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# Using Coaching approaches and Action Learning Sets to support nursing leadership development

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## Abstract

In the current climate, nurse leadership has required a responsive and reactive approach to ensure safe patient care. Consideration of staff development is essential for long term workforce planning and maintaining standards of care. The implementation of effective and clear strategies such as coaching and action learning can support staff development, decision making and team cohesion with the focus on self-awareness, emotional intelligence and professional development.

This CPD article focuses on coaching and action learning as strategies to support goal setting, professional development and leadership in clinical practice. An introduction to both approaches aims to facilitate understanding and enhance knowledge and application to nursing practice in context of leadership, problem solving and team development.

## Key Words

Nurse Leadership, Coaching, Action Learning, development

## Aim and Intended Learning Outcomes

This article aims to introduce Coaching and Action Learning as strategies that nurses can use to underpin effective goal setting, professional development and leadership development in practice. This is linked to aspects of the Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council (NMC) 2018), including ensuring nurses deliver high-quality care, how nurses can develop their own skills in leadership and emotional intelligence and, ensuring the delivery of safe and effective patient care.

After reading this article and completing the time out activities, you should be able to:

## Learning Outcomes

- Explore coaching approaches that can support goal setting, leadership and professional development.
- Explore Action Learning Sets (ALS) approach to support leadership, problem solving and team development.
- Determine when coaching and ALS can be applied to support the workforce in challenging times.

## Introduction

While the support for leadership development for nurses has been a focus for clinical leaders and managers for many years, in the last eighteen months, priorities have shifted to dealing with the immediate challenges of the pandemic within clinical practice. In 2020 a survey by the RCNI indicated 77% of nurses reported their training and development had been disrupted by the pandemic, and many felt they had been affected with cancellation of face to face training and development (Dean 2020). Swiftly changing teams, staff sickness and quarantining have dominated leadership focus as responsive and immediate action has been directed towards delivering safe care to all patients. The impact on team and individual development could be evident sooner than thought and an additional risk to patient care may be the inevitable consequence, as learnt from many previous cases of failures in leadership and team cohesion (Francis 2013, Kirkup 2015). Without support and development, there is a risk leaders will become demoralised furthering the effects of exhaustion and disillusionment, or indeed forced into managing without preparation for the role. Therefore, the use of effective and uncomplicated strategies to support staff development, decision-making and problem solving is needed to sustain clinicians morale during times of demoralisation and enhance team cohesion. Coaching and Action Learning are effective approaches to implement for staff at all levels and ensure progression and improvement of staff so that quality care and personal development are achieved.

## Coaching and Action Learning for leadership

According to Porter and O'Grady (2017) an effective leader is required to fully appreciate the interrelationship of people, performance and purpose. These link clearly to nursing professional standards of the Code and ensure that the workforce, the core aims of the profession and the standards of care provided remain central to practice (NMC 2018). While there are many different styles of leadership which are effective within healthcare, such as Transformational leadership (Burns 1978), further movement towards values centred leadership styles are coming to the fore; for example, Compassionate leadership (West 2021), and Values-based styles such as Congruent leadership, Authentic leadership and Servant leadership (James et al 2021). These leadership styles support the three areas of people, performance and purpose as well as the ethos of coaching and Action Learning (AL) by:

- Encouraging self-awareness, emotional and social intelligence.
- Supporting individuals to perform at their best and feel safe in their work environment.
- Valuing individual strengths and contributions
- Promoting individual and team potential and allowing each member to be heard.
- Have a shared purpose to drive for effective and safe patient care.

As the ethos of leadership is increasingly focused on nurturing human skills and development, helping the clinician engage and drive change, coaching and AL can prove valid strategies for leaders. Both approaches centre on the realisation of the clinician's potential and serve clinical needs and evolving leadership philosophies in nursing. Both methods align to effective leadership development for individuals and team performance.

This is particularly relevant now during the pandemic, when time is limited for development activities. Having a selection of effective methods which can be applied for efficient results is helpful for clinical managers and leaders to address the needs of the workforce.

