8-12-2020

Breakthrough Leadership and Team Development: A Case Study in Team Coaching

Betsy Jessup Caine

University of Pennsylvania, bcaine@workinprogres.com

Follow this and additional works at: https://repository.upenn.edu/od_theses_msod

Caine, Betsy Jessup, "Breakthrough Leadership and Team Development: A Case Study in Team Coaching" (2020). Master of Science in Organizational Dynamics Theses. 106.

https://repository.upenn.edu/od_theses_msod/106

Submitted to the Program of Organizational Dynamics, College of Liberal and Professional Studies in the School of Arts and Sciences in Partial Fulfillment of the Requirements for the Degree of Master of Science in Organizational Dynamics at the University of Pennsylvania

Advisor: Charline Russo

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/od_theses_msod/106

For more information, please contact repository@pobox.upenn.edu.
Breakthrough Leadership and Team Development: A Case Study in Team Coaching

Abstract
Individual coaching has been in the business world since the 1980s. Team coaching is a more recent entrant into the world of learning and development. This paper presents a case study of team coaching from the perspective of a team coach who was engaged by the team leader to improve the quality of the team members’ relationships and of goal attainment. A qualitative case study method was utilized, and data were gathered using structured interviews, observations, and personality and leadership assessments. The general finding of this study was that team coaching can be a highly effective means of development. An unexpected finding was that when coaching a team of leaders, including their leader, team coaching can positively impact leadership development at both the individual and collective level.

Building upon the case study and reflections on circumstances that the team leader experienced after the team coaching engagement concluded, the author proposes the application of complexity theory and its associated tools in a team coaching process model for working with leadership teams faced with highly unpredictable and chaotic situations.

Keywords
Leadership, Team Coaching, Teams, Coaching, Team Development

Comments
Submitted to the Program of Organizational Dynamics, College of Liberal and Professional Studies in the School of Arts and Sciences in Partial Fulfillment of the Requirements for the Degree of Master of Science in Organizational Dynamics at the University of Pennsylvania

Advisor: Charline Russo
BREAKTHROUGH LEADERSHIP AND TEAM DEVELOPMENT: A CASE

STUDY IN TEAM COACHING

by

Betsy Jessup Caine

Submitted to the Program of Organizational Dynamics,
College of Liberal and Professional Studies
in the School of Arts and Sciences
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Organizational Dynamics at the
University of Pennsylvania

Philadelphia, Pennsylvania

2020
BREAKTHROUGH LEADERSHIP AND TEAM DEVELOPMENT: A CASE STUDY IN TEAM COACHING

Approved by:

________________________________________
Charline S. Russo, EdD, Advisor

________________________________________
Sharon Benjamin, PhD, Reader
ABSTRACT

Individual coaching has been in the business world since the 1980s. Team coaching is a more recent entrant into the world of learning and development. This paper presents a case study of team coaching from the perspective of a team coach who was engaged by the team leader to improve the quality of the team members’ relationships and of goal attainment. A qualitative case study method was utilized, and data were gathered using structured interviews, observations, and personality and leadership assessments. The general finding of this study was that team coaching can be a highly effective means of development. An unexpected finding was that when coaching a team of leaders, including their leader, team coaching can positively impact leadership development at both the individual and collective level.

Building upon the case study and reflections on circumstances that the team leader experienced after the team coaching engagement concluded, the author proposes the application of complexity theory and its associated tools in a team coaching process model for working with leadership teams faced with highly unpredictable and chaotic situations.
ACKNOWLEDGMENTS

If ever I took a long, winding journey, this was it. It took a couple of years to harness enough time, focus, and discipline to explore a topic I feel passionate about. I was certified in Team Coaching in 2017, and I was awed by the potential to help teams thrive. Yet, it took a pandemic to dedicate the required time to embrace this rigorous study.

Along the way I owe many people a debt of gratitude. First and foremost, I thank my respected colleague and advisor, Dr. Charline Russo. She encouraged, guided, and, most importantly, always assured me that I had this Capstone in me to share. I thank my reader, Dr. Sharon Benjamin, who encouraged me to think bigger and broader, and to reach beyond the linear. I thank my patient husband (who came to call this endeavor my “tombstone”) and my loving and supportive children, Lindsay and Jeff, who frequently, but gently, asked about my progress. I also thank my numerous friends who never showed it but I am sure got tired about asking how it was going. And last I thank my case study team, especially Sarah, who allowed me to learn as much as I believe they did.

The process of creating this document was similar to the work I do as a consultant and coach. The work is both an art and science. The art part was how I chose to tell my story, and the science part was learning how to master the literature search in selecting what would be most relevant to that story. In my work as a practitioner, I am always looking to sharpen my saw—whether in my own development or in the tools and methodologies I use with my clients. My real effectiveness is how I show up to be of service to others. The need to be fully
present, unscripted, and curious takes continuous work. Hammerschlag (1994) in his book, *The Theft of the Spirit*, captures this challenge when he says: “Your unconscious mind speaks a language people can hear even when your conscious mind hasn't (p. 112).”

