How does coaching help to support team working? A case study in the NHS

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Abstract

This paper explores how coaching supports team working in an NHS hospital.
Using a case study methodology, a multidisciplinary team were asked to reflect on and describe their experiences of being coached and how this supported them in working as a team.
The findings demonstrate that team coaching supported team working in a number of interwoven ways and that seeing and understanding the human person behind the professional mask was a significant element in gluing the team together.
It substantiates team coaching as an intervention in enhancing team working and highlights some of the elements that contributed to this.

Keywords: team coaching, teamwork, case study, NHS.

Introduction

My own interest in coaching teams stems from my curiosity of how social interactions and dialogue influence our understanding and perceptions and the impact that this has on our relationships.
I was keen to understand this from a team's perspective so being able to study a team who had participated in a coaching programme and finding out how this supported team working provided the ideal opportunity to explore this.

I positioned my study within the National Health Service (NHS) as it provided a unique setting. There is an implied requirement for team working which sees individuals from different professional disciplines who have been have been trained to function both independently and autonomously within professional groupings, and who have their own identities, norms, stereotypes, and allegiances coming together to provide integrated services to patients. This way of working is different from other contexts such as business and industry (Firth-Cozens, 2001).

Team working

The benefits of working in teams include increased responsiveness to challenges such as innovation, quality and customer service by bringing together complimentary skills and cross fertilisation of ideas (Mohrman et al.,1995; Katzenbach and Smith, 1993), greater effect on performance and 'the bottom-line' with reduced turnover and absenteeism as compared to other interventions (Macy and lzumi,1993), improved organisational effectiveness (Applebaum and Batt, 1994) and increased performance and productivity (Weldon and Weingart, 1993; Applelbaum and Batt, 1994).

Within the NHS, benefits include a strong association between good team work and the delivery of effective and innovative health care for patients (Borrill et al, 2000), lowered hospitalisation rates and reduced physician visits (Sommers et al, 2000), quicker response from referral to assessment (Brown, Tucker and Domokos, 2003), improved staff motivation and health care delivery (Wood, Farrow and Elliott,1994), improved deployment of skills and expertise (Marsh,

1991; Hasler, 1994), reduced duplication, streamlined patient care and cost effective use of specialist skills (Ross, Rink, Furne, 2000)

Collaboration and team working is implicit within the NHS and is emphasised in the NHS Plan as a key aspect of modernising the health and social care systems (Department of Health, 2000, 2001) with subsequent policy reforms. This emphasis on collaboration and partnership continues to the present day with the push to deliver health care by teams (Department of Health, 2008)

Despite the emphasis for team working in the NHS, the empirical evidence to support this is limited (Bamford and Griffin, 2008; Reeves and Lewin, 2004). Multiple lines of management, perceived status differentials, lack of organisational systems and structures for supporting teams (Boddington et al, 2006) and short lived interprofessional relationships (Reeves and Lewin, 2004) are cited as some of the barriers to working in multi disciplinary teams.
In a context where team working is implicit, there are few studies (Arthur, Wall and Halligan, 2003; Boddington et al, 2006; Benson and Cunningham, 2006) which explore how team interventions can support team working.

Whilst there is much information on teams such as size (Katzenbach and Smith, 1993), typologies (Edmondson, 1999; Ratliff et al, 1999), levels of performance (Katzenbach and Smith, 1993), definitions (Katzenbach and Smith, 1999; Kolwoski and Bell, 2003; Mohrman et al, 1995), few focus on how interventions can fostering team working.

Much attention is paid to the differences between teams and groups and some authors use the term 'group' and 'team' interchangeably (Schwarz, 2005, p.15). For the purpose of the study, I have adopted the approach that the participants are a 'team' who have shared goals and are mutually accountable for achieving them.

Team coaching
Team coaching as a distinct form of coaching has received increased attention within the past few years. Whilst there is anecdotal evidence of team coaching being practiced and case studies published, only a handful of studies exists which supports team coaching as an intervention (Anderson, Anderson and Mayo,2008; Wild, 2001; Blattner and Bacigalupo, 2007; Field, 2007; Ascentia, 2005).

