How to undertake an effective coaching session

Rationale and key points

Nurse leaders and managers are being encouraged to adopt developmental and transformational leadership styles, and coaching is one tool that they can use to that effect. Beyond formal coaching relationships, the principles of coaching can be relevant to a variety of conversations with staff, for example during appraisals, clinical supervision or training. Applying the principles of coaching as a nurse leader or nurse manager appears to have benefits for all involved. Coaching can help build trusting relationships and empower staff to set themselves meaningful and solution-focused goals and actions and therefore facilitate change. However, the practice of coaching is sometimes misunderstood, while coaching that is unplanned or implemented ineffectively may compromise relationships.

» Coaching is not a directive approach, instead the coach needs to adopt a non-judgemental, supportive and collaborative stance.
» Coaching requires both parties to enter a learning process aimed at bringing about change and should be built on a commitment to that learning process.
» Asking ‘curious’ questions, encouraging critical reflection and using active listening form the basis of an effective coaching conversation.

Reflective activity

‘How to’ articles can help to update your practice and ensure it remains evidence based. Apply this article to your practice. Reflect on and write a short account of:

» How this article might improve your practice when coaching a member of your immediate team or a colleague.
» How you could use this information to educate nursing students and colleagues on the appropriate techniques and evidence base relating to coaching.

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a variety of conversations with staff, for example during appraisals, clinical supervision or training. There are various coaching models and tools that you can use to structure these conversations, many of which are drawn from business and psychology literature. Models and tools are only a guide for you to develop your own style of coaching, but it is important to choose the one that best fits the intended use. There are many freely available models and tools online that you can select from.

One of the most used coaching models in the nursing literature is the GROW model (Whitmore and Gaskell 2024) (Table 1). GROW stands for ‘goal’, ‘reality’, ‘options’ and ‘way forward’ (or ‘will’). Each component can help facilitate the coachee’s development process, but they do not all have to be used within one coaching session.

Whichever model or tool is used, effective preparation is essential. It is advisable to check your organisation’s policy on coaching in case there are specific formal elements or procedures required. The first component of the GROW model requires agreement on measurable outcomes for the coaching session. This will be part of a wider preparatory process that should include:

- Agreeing the parameters of the coaching relationship.
- Setting realistic goals.
- Discussing expectations and concerns.
- Being clear about responsibilities.

### Agreeing the parameters of the coaching relationship

It is likely that you will be coaching someone you know, for example a member of your immediate team or a colleague, so it is advisable to set boundaries and reassure them that the sessions will be confidential. You should also agree a timeline for the coaching relationship, which should be time-limited so that it remains focused, and schedule meeting dates suitable to both parties. Coaching conversations do not have to be long, but their length should reflect the topic or area of focus, so adequate time should be allocated to each session. In addition, you should try to secure protected time so that you can be fully present during the sessions.

Effective preparation involves agreeing the format and composition of the sessions, how to give feedback on actions and how to measure progress against goals. Setting an agenda for each session can help keep them focused and specific. Coaching sessions should be held in a private space, including when conducted via video conferencing (in which case an adequate connection to the internet is required). Face-to-face meetings, or remote meetings with the camera on, are recommended so that non-verbal cues that could affect the meaning of the conversation are not missed.

### Setting realistic goals

The first session should encompass setting meaningful and solution-focused goals and actions. The goals may be short and/or long term and may relate to the coachee (for example, becoming a band 6 nurse within the next year) and/or to how they relate to those of the team or organisation (for example, improving confidence to become a practice assessor, thereby helping the team create a supportive learning environment for students). The goals should be specific rather than general, realistic and attainable so that change is possible and should be developed in a spirit of positivity. Unattainable goals can result in feelings of disappointment and failure, and repeated unattainable goals may result in despondency and avoidance of change. Goals may need to be re-set along the way, which will mean adapting associated action plans.

### Discussing expectations and concerns

Coaching should prompt a meaningful collaborative learning process. However, your position as nurse leader or manager may be perceived by the coachee as a barrier to meaningful coaching. It may also hinder you from being an objective, unbiased and empathic coach. Discussing expectations and concerns at the outset encourages honesty regarding the aim and potential benefits of coaching. Potential limitations – such as first time in a coaching role, time restrictions or organisational constraints – should be recognised and acknowledged.

