

Title:

Coaching Impact Circle: A Framework for Organisational Development

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Session Title:

Leadership Posters Session 1

Keywords:

coaching, impact and leaders

References:

Coates, D. (2013) 'Integrated Leadership Development Programmes: Are they Effective and What Role Does Coaching Play?', *International Journal of Evidence Based Coaching and Mentoring Special Issue No.7*, June, pp. 39-54.

Hawkins , P. (2012) *Creating a Coaching Culture*. Maidenhead: Open University Press

NHS Leadership Academy. (2012) *The Leadership Framework and Coaching*. Available at <http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-LeadershipFramework-OrganisationalToolkit-Coaching.pdf>

Abstract Summary:

This presentation will describe the development of a 'Coaching Impact Circle' – a framework which illustrates how coaching healthcare leaders can then influence whole healthcare organisations and how organisational culture influences the success of coaching.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to understand the context of coaching healthcare leaders	PowerPoint presentation sharing the concept of coaching for health care leaders
The learner will be able to understand the research behind the framework development	Powerpoint sharing the research behind the development of the circle framework
The learner will be able to describe the coaching impact circle	
The learner will understand how coaching influences an organisation's success	
The learner will understand how organisational culture has an impact on coaching success	

Abstract Text:

This presentation will share the research undertaken and the development of a Coaching Impact Circle Framework. It will illustrate how coaching nursing leaders can influence the self, the team and the organisation.

Organisations are always interested in the return on investment for any activity (Hawkins, 2008), with chief executives increasingly looking to see that investment in coaching is giving tangible benefits to the organisation (Hawkins, 2012) not just contributing to the development of an individual. However, it has been suggested that coaching for new leaders has given variable results as measured by two approaches: return on investment and Goal Attainment Scaling, indicating benefits tests are best designed and agreed before leaders are appointed (Carter , 2006; Spence, 2007). In the context of this presentation, return on investment is not being measured directly in monetary terms. It is being used as an illustration of how the time spent undertaking coaching, which is time invested by the employer, can repay the organisation in terms of societal, social and intellectual capital (Wilson 2014). The social capital is seen in terms of relationships between individuals and departments, intellectual capital in terms of knowledge, skills and experience and societal capital in terms of impact on the wider community - in this case the health care organisation.

This presentation will show how coaching the manager develops leadership, management and team development. This intervention affects the team and then the organisation itself.

A close inter-relationship can be seen between the performance and skills of the manager and those of the organisation (NHS 2012). It demonstrates how a positive outcome, following coaching of individuals, can generate a positive feedback loop in the organisation that eventually enhances future development of health managers. It has been reported that the presence of coaching in a development programme for senior managers in the public sector is correlated with improvement of both management and leadership skills (Ponte et al., 2006; Coates, 2013). This will show how coaching is similarly effective for the nursing manager in the public sector.

The importance of leadership development in nurse managers will be discussed in respect of the team and organisational impact. The framework demonstrates how, the organisation's performance is enhanced in turn, thereby creating a virtuous circle of cultural reinforcement, as it faces multiple issues and drivers. These issues will include an increasingly older population, numerous policy changes, reduced finances and the need to constantly change care to enable new evidence based practices.