There are many definitions of coaching depending on perspective and context however, definitions to consider are; “Unlocking a person’s potential to maximise their own performance. It is helping them to learn rather than teaching them” (Whitmore 2002 p.8) and “Coaching is a human development process that involves structured, focused interaction and use of appropriate strategies, tools and techniques to promote desirable and sustainable change for the benefit of the coachee...” (Cox et al 2018 p.1). In terms of this CPD article we consider coaching as an approach that supports people to realise their potential and facilitate motivation for team members through a goal focused approach. During this challenging time of the pandemic, when morale and team development may be particularly challenging, coaching can be seen as a way of placing value and investing time in the individual. It is known that increasing individual agency and autonomy, and providing psychological empowerment, increases job satisfaction and morale in nurses (Gottlieb et al 2021). Coaching can encourage and support these through its motivational approach.

Action Learning can be defined as an approach to learning and development based on reflection and experiential learning; making meaning from direct experiences and sharing of knowledge to take actions for further development. Here we consider AL as a supportive approach to working towards personal goals and practice improvement. AL can also support the development of psychological support and empowerment by allowing an inclusive approach to problem solving issues in the work environment. In an environment where mistakes may be feared, it encourages an evaluation of what worked and what didn’t, as well as exploring the why and what, which can provide learning for future strategy. Clinical managers and leaders can demonstrate an inclusive leadership style through AL, by inviting contributions, appreciating thoughts and agreeing actions, which allows individuals to take credit for their work. This approach to leadership has been shown to increase job satisfaction in the workplace, innovation and creativity, lessening psychological distress which has been prevalent during the pandemic ( Ahmed et al 2020).

Below are questions to consider, which can help you to identify which approach is most helpful according to the needs of your team and clinical area. These may help you to enable preparation for embedding effective coaching and/ or AL to support individual and team development. Consider the priorities for your team and the individuals and the need for individual development, team development, improvements to standards of care.

1. How do you communicate the core values, aims and philosophy of the clinical area ? Are all the team members aware of these?
2. Currently, are team members supported to identify specific goals to facilitate professional development and do these goals align with the team vision and goals?
3. What are the individual’s values and perceived purpose? How do these align to the clinical area’s philosophy and professional values? If there is a misalignment with some individuals, this can enable a discussion and allow you to reach agreement about shared values and gain social capital for standards of care.

4. If staff development and clinical improvement has previously been introduced what did you learn? What were the strengths and limitations?
5. Are you a role model in your leadership style, experiencing effective leadership is important, what changes enthuses you and demonstrates your professional values?
6. How does the team you support see change and risk? How do you enable opportunities for learning and encourage a safe transparent culture of no- blame and create enthusiasm and innovation in the team, and a commitment to improving quality of patient care.

#### Time Out 1.

Reflect on recent staff development approaches you have applied and consider their strengths and limitations. What approaches have been successful and why? What approaches have not been so successful and why?

### Coaching for development

Coaching can be used to empower individuals and allow self-determination in their development which supports the NMC (2018) Standards of Proficiency,

- Platform 1.17” take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills”
- Platform 5.10 “contribute to supervision and team reflection activities to promote improvements in practice and services”

A coaching approach allows the individual to identify personal and professional goals in practice that can be explored in a safe and confidential environment. This can help clinical leaders and managers support staff to voice both personal and professional ambitions and self-identify a solution rather than suggesting the solution to them (Taylor and Webster-Henderson 2017). Key coaching skills include listening to encourage thinking, asking powerful questions, paraphrasing and summarising feedback (Van Nieuwerburgh 2020). This can be utilised by nurse leaders and fosters a sense of shared vision and development of not only the individual but, the wider nursing team. Coaching has been found to encourage a self-focus and encourages reflection which benefits the service (Cable and Graham 2017). Coaching also allows individual staff to feel they are listened to, invested in and supported, during challenging times which have been evident more recently. This also allows the manager to enable staff to identify self-development needs and place the responsibility on that individual to further their own development which in turn will impact sustainable standards of care delivery and clinical area effectiveness (Keddy and Johnson 2011).

Clarification of the coaching approach can help differentiate between counselling, mentoring, and coaching where overlaps may be perceived. Essentially, there is agreement that coaching is a managed conversation that aims to support sustainable change to behaviours or ways of thinking and focuses on learning and development (Van-

Neiuwerburgh 2020). Coaching aims to achieve goals through development and learning and often focuses on a clear goal rather than problem analysis which can differentiate it from mentoring alongside other elements (see Table 1 for distinctions between coaching and mentoring adapted from Alred et al 2010).