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**Table 1. The GROW model**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Agree measurable outcomes for the coaching session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality</td>
<td>Describe the current situation of focus</td>
</tr>
<tr>
<td></td>
<td>What is the reality as viewed by the coachee?</td>
</tr>
<tr>
<td>Options</td>
<td>Draw out all possible options</td>
</tr>
<tr>
<td></td>
<td>Select the preferred one(s)</td>
</tr>
<tr>
<td>Way forward (or Will)</td>
<td>Discuss the possible limitations and implications</td>
</tr>
<tr>
<td></td>
<td>Commit to actions and next steps</td>
</tr>
<tr>
<td></td>
<td>Identify support and resources</td>
</tr>
</tbody>
</table>

(Adapted from Whitmore and Gaskell 2024)
Coaching a team member who you also manage can work effectively provided boundaries have been set and concerns have been explored from the outset. It is important that you, as the coach, feel confident in your role and feel able to speak truthfully. It is equally important that you adopt a positive approach and recognise that everyone has the capacity to change. Both parties need to understand the importance of honest self-reflection for achieving a successful coaching experience. It can be useful for you and the coachee to keep a self-reflection learning log.

**Being clear about responsibilities**

Laying down the responsibilities of the coach and coachee can help to clarify the principles and benefits of the coaching approach. Ensuring the coachee – and to some extent the coach as well – is open to the prospect of changing their behaviours and committed to being proactive in their learning is central to the success of the coaching relationship. A conversation about the importance of the coachee taking ownership of the identified goals and actions is advisable.

At some point the coachee may need support from sources other than yourself, notably in relation to achieving long-term goals, so this needs to be recognised and you need to be prepared to direct the coachee to relevant colleagues, organisational networks and/or external partners.

**Procedure**

The role of the coach in any coaching conversation is to encourage reflective practice and ask focused questions that will generate goals and actions. It may be helpful to include the following components when engaging in a coaching conversation:

- Ask open questions that encourage critical reflection.
- Ask ‘curious’ questions. Demonstrating curiosity (that is, wanting to know or learn something) in the coaching relationship signifies a respectful and dynamic approach that is not threatening or pressurising. Most coaching models suggest questions to ask according to the situation. Box 1 provides examples of ‘curious’ questions based on the GROW model.
- Use active listening to understand the situation, value silence, recognise emotions, clarify meaning through probing questions and summarise. The coaching relationship may not be successful if you are unable to engage in active listening – for example, because you feel tired, the timing is unsuitable, there are external distractions, you feel pressured to solve the issue at hand, you feel out of your depth or you have prejudgments regarding the person or situation.
- Give the coachee time and space to reflect.
- Challenge the coachee in a non-judgemental and collaborative manner.
- Use reframing to unpick the coachee’s beliefs and assumptions and help them see the situation differently. For example, a problem could be reframed as an opportunity, a weakness as a strength, unkindness as a lack of understanding and an impossibility as a distant possibility.
- Support the coachee to identify SMART (specific, measurable, appropriate, realistic, timely) goals and actions.
- Encourage the coachee to commit to their goals and actions and support them to plan small steps towards completing each action and achieving each goal, considering their effects and benefits.

At the end of the coaching conversation, it is advisable that you:

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**Box 1. Examples of ‘curious’ questions coaches can ask if using the GROW model**

**Goal**

- What would you like to identify as the goal?
- How will you know when you have achieved this goal?
- How will you know that the issue is resolved?
- How does the goal fit with your overall aim? How does it fit with the team’s or the organisation’s objectives?
- What is the timeframe? Is this a short-term or a long-term goal?
- How important do you think this is for you/the team/the organisation?

**Reality**

- What is happening now (who, what, where, when, why and how)?
- What do you think the effect or result of this is?
- Why do you think this is important right now?
- Who do you think owns this situation?
- How have you taken steps toward this goal so far?
- How do you see this goal affecting or conflicting with other objectives?

**Options**

- What else do you think you could do?
- What would help facilitate this change?
- How do you think you could do things differently to achieve the goal?
- What are the implications of doing nothing?
- What do you think are the advantages and disadvantages of each option?
- What do you see as the obstacles to the change and how can they be overcome?

**Way forward (Will)**

- What will you do now and what is the timeframe?
- Imagine this has been resolved – what does that look like to you?
- When will you review and/or evaluate this and how?
- How will you remain motivated?
- What are the limitations and how can they be addressed?
- What support will you need and how can it be sourced?

