previously taken control, and rather than empowering staff and building their resilience and ability to problem solve, they had been providing all the answers, reducing staff's capabilities. This change in thinking felt significant as the nurse managers' previous self-worth was validated by them being the problem solvers, yet the coaching approach they had adopted turned this thinking on its head, demonstrating a considerable shift in their behaviour. The use of coaching interventions designed to raise people's awareness and change behaviour had improved effectiveness and capacity, enabling them to look at change as a challenge rather than an obstruction (Hicks & McCracken, 2011). Examining the interviews, I could see a pattern developing that these managers were not thinking of coaching as a tool to employ at prescribed times but as a way of thinking and being which was useful to them in a variety of ways. Krazmien and Berger (1997) support this view of coaching as a continuous process carried out with ongoing feedback to staff. They had begun to use coaching language and principles in their day-to-day interactions and felt that this was effective following positive feedback from their staff and the results they observed in their teams. I had the sense that this was the first time they had reflected on their change in approach and its impact on their staff.

The pleasure of seeing staff develop and manage their problems improved nurse managers' self-worth and gave them more time for other areas of their role. Permitting staff to solve problems was

evident for all participants, and the benefits to them and their improved job satisfaction were positive in helping them develop and grow as managers. This increase in self-efficacy is echoed in previous studies by Ammentorp and Kofoed (2009) and Kushnir, Ehrenfeld and Shalish (2008), who looked at the impact of coaching training on the coach and concluded that self-efficacy was improved. In addition, the reported effects of coaching line managers being coached themselves and the manager as coach perceived impact is similar, reporting feelings of improved self-awareness, less prescriptive style, and increased self-confidence (Westcott 2016).

All participants in this study were enthusiastic about coaching and its benefits for staff. This was evident from the language they used when relating their experiences. They talked about how it brought value to them and was useful in relationship-building and developing their management skills. Notably, they are all experienced nurses who have been managing staff for several years, so finding something that fundamentally changed how they think and operate at this point in their career felt transformational.

The implications of this are improvements in self-worth which are an extremely positive outcome and have a far-reaching impact across the organisation and closer relationships at work and home. My overriding impression is that all the participants had good communication skills before starting the coaching training, but they all reported that they have not only learned but also really enjoyed the training and that it has changed their daily working interactions. Theeboom et al. (2013) tell us that staff are positively affected by having coaching as part of their line manager structure, but there is little empirical evidence on the impact on managers themselves. Although She et al. (2019) argue that managers as coaches have an increased degree of individual achievement linked to job satisfaction, I would argue that this research also supports the view that nurse managers are impacted positively by their role.

I had the impression that staff are overwhelmed with work expectations and struggling to solve problems and move forward with ideas to improve working conditions. Coaching has allowed the participants to support staff more effectively, so they can problem solve Ladyshevsky (2018) also proposed that there is a link between the manager as coach and improvement in work engagement in staff through the impact they have on an organisation's learning culture: the self-efficacy of staff is improved and rather than just unloading their problems onto the managers, they can work through them to find solutions or ways forward, which this research also highlighted. This is extremely useful for time-pressed managers as it releases them for their other duties.

The impact on staff happiness and well-being cannot be underestimated regarding benefits for the staff and the organisation. Participants all felt that it was instrumental in helping staff be more effective at work and happier, which in turn would improve retention. Although the participants had not stated that they were using coaching to improve performance or retention specifically, they believed it did and this was a great help to them in trying to maintain service provision. This opinion supports previous literature (Beattie et al. 2014, Hawkins 2012). Nevertheless, it would be impossible to confirm from this study that it had contributed to their perceived improvements. This view contrasts with Cummings et al. (2018), who reported that coaching interventions reduced job satisfaction in the short term. They felt this was due to staff being unused to the challenging conversations that are part of a coaching interaction. This research was also based in a healthcare setting, so I feel it has some relevance to the current study and needs to be considered, but it was in contrast to my findings, which may be because I was seeking the manager's perspective and not the subordinate's views.