Table 1. Distinctions between Coaching and Mentoring	
Coaching	Mentoring
The relationship generally has a short duration	An on-going relationship that can last for a long time.
Structured meetings, scheduled on a regular basis.	Can be more informal, meetings take place when mentee needs guidance/support.
Short term and focused on specific professional development areas.	Takes a broader view of the person.
Coaching does not necessarily require the coach to have direct experience of the person's role.	Mentor usually passes on experience and normally is more senior in the organisation.
The agenda is set by the coachee, focused on achieving specific, immediate goals.	The agenda is set by the mentee with the mentor providing support and guidance for prepare them for future roles.
Coaching revolves more around specific personal development areas/issues.	Mentoring revolves more around developing the mentee professionally.

Coaching is one of the key approaches through which leadership in organisations can be developed and is a method of deploying techniques embedded in artful questioning and appreciative inquiry, to help leaders unlock their full potential to achieve personal and professional success (NHS Leadership Academy 2021). The time out activities below will facilitate an introduction to coaching, focusing on goal setting however, there are a range of coaching approaches which can support professional development in terms of leadership and supporting team members. Goal setting is an integral component of coaching and can support professional development, which in turn can be integrated as part of a leadership approach (Cox & Ives 2012).

#### Time Out Activity 2

Think of a Goal in relation to your work/profession and/or leadership.

Write it down.

Reflect on the Goal you have just written down, consider if it is short term, mid-term, or long term.

What does a short-term goal mean to you, 1 week or maybe 1 month? You may add other Goals here to support short, mid and long-term goals.

When goal setting from an individual perspective or supporting others, we can regard goals in terms of short, mid, and long term. Considering a long-term goal, and then identifying barriers and how this may not be obtainable, followed by identification of specific goals, can help visualise potential achievements, and avoid problem analysis (Cox & Ives 2012). Another aspect of goal setting is motivation; for the purposes of Time out activity 2, it is important to consider autonomous motivation in terms of sustainability and future orientation, consider self-determined goals which are more likely to be achieved and sustained (Cox et al 2018). It is also important that individuals set professional development goals that clearly link to nursing practice and reflect the team vision to strive for continued improvement in practice and services.

This approach, is called 'scaling', and this can help with identifying aspects of motivation for goal setting assessing the level of ownership identify more rewarding priority goals with the coachee. This can be a useful tool when individuals identify a number of challenges or barriers to their goal. Using the scaling approach can be very helpful in identifying the level of commitment to the goal, and how that could be increased, or to revisit the goal if commitment is low (Van Nieuwerburgh 2020). Remember, goals change and evolve so re-visiting goals in terms of professional development can be helpful in clarifying what is needed to achieve this. Ensuring the person is highly committed to the goal can support motivation of the longer term.

#### Time Out Activity 3

Out of 10, with 10 being 100%, how motivated are you in terms of your identified goal? If it is not 10, why not? Write down what is stopping you awarding 10 out of 10 for your goal. Consider if this is a long-term goal. What short term goals do you need to achieve to reach your final long-term goal? Write these down so you are able to see your 'scale' of progressing goals.

As a leader and manager, the 'GROW' model can be helpful in supporting other people identify their goals and enable professional development. The 'GROW' model is probably one of the best-known coaching models in the UK, which encourages self-awareness and personal responsibility to move towards goals (Whitmore 2002). It can be viewed as a model to help people to do something differently using a clear goal focused process (Van Nieuwerburgh 2020, Grant 2012). In Time out activity 4 . The 'GROW' model is presented and allows you to apply this to your own goals.

#### Time Out Activity 4

Look at the 'GROW' Model below and consider your own goal. Consider each section of the model and how this relates to your goal, include scaling in your approach (so how motivated you are) and possible challenges you may face. Is this goal the right for you at this time? Remember, this is not a problem analysis, rather you are investigating options to overcome potential barriers and challenges.

You can use the scaling approach in the 'Will/Way Forward' part of the GROW Process.