(Adapted from Whitmore and Gaskell 2024)
» Refer to the next coaching session, reminding the coachee of the short-term actions they need to implement in the meantime.
» Reflect with the coachee on the learning that has occurred.
» Ask the coachee for feedback, which will help you enhance future sessions and your competence as a coach.
» Source supervision from your own coach to encourage self-awareness, reflection and improvement.

Evidence base
Nurse leaders and managers are being encouraged to share their knowledge and experience and to adopt developmental and transformational leadership styles in an effort to inspire and promote confidence building within their teams (Collins et al 2019). Coaching is one tool that they can use to that effect. Coaching is relatively new in nursing but is an established concept in the business and psychology sectors. The principles laid down in coaching textbooks from these sectors have been adopted to develop approaches for the healthcare professions.

Effective coaching can increase confidence and critical thinking in coachees, leading to improved performance at individual and organisational level (Le Comte and McClelland 2017, Bradley and Moore 2019). Richardson et al (2023), who conducted an integrative review of the literature on the application and benefits of coaching in nursing, suggested that coaching supports managers and leaders to develop in their role, particularly when they start in a management or leadership position; that it supports reflective communication and therefore promotes self-awareness and self-development; and that it can help increase confidence and resilience. Applying the principles of coaching as a nurse leader or nurse manager would therefore appear to have benefits for all involved.

Parsons (2023) interviewed four nurse line managers who had received coaching training to explore how useful they had found the training and what barriers they faced in implementing it. The nurse managers appeared to use coaching principles in their daily interactions with people, both in their management contacts and in informal conversations. The study evidenced behaviour change in the nurse managers, resulting in better relationships with staff and staff feeling empowered; improved staff happiness, which increased team cohesion and retention; and increased job satisfaction, improved self-confidence and a sense of achievement from using coaching for the nurse managers. The barriers were a lack of time to use coaching as a standalone activity and a lack of support from the organisation to develop a coaching culture.

Coaching is a core competency required of nurse leaders, but Rafferty et al (2023) suggested that coaching training alone may not be sufficient for them to be fully competent in that area. The researchers conducted a randomised controlled trial to compare the outcomes of leadership coaching training with and without follow-up coaching support against a control group. Having tracked the psychometric and professional achievement outcomes of 86 nurse leaders for six months, Rafferty et al (2023) found empirical support for the hypothesis that leadership coaching training paired with follow-up coaching support against a control group. Having tracked the psychometric and professional achievement outcomes of 86 nurse leaders for six months, Rafferty et al (2023) found empirical support for the hypothesis that leadership coaching training paired with follow-up coaching support against a control group. Having tracked the psychometric and professional achievement outcomes of 86 nurse leaders for six months, Rafferty et al (2023) found empirical support for the hypothesis that leadership coaching training paired with follow-up coaching support against a control group. Having tracked the psychometric and professional achievement outcomes of 86 nurse leaders for six months, Rafferty et al (2023) found empirical support for the hypothesis that leadership coaching training paired with follow-up coaching support against a control group. Having tracked the psychometric and professional achievement outcomes of 86 nurse leaders for six months, Rafferty et al (2023) found empirical support for the hypothesis that leadership coaching training paired with follow-up coaching support against a control group.
and teams to take responsibility for outcomes and providing balanced feedback (NHS Leadership Academy 2024).

Schein (2013) advocated practising ‘humble inquiry’, which he defined as ‘the fine art of drawing someone out, of asking questions to which you do not know the answer, of building a relationship based on curiosity and interest in the other person’. Coaching is not concerned with telling coachees what the coach thinks they need to know or should do, but about working with them to find out ‘what could be’ (Rice 2020). Neither the coach nor the coachee should assume that they know best, and both should commit to questioning and learning. This gives them space to think, learn and consider what could be done differently (Rice 2020). Rice (2020) suggested that coaching is a way of practising humble inquiry and the coach’s questions must be accompanied by a willingness to listen to the answers with humility. In a coaching relationship, questioning becomes a vehicle for connecting, hearing and being heard, building trust and modelling strength, vulnerability and learning. At a time of extensive pressures on the healthcare system, coaching is one peer or managerial support structure that allows nurse managers and leaders to connect with colleagues, process shared experiences and create a sense of cohesion (Rice 2020).

References


Parsons M (2023) How have nurses found coaching training useful in their role as line managers, and what were their perceived barriers to implementing their training? International Journal of Evidence Based Coaching and Mentoring. 12, 4, 155-161. doi: 10.24384/cwrs-bv43


