

## Using life coaching techniques to enhance leadership skills in nursing

A life coach helped a team of primary care nurses to improve teamworking and manage stress

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This article describes a recent initiative, which used life-coaching to develop strong leadership skills and empower individual team members and the team as a whole. A three-stage process was used to enable a team of nurses in a GP practice to improve working relationships, leadership skills and stress management.

### INTRODUCTION

Life coaching aims to help people to enhance work performance and career opportunities and to achieve more in life. According to Martin (2007): ‘Your coach cannot do the work for you but can, and should, suggest where you direct your focus to gain optimum benefit from what you are doing.’

The NHS has identified that this kind of work – that is, enhancing leadership and management – is very much needed. The NHS Institute for Innovation and Improvement’s (2006) leadership qualities framework contains detailed descriptions of qualities and levels of attainment that are specifically tailored to the NHS’ needs and environment.

Earlier this year, an advanced nurse practitioner (ANP) approached me to ask about team-building. The term conjures up many different images and can induce dread at the thought of outdoor activities or other similar pursuits.

However, the work I do as a life coach focuses on building the right kind of communication structure to make a team work, from management to co-worker level and beyond to outside the team.

The ANP outlined the situation as follows: ‘Since the advent of QoF [the quality and outcomes framework] in general practice,

### PRACTICE POINTS

- Helping people with personal and professional development requires a complex set of skills.
- A successful work culture fosters employee development and encourages staff to make a positive contribution.
- Being able to understanding their own key competencies and weaker areas helps team members to deal more effectively with others.
- When they are promoted, staff need to learn a new set of management/ leadership skills.

[there has been] more and more pressure on practice nurses to achieve targets for the GPs to earn money.

‘I work with a team of three practice nurses and two HCAs, in a very busy surgery with a practice population of 12,500 patients. There are four partners with four salaried GPs.

‘More and more I was noticing the nursing team having negative attitudes, moaning, feeding off each others’ negativity and I felt it was starting to spiral out of control.

‘The team had great difficulties in time management, difficulties saying no and we rarely had time to communicate.

‘The biggest problem was changes in working practice. For example, a new ECG machine was to be used and it took so much longer than [was] acceptable before the nurses were able to perform an ECG without there being some problem.’

The ANP had frequently discussed her concerns within the GP practice but decided to take the initiative and sought out a supportive pharmaceutical representative, who agreed to jointly fund any work carried out to help the team develop.

### Working with the ANP

At my first meeting with the ANP, she raised further issues that she wanted to address: ‘At the time I was working well out of my comfort zone as a newly qualified nurse practitioner. I had much less time to deal with management problems and I was very conscious when I was asked for advice/

help that I was not able to give the time I should. Also, at times, I felt irritated that it was not acknowledged that I had my own stresses and work commitments that couldn’t wait either.

‘In the past, the nursing teams I’d led all worked as a team and people supported each other. In this team, they all had different problems and never seemed to think about how anyone else felt, or how busy other people in the practice were.

‘I feel it’s part of my responsibility to try to make the nursing team as effective and efficient as possible – it was obvious to all the practice team how stressed a few members of the team were.’

After a lengthy discussion about work, stress, management and how to move forward, we agreed a programme to cover all dysfunctional aspects of the team and enable it to move forward in a more positive way (see Table 1).

### INDIVIDUAL COACHING WITH THE ANP

The aims of the individual coaching sessions with the ANP were to help her develop:

**Self-belief** – this focuses on preparing people to stand up for what they believe in, on the understanding that the actions taken focus on achieving the best outcomes for the team and the service;

**Self-awareness** – to be effective leaders, staff need a strong sense of self-worth so they can handle pressure and stress more effectively;



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**Self-management** – without this ability, it can be difficult to implement effectively what has been learnt;

**Personal integrity** – this can help with the decision-making process. The ANP demonstrated this when she was persistent in applying for funding;

**The ability to enable others** – this can be empowering for others and actively helps them to take responsibility and thus develop their own self-esteem and confidence.

Reflecting on these one-to-one sessions, the ANP commented that they ‘made me realise my own values and why I get more irritated by certain characteristics of the team members. It wasn’t my fault that we were not working well as a team; each individual team member needed to own their responsibilities and be accountable themselves.’

Zwell (2000) argued: ‘One key function for many managers is developing the leadership ability of their subordinates.’ If they are to develop others, managers need to have a strong sense of identity, their core competencies and what they need to improve.

For the ANP concerned, the individual sessions helped her to focus on herself, recognise her strengths, know her limitations and begin the process of building and shaping the right team around her.

Owen (2005) summarised this as follows: ‘By having the self-confidence and self-awareness to know their own weaknesses, they [the leader] can build the right leadership team to help them and they can then be open about learning.’

#### BELBIN TEAM ROLES ASSESSMENT

Belbin (1996) published a management book based on a study of successful and unsuccessful teams competing in business games at Henley Management College, Oxfordshire. He described a team role as ‘a tendency to behave, contribute and interrelate with others in a particular way’. With this in mind, I felt a Belbin assessment would be an ideal way for the team to start to examine:

- The roles they bring to the workplace;
- How these fit in with the team;
- The contribution these roles make to the team.