Whilst there exist a range of definitions of 'team coaching' (for example, Hackman and Wageman, 2005; Hawkins and Smith, 2006; Clutterbuck, 2007) and a few models (Hackman and Wageman, 2005; Rezania and Lingham, 2007; Hawkins and Smith, 2006; Zeus and Skiffington, 2003), distinguishing team coaching from other team facilitation and team interventions / development can be difficult due to similarities in attention to group processes and dynamics.

The focus on goals and not processes (Brown and Grant, 2010) and the lack of reference to improving performance are posited as some of the ways of differentiating group coaching from facilitation. One of the main reasons for using a coaching approach is enhancing performance (CIPD, 2010). The coaching programme that the team undertook was a symbiotic intervention of team coaching and facilitation.

This paper contributes to the limited literature that exists on coaching teams and utilising coaching as an intervention to supporting team working. It yields insights which will be of benefit to organisations and sponsors of coaching services who are seeking to enhance team working and who are considering using team coaching as a way of achieving this.

Methodology

The stance adopted in this study is that knowledge is socially constructed. Understanding and making sense of the world is constructed, interpreted and experienced through the interactions and relationships with others and with wider social systems. Due to the constructivist nature of the research topic, the study methodology leant itself to an intepretivist qualitative approach.

The study is situated within a real life context and on a specific programme (team coaching) and this bounded system together with the 'how' question being posed and with the researcher having no control over events, lent itself to a case study methodology (Yin 1994). Data was collected using multiple sources and analysed using Interpretative Phenomenological Analysis (Smith and Osborn, 2008)

My own worldview, assumptions and biases were brought to the study, influencing my understanding and meanings of the interviews, analysis and interpretation of the data. It was therefore necessary to articulate and express them.

Personal reflection was undertaken through the use of a reflective diary and a reflexive approach was adopted to reduce bias and influence on the outcomes. Feedback from the coaching sessions indicated that I was seen as the 'external, independent other' and confirmed that I was not viewed as having more power within the relationship.

Sample

The sample comprised of the leads from the main disciplines (medicine, nursing, radiology) of the radiology team of a large NHS teaching hospital.

They were:
1. Martha, senior radiology nursing sister who has worked in the Trust for 24 years. She provides management and professional leadership to 27 staff across 2 sites.
2. Tony, principal superintendent vascular radiographer with 17 years experience. His role is the maintenance and delivery of angiographic, cardiac and vascular ultrasound services and oversees 4 departments over 2 sites and manages 30 staff members.
3. Si, consultant vascular radiologist and lead clinician for vascular radiology. His role includes a managerial aspect although he does not manage anyone and reports to the clinical director.

The participants for the study were purposefully and opportunistically selected to fit the criteria of a multi disciplinary team who had undergone a period of coaching. This purposeful selection meant that the participants were rich in information (Patton 2002).

The coaching programme was informed by a systemic and eclectic approach and selected emotional intelligent activities were utilised in the first 3 sessions to create a safe space for dialogue to take place, strengthen interpersonal relationships, processes and dynamics. The coaching sessions took place in the meeting room of the organisational department which was in a separate building and away from the participants' workplace. Sessions were monthly and 2.5 hours in duration and there were 6 sessions in total.

Data collection

In keeping with the case study methodology, data was collected using multiple sources and which were fit for purpose in producing information rich data to answer the research question. These were:

1. Written reflections following each coaching session and at the end of programme
2. Interviews: 90 minutes, audio taped, open ended interview for which consent was obtained. The openness of the question, "tell me about your experience of being coached in a team", enabled the participants to shape the course of the interview by their responses and storytelling. I worked with the material as it came in without asking any leading questions. Depending on their responses, I used the following 2 questions to gain more insight and depth during the interview:

   Tell me more about how has this helped you to work as a team?
   Tell me how this is different to what it was like before?

