

Can coaching be the answer to developing nurse leaders?

Nurses and nursing leaders continue to be overwhelmed by increasing challenges as the call to demonstrate higher levels of resilience gains momentum. And yet nurses continue to be faced with unparalleled levels of adversity, leading to a loss of hope, with many choosing to leave the profession rather than continue to be exposed to unyielding levels of stress that have the potential to threaten the survival of the profession itself. With this in mind, this paper focuses on the importance of nurses working collaboratively through the process of coaching, a construct gaining momentum as the profession seeks to expand and facilitate new ways of working in order to develop both current and future nursing leaders and, in so doing, not only strengthen the voice of nursing, but also improve the way in which nurses practice.

KEY WORDS:

- Coaching
- Leadership
- Empowerment
- Praxis
- Resilience

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To practice and retain registration, nurses who work within the UK are legally required to be registered with the Nursing and Midwifery Council (NMC). They are also required to abide by *The Code* (NMC, 2018a); professional standards that nurses must uphold. Defined explicitly within *The Code* (NMC, 2018a), all nurses are required to support nurses at both pre- and post-registration level to develop their skills, abilities and knowledge — aspects fundamental to the development of current and future nurses.

Within nursing, one of the key mechanisms for facilitating learning is mentorship (Gopee, 2018). Having become an unfaltering support within nurse education (at least within the UK) since the late 1970s, Vance (2002) argues that mentorship is a professional obligation. According to Hayden (2021), this relies on a strongly embedded hierarchy through which the more experienced colleague supports the less experienced.

However, while Thompson (2016) has argued for more mentoring to prepare a new generation of nursing leaders, in the author's opinion, it is coaching rather than mentorship that appears to be evolving as a new and innovative approach to professional nursing development.

Indeed, this is now evident with the role of mentor having been replaced by the roles of practice supervisor, practice assessor and academic assessor (Gopee, 2023), as required by *Future nurse: Standards of proficiency for registered nurses* (NMC, 2018b) — i.e. roles more akin to that of the coach.

COACHING

Coaching is defined as a process that supports accomplished performance by utilising a solution-focused approach towards action (Cox et al, 2018). It is designed to engage the coachee (the person being coached) in

a thought-provoking creative process, the objective of which is to enhance leadership performance through the construction and execution of specific and measurable behavioural goals (Cox et al, 2018). Coaching differs from mentoring in that it typically focuses on the development of professional skills for an individual's current role and performance, rather than long-term career development (Passmore and Crabbe, 2020).

Through the process of active dialogue, personal and professional interactions and positive engagement (Barr and Tsai, 2021), coaching can:

- Support real-time problem-solving
- Promote education competence
- Nurture the sharing of life lessons (Decampli and Nash, 2015).

This, in turn, can lead to professional growth (Gregory and Levy, 2011) and the fostering of interprofessional teamwork (Sherman, 2019).

Furthermore, Narayanasamy and Penney (2014) advocate that coaching has the potential to tap into an individual's innate motivation for learning, leading to new personal insights. Moreover, with its emphasis on encouraging both self-awareness and self-improvement, coaching has been found to encourage focus and reflection and unlock potential (Whitmore, 2017). This, in turn, has the capacity to improve individual performance, turn reflection into action, and increase positive relationships (Passmore and Crabbe, 2020). Indeed, coaching consists of a dialogue through which the coach supports the coachee to gain insight and take action towards specific and personally defined outcomes (Jones and Gorell, 2018).

Furthermore, coaching can:

- Support the development of effective leadership skills (Bradley and Moore, 2019)
- Support increased confidence (Jones, 2020)
- Encourage self-awareness (Whitmore, 2017)
- Augment the value of a positive work-life balance (Bradley and Moore 2019)
- Build on existing abilities
- Promote accountability and facilitate goal achievement (Arnold, 2016).

All skills required of an effective nurse leader.

Coaching can be depicted as coaching in the moment, characterised as being everyday informal coaching opportunities (Pilger and Boardman, 2019), and coaching over time (Landreville et al, 2019). Essentially, two very different concepts, with coaching in the moment encouraging performance improvement, and coaching over time, inspiring collaboration and new learning perspectives, reflection on performance, openness to feedback and increased personal motivation (Atkinson et al, 2022).

Disappointingly, however, while it is evident that coaching is gaining momentum and increasingly emphasised as a feature of high-quality professional development (Desimone

and Pak, 2017), it remains embryonic compared to the many other approaches that have gained a strong foothold, such as mentorship, which has its origins in the early part of the twentieth century (Vance, 2002), and clinical supervision (Butterworth, 2022).