**GOAL** – What would you like to achieve?

**REALITY** – What is the current situation, what may influence you in relation to achieving your identified goal?

**OPTIONS** – What options can you think of which will help you move closer to your goal?

**WILL** – Way Forward and What Next? Commit to those options and plan for the way forward.

(Whitmore 2002)

The Grow model for coaching is well known and there are many other models of coaching that can be explored. Focusing on leadership and coaching, the 'CLEAR' model is useful to help structure conversations with team members and colleagues (Hawkins & Smith 2006). As the diagram suggests, 'CLEAR' requires movement between all of the stages and emphasises listening. Coaching models allow leaders to further develop communication and enable self-directed motivation and personal responsibility focusing on independence (Taylor & Webster-Henderson 2017). Reflecting on elements such as motivation, listening and open discussion can support people to feel valued and facilitate individual and team development.

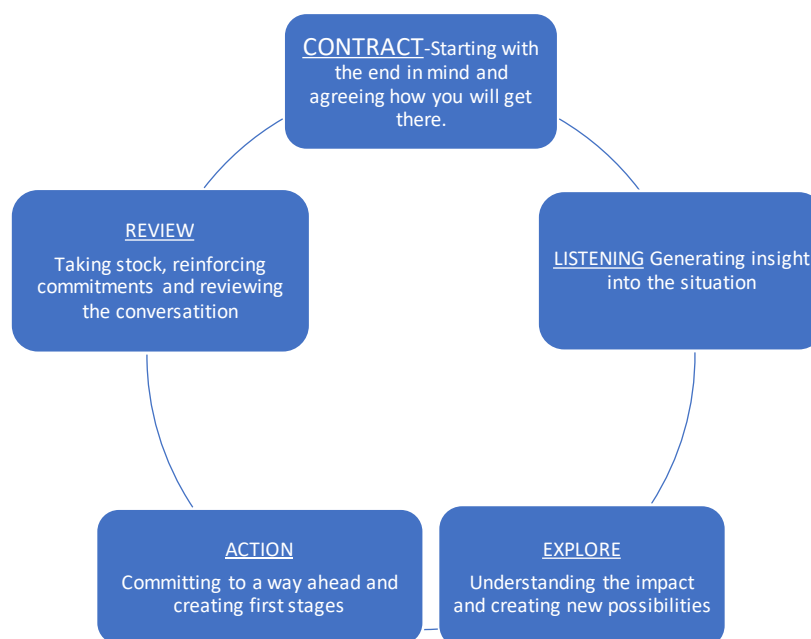


Fig 1. 'CLEAR' model adapted from Hawkins & Smith (2006)

In terms of leadership, coaching benefits include self awareness, empowerment and insight and can be integrated into the workplace (Clutterbuck 2003). Supporting individuals to self-identify goals and potential solutions can result in building confidence and nurturing natural aptitude for those individuals who may have struggled with motivation and morale especially during the pandemic. However, it is important to recognise that coaching is not a 'one size fits all' approach and therefore, it can be viewed as a possible approach that may support professional and team development in context of clinical practice and leadership.



## Action Learning

AL focuses on learning within a group context, allowing confidence and trust for change, through shared contributions of knowledge. AL is a problem-solving method which encourages deep learning, focusing on actions (Marquardt and Banks 2010). This approach, developed by Revens (1980), has been used increasingly within healthcare, clinical practice and nursing education and has developed in its use for building team cohesion across disciplines, creating innovation in practice and developing leadership skills (James and Stacey-Emile 2019). By applying a questioning formula, this supportive method can motivate and provide a shared and safe environment to encourage personal growth and confidence, identify and work towards change and improvement, and influence teams to move towards innovation in practice (James and Stacey-Emile 2019). It is an effective method for clinical leaders and managers to introduce into practice areas to enhance quality and teamwork, and once established, can be run effectively by a small group with the support of a facilitator (Pedlar and Abbott 2013, Christiansen et al 2014).

The structure of AL, and the relationships formed as a result of participating in the process, encourages collective growth and sharing of knowledge and experience, problem solving, collective development of vision and goals, and acceptance of 'self' as leader (Rosser et al 2017). AL also allows issues of concern to be addressed in a safe, supportive and blame-free environment. In the current situation of the pandemic, this is imperative as teams are incredibly challenged and concerned about ongoing issues, the future of healthcare and indeed their own wellbeing.

One of the key benefits of action learning is that it can help colleagues to explicate their assumptions and feelings as regards clinical situations and problems. For example, what really does represent a problem and who owns that problem? Where does responsibility lie for finding a solution? In the current clinical climate it is easy for nurses to feel that they own every problem and feel isolated in seeking solutions. Providing opportunities and permission to analyse and seek solutions in a shared space can feel liberating. The facilitator's role is then to engender enquiry and excitement about possibilities and learning.