This experience has stretched me beyond my expectations. I look forward to bringing my expanded self to the future work I do with my treasured clients.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>iv</td>
</tr>
<tr>
<td>List of Tables</td>
<td>viii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>ix</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>1 Introduction</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Background and context</td>
</tr>
<tr>
<td></td>
<td>Case overview</td>
</tr>
<tr>
<td></td>
<td>Literature review</td>
</tr>
<tr>
<td></td>
<td>Methodology, assumptions, and limitations</td>
</tr>
<tr>
<td></td>
<td>Conclusion</td>
</tr>
<tr>
<td></td>
<td>Epilogue</td>
</tr>
<tr>
<td>2 Case Study: Team coaching an executive team at Sussex Hospital</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Relationship with the client</td>
</tr>
<tr>
<td></td>
<td>Discussion of results</td>
</tr>
<tr>
<td></td>
<td>Introduction of team coaching</td>
</tr>
<tr>
<td></td>
<td>Sussex Hospital nursing leaders team self-assessment results</td>
</tr>
<tr>
<td></td>
<td>The pink basin incident</td>
</tr>
<tr>
<td></td>
<td>360-degree assessments of team members</td>
</tr>
<tr>
<td></td>
<td>Baldridge site visit</td>
</tr>
<tr>
<td></td>
<td>The Sussex Hospital nursing leadership team: Status and going forward</td>
</tr>
<tr>
<td>3 Review of the Literature and related interventions</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Change management</td>
</tr>
<tr>
<td></td>
<td>Transformational leadership</td>
</tr>
<tr>
<td></td>
<td>Team coaching</td>
</tr>
<tr>
<td></td>
<td>The Corentus team coaching model</td>
</tr>
<tr>
<td></td>
<td>Elements of team coaching</td>
</tr>
<tr>
<td></td>
<td>Differences in individual and team coaching</td>
</tr>
<tr>
<td></td>
<td>Team coaching: The future</td>
</tr>
<tr>
<td></td>
<td>Psychological safety</td>
</tr>
<tr>
<td></td>
<td>Psychological safety: Importance to team performance</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
</tr>
<tr>
<td>4</td>
<td>Conclusions and implications</td>
</tr>
<tr>
<td></td>
<td>Research methodology and analysis</td>
</tr>
<tr>
<td></td>
<td>Conclusions</td>
</tr>
<tr>
<td></td>
<td>New insights for the practitioner</td>
</tr>
<tr>
<td></td>
<td>Research limitations</td>
</tr>
<tr>
<td></td>
<td>Summary/Lessons learned</td>
</tr>
<tr>
<td>5</td>
<td>Epilogue</td>
</tr>
<tr>
<td></td>
<td>References</td>
</tr>
</tbody>
</table>

**APPENDIX**

|   | Sarah, CNO/VP Patient Care Service, Sussex Hospital | 106 |
| A | Summary Sussex Hospital Nursing Leadership Team Interviews | 107 |
| C | Team Norms | 108 |
| D | Team Self-Assessment | 109 |
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Multifactor Leadership Questionnaire</td>
<td>74</td>
</tr>
<tr>
<td>2 Comparison of Transformational Leadership Competencies with the Leadership Circle 360 Creative Tendencies</td>
<td>77</td>
</tr>
<tr>
<td>3 Von Oech’s Mental Locks and Barriers to Creative Thinking</td>
<td>88</td>
</tr>
<tr>
<td>FIGURE</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Sussex Hospital Nursing Leadership Organizational Chart</td>
</tr>
<tr>
<td>2</td>
<td>“State of Mind” Check-In</td>
</tr>
<tr>
<td>3</td>
<td>Fist to Five</td>
</tr>
<tr>
<td>4</td>
<td>The Leadership Circle 360 Graph</td>
</tr>
<tr>
<td>5</td>
<td>The Leadership Circle 360 Model Floor Mat</td>
</tr>
<tr>
<td>6</td>
<td>The Summary Measures Leadership Effectiveness Scale</td>
</tr>
<tr>
<td>7</td>
<td>AONL Nurse Manager Competency Model</td>
</tr>
<tr>
<td>8</td>
<td>Baldridge Award Evaluation Cycle</td>
</tr>
<tr>
<td>9</td>
<td>Bridges Model of Change</td>
</tr>
<tr>
<td>10</td>
<td>A Comparison of Team Development Initiatives</td>
</tr>
<tr>
<td>11</td>
<td>Corentus Team Wheel</td>
</tr>
<tr>
<td>12</td>
<td>The PATH Model</td>
</tr>
<tr>
<td>13</td>
<td>Theory U: Seven Ways of Attending and Co-Shaping</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

The role and practices of the team coach were first widely established in the world of sports and have proven indispensable in getting the best performance out of individuals and teams. In the business world, while individual coaching has been around for decades, team coaching lags far behind. To clarify, team coaching is not only the application of individual coaching to a larger collection of people belonging to the same part of the organization.

Team Coaching is a separate craft that draws not only on the field of coaching, but also the much older tradition of organization development, including the many approaches to team development, as well as combining learning from sports psychology’s work with high performing teams. (Carter & Hawkins, 2012, p. 176)

This capstone project explores this defined discipline and relatively new entrant into the world of learning and development. The models, theories, and tools associated with team coaching have the potential to significantly improve a team’s performance. According to a study by Wageman et al. (2008), only one out of five teams is a high-performing team.

In addition, organizations are willing to make budget allocations for team development because teams impact the larger organization’s ability to learn.

All organisations are learning entities, or they die. What counts is the effectiveness of how the organisation acquires, distributes and applies learning. The critical link between individual learning and organisational learning is the team. It is in the team that learning by the individual is most easily shared with others. It is in the team, too, that the organisation’s aspirations and objectives can best be translated into learning goals and learning approaches. (Wageman, 2008, p. 18)
The challenges in our current world require that we are always learning, lest we fall behind. How do we ensure that we are tapping into maximizing both the individual and collective knowledge and expertise of our organizations? Utilizing a case study, my overall goal of this capstone was to explore the effectiveness of team coaching in building a high-performance team.

**Background and context**

This capstone project is a case study utilizing team coaching to develop a senior leadership team at a community hospital in the U.S. Mid-Atlantic region. As a practitioner, I have had decades of experience working in the healthcare sector. Similar to other highly regulated industries (financial services, transportation, manufacturing), organizations in the healthcare sector are challenged in providing safe outcomes with considerable oversight and scrutiny. Yet even with that added burden, the role and importance of the teams transcend industry. In 2017, the Center for Creative Leadership conducted a global study that found leaders around the globe consistently face the same six challenges—even if they describe their leadership challenges and specific context in different ways. Not surprisingly, number four on the list was leading the team, which included was the challenges of team building, team development, and team management ([http://www.ccl.org/articles](http://www.ccl.org/articles)). In our complex and rapidly changing world, the more adept leaders are at fostering collaboration, the more productive their organizations will be.