CLINICAL SUPERVISION

Having gained momentum in the 1990s and now an integral part of nursing practice, clinical supervision is considered a formal process of professional support, reflection and learning that contributes to individual development (Butterworth, 2022). This is supported by Richardson et al (2023), who purport that clinical supervision is composed of a formal professional relationship, the aim of which is to facilitate reflective practice, develop professional skills and critique ethical issues. And, while there may be some similarities to coaching, the nature of the relationship is different, especially in relation to nursing leadership (Richardson et al, 2023).

With these approaches to nurse development continuing to be firmly embedded within everyday nursing practice, if coaching is to become the more dominant approach to professional development, it is essential that nurses challenge their consistent use. Such a change however, necessitates a paradigmatic shift, requiring nurses to take action and facilitate the creation of a dynamic coaching culture (Richardson et al, 2023), rather than continuing to be entrenched in outdated modes of supervision and support. Something, which perhaps, is easier said than done.

CREATING A COACHING CULTURE

To understand what a coaching culture is, it is pertinent to understand the meaning of the term culture; although this is not without its challenges. For example, Groysberg et al (2018) defines culture as:

The tacit social order of an organisation.

While Coyle (2018) argues that culture is:

A set of living relationships, working towards a shared goal.

It's not something you are, it's something you do.

Coaching culture is a term used to define a principal style of management, which is embedded in a simultaneous commitment to foster employee development and promote collaboration (Clutterbuck and Megginson, 2005). Supported by Jones and Gorell (2018), a coaching culture is one in which coaching occurs at every level and where employees are empowered to act, enabling the organisation to adapt and flourish through the talents of its employees, a key element of which is the ability of leaders to empower and lead.

Those who seek to create a coaching culture look for opportunities to empower others to take responsibility for their own learning, essentially becoming 'ready, willing and able' to take the necessary action that will facilitate their professional growth (Jones and Gorell, 2018).

Furthermore, nursing leaders who practice within a coaching framework nurture staff engagement; they encourage open discussion and build confidence in their capacity to lead (Sherman, 2019). They instil a sense of collaboration, act with openness and transparency, encourage and motivate, give recognition, foster innovation, express gratitude and are fair in their approach (Sherman, 2019).

Fundamentally, creating a coaching culture empowers people to make their own decisions and take responsibility for their own actions through the use of a supportive coaching style (Jones and Gorell, 2018). The process leads to curiosity, which in turn promotes knowledge and essentially wisdom, as individuals learn to apply such knowledge to their own professional practice (Jones and Gorell, 2018).

Furthermore, through a process known as praxis (Chinn et al, 2021), nurses, especially nursing leaders, are able to critically reflect upon their behaviours in any given situation and take action against the challenges that persist, including:

- Staff shortages and the inability to retain nurses (Buchan et al, 2022)

- Limited resources (King's Fund, 2021)
- Lack of long-term investment by successive governments (Castro-Ayala et al, 2022)
- Lack of kindness and empathy (Evans et al, 2019).

In addition, they can promote the betterment of patients, colleagues and ultimately communities and society as a whole.

NURSING LEADERSHIP

Leadership is considered both multifaceted and complex in nature (Benmira and Agboola, 2021). Strong and effective leaders have the ability to influence (Stoner, n.d.), empower and inspire others, increase engagement and ultimately productivity, which can lead to more content employees (Huston, 2024).

Involving myriad of both strategic and interpersonal responsibilities, leaders are required to cultivate their imagination and demonstrate vision, inspire change, set organisational direction, demonstrate confidence despite increasingly high levels of uncertainty, and take educated risks, while embracing significant levels of accountability (Kerr, 2015).

It is evident within the literature that nursing as a profession is constantly changing, requiring strong and dynamic leaders (Ofei et al, 2022) able to reflect on performance and determine what is and what is not working (Robinson-Walker, 2021). Such leaders are often required to operate within cultures that are toxic, the characteristics and impact of which are described by Hetrick (2023). Furthermore, they are frequently faced with challenges that surpass everyday experiences, including the need to demonstrate moral courage (Numminen et al, 2019), and encourage a discourse regarding ethically competent and morally courageous behaviour (Pajakoski, et al, 2021) — and all the while keeping abreast of new and emerging concepts, such as moral injury.

Defined as an enduring, emotional, psychological, social, and spiritual

effect, which occurs as a result of actions undertaken contrary to one's moral values (Litz et al, 2009), moral injury has gained increased understanding in recent years as a result of the devastating impact of the Covid-19 crisis, especially within healthcare (Shale, 2020). The impact of moral distress is witnessed in three key areas:

- The health and wellbeing of healthcare professionals
- The provision of quality care
- The inability to deliver the expectations required of the healthcare organisation (Atli Özbas and Kovanci, 2022).