   This process yielded 4.5 hours of interview material, which were transcribed and verified with participants
3. Observations: interactions, relationships, dynamics of the team were noted during the coaching sessions
4. Documents: hospital bulletins and articles on the subject of 'team brief', reports from areas that have implemented the 'brief', corporate documents

Data analysis

Analysis using case study methodology can follow ethnographic, narrative, phenomenological or grounded theory analysis techniques (Jones, Torres and Arminio, 2006). The data was analysed using interpretative phenomenological analysis, (IPA) (Smith and Osborn, 2008). This was particularly appropriate when the aim is 'to say something in detail about the perceptions and understandings of a particular group' (Smith and Osborn, 2008 p.55) and "meaning is central and the aim is to try and understand the content and complexity of those meanings rather than measure their frequency" (Smith and Osborn, 2008, p.66).

I organised the data into 3 sets (written reflections, interview transcripts and observations) for each participant. Notes made on observations were separated out together with the documents. The documents were useful for background information and facts and together with the observations helped in validating the data from the interviews and written reflective accounts.

The data from the interviews and written reflective accounts were converged for each participant and analysed as one. Triangulating 2 sets of data from different methods of collection served to strengthen the validity of the findings.

The method of analysis involved reading the transcripts several times to identify relevant material and initial themes. Associations and connections were examined and resulted in clusters of themes. This was cross checked against the original text to ensure that meanings were preserved.

When all three sets were completed, I was left with a number of themes for each respondent. As my research question was to find out how the coaching process supported team working I began to look for converging and diverging themes.

In prioritising and reducing the data, I looked for common themes across the 3 sets of analysis and a set of superordinate themes were identified. This resulted in each superordinate theme and it associated themes having a collection of phrases to support the themes from each of the 3 respondents.

Participants were given a copy of the interview transcript and copy of the findings chapter and were asked to make comments and whether they agreed that the findings were consistent with their experiences.

Findings

From the data, 10 themes were indentified:

1. The opportunity, time and forum for discussions
2. Focus and clarity of shared goals
3. The independent coach
4. A safe space for opening up
5. Seeing beyond the professional image
6. Understanding and appreciating each other disciplines
7. Cascading information to own teams
8. Collaborative decision making
9. Improved communications and relationships
10. Commitment and sustainability

1. *Provided the opportunity, time and forum for discussions*

The coaching sessions provided the time, forum and opportunity for the team to come together collectively to engage in discussion about issues that do not directly involve patient care or service delivery. The nature of the work undertaken coupled with limited 'free' time (when not engaged in patient care) meant that there is little time and opportunity for any collective discussions.
To have these 'time out' sessions meant having 'protected time', requiring preplanning and setting aside time and ensuring that their work is suitably covered in their absence. Physically being away from the department meant that team members were less likely to be disturbed.

The work is structured according to its professional discipline, with each discipline working within the confines of its speciality and reporting to its' own management structure and hierarchy.

> *...it is a multi-disciplinary environment so I have no management responsibility for Martha and her team and Si is not accountable to me and conversely I am not accountable to them, so if we don't talk about things and don't resolve them then they won't get done in the best and most efficient way they could be done. (Tony)*

Problems, issues, challenges are dealt with within each discipline with a perception that the problems rested primarily with the other 2 disciplines.

> *Things would have probably been said in individual groups but never said between the groups partly because there was no forum to say it and partly because nobody thought that saying anything would make a difference. (Si)*

Services are provided across sites and this coupled with different shift patterns meant that the team do not see each on a regular basis. Meeting monthly over a period of 8 months enabled relationships to be built, tested and strengthened. It also enabled the team to discover new things about each other as the time went by.

> *It's like you are building up a relationship between a man and a wife, you find out stuff over time it's not all instant (Tony)*

2. *Provided focus and clarity of shared goals*

There is little opportunity for the team to discuss how they work together to achieve shared goals. The department has its own objectives, goals and targets and each of the disciplines work

independently to achieve them or will 'do their bit' towards it. Without a forum for collaborative discussions there is not a collective approach, resulting in frustration when one discipline has done 'their bit' and the others have not.

Each team member thought that the other wanted something different for the department and were surprised to discover that their vision for the department was very similar. Si sums this up as:

> *I don't think before we had the coaching you kind of looked it as Tony wants the same thing as I do, Martha wants the same thing as I do and I want the same thing as they do. So having seen that it kind of improves the collaboration we have between ourselves because you kind of see the process might be different but everybody is looking at the same end point. (Si)*

The process helped to bring issues to the forefront and departmental agendas to be highlighted. This enabled the team to identify, prioritise and chose what issues they wanted to work on. The setting of objectives collectively and working out how they were going to achieve them with timescales and allocation of tasks gave the team focus and clarity.