Team coaching provides the venue in which leaders can learn how to build trust, develop better execution skills, and forge enhanced interpersonal
relationships (within their team, with those who work for them, and with colleagues inside and outside their organization). The other unique feature of this learning modality is that work occurs in real time and on real issues, which is particularly relevant since time continues to be one of the 21st century leaders’ scarcest and least disciplined resource (Mankins et al., 2014).

The research literature on coaching in general is limited; competencies, assessments of effectiveness, approaches, and standards are all variable. Perhaps the reason for the paucity of research in this area is because the field of coaching has a short history; we know that companies did not use coaching much before the 1980s (Sherman et al., 2004). Specifically, research on team coaching is far more limited than coaching in general. My hope is that this capstone sheds new light on this learning modality to improve the quality of teamwork and leadership in organizations, regardless of industry. In addition, my hope is that this capstone helps me become a better scholar-practitioner going forward in my work in developing leaders and their teams.

Case overview

From March 2019 until late February 2020, I was engaged by the Chief Nursing Officer (CNO) at Sussex Hospital, a community hospital located in a suburb community in the Mid-Atlantic region of the United States. (Note: Sussex Hospital is the alias used for this study to maintain the confidentiality of the hospital). The CNO had been brought in 3 years before to transform the department from a staid to a state-of-the-art place of work. I was asked to work with the CNO and her senior directors as part of their leadership development
As we began the work, it became clear to me that this opportunity would benefit from using team coaching in helping the team develop into a high-performing team capable of collaborating to create desired business results.

As a hospital that enjoys a highly respected reputation in the community, it has many factors working in its favor. With a 55-year old history, the hospital had been recognized for excellence on the national, regional, and local level. Their philosophy of care is visible all over their organization including in the behavior of their staff. “To every patient, every time, we will provide the care that we would want for our own loved ones” (Sussex Hospital website). Despite the long history of success, the leadership of the organization recognized the need to be more agile and relevant to the current environment.

Since arriving in 2016, the CNO had set a new bar for performance, removed leaders who were not willing and able to meet the new standards, and innovated new practices, roles, and recognitions. Despite all such positive changes, her biggest challenge was her own leadership team. Upon arrival, she described the behaviors of the team as preferring silos to collaboration, tactical conversations vs. strategic thinking, and little to no accountability, along with showing a general failing in developing their next line of leaders through rigorous coaching and development. I shared my success using team coaching with another hospital leadership team the previous year. Team coaching sounded appealing to the CNO, and she was most interested in giving it a chance to make the difference she needed to see in her direct reports, individually and collectively.
Literature review

Based on my experiences with using team coaching in my case study, the literature review focuses on the following four areas.

Change management: One cannot lead in a highly complex environment without a solid footing in the theory and application of change management. In the case study we drew upon the work of Bridges (1986), which provides a construct to understand the human experience of change in such a way to ensure employee acceptance.

Much of the change management literature focuses on the importance of an effective communication strategy, which is essential for successful change (Allen et al., 2007). Communication effectiveness encompasses many dimensions such as informing people about the impending change; it includes factors such as providing the information people need to do their jobs and providing information in a timely manner so individuals can make accurate decisions. But it is the leader's skill in listening that is most crucial when driving change (Morjikian et al., 2007).

Transformational leadership: While transformational leadership is found in much of the current literature describing the necessary competencies to lead in the 21st century, the term was first introduced by Burns (1978) as a result of his work studying the ability of political leaders to inspire and motivate followers. Bass and Avolio have written extensively on transformational leadership and provide a framework with four elements called the four I's: idealized influence,
inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Bass, 1994). A meta-analysis of 53 quantitative studies published between 1985 and 2009 evaluated leadership styles and nursing outcomes. The study found that the leadership styles focusing on people and individual relationships (transformational) are associated with higher job satisfaction, hence higher staff engagement (namely, followers go beyond what is normally expected to achieve superior performance) (Cummings et al., 2010).

Team coaching: The focus of the literature review on team coaching was limited to teams that include a team leader or manager because that was the model used in my case study. According to a 2016 survey conducted by Deloitte across 130 countries with more than 7,000 participants, the number one global workforce trend is teamwork (Kaplan et al., 2016). Despite the tremendous growth in the coaching industry, an empirically validated theory about team coaching has yet to emerge, and there is confusion regarding how to define the term team coaching (Lawrence & Whyte, 2017).

I was specifically interested in what the literature presented in terms of the effectiveness of team coaching compared with other widely used team development interventions, such as team facilitation, team training, and team building. In reviewing the various development options, I focused on not only on differences in approaches but, more importantly, on differences in outcomes and team impact.

Psychological safety: A 2-year study by Graen et al. (2019) explored the question of what makes a great team, which brought the concept of
psychological safety and its impact on team performance to the forefront. According to Clancey (2019): “Psychological safety can be defined as being able to show and employ one’s self without fear of negative consequences of self-image, status or career” (para. 4). The literature review examined not only the definitive elements of psychological safety, but the methods to create safety.

Psychological safety has gained recognition in the healthcare delivery world because of its potential to have a positive impact on patient safety. Edmondson (1999), Professor of Leadership and Management at Harvard Business School, researches ways to reduce medical team errors.

Our uncertain world requires continuous learning. Thus, creating a safe learning environment will likely help a team flourish and, in turn, improve their performance. Fear of negative opinions and thoughts would appear to stifle that learning. The work by Argyris (1982) found that when people are faced with a potential or threat of embarrassment, they act in ways that inhibit learning.