With all three areas coming under intense pressure at the height of the pandemic, many nurses experienced challenges to their internal moral compass, as they felt pressurised to act in a way they considered unethical, but powerless to act differently (Cramer et al, 2022). For example, clinicians, paramedics and other care staff were unable to care adequately for patients due to lack of resources (Williamson et al, 2020). Furthermore, according to the report 'As if Expendable' by Amnesty International (2020), many care homes across the country had a blanket Do Not Attempt Resuscitation (DNAR) imposed upon residents and restricted access to hospital.

It is evident that leadership is one of the most complex and multidimensional concepts known, and continues to take on an even greater level of importance as we progress towards an ever-increasing, globalised society (Benmira and Agboola, 2021). With effective nurse leadership being central to the delivery of quality nursing care and the overall success of healthcare organisations (Labrague et al, 2021), and with coaching having been widely acclaimed as a contributory intervention for nurse leadership development (Cable and Graham, 2018), it is important that nurses embrace coaching as an opportunity to work collaboratively to develop the skills and resilience necessary to take on these unyielding challenges. Preparing nurses for leadership roles and increasing levels of responsibility is crucial (Wakefield, 2018).

RESILIENCE IN NURSING

According to Wei and Taorminal (2014), personal resilience is:

A multifaceted construct that includes a person's determination and ability to endure, to be adaptable and to recover from adversity.

While there is increasing emphasis on nurses developing resilience within the nursing literature, there is no universally accepted definition of nurse resilience (Aburn et al, 2016). Resilience is associated with having the ability to balance competing demands (Pines et al, 2014), to bounce back from significant challenges (Sherman, 2019), and when faced with life disruption, adopt a flexible approach to thoughts, feelings and behaviours, and in so doing emerge from adversity wiser, more robust and adept (Pemberton, 2015).

Although resilience has the potential to impact on the positive experiences of nurses and patients alike, it requires the ability (of nurses) to demonstrate adaptability (Henshall et al, 2020a) and high levels of emotional intelligence and regulation (Middleton et al, 2022) for this to happen.

Furthermore, while internationally a variety of interventions, including educational programmes, have been developed to improve the resilience of nurses, resilience in nursing must be recognised as a dynamic, fluid process that requires continuous nurturing and commitment, in the face of changing professional and personal requirements (Henshall et al, 2020a, b). It is important therefore, that such interventions are not considered a panacea for the all-encompassing problems faced by healthcare services today and the resultant challenges (Henshall et al, 2020a, b). Essentially, nurses are working under immense pressure, which has the potential to impact on their ability to nurse. This is supported by Taylor (2019), who argues that resilience training alone can be perceived as a negative as it implies that the inability to demonstrate resilience is down to the individual's inability to cope, rather than as a direct result of the conditions that persist.

Moreover, it is important to reflect on the 'dark side' of resilience (Mahdiani, 2021) and consider the question proposed by Atkinson et al (2009) — 'Is resilience always a positive personality attribute?' This is especially so, as the need to meet service demands while working in highly pressurised, on occasion suboptimal situations, can result in registered nurses encountering episodes of stress and burnout (Henshall et al, 2020a).

To put this into perspective, in September 2022, there were over 46,000 nurse vacancies in England alone (Ford, 2022). Before the pandemic, the global shortage stood at 5.9 million nurses, and it is estimated that by 2030 this will have increased to 13 million (Buchan et al, 2022).

Despite these overwhelming challenges, the importance of developing strategies that support resilience should be explored — including coaching. Given the value of coaching within professional nursing practice, the value of integrating coaching strategies to develop resilience should not be underestimated. However, in the author's opinion, introducing coaching into the workplace could be considered a formidable challenge, made all the more difficult by the command and control management approach still deeply embedded within behaviours of senior leaders in the NHS (Kline, 2019). Such an approach calls for a change in leadership styles that encourages innovation, shared decision-making and professional autonomy.

CONCLUSION

Unquestionably, as much of the research shows, coaching could be considered a useful approach to build resilience and help support those transitioning to nursing leadership.

Providing coaching opportunities that support the development of resilient nurses and strong nursing leaders may have its place in cultivating the current and future nursing workforce. However, this is only one way in which the ability of nurse leaders to lead can be enhanced.

Nursing praxis, as with nursing resilience, has attracted increasing attention in the literature in recent years. The emphasis being on nurses to understand the value of critical reflection and action in bringing about positive change (skills which are also considered important aspects of coaching) at a social, political and global level, in order to address the complex issue of inequalities in health — a phenomenon which has gained significant momentum in recent years. Such actions seek to improve healthcare service delivery and ultimately patient care at a time when pressure to be 'all to everyone' is at its highest. **GPN**

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