> *So just being clear as to what we want to achieve and who is doing what, we are able to just sit and do that. (Martha)*

This collective approach enabled goals to be set and as they were achieved much quicker than anticipated, additional goals were set during the coaching programme.

3. The independent impartial coach

The purpose of the coach was summed up by Tony as someone who

> *...facilitated the discussions and kept the momentum going and the focus so it didn't get too sidetracked. (Tony).*

The coach was perceived as an independent impartial practitioner and this resulted in the team finding it easier to open up, to challenge each other and to surface uncomfortable issues.

> *It makes a difference when you have got somebody independent who is sort of overseeing things. (Si)*

The perception of the team was that the coach helped team members to tease out and explore issues that they would not have discussed on their own and would have been reluctant to verbalise.

> *If the three of us had said, we have got some issues; we will go and sit in an office for a couple of hours and will come out when we have done whatever, I don't think it would have been the same because we wouldn't have had you (the coach) to help tease things out of perhaps what we didn't even want to say. (Martha)*

> *You have come for a reason and it forced us to confront things that we otherwise would prefer not to. At the coaching sessions you kind of feel compelled to, to speak up and say what you think. (Si)*

The coach provided challenge enabling the team to see different perspectives and to explore some of their beliefs and attitudes.

I don't mind being challenged but I don't always like it because you have got to delve that bit deeper. That helps you to open up because it makes you think about what you might say and again things keep growing and opening up because of the process. (Martha)

4.   A safe space for opening up

The activities used at the beginning of the coaching sessions helped the team to develop a much deeper understanding and awareness of themselves and each other and this helped them to start sharing stories about themselves.

Once one member had shared something personal this had a knock on effect in enabling the others to do the same. For the team member who started first there was an element of perceived risk of being seen in a negative way.

I was happy to speak with little inhibition knowing that the session was in confidence however conscious that the others may see me in a different way - hopefully not a negative way (Tony).

This opening up started out in a small way and grew over time enabling members to surface more difficult issues. Past issues which were hindering team working were disclosed and this was seen as being cathartic and in helping the team member and the team to move forward.

I think that if I hadn't spoken out now, there would have been limitations to the progress we could make as a group. I think it was because it was a non threatening atmosphere that you had created and by the way the sessions ran - it felt comfortable to make it uncomfortable if you see what I mean. (Martha)

5.   Seeing beyond the professional image

The most significant factor in gluing the team together was members seeing each other beyond the 'professional mask' and understanding the 'human' side of the professional.

Team members have a shared understanding within their own discipline teams and reported that they do not have the time nor opportunity to get to know members from other disciplines beyond a 'professional capacity' despite having worked with each other for a number of years.

The process helped the team to get to know each other much more deeply. It removed the protective barriers, exposed vulnerabilities, feelings and concerns. This opening up is aptly described by Tony as:

People bared how they felt about things really rather than just putting on a front hiding behind standard phrases. You know there is no barriers because what you see is that individual naked – not physically naked but without any kind of barriers, you know they have shown a side and it is like showing your weak side, I am not saying they are weak individuals but it is showing their front like this is me, I'm Tony, not Principal Superintendent (Tony)

This opening up and sharing of powerful emotional experiences resulted in an empathetic understanding of each other, as explained by Martha:

Tony saying that he'd had staffing issues and talking like that, I had never heard him talk like that, in an open way. I had never, ever heard him talk about his uncertainties or frailties ever before. To me that was like 'sit back in my chair and wow almost' and that was the first thought that I had was this might work because somebody who I thought would not be prepared to open up had already started to do it. He had always come across to me as if he was perfect. So for me, who likes to understand people that was quite a big step. (Martha)

This resulted in a shift in perception in that they were not alone in struggling with issues or problems. Telling and hearing each other stories created a sense of belonging and trust. This enabled them to be more at ease with each other thus able to challenge and confront each other.

