Coaching and Relational Coordination Within Nursing: Underused Paths to Success

Linda H. Yoder PhD, MBA, RN, AOCN, FAAN
University of Texas at Austin School of Nursing
Acknowledgement

The Robert Wood Johnson Foundation supported this project through the Executive Nurse Leadership Fellowship Program.
To report preliminary findings from a Robert Wood Johnson Executive Nurse Fellowship leadership project examining managerial coaching and relational coordination among nursing leaders in central Texas
Background

Five Career Development Relationships (CDRs) were described by Kram:

Precepting
Peer-Strategizing
Coaching
Sponsoring
Mentoring
Most of the literature concerns precepting & mentoring

Much of the literature using the term mentoring actually describes the behaviors of coaching
Most papers about coaching deal with health coaching.

Managerial coaching is described in only 3 papers in the nursing literature.
Understanding how to enact managerial coaching in nursing (healthcare) remains in the embryonic stage of development (Kowalski & Casper, 2007).

There is only one evidence-based definition of managerial coaching in the nursing literature.
Coaching is an ongoing, face-to-face process of influencing behavior by which the manager (superior, supervisor) and employee (subordinate) collaborate to achieve increased job knowledge, improved skills in carrying out job responsibilities, a stronger and more positive working relationship, and opportunities for personal as well as professional growth of the employee (Yoder, 1995, p. 291).
Relational Coordination (RC)

- Relatively new concept in healthcare
- It is the coordination of work through 7 components—4 are communication focused and 3 are relationship focuses
Communication that is:

- Timely
- Frequent
- Accurate
- Focused on problem-solving rather than blame  \( \text{(Gittell, 2009)} \)
RC Relationship Components

- Shared Knowledge
- Shared Goals
- Mutual Respect (Gittell, 2009)
Also in its infancy

Studied at the level of the bedside nurse and inter-professional team

Outcomes improved—length of stay, patient satisfaction, staff satisfaction
Not studied among nursing leaders

It seems intuitive that if we want high levels of RC among bedside nurses then there should be high levels of RC among nursing leaders.
Methods

- IRB approval obtained from 3 IRBs

- Online survey sent from the Relational Coordination Research Network (RCRN)

- Survey consisted of three parts:
  - RC Questions
  - Coaching Questions
  - Demographic Characteristics Questions
Findings from One Hospital System (5 Hospitals)

- 294 nurses in leadership positions were invited to participate; 149 completed surveys (50.6% response rate)

- Response rates from individual hospitals ranged from 27-73%
Characteristics of Participants

- Most of the participants were female (n=126; 86%)
- Caucasian (n=116; 79%)
- Had a BSN (n=84; 57%)
- 40-49 years old
Characteristics of Participants

- Worked in their current position \(\approx 7.6\) years
- Worked for their current supervisor \(\approx 5.5\) years
- 57\% (n=84) interacted with their boss daily
Findings

- The only demographic characteristic that was correlated with coaching was the amount of time they had worked for their boss ($r = .20 \ p = .025$)

- Coaching scores ranged from 85-153; $n = 130$; $M = 129$ (Visual descriptor scale ranging from 1-4; possible range = 39-153) $\alpha = .96$
Coaching Items with Highest Mean Scores

- is approachable (open door policy) = 3.76
- is committed to continuous improvement = 3.76
- has integrity- 3.73
- promotes an environment of excellence, rather than doing the minimum = 3.67
- demonstrated trust in you (3.66)
Coaching Items with Lowest Mean Scores

- gives you feedback to clarify performance expectations within the first 3 months of the rating period - 1.14

- keeps winning and losing in perspective - 2.90

- gives you public recognition on excellent performance - 2.93
Coaching Items with Lowest Mean Scores

- enters into an agreement with you about actions needed to solve your performance problems - 2.96

- encourages you to take a risk to implement your ideas - 2.99
RC Mean Scores Between Work Groups
(3.5-4 = moderate; >4 = strong)

- Overall RC = 3.78 - 4.13
- Frequent communication = 4.06 - 4.37
- Timely communication = 3.59 - 4.03
- Accurate Communication = 3.75 - 4.05
- Problem-Solving Communication = 3.69 - 4.10
RC Mean Scores Between Work Groups

(3.5-4 = moderate; >4 = strong)

- **Shared Goals = 3.71 – 4.28**
- **Shared Knowledge = 3.55 – 3.96**
- **Mutual Respect = 3.74 – 4.34**

- Overall scores were best in areas of frequent communication and mutual respect
### RC Mean Scores Within Work Groups

(<4 = weak; 4-4.5 = moderate; >4.5 strong)

- **Overall RC** = 3.78 - 4.13
- **Frequent communication** = 4.5 – 5.0
- **Timely communication** = 3.60 - 4.47
- **Accurate Communication** = 3.5 - 4.63
- **Problem-Solving Communication** = 3.5 - 4.56
RC Mean Scores Within Work Groups
(<4 = weak; 4-4.5 = moderate; >4.5 strong)

- **Shared Goals** = 3.4 – 4.41
- **Shared Knowledge** = 3.5 – 4.41
- **Mutual Respect** = 3.75 - 4.65

Overall scores were best in areas of frequent communication and mutual respect
Findings

- Lowest scores within the nursing supervisor group, which is the first line leadership position

- Lowest scores overall at the two smallest hospitals
Findings

- There were some statistically significant correlations between communication aspects of RC and Coaching but the correlations were so small they should be considered administratively irrelevant.

- Relationship components of RC moderately correlated to Coaching $(r = .49 \pm .055; p \leq .0001)$. 
The nurses in this study had demographic characteristics that are consistent with nursing leaders across the state of Texas and in the U. S.

There were RC and Coaching behaviors taking place within and between the nursing leader workgroups but there are areas for improvement.

The two largest hospitals had the best scores overall and they have CNOs who recently completed DNP Programs.
Because Coaching is a career development Relationship it makes sense that the RC relationship components are more highly correlated with Coaching

Reports were distributed to the senior nursing leaders in the hospitals and briefed at each hospital

When the nursing leaders were briefed about the findings they did not realize they had been performing some coaching behaviors and they knew nothing about RC
Conclusions

- Nurse leaders will be re-surveyed later this year
- Working with senior leaders to develop interventions to strengthen Coaching and RC among first-line and middle managers
- Need to explore possible links between patient outcomes (improved quality, safety), Coaching & RC at nursing leader levels
Questions
Contact Information

lyoder@mail.nur.utexas.edu