There are nine team roles in total and the questionnaire helps to identify individuals’ preferred roles, their manageable roles and their least preferred roles. These nine roles are:

- **Plant** – is creative, imaginative and unorthodox;
- **Resource investigator** – is an excellent communicator, recognises opportunities and is extrovert;

- **Coordinator** – has a strong sense of objectives, promotes decision-making and delegates well;

- **Shaper** – is challenging, driving and dynamic, thrives on pressure and is an effective delegator;

- **Teamworker** – is cooperative, supportive and diplomatic, averts friction and listens well;

- **Implementer** – is disciplined, efficient, organised and reliable;

- **Completer finisher** – is conscientious, pays attention to detail and delivers results;

- **Specialist** – has rare skills or knowledge, and is dedicated, professional and single-minded;

- **Monitor evaluator** – is discerning, objective, questioning and sees all options.

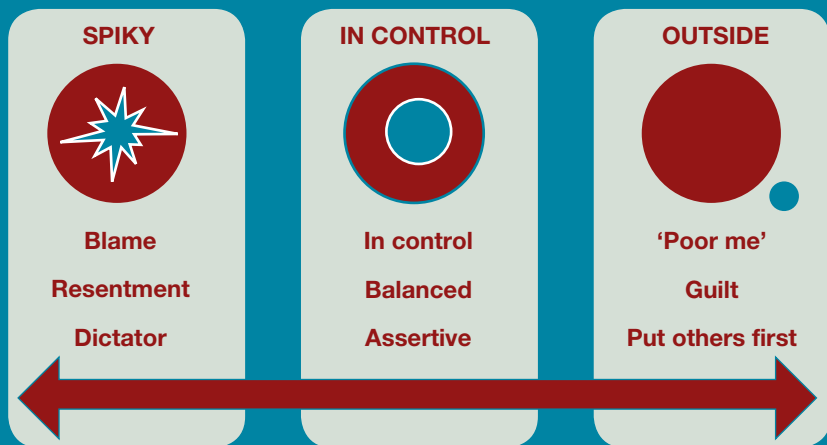
Once staff have an understanding of their preferred roles, it can help to explain why they relate well to some people and have conflicts with others. It also helps to explain some of the less favourable traits, since for every role there is a set of strengths, allowable weaknesses and non-allowable weaknesses.

This gives staff a new vocabulary with which to talk to others about their behaviour and how it impacts on others. Typically, a complete Belbin programme includes not only self-perception but also team members’ perceptions of each other. In this case study the process was

**TABLE 1. INTERVENTIONS AND OUTCOMES**

Level of intervention	Areas to be covered	Desired outcomes
Individual coaching with ANP	<ul style="list-style-type: none"> <li>● Leadership style and qualities</li> <li>● Who is in control? How to take an assertive stance</li> <li>● Where do you give away your power?</li> </ul>	The aim of these sessions was to give the ANP time out from her busy workload to evaluate how she was doing, what was going well and what was not working. This also gave her the opportunity to think more about herself rather than just focus on her team
Belbin (1996) team roles assessment	All six staff in the team completed an online Belbin team roles assessment	<ul style="list-style-type: none"> <li>● To develop a greater understanding of an individual’s role within a team</li> <li>● To help identify where conflict may arise and understand how to adapt our behaviour</li> <li>● To help an individual understand why they may respond in a particular way during times of stress</li> </ul>
Three two-hour group sessions with all six members present	<ul style="list-style-type: none"> <li>● Assertiveness</li> <li>● Taking responsibility</li> <li>● Understanding how a person’s stress affects the team</li> <li>● How to look after each other</li> <li>● Take greater control of your life rather than outside influences impacting on it</li> </ul>	These group sessions were a way of raising awareness of many different issues at both a personal and team level. It allowed team members to share information about themselves in a non-threatening manner, which creates a greater level of support and ownership

FIG 1. LOCUS OF CONTROL



**Spiky** These people blame others if something goes wrong – they tell people what to do rather than consult

**In control** People strive to be somewhere in this area – calm, balanced, in control and responsible for what they do and what they get

**Outside** This kind of person puts others' needs first at their own expense; they feel guilty when things go wrong and blame themselves

limited to self-perception only, but nonetheless brought out some strong underlying issues.

The ANP said: 'It was very interesting that the frustration I had with certain members of staff, who were not acting and following up on new initiatives as I expected, was brought to a head when Catherine had us all working on the types of personalities we were.'

'I found out that I look at things from "the wider picture" and these particular team members looked at things using "detail". This was extremely helpful in me understanding them more. Now I will be able to help prevent problems occurring when we set up new initiatives by giving them more detail than I previously felt that they needed.'

It is important for managers/leaders to understand the behavioural characteristics of their staff so that

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when conflicts do arise they can be discussed on a professional level rather than a personal one.

## GROUP SESSIONS

As Table 1 (p21) shows, the aims of the three group sessions were to:

- Raise awareness;
- Understand behaviour;
- Empower staff.