> *It makes it easier to say something or to confront them, how that helps I am not really sure. I just feel I can and that is mainly a function of the fact that we have spent time together rather than what we actually said, you know, the fact that we have interacted more. (Si)*

Seeing the other team members beyond the 'professional mask' had a significant impact on Martha's own self perception who at the start of the programme commented that:

> *I felt like there was three people and I was at the bottom of the pile... I am paid two bands below Tony, have the same level of responsibility, but I suppose I am only a nurse.*

An increase in confidence and self esteem were reported in her reflections after the programme:

> *I feel much more comfortable that we are on the same footing now.*

> *It has lifted my confidence levels, I can sit up with these guys and I have got my skills to offer and therefore I will be less hesitant or tentative in giving my advice, opinion or input.*

6. *Understanding and appreciating each other disciplines*

The process enabled team members to develop an understanding and appreciation of the constraints, challenges and working practices of each others' disciplines. Such shared understanding meant that they were able to see the department in its entirety as a completed jigsaw as opposed to their own piece.

Understanding the constraints and pressures that they each faced led to an insight into why team members may behave in a certain way and the particular approach adopted to deal with this.

> *It provided some insight into why they used their own distinct approach to resolve conflict or navigate difficult situations This understanding made me look at each of them in a slightly different light to that which I had previously done and gave me an appreciation of their contribution to the development of the department. (Si)*

With this understanding and appreciation of the wider system, came a shift in how the team perceived each other and their roles.

As the team became more aware of each others' disciplines, perspectives and systems they began to question current practices and explored how by changing ways of working and working together they could improve the service. Some examples are: nurses and radiographers planning their schedules together to cover the department, achieving the 18 weeks from referral target, engaging with a facilitator to conduct a process mapping exercise and looking at how performance can be improved by examining how other comparable areas work.

7. *Cascading information*

By talking about issues and matters collaboratively, team members described that they were more informed about each other's practices and whereabouts. They were able to then cascade this information/ knowledge to the rest of their teams. This was particularly relevant to the nurses and radiographers who have their bases within the department (which is spread across several sites) and

remain there for an entire shift. This is in contrast to the radiologist (Si) who moves around the different sites and also attends to patients outside the radiology department.

A greater understanding of the system within which the radiologist operates resulted in a greater awareness and knowledge of medical practices and ways of working and the impact that this has on the department. This was then cascaded down to the radiography and nursing teams.

This has helped to improve communication and joint working between the nursing and radiography teams as the same messages are being relayed down.
Martha and Tony have reported practical interventions to further improve relationships and team working between the two teams. For example:

> *...with the radiographers and nurses we have started rotating the staff. By rotating the staff they get to meet and work with other people so it now more like one pool of staff and they are more comfortable working with each other. (Tony).*

For Si, this has also had an impact on his fellow medical colleagues as he has been able to share his insights and understanding with them.

> *...I did have a very closed opinion on obviously at least one of them and I think that has made a big difference to me and to my colleagues as well because I can say that we do interact now or I do have interactions with Tony and we do discuss things (Si)*

8. Collaborative decision making
The deep sense of trust that has been built up between team members resulted in a shared understanding and belief that each team member has and will act in the best interest of the team.

> *For Si to come along and say 'this is a real problem we need to sort it out what do you think' I know then that it is a problem that we need to deal with together and not to be always suspicious of any hidden agendas and that there is no real ulterior motive. (Tony)*

This also resulted in collaborative decision making. As the team are interacting and talking more, they are discussing topics that they would have dealt with individually, thus getting different perspectives from the other disciplines.

> *You get a different spin on it and you think well actually I hadn't thought of that. This allows you to be more informed before you make that decision and conscious that that decision that you make you have thought about other consequences that may not have come to you straight away. (Tony)*

Team members reported being much more relaxed and open with each other. It was observed that as the sessions progressed there was much more laughter, use of humour, members were sitting much closer to each other and on occasions the use of touch.

We laugh a bit more because we are more relaxed, it's not to say that we don't challenge what one of us have said but it's not as in your face its more grown up. (Martha)

9. Improved communications and relationships
There was evidence of greater face to face communications and issues which would have been discussed by email or a 'brief corridor conversation' are now discussed face to face. There is dialogue between the team members with a respect for each others' perspectives.