## Introducing Action Learning Sets

An Action Learning Set (ALS) consists of a group of people, usually a maximum of eight people who come together on a regular basis to share ideas and develop goals through problem solving and action. During each ALS, individuals share their 'issue' or what they wish to achieve, and the other members of the group offer ideas and suggestions, which allows sharing of experience and knowledge and incremental steps forward for the individual. During each ALS, individuals build on the former Set, so that progress is made. This also allows new challenges or problems which emerge over the course of time to be addressed. This makes ALS a particularly effective method during challenging times, as it allows for sticking points, barriers and problems to be addressed each time. AL also requires short time commitment for the process itself, and a whole ALS can be completed within 45 minutes to an hour.

The 'facilitator' role is important, to enable the group to move forward and to ensure the process remains within an AL framework, rather than becoming a discussion session. So, the facilitator will keep the group to time, remain focused on the setting of actions and introducing suggestions for moving forward if needed.

A suggested framework for the processes of AL is presented in Fig. 1 by James and Stacey Emile (2019)

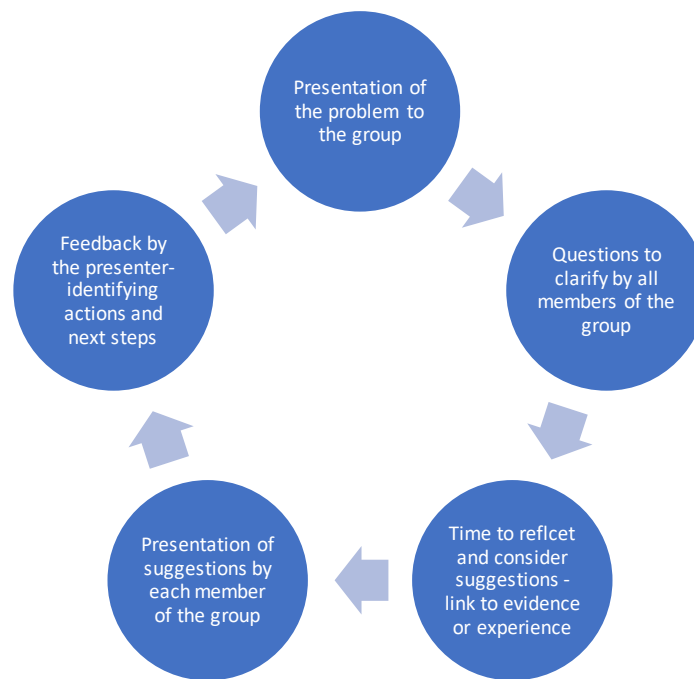


Fig 1. The AL process James and Stacey Emile (2019).

The principles for Action Learning Sets require identifying a 'problem' rather than a 'puzzle'. A 'puzzle' can be easily solved with the right pieces, or resources, and does not require deeper thinking and learning. A 'problem' requires further research and exploration of resources, which may include evidence or theory. Further principles of AL include:

- The sharing of problems which presents an opportunity to express and explain what the challenges are and what the individual would like the group members to help with.
- By presenting the problem, the individual gains confidence in articulating the issues, the aims and the challenges, concisely.
- The questioning allows a deeper exploration and understanding of the problems by probing for further details. This can enable self-awareness and broadening of perceptions.
- Protected time and a safe, respectful environment to express feelings enables a collective approach to challenges.
- Questioning, listening and learning are core features and skills within AL

Time out Activity 6.

Reflecting on implementing AL into your clinical area, what might the challenges be ?  
How could you address these to engage staff in the process?

## Critical Action Learning

For leaders and managers who identify the need for organisational or clinical area change, Critical Action Learning (CAL) can be an effective process to focus the team and work towards prioritised goals. As with AL, CAL involves collaboration and critical thinking, however it further allows relationships to be explored which may influence organisational culture and different power structures which can hinder teams from functioning effectively and positively. With a skilful facilitator, teams and groups are able to work towards a more innovative and creative approach to working together (Pedlar and Abbott 2013). For CAL to be effective, participants need to agree mutual respect and share core values and take responsibility for taking action on agreed goals.