Before starting the group sessions one team member (an HCA) said: 'I hoped the sessions would teach us something about us as individuals and as a group.'

From a managerial point of view, the ANP had hoped the sessions would help the group to understand that other team members also had stresses to deal with and that this stress has an impact on the team. She also hoped that 'the team would look at themselves more and stop blaming "the system" for their stress and realise we are actually quite lucky where we work'.

All team members (six in total) were asked to contribute and share any issues that arose for them during the sessions – if they felt comfortable to do so. All agreed to maintain confidentiality and professionalism throughout the sessions, respect each others' point of view and bear in mind that the sessions may bring up personal issues that people may want to keep private.

## RAISING AWARENESS

A life coach's role is to help people see things as they really are. Downey (1999) quoted Tim Galloway's definition of coaching as: 'To establish a firmer

connection with an inner authority that can guide vision and urge excellence and discriminate wisdom without being subject to an "inner bully".' This is an interesting quote because, as people begin to know themselves and make changes, some guilt may be attached and this needs to be addressed.

The results of the Belbin team-roles assessment helped all team members to see themselves in a new light and allowed them to appreciate each others' strengths and weaknesses.

For example, many of the team emerged as strong teamworkers, in that they are cooperative and can avert friction. However, this can also mean they are indecisive (an allowable weakness) and, if left unchecked, this can lead them to avoid situations that may entail pressure (a non-allowable weakness). This is helpful for the ANP as it helped to explain why individual team members were reluctant to make decisions.

Another example is the monitor-evaluators in the team. Their contribution is to be discerning and objective but this can lead them to be uninspiring and sceptical (allowable weaknesses) and, if left unchecked, this can lead to them being cynical and pessimistic (non-allowable).

Every role is important and it is essential that each person's strengths and contributions are recognised.

A practice nurse commented: 'I hope that as a result of the team-building sessions, we will value and acknowledge each other more and each member's contribution to the practice.'



Another way of raising awareness is to look at the 'locus of control', which is considered to be an important aspect of personality in psychology. The concept was originally developed by Julian Rotter in the 1950s and refers to the extent to which people believe they can control events that affect them.

Understanding this concept can help people to become aware of:

- When they give away power to others;
- When they are passive;
- When they put others' needs first at their own expense;
- When they assume someone else's power;
- When they become dictators;
- When they blame others for a mistake they made.

The model in Fig 1 helped the team to identify when they were most likely to fall into passive behaviour and when they would rebel and become more aggressive. We also found that stress levels had a significant influence on people's behaviour and on how they responded to others. Helping people to understand how their behaviour undergoes subtle changes as they become more stressed can help them to make positive choices to stay in control.

One of the HCAs found this process very useful, saying: 'Personally I need to look at the bigger picture, take stock of where I am and what I want from my job.'

### UNDERSTANDING BEHAVIOUR

Stress has a major impact on people and generally affects them on every level – mentally, physically and emotionally.

All group members said they wanted help and advice on dealing with stress levels.

Stress is a very personal issue – what helps one person will not always help another so it is important for individual staff to understand their own response to stress and determine what will help them.

One of the highlights for the ANP in the group sessions was noticing that her staff felt they acted in positive ways. However, team members were able to point out to each other during the sessions that they were not always assertive or calm and could actually be aggressive or short with people.

One way to tackle this is for staff to consider stress levels as they rise and then go back and determine the trigger factors and their response. Knowing trigger points in certain situations can help people to manage their reactions and responses more appropriately.

A practice nurse said: 'I learnt that, to do as good a job as I can without getting too stressed, I need clarity, the opportunity to discuss issues, time and support.'

### EMPOWERING STAFF

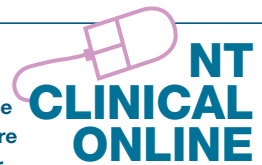
The following quotes all illustrate how much team members learnt about themselves:

'We became more open with each other; we understood each others' difficulties, setbacks, expectations and problems. We also realised the importance of needing to meet together more often' (HCA);

'I am working on noticing when I take on too much or when I am unrealistic in what I can achieve in a certain time and how this causes me stress. I am learning to say no. I found these sessions extremely valuable and well facilitated' (practice nurse);

'In conclusion, I thought the sessions were very well structured. However, if the issues that were raised are not addressed then nothing will have

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been gained at a practice level' (HCA);

'I feel much more confident in leading the team of nurses and, in future, know how to get the best results out of each individual team member as I understand much better how they tick and therefore am able to get effective results' (ANP).

However, one of the HCAs pointed out: 'At a practice level, little is likely to change until more time is given by management to the concerns and expectations of the staff.'

This last comment is certainly true and the evidence from this initiative has helped the ANP to secure more management time to fulfil her role.

After this process, the ANP said: 'I hope the GPs will notice the nurses are much happier in their work and are working much better as a team. Nurse clinics will be better run and the nurses will be taking more responsibility and following through what they have done.'

Reward and recognition are both essential in the workplace. As Zwell (2000) said: 'If employees significantly impact on the organisation and are not rewarded for that impact, expect them to go to other organisations where they will feel more appreciated.' ■

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