We listen better so when we are communicating we are at a stronger level because we are taking on board what the other person is saying. (Martha)

Team members describe that they are now consciously aware that they need to collaborate and involve each other in matter that might have an impact on the team.

Before it didn't quite register, I would do my bit and not necessarily think maybe I should mention it to Tony or Martha as it might affect what they do. (Si)

There is a confidence that as team members are able to challenge and confront each other comfortably that matters get dealt with more quickly and easily resulting in decisions being made faster.

10. Commitment and sustainability

The team have committed to continue meeting and interacting and have blocked out protected time to meet for several months ahead.

...we will continue to progress in the right direction and, I would hope, create a team in which others would wish to work with and one that we could collectively be proud of. (Si)

There is a consensus that by working together the team present a united front and have a greater voice to those senior to them.

As a team we can demonstrate our collaborative thinking to present our ideas to management to help initiate change to improve efficiency ... "people are sitting up and listening because it is coming from three professional leads. (Tony)

Discussion

Beyond the professional image

Despite having their bases within the department and thus more opportunities for interactions, it did not contribute to Martha and Tony knowing each other beyond a professional capacity and this fits in with the notion of aligning and allegiance to one's own professional groupings (Firth-Cozens, 2001)

Seeing each other beyond the professional role enabled team members to see the human side of that person and supports the findings reported by Black and Westwood (2004). They were able to share their vulnerabilities, strengths, challenges and personal experiences that shaped who they are. This personalising of team members enabled them to understand their similarities and thus developing a personal connection with each other.

This insight into others' perception of themselves and how they differed from the perceptions that team members held of them created a shift in how they were now perceived. This shift in assumptions and beliefs enabled team members to be seen in a different perspective.
 This shared deep understanding was the bedrock from which everything thing else radiated. Once there was a high level of trust, openness and a shared world view and assumptions, the team were then able to engage in dialogue and voice and manage differing perspectives and opinions.

It follows that in a team setting, attention to group processes, relationships and dynamics are important in setting the foundations for the coaching conversation and identifies with the process consultation model developed by Schein (1988) and adopted by Hackman and Wageman (2005) in engaging with group processes on a substantive and internal level in a team coaching setting.

The team's affiliation was to the own professional grouping first. When they talked about 'their team' they were referring to their own teams that they managed. They were professional groups working alongside each other as reported by Predmore et al. (2003), Katzenback and Smith's (1993) 'loose working groups' and Engestrom's (1999) concept of 'knotworking'. It wasn't until they explored how they could work collaboratively to implement the team brief and in establishing objectives for the coaching programme that they began to see themselves as a team of 3 people who were working together towards achieving a common goal for the department.

Challenges

Team members were able to openly speak up and to voice their opinions which are in contrast to the findings of Atwal and Caldwell (2005) and Edmondson et al (2003). There was no dominance of power exhibited by the medical professional (Si) in decision making or in having superior knowledge to the other team members. In contrast, the findings indicated that the process enabled them to become equals with a significant shift in thinking for Martha.

The challenges that the team faced were similar to that described by Reeves and Lewin (2004) where collaboration was limited to unstructured and opportunistic interactions and this was labelled by the team as 'corridor conversations'. The geographical spread of the department, different working practices and patterns and lack of time contributed to this.

Time constraints as barriers to working collaboratively have been highlighted in the studies by Street and Blackford (2001), Nembhard and Edmondson (2006) and Benson and Cunningham (2006) and this was evident in this study.

Dialogue spaced over time

Meeting regularly over a period of time helped the team to develop and grow in its relationships, shared understanding and in establishing itself as team and this supported the findings of Baxter and Brumfitt (2007). Meeting regularly over time was also cited by Ascentia (2005) as a contributing factor to successful team outcomes and deeper learning processes are said to be gained through spacing sessions over time (Grant 2007)

Common goals

One of the purposes of bringing the three members together was to support them in implementing the 'team brief' collectively across the department. Having a common goal and working towards that goal was something that helped the team to become much more of at team and this is echoed in the work of Kets de Vries (2005). As the team brief was implemented much quicker than anticipated, further shared goals were set by helping the team to clarify and be explicit in what they wanted to achieve (Kets de Vries 2008**).**

In exploring how this goal setting differentiates team/group coaching from group facilitation (Brown and Grant 2010), one could postulate that by attending to inter and intrapersonal dynamics and processes it facilitates a whole team approach in working towards set goals and outcomes. These goals are action orientated and are set within the wider system.