### Time Out Activity 7.

Compare and contrast the focus of work within action learning/critical action learning and coaching? Which of these two strategies requires more trust in the contributions of a colleague?

Both strategies have merit and they may relate to different clinical or staff development needs. However, it is important to select the right strategy for the goals identified.

## Coaching and Action Learning for current challenges

The pandemic has significantly magnified challenges for nurse leaders and managers with limited resources, staff shortages, teams in fluctuating stages of uncertainty, and staff burnout (King's Fund 2021). It is known that the impact on nurses and other healthcare professionals has been significant and time, support and care for wellbeing is needed for recovery. Nurse leaders at all levels are aware of the need to consider how they can enable recovery in their workforce over this protracted and testing time, and while nurses have been called 'heroes' and 'angels' over this time, there is need for recognition that this is an image which can distract from the reality they are experiencing. Focus is needed on wellbeing, collegiate and compassionate care, and the importance of valuing individuals in their development needs for the benefit of the whole workforce and the future of patient care (Bennett et al 2020, King's Fund 2021).

While our healthcare systems continue to face the impact of covid-19, as well as the rippled effects on other services and patient care as a result, it is important to consider what is needed now for the long term, to retain nursing staff and value each individual's contribution. This is not an easy task and may be daunting for nursing leaders and

managers, however, enabling straightforward strategies such as ALS and coaching within clinical areas can place value on individuals and present opportunities for looking forward, for self-development and service improvement, after a time when these areas may have been less of a priority. By allowing time for reflection on the issues, exploring the wider challenges, these methods can support individual and team leadership.

Within both coaching and AL, listening skills are important. In particular, conscious listening skills are needed which build on basic active listening requirements such as considering when, where how and why which improves communication and relationships. Conscious listening means there is no preconceived agenda, being present within the situation. This enables objective thinking and solution focus, observing options from an emotion free, non-judgemental perspective, surveying the possibilities within that space and time for deeper thinking and understanding. The Time out activity below explores conscious listening further.

#### Time Out Activity 8.

Visit this page and listen to the talk on 'conscious listening'. Reflect on why listening is important within both coaching and action learning. Consider a recent one to one supervision or meeting you have led. Did you use this approach to listening? What are the challenges to 'conscious listening'?

Consider how you could improve your listening skills.

[Repository - Gwella HEIW Leadership Portal for Wales](#)

What are the challenges for implementing Coaching and Action Learning?

Within this article, Coaching and AL are presented as options for implementing supportive approaches within practice. However, as with all strategies, there are positive and negative aspects which may present further challenges or make them unsuitable for some contexts and clinicians. The presentation of these approaches are presented as options here.

Personal preference and characteristics, professional dynamics as well as factors of stress and the environment may impact on the effectiveness of both approaches. The key aspects of coaching require time and engagement, and it may be more pertinent to consider what factors can support a coaching approach and prioritising those individuals and teams who would most likely gain benefits (Bluckert 2006).

Successful AL requires following the key steps of the process and excellent facilitation; weaknesses in both can result in non-functioning discussion groups, or dominating individuals rather than collective contribution, focused action and reflective learning. Further challenges include time for organisation and location within busy clinical areas, commitment of individuals to engage with the processes and the commitment to reflect on individual development. So for both coaching and AL, it is important to acknowledge the limitations and challenges and explore firstly, which approach will achieve the intended outcomes required for their implementation.

Conclusion

Within this article we have suggested coaching and AL as useful strategies for supporting staff, valuing their contributions and individual needs for development during the challenges the pandemic. It is acknowledged that the urgency and overwhelming challenges have required nursing leaders and managers to focus on the priorities presented, however without investing in clinicians through individual development and encouraging innovation and problem solving, the impact of psychological stress and demotivation can have longer lasting and damaging effects on the effectiveness of care. AL and coaching can meet the needs of both managers and clinicians as they are efficient and effective means of supporting staff and encouraging morale, can promote innovation in practice through self-awareness and deeper insight and can enhance teamwork and quality of care.

**Time Out Activity 9.**

Spend ten minutes reflecting on what you have learned from reading this article and completing the time out activities. Think about the following:

- » How has this helped you to understand what coaching and action learning are?
  - » What are the main differences between coaching and action learning?
- What are the challenges of both approaches?

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