



# *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*



# Purpose

**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**



# Career Development Relationships

## Background

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

**Precepting**

**Peer-Strategizing**

**Coaching**

**Sponsoring**

**Mentoring**



# *CDRs and Nursing*

- **Most of the literature concerns precepting & mentoring**
- **Much of the literature using the term mentoring actually describes the behaviors of coaching**



# *CDRs and Nursing*

- **Most papers about coaching deal with health coaching**
- **Managerial coaching is described in only 3 papers in the nursing literature**



# *CDRs and Nursing*

- **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**





# Definition of Managerial Coaching

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**





# RC Communication Components

## Communication that is:

- *Timely*
- *Frequent*
- *Accurate*
- *Focused on problem-solving rather than blame* (Gittell, 2009)



# RC Relationship Components

- *Shared Knowledge*
- *Shared Goals*
- *Mutual Respect* (Gittell, 2009)



# RC Research

- **Also in it's infancy**
- **Studied at the level of the bedside nurse and inter-professional team**
- **Outcomes improved—length of stay, patient satisfaction, staff satisfaction**



# RC Research

- **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;  $n = 130$ ;  $M = 129$  (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 ( $r = .49$  - $.55$ ;  $p \leq .0001$ )**





# Discussion

- **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**



# Discussion

- **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 next 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



# Acknowledgement

**The Robert Wood Johnson Foundation  
supported this project through the Executive  
Nurse Leadership Fellowship Program**



# *Questions*



# Contact Information

[lyoder@mail.nur.utexas.edu](mailto:lyoder@mail.nur.utexas.edu)