Participants frequently mentioned coaching as a leadership style; this is how they have embodied the coaching training into their work. This description of coaching as a leadership style was not one I had anticipated but seemed to be a concept that these managers all felt strongly about. Hicks and McCracken (2011) make the case that coaching and transformational leadership share many of the same attributes, the core of which is the relationship between the leader and the staff. Vesso and

Alas (2016) discuss this leadership style in terms of developing a culture within organisations and how using coaching to initiate change can assist leaders.

This sense of staff development and team cohesion felt very powerful, and managers now believed they could go to their staff for new ideas, which made them feel valued and trusted. Spiva et al. (2021) argue that nurse leaders with better relationships with their staff will likely have lower attrition rates. The behaviours we recognise in nurse managers as coaches and transformational leaders influence nurses' plans to quit. This was seen with my participants who placed the organisational demands further down the agenda than the individual's needs and aspirations, making staff feel more valued. In addition, because they have bought into problem-solving, they are more engaged in following through with ideas.

Although the training has given the participants many tools and communication skills they are applying throughout their working life, it made me consider whether this can be called coaching. In the true sense of the word, they are not providing coaching sessions to staff. However, they use coaching-style questioning and communication in daily interactions with their staff. Despite not being able to offer full coaching sessions, they still benefit from their training with improved quality in their interactions. When comparing participants' interactions as coaching managers to Ellinger and McWhorter (2020), I can see they are fulfilling the definition despite not doing formal coaching sessions with their staff. When using coaching in a managerial situation, trying to implement it across a team regardless of whether they are engaged with it or understand it can result in resistance, especially if it is removing people from their comfort zone.

The feeling was that not all managers could be taught the coaching skills or would want to. Furthermore, there was a definite sense that some managers would resist incorporating coaching into their management style, which would not be helpful in the participant's goal of creating a coaching culture in the organisation. McComb (2012) argued that orchestrating cultural change by bringing coaching into the manager's sphere needs consideration of how motivated managers are. This lack of motivation was a concern for my participants when considering creating a coaching culture within the organisation. Ladyshevsky (2009) proposes that organisations must recognise that many managers must make a paradigm change to carry out the manager as coach role, and that learning and development departments should consider this need. These reflections by participants led them to the idea that coaching should be offered separately for staff to ensure they get coaching that is of good quality, feeling that moving it from direct line management would give staff options and help them on their journey. This resonates with Wescott's (2016) view that organisations should remove coaching from the management sphere.

She et al. (2019) reported in their research that managers as coaches feel overburdened, which resulted in increased work fatigue, and this was certainly something that would have impacted my participants if they had been offering stand-alone coaching, as it was, I felt they were already feeling under pressure with trying to fulfil their roles and they could not offer more to their staff. The enthusiasm to use the approach despite the difficulties with time demonstrated to me the value participants put on using coaching and how useful it was to them as managers. McClean et al. (2005) support the findings that the manager-as-coach role is time-consuming, and She et al. (2019) discussed the impact of this extra pressure in the form of role fatigue. I had the impression that some of my participants could be in danger of this, from the language they used and the picture they painted of how they tried to carry out the coaching in their working day.

Participants were torn between wanting to offer more specific coaching but could not due to time constraints, yet they still attempted to integrate coaching principles and language into their time with staff as they could see how useful it was to both staff and themselves and the organisation. The way the participants deliver coaching in their daily conversations and ad-hoc manner is in line with Krazmien and Berger's (1997) view that coaching is not simply for specific meetings but also extends to a continual ongoing dialogue.

Participants were concerned that their knowledge and practice would slip and they discussed their desire for further or ongoing training and updates to prevent loss of skills. This issue is raised by Milner et al. (2017), who emphasise the importance of ongoing programmes in collaboration with managers to meet their support needs. It is often the case that organisations invest in their managers gaining coaching knowledge, but these skills are not carried into the workplace resulting in the continued use of didactic leadership (Grant et al. 2013).