**Methodology, assumptions, and limitations**

The methodology utilized in this capstone project is action research using a case study. My intent was to use the findings of the case study (as the team coach) as a method of analysis and a specific research design for examining team coaching. In addition to these findings, a review of the literature enabled me to extrapolate key themes related to the effectiveness of team coaching as a newer leadership development option. Combining my observations and the research findings, my intent was to answer the following question: *Can team coaching help teams significantly improve team*
performance, as evidenced by how members manage their team’s interpersonal relationships and how they achieve their desired results or goals?

Several limitations exist in this study. First, the sample size only included one team development initiative over the course of 12 months. New or different insights could be gleaned if comparative data were collected between this team and other teams. Second, the study was conducted in a healthcare organization that has unique and specific nuances, which make it different from other type of organizations. Finally, the study site is a U.S. organization so the findings may reflect a U.S.-centric bias, a unique industry and country culture, limiting the ability to replicate the study in other countries and cultures.

Conclusion

The final chapter of this capstone project paper provides a summary of the analysis and findings of the case study. It explores gaps in the research and suggests opportunities for further study. In conclusion, the study examines my work as a scholar-practitioner and how I may use the findings of the study and the experience working with the Sussex Hospital nursing department senior leadership team to enhance how I approach this work with future clients.

Epilogue

The paper concludes with some post–case study reflections, based on what I observed as the intense challenges of this hospital preparing for a pandemic, managing its escalation, and then facing the aftermath. Our complex world calls for new thinking and approaches for our leaders and their
organizations. The current capstone project, along with these reflections, may enhance and shape my approach and value in working with future clients.
CHAPTER 2

CASE STUDY: TEAM COACHING AN EXECUTIVE TEAM AT SUSSEX HOSPITAL

This case study recounts my experience working as a team coach with my client, the CNO and her nursing director leadership team at Sussex Hospital, a mid-size community hospital in the greater Baltimore, Maryland, area. The names of the hospital, the CNO, and the nursing leadership team have been changed to protect their anonymity.

Relationship with the client

Since the early 2000s I have had the privilege of consulting with and coaching many outstanding leaders at The Johns Hopkins Hospital (JHH) in Baltimore. The highlight was unquestionably 8 years of facilitating a week-long residential program for nurse managers called the Nurse Manager Academy, a partnership between the School of Nursing and the hospital’s Department of Nursing. Established as an income stream, the Academy recruited nurse managers from all over the world who came to learn how to become a high-performing nurse manager, learning from some of the best practitioners in the field. During those years I had the opportunity to work with some outstanding nursing directors from the hospital, which is where I met my current client, Sarah.

Sarah is a highly credentialed professional with a Doctorate of Nursing Practice degree and has received numerous leadership fellowships, as well as many recognitions and awards for her outstanding leadership. She contacted me in 2015; she was considering an offer to leave her position as a director at JHH to
become a CNO at Sussex Hospital, a 400+-bed hospital in suburban Baltimore. While it was a considerable promotion, she felt leaving the prestigious JHH was daunting. When she spoke of her interactions during the interview process with Sussex Hospital’s senior team and their enthusiasm for her potential acceptance, I told her I thought she could have a major impact on this well-regarded community hospital. The previous incumbent, who had been there many years, was retiring. The community hospital was looking for a top-notch leader with drive, passion, and vision who would invigorate and innovate their Department of Nursing. Sarah accepted the position in the fall of 2015.

Upon her arrival, Sarah posted to the hospital’s website the following letter, which illustrated a good sense of her vision for nursing:

It is no secret that healthcare is rapidly changing. Recognizing that continuous improvement is critical to providing the best, safest care to our patients, Sussex Hospital remains an industry leader in responding to change and implementing advances in patient care with great success. A major key to the success of our well-respected institution is our exceptional nursing staff. It is an honor and privilege to be part of such an impressive team. At Sussex, we make a strong effort to show our appreciation to nursing, continuously seeking ways to support staff and elevate them to the top of their licensure.

We foster a collaborative atmosphere, in which our nurses and physicians serve as resources to one another. However, the collaboration doesn’t end there. Our nursing staff has strong relationships with all of our multidisciplinary teams, from social workers and case managers to environmental services and the pharmacy.

We respect all of our nursing staff, both veteran and those just beginning their career journeys. We welcome graduate students and newly graduated nurses into our organization and mentor them as they build their careers here, supporting continuing education and professional development.

These are just a few of countless reasons that I’m proud to say I’m a member of the nursing staff at Sussex. I believe my nursing colleagues
would agree and continue to add to this sentiment. (Sussex Hospital website)

In her initial year at Sussex Hospital, I worked with all of her nurse leaders as well as the executive team, introducing them to their Emergenetics Profile. Emergenetics is a personality instrument that measures preferences for brain dominance and behavioral attributes. Sarah had experienced the power of this instrument at JHH, specifically as it relates to building an understanding of self and others in teams, and asked me to bring it to Sussex Hospital (see Appendix A for Sarah’s profile).

During her first year, Sarah was taking stock of the state of nursing practice at Sussex Hospital while creating and communicating a new vision for nursing. The Sussex Hospital nursing website captures the energy and vision of its new leader:

Perhaps you’ve been called “just” a nurse by a patient or overheard it from a colleague. At Sussex Hospital, your title doesn’t come with a caveat. We’re at the forefront of a nursing revolution in which we celebrate nursing as an art form—the art of science, knowledge, and caring. In our healthcare system, we’re passionate about creating nursing leaders. Our nurses are critical members of the team who implement treatments, measure outcomes, and provide evidence-based care. (Sussex Hospital website)

As a thoughtful and measured leader, she clearly stated what the new level of leadership performance needed to be and communicated that frequently with her direct reports (see Figure 1).
During the next 2 years, she went through a process of separating those who were not capable and/or not willing to meet the new standards. She eventually replaced three of her team with leaders she had worked with previously at JHH.