The independent coach

Being an outsider with no hidden agenda or preconceptions enabled team members to open up. The external nature of the coach was highlighted by Jarvis (2004) and was emphasised by Arthur, Wall and Halligan (2003) where the team coach role was distanced from the working practices of the team and neutral on team dynamics.

Safe environment

The importance of a 'safe space' is well documented by Edmondson (1999) and Edmondson et al. (2001) and the findings of this study reinforce this. The sense of safety and high level of trust in the group enabled them to express their feelings and thoughts, personal disclosures without fear of being judged or criticised supports the findings of Black and Westwood (2004). This also collaborated with the findings of other studies which found high level of trust and safety within the team following an intervention (Boddington et al., 2006; Ascentia, 2005; Kets de Vries, 2005; Field, 2007)

Sharing personal experiences, challenges and feedback creates insight and learning. It helped the team to realise that they are not alone in struggling with a problem or experiencing difficulties. This lays the foundation for working through internal conflicts and crises (Kets de Vries, 2005) and allowed the team to break down barriers, surface issues, address difficult issues and manage difference of opinions.

Surfacing issues that have been lying dormant by bringing unconscious matters to the consciousness and discussing them has helped one team member to let go of the past and to move on. Releasing pent-up emotions through self-disclosure can be cathartic and emotionally liberating (Kets de Vries, 2008)

Understanding each other disciplines

Understanding and appreciating each other's disciplines helped the team to see the bigger picture, a finding that is shared with Benson and Cunningham (2006). Seeing how the pieces of the jig saw fitted together helped the team to have a more collaborative and strategic approach to their work. They were now enabled to see how their own worked contributed to the department's overall goals and objectives. With this has come a sense of renewed energy and a belief that as three professional leads working as a team they have greater voice and influence in being listened to and in bringing about change.

Decision making

The team reported being better and quicker at decision making as there are no hidden agendas and a high level of trust exists which means that team members do not need to seek proof of intentions of other team members (Katzenback and Smith, 1993). This has come out through the process of shared understanding and meanings, deeper personal connections from being vulnerable and a shared way of being (Cook et al., 2001).

The collective nature of the decision making process with input from each member at the outset meant that decisions were made much quicker. Findings to support increased decision making was also seen in the studies of Anderson, Anderson and Mayo (2008); Blattner and Bacigalupo (2007)

Increased interactions

Increased interactions and regular structured meetings over a period of time have enabled team members to be much more at ease and relaxed with each other and in their relationships. This is in keeping with findings by Kets de Vries (2005) and Blattner and Bacigalupo (2007). This increase in interactions have also resulted in an increase in communication and at a level which is much deeper than before as team members have an insight and appreciation of where the others are coming from. Similar findings were seen in studies by Boddington et al (2006) and Kets de Vries (2005)

Conclusion

This research gave insights into the particular attributes of team coaching that make it such a powerful vehicle to enhance team working. The findings demonstrate that coaching supports team working by providing a forum for dialogue and thereby improving communication, giving focus and clarity of shared goals, increasing trust and collaboration that allows participants to see beyond each other's professional image, and enabling a systemic understanding and approach to problem solving, decision making and commitment to achieving collective outcomes. Team coaching helped to develop personal and interpersonal relationships and dynamics by breaking down barriers, creating a sense of belonging and a deep, empathetic understanding of each other.

The findings make a strong case for the use of team coaching as an appropriate intervention in helping teams to work more effectively. For coaches, the study can help to illuminate their own practice when working with teams. Although the team within this study is relatively small and consisted within a specific context, it is likely that the particular attributes of team coaching that enhanced team working for the team in this research setting will also have a beneficial effect in other settings. Future research to explore further the effects of team coaching in larger multidisciplinary teams and from settings outside the NHS would be useful.

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