Research findings suggest that once the nurse managers had completed the coaching training, it was up to them as individuals how or if they wanted to integrate it into their role. Beattie et al. (2014) reported that organisations could have overconfidence in how effective their coaching interventions were with only 11% considering coaching was organisationally established.

I had a strong sense that the management team, above where participants sat in the organisation, had not been engaged or involved with the coaching training, and even felt they were above needing it. This led to some frustration due to the lack of consistency from managers.

Limitations

The transferability of the study is limited as it is based on individuals' experiences. It would be impossible to say their views are representative across all nurse managers as only four managers' experiences were investigated. In addition, they were all female and worked within the same organisation, which may have had some bearing on the views shared by the participants. Furthermore, all participants were volunteers, suggesting they may have been biased towards coaching prior to the study. Lastly, there was no consideration given to the experience of the managers' subordinates; only the managers themselves had a voice.

Reflecting on this research, it felt important to declare my potential bias. As a nurse line manager within the same organisation, I was conscious of my feelings and thoughts about the questions I was exploring and that my personal views may blur the information I was collecting. It was also interesting to consider how much of what I had heard from participants were their observations rather than their feelings about the question. I noticed that there was a significant amount of description of situations rather than feelings, and therefore the lived experience of the participants was harder to extract. When considering my interpretation of the information, I noted that this made me feel uncomfortable, questioning if I had understood things correctly and if I was reporting in a way that was authentic to the participant's lived experience. I did not want my opinion and experience to cloud my participants' voices and thus make the research less valid.

Conclusion

I believe that the study has provided some answers to the research questions, and the research aims were achieved. The participants shared their feelings and ideas about their use of the coaching training, but further research would give a fuller picture of how managers could be supported to develop a coaching culture within the organisation.

One aspect that emerged was that the participants gained a sense of achievement when implementing successful coaching interventions and had a sense of gratification and pleasure from this. The impact of that was an increase in self-confidence, self-awareness and empowerment. All of these areas of self-improvement were extremely useful to my participants, not only improving their performance in their view but also improving their level of job satisfaction, confirming and adding to She et al's (2019) research.

The study shows a positive impact on nurse managers as coaches, which is useful to them professionally and personally. This self-reported increase in performance also improved outcomes

within their teams in terms of happiness. In addition, managers showed that they thought of coaching as a way of thinking and being, describing coaching as a leadership style, keen to develop a coaching culture within the organisation. The participants felt that using this work style improved their staff's development, and relationships, which resulted in reduced attrition rates, all of which were hugely useful to them in their role as managers. While the research cannot prove there has been an impact on attrition rates, with staffing rates being of such high concern within nursing it is still an important point to take back to the organisation for consideration.

Participants wanted more exposure to coaching for all levels of staff in order for them to understand what it was and what the benefits could be. This supports previous research highlighting the importance of organisational buy-in for senior management and ongoing investment in coaching. A third of organisations do not provide support or development for their coaches (Institute of Leadership and Management, 2023) and yet this research adds to the evidence that organisations wishing to develop coaching need to provide ongoing support and investment for it to be sustained.

Participants alluded to the fact that not all managers were able or interested in coaching: there appears to be little information about how organisations recognise managers who have a predisposition to coaching and if being selective impacts the development of a coaching culture within the organisation. This leads to the question of whether all managers can coach and how can that be measured. Future research exploring the suitability of managers to coach may be useful in deciding if the manager as coach role is a useful addition to all managers' job descriptions. More research into the impact of providing coaching is also needed to fully understand its effect on managers, as the increase in organisations expecting managers to coach continues to grow. This research did not explore the quality of the coaching interventions delivered in this way, so this would be an area for further exploration.

I was surprised by the amount of personal satisfaction my participants gained from using a coaching approach and going forward, this knowledge can be used to make positive changes and developments within the organisation in moving to a coaching culture. The results felt positive even though participants seem to have stalled with developing coaching further due to a lack of ongoing support: they maintained their enthusiasm and keenness on using coaching and wanted more staff to be exposed to its benefits.

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About the author

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