In the fall of 2018, she contacted me again, expressing concerns about the nursing staff's level of engagement. She wanted to see what could be done to increase the level of engagement prior to the next round of employee engagement surveys, which were scheduled to be administered in the spring of 2019. She asked me to conduct interviews of all members of her nursing leadership team. The purpose of these interviews was to demonstrate that she cared about what the staff was feeling, as well as to understand their level of engagement. I conducted the interviews beginning in January 2019. I interviewed 25 of her mid-level and senior leaders face to face for approximately 30 minutes and recorded their responses to the questions. I recommended questions based
upon the outcomes my client was seeking and developed the following nine questions:

What are the aspects of your job/work at Sussex that you like most?
Please be specific.

- If you had one wish and could change one thing about working at Sussex, what would that be?
- How would you describe the effectiveness of the Senior Nursing Leadership (Chief Nursing Officer, Directors, Assistant Directors) at Sussex?
- If you could make ONE request of your Senior Nursing Leadership (Chief Nursing Officer, Directors, Assistant Directors) team to START/STOP/CONTINUE, what would that be?
- If you could describe the culture of Sussex using three or four adjectives, what would they be?
- Do you feel your manager/supervisor is open to your input and feedback? Why?
- Do you feel your contribution to the Sussex patient experience is valued? Why or why not?
- What changes, if implemented, would make this an even more appealing place for potential new hires?
- Any other comments you would like to share that you have not already expressed?
After summarizing the interviews, six themes emerged based on frequency of the interviewee responses. These themes were reviewed with Sarah as part of the planning for next steps with the nursing leadership team. The themes included managing processes, procedures, practices, and cultural norms. The themes indicated the potential for team coaching, building on the cultural strengths (caring and collaboration) while focusing on problems that could be addressed through a team development process supported by team coaching (see Appendix B for an expanded explanation of themes).

Discussion of results

As a result of my interviews and review of the thematic summary, Sarah shared her concerns about the performance of her direct reports (the directors of hospital divisions). She described the team as being composed of strong individual contributors, all of whom operated in their respective silos. She also indicated a low trust level among the team members; their weekly meetings had become highly unproductive. We discussed potential strategies to help her develop her direct reports into a higher-performing team. I suggested she might want to consider team coaching. I had been certified in this approach in 2017 and saw it as a unique and highly effective means to improve team performance. While she was familiar with individual coaching, she had not yet experienced the concept of team coaching. I explained that, as in individual coaching, the team coach employs reflection and inquiry. In team coaching, the team coach is working with the leader and her team to collectively determine how to best manage their relationships and tasks so they can achieve their desired results.
different from team building activities, team coaching would occur in real time in their weekly directors’ meetings over a period of time. Sarah was very receptive and excited to try something new that might engage and inspire this team to perform at a much higher level.

Introduction of team coaching

In their first weekly meeting in May 2019, Sarah introduced me to the team in my new role as team coach and expressed her hope that as a senior team they would work more collaboratively. I explained a bit about my role and what to expect. While some team members had previous experience working with a leadership coach, none had experience working with a team coach. I specifically emphasized that I would be working with them during their weekly meetings (i.e., in real time on real issues). I explained that there may be occasions when we might have a focused developmental session, which would occur outside of those weekly meetings but that, generally speaking, being team coached would not require a greater time commitment than was normal to their weekly meetings. I explained that I might intervene in various roles—as coach, facilitator, teacher—depending on what might be necessary to move the team forward. The objective was to help them learn how to work better together so that at some future point they would be able to manage the process of their meetings; therefore, my role would become obsolete. Simultaneously, I would also coach Sarah (their manager) in how she might become more effective in helping them further develop as a team. This dual level of coaching (manager and team) is an essential element of the team coaching process.
After observing the team for a few weeks, my initial observations included:

- A lack of clarity regarding the meeting purpose
- Agenda items that were operational vs. strategic
- Sidebar conversations
- Subgrouping within the team
- Difficulty prioritizing initiatives and goals
- Members distracted by checking emails during the meeting
- Regular monopolization of the conversation by a few members

My first recommendation to the team was the need for agreed-upon ground rules or team norms when they worked together. Shortly after my being introduced as the team coach (during the first month of this engagement), the team agreed to a set of Team Norms (see Appendix C). Despite their agreement to these norms, I witnessed a continuation of disruptive behaviors—such as people talking over each other and sidebar conversations—during the following months.

Based on the interview themes and my meeting observations, I informed the team that I thought it would be helpful for them to assess their functioning as a senior leadership team. I asked them to complete a Team Self-Assessment (see Appendix D). This self-assessment tool is designed to ascertain how they manage getting their work done while also managing their interpersonal relationships. It also introduced them to a model for team performance that has four general elements:

- Common purpose and goals
• Roles and competencies
• Collaboration
• Mutual accountability

Using this assessment is a way not only to assess but also to clarify a model that identifies the critical components of effective team performance.

Reviewing the survey results allowed me to identify some specific opportunities for development, noting I saw a fair amount of consensus in the responses as follows (italics are actual comments made by the directors):

Silos still persist:

“While we may be doing a great job within our divisions, we lack coordinated activities as directors—we seem to work in silos with little cross function designed to achieve our overall patient care goals.”

Hit or miss communication:

“Lines of communication could be better among the group.”

“Team members talk over each other.”

“More listening and less talking.”

Lack of process infrastructure (i.e., purpose, meeting management, goal prioritization, problem solving, and decision making):

“We don’t have any sort of standardized agenda and we lack follow-up from meeting to meeting. The minutes should also be more comprehensive with clarity around action steps.”

“I do not think we have a common purpose beyond delivering excellent patient care. If we have one, it has not been shared with me.”
“More clarity around deliverables given so many competing priorities.”

Lack of accountability:

“I think we, as a group, talk through topics and engage in discussions, but there are times I am not sure of the outcome and don’t have a lot of clarity around my role, and everyone else’s role, in following through.”

“Accountability is key, and we should not be feeding into victim mode.”

“We are the leaders, so if something is not right, then we need to figure out how to fix it.”

Sussex Hospital nursing leaders team self-assessment results

After sharing these results, I facilitated a discussion about what they wanted to focus on that would improve how they were working together. It was readily apparent to everyone that their weekly directors meeting needed immediate revamping. Several team members noted that most respondents rated their meetings as being 80% tactical (vs. strategic), which was significant because they are the ones who need to provide strategic direction to the nurse managers and staff.

I made several recommendations to help them structure their meetings in a more strategic vs. tactical way. At my suggestion, the team agreed that any agenda item submitted had to identify a Key Performance Indicator (KPI) (the metrics that align with annual strategic goals). In addition, they had to identify the desired outcome that was expected (i.e., impart information, discussion, seek input, make a decision).
Despite their initial enthusiasm for revamping the meetings, they showed a fair amount of resistance. Week after week, I would remind them of the need for KPIs and desired outcomes. Sometimes they would identify the KPIs and their outcomes, and other times they would not. In addition to reminding them of our agreement about submitting agenda items, I also began to work with the administrative person who is responsible for assembling the agenda. I requested that she not accept items for the agenda that did not comply with our team agreement on managing the agenda items. The team agreed and empowered her to do so.

Another improvement in enhancing their meetings was the development of an alternative communication venue for communicating anything tactical, thus freeing up time in weekly team meetings for topics more strategic in nature. The weekly email was initially called “In the Weeds Wednesday,” and the directors were encouraged to forward appropriate submissions by Tuesday of each week. Similar to the new practice of identifying KPIs and desired outcomes for agenda items, this other new practice also took time to take hold. I would remind the team of both new practices regularly; it took 4 to 5 months before we began to see team members fully integrating these practices in a consistent manner.

I reflected on how challenging it is for people to change and adapt to new ways of doing things. While both practices enabled them to move toward having more strategic conversations, which they said they wanted and needed, they were slow to comply. In this situation, I wondered if, since they had so many
inefficiencies in how they managed their time in general, this new request was hard to incorporate.

To gain some insight into how my role functioned once we agreed on these activities to enhance their meetings, I took the specific actions to support their work. For example, if the team got off topic, I would gently intervene and ask: *Is this the conversation you intended to have right now?* Such a reminder helped them get back on track. Another example is if multiple conversations were going on at once (again, something they were prone to do), I would note multiple conversations were happening simultaneously. Calling attention to this behavior redirected their focus to having only one conversation at a time about the topic on the table.

I also introduced them to several team tools, which they were quick to adopt. The first was a “State of Mind” check-in. Most team members arrived at their weekly directors meetings in a hurried fashion, and I wanted to give them the chance to slow down and focus on being present in the moment in the room. At the start of each meeting, someone would volunteer to create a “State of Mind” check-in grid on the white board (see Figure 2).

![Figure 2. “State of Mind” Check-In](image)

*Note: Team tool-Corentus.com*
The team members would then solicit from each person how they would rate their state of mind (using the -3 to +3 scoring). If anyone fell below zero, the team was encouraged to ask: “How can we be of help to you today?” It was a way of recognizing that they might be dealing with an issue that was weighing them down. For example, one day the Director of Critical Care, who had rated herself a -3, shared that she had just come from the Emergency Room where she was trying to console the parents of a 17-year-old local student who died that morning in a car crash. Listening to below-zero explanations sometimes taught team members something that was important and had implications for their respective area of responsibilities. I also believe it strengthened their relationships by demonstrating concern for each other as well as building trust when they shared their challenges.

I also used another tool called the Fist to Five approach (see Figure 3).

Figure 3. Fist to Five

“Fist to Five” consensus when group decisions are needed

- **Fist**  A no vote
- **1 Finger**  I still need to discuss it and suggest changes
- **2 Fingers**  I am comfortable with it but want to discuss minor issues
- **3 Fingers**  I’m not in total agreement but don’t need to discuss further
- **4 Fingers**  I think it’s a good idea/decision and will work for it
- **5 Fingers**  It’s a great idea and I will be a leader

*Note: From [https://dldavispgmp.wordpress.com/2012/11/01/fist-to-five/](https://dldavispgmp.wordpress.com/2012/11/01/fist-to-five/). Copyright 2012 by David L. Davis, PMP, PgMP.*
The premise of this tool is to visually ascertained where team members are in regards to making a decision. If you are in agreement, you give a five-finger hand in the air whereas if you are not in agreement you would give a fist. When there were any members choosing three fingers or less, the team members were encouraged to ask: “What is keeping you from agreeing to move forward with the proposed decision?” Using this tool creates a safe way for people to voice their concerns and for others not to rush the decision making process. They express it was very helpful to them because previously when making important decisions they never slowed down enough to make sure all opinions had been heard and that they had arrived at consensus.

In the third month of my engagement, I continued to observe a lack of adherence to the team norms. In my next coaching session with Sarah, I shared this observation. Sarah immediately replied, “I realize I am checking my emails and not setting the right example for the team.” Sarah announced at the next meeting that if people had difficulty staying off their phones, they would need to place their phones in the “phone box,” which sat in the center of the table. She immediately placed her phone into the box, and one or two others followed her lead. Since the introduction of the “phone box” (with Sarah modeling the desired behavior), the team members became much better about not checking their emails during meetings.

**The pink basin incident**

Approximately 4 months into the engagement, the Director of Process Improvement (DPI) for nursing was conducting a value stream analysis (a
process that assesses the delivery of value to the customer) on one of their nursing units. The DPI asked a nurse technician why they were using a “pink basin” in a commode. The pink basins are given to patients upon arrival to use for washing their faces while in bed, whereas commodes were designed to accommodate specific deep basins that slide into the commode chair. The nurse technician replied that they had been using pink basins for as long as she had worked there, which was obviously a deviation from mandated practice. When the DPI informed Sarah, she was shocked and reached out to her director group to find out what they knew of this practice and how long it had been in use. What she learned was that this was normal practice on all the units. Sometime in the past when commode buckets were not readily available, someone improvised by using the pink basins. By this point the deviation had become the accepted norm.

During my next coaching session with Sarah, I shared my perspective that this deviation was actually a gift because it allowed the leadership to build their awareness of deviations from the mandated practice. In this particular case, other than the discomfort of using the improper basin in the commode, no life-threatening impact was present. However, this practice raised the more important question: “Where else were there deviations from the standard?” We discussed the role of leadership in adhering to a standard of care and Sarah’s concern that the directors were not consistently holding their nurse managers or themselves to the standard. This significant learning moment provided individual and team coaching opportunities. In our following meeting we explored the topic of how deviations from the standard occur and what the role of leadership is in
addressing them. I reiterated how crucial it is to forge strong relationships, including really knowing the people who work for you because doing so provides the opportunity to observe and note when deviations occur. Sarah reiterated the message that she needed and wanted her directors to be highly visible on their units and to forge trusting relationships with their managers.

360-degree assessments of team members

A month after the pink basin incident, Sarah was still frustrated by the lack of adherence to the standards. She expressed some concerns that her directors were not spending enough time developing their nurse managers, as evidenced by the pink basin incident. Since arriving in 2015, Sarah had evaluated her direct reports only in their annual evaluations. In thinking this through, I suggested that it might be time to introduce a 360-degree assessment (in which an individual receives feedback from their manager, peers, and direct reports) for all the team members. The 360-degree assessment would provide the opportunity to gain a more complete picture of how others viewed their performance as well as gain insights about potential blind spots.

I recommended The Leadership Circle 360 Graph (see Figure 4) as a highly reliable tool with strong psychometrics and an easy-to-read graph that depicts both creative and reactive tendencies. The results for the reactive tendencies allow the individual to gain some insight into how they think (their internal operating systems) affects how they behave. I have used this assessment with other leadership teams and found that my clients liked both the
ease of interrupting results (because of its graphic nature) and the perceived accuracy of the results.

Figure 4. The Leadership Circle 360 Graph


At the next directors meeting, Sarah announced the expectation that everyone (including herself) would complete a 360-degree leadership assessment. I introduced the background on the Leadership Circle 360 Graph
instrument. Then all team members were asked to submit their choices for 10 evaluators (self, boss, peers, direct reports, and others) to Sarah for approval.

Once the assessments were completed, we scheduled a 2-hour meeting dedicated to reviewing both the model and their results. Part of the session included laying out a 10-foot plastic floor mat, which is a replica of the graph (see Figure 5). The map is a powerful visual to help participants get out of their comfort zone when first receiving their individual profiles. I asked everyone to stand on that part of the map that most reflected their reactive tendencies. I then asked them to reflect and share where in their lives these tendencies might have come from and reassured them that everybody has a story. Using a human graph to explore the data made the feedback more personal and impactful. The sharing (self-disclosure) helped to build more trust in the team.

Figure 5. The Leadership Circle 360 Model Floor Mat

Note: Map purchased from http://shop.leadershipcircle.com/LCP-Resources/Mats/Leadership-Circle-Profile-Mat. Copyright 2020 by The Leadership Circle.
In addition to the benefit the group derived from the experience, Sarah had obtained additional data to further help her in coaching her leaders. Four additional measures are used (namely, the bars on the outside of the graph). The measure I thought was most relevant in developing the directors was the Leadership Effectiveness Scale, in which a rating (0-100%) is assigned based on the response to specific questions in the inventory (see Figure 6).

Figure 6. The Summary Measures Leadership Effectiveness Scale

Note: From https://leadershipcircle.com/. Copyright 2020 by The Leadership Circle.

Of Sara’s eight direct reports who completed the assessment (one team member was on medical leave at the time so was not required to complete the assessment), the average Leadership Effectiveness Scale score for the team was only 67% (out of 100%). While not a shock to Sarah, this measure was a
reminder of how much these leaders still needed to be developed. (Sarah scored 94% on this scale, which was no surprise to me.) We treated the results as confidential (with the exception of Sarah, who received a copy of each of her director’s reports).

I offered to meet with any director who wanted to discuss their results individually. I was there to support their learning and sense making of their results, without judgment, and to help them identify what they wanted to focus on in becoming a more effective leader. Three of the directors who had concerns regarding their low scores reached out to me for some one-on-one coaching. In addition to helping them, they were able to experience firsthand the value of coaching and learn something they could utilize in developing their direct reports.

The 360-degree assessment results were also incorporated into Sarah’s evaluation of each team member, providing more specific feedback about desired changes as well as targeted development goals for each director.

Sarah’s personal results were impressive. Her reactive tendencies were minimal whereas her ratings for creative tendencies were very high. As she was running to her next meeting, she asked if I would stop by and explain her results to her boss. I did, and at the end of our discussion he smiled and said, “I am not surprised!”

As follow-up to the 360-degree assessment results, in another one of our individual meetings Sarah and I discussed the need to have more clarity on what competencies were needed to be a highly effective nurse manager capable of
leading change on their respective unit. I mentioned a program used at Sarah’s former employer called Nurse Manager as CEO. The concept was that each distinct business unit (in this case, a nursing unit) had to generate high-quality outcomes within budget and with engaged staff. This type of strategic activity would be worthwhile for the directors to explore collectively. The directors were subsequently asked by Sarah to seek the input of their nurse managers about how they viewed this concept within their respective units. The directors sought input in their respective nurse managers meetings and collected their responses to share in the next directors meeting.

At the next meeting the directors shared their respective nurse managers’ input; they noted a lack of consensus on the set of competencies. After conferring with Sarah, we decided to introduce the American Organization of Nursing Leaders (AONL) Nurse Manager Competency Model (see Figure 7).
Figure 7. AONL Nurse Manager Competency Model


The AONL is often considered the professional voice of nursing leadership with high credibility within the nursing profession. While Sussex Hospital has leadership competencies embedded in their job descriptions, they are not as
clear as they needed to be in describing the characteristics and behaviors of a transformational leader.

As a team, the directors were asked to review the AONL model and give feedback. However, this plan was placed on hold because within the next week Sussex Hospital was informed they would receive a site visit in 3 weeks by the Malcomb Baldridge Quality review team as a result of an application for a Baldridge review submitted earlier that year.

Baldridge site visit

In May 2019 (when I was beginning my engagement as team coach), one of Sarah’s directors who is a Baldridge Examiner had recommended and subsequently taken the lead in submitting an application for a Baldridge review. She believed that with all of the quality improvement work that had occurred over the past few years at Sussex Hospital, they were ready for a review. The Baldridge award is one of the highest levels of national recognition for performance that a U.S. organization can receive. Examiners focus on process outcomes and look at customer, workforce, leadership/governance, and financial metrics. Sussex Hospital was notified in September 2019 that they would be granted a site visit in October (see Figure 8).
Figure 8. Baldridge Award Evaluation Cycle

Note: From [https://www.nist.gov/baldrige/baldrige-award/award-cycle-overview](https://www.nist.gov/baldrige/baldrige-award/award-cycle-overview). In the public domain.

Given that the award is focused on continuous and systematic process improvement, preparation for the evaluation involved all departments at Sussex
Hospital, not only the nursing department. For the next 4 weeks the entire organization became singularly focused on preparing for and experiencing the site visit in October. Sarah repeatedly emphasized that even to be selected for the site visit was an honor. In addition, given that her directors were juggling many priorities, the goal was to do the best possible with the resources available. The message was clear: Do the very best you can: If we get it, great, and if we don’t, we don’t!

One of the greatest challenges I see in healthcare, especially in hospitals, is the need for the leadership to constantly survey their numerous priorities and then determine and communicate to staff which priorities to focus on. I often tell my executive coaching clients that the role of the leader is to provide focus and discipline. My client had done just that.

Following the Baldrige site visit, the team was initially exhausted. It took weeks for their energy levels to resume. Then, once again, I saw old patterns of less-than-optimal interpersonal dynamics reappear among the team, such as talking over each other, negative body language, or disengagement. In many urgent and emergent situations, teams can rally. But it is the sustainability of behaviors that is a major challenge. It is helpful to share the challenge of sustainability of behaviors with the team so they can be aware of the difficulties when they encounter them.

The Sussex Hospital nursing leadership team: Status and going forward

As we began 2020, I took time with Sarah to reflect on the progress of her team. While the directors were functioning much better in their weekly meetings,
she communicated her concerns that they were not fully utilizing their assistant directors (ADs) and some of the ADs were significantly underperforming. I asked if she felt the team members might be confused regarding the role of the AD. She said yes, but also noted the AD role had been heavily scrutinized by her boss, the chief operating officer, and the chief executive officer (CEO). In the coming weeks we met with each director who has an AD and learned the specifics about how they are utilizing the AD. We also discussed the director’s assessment of the individual AD’s effectiveness.

During this time Sarah and I discussed the need to gain more clarity regarding the expectations of a high-performing leader and, more specifically, what it means to be a transformational leader. Sarah was exemplar of a transformational leader.

In February 2020, the unforeseen occurred. Sarah had to leave the country immediately to attend to a family member who was dying in Greece. She anticipated being gone for 1 or 2 weeks. During this time COVID-19 hit the United States; several east coast cities were hit hard, including Baltimore. Within a couple of days of her arriving in Greece, the family member died, and Sarah prepared to return. However, based on the Centers for Disease Control guidelines, upon reentering the United States, Sarah had to be quarantined at home for 2 weeks.

The work we did together, both individually and with her team, left them on a much better platform to rally in anticipation of a surge of highly contagious and critically ill patients. Although Sarah led from home for a time, the team needed
to be able to collaborate and execute without her physical presence in very stressful, highly uncertain times. Needless to say, our work together could not be continued.

The work we did on how the team works together (namely, adhering to norms, communicating, problem solving, decision making, managing conflict, and managing meetings) laid a solid foundation for the weeks to come. I believe the capacity of this team to effectively rise to some serious challenges over an extended period of time is the testimony that team coaching can not only build but also sustain highly effective team functioning.

In Chapter 3, I discuss and review the relevant literature related to the focus of my case study, which attempts to answer the question: Is team coaching an effective means to build high-performing teams? To that end, I review current research and think more about the value of the Bridges model of change, transformational leadership, team coaching, and psychological safety.
CHAPTER 3
REVIEW OF THE LITERATURE AND RELATED INTERVENTIONS

As a coach and consultant with almost 30 years of experience, I consider the world of learning and development to be the heart of my work. While, in general, the content explored herein was familiar to me, the research allowed me to broaden and deepen my knowledge, as well as to gain insights into new trends in my field. My experience in working with the senior nursing leadership team of Sussex Hospital this past year has inspired me to look at the research literature to further understand the factors that contribute to improving the coach’s, leader’s, and team’s performances. While I am specifically interested in the impact that team coaching has in achieving results, other elements are worth examining to better appreciate all the potential contributors to successful results. This literature review focuses on the following elements:

Change management: What do leaders need to do to effectively lead change? What does the Bridges Transition Model (Bridges, 1986) tell us about how people adapt to change? What does the model suggest that leaders can do to help their employees adapt to new requirements?

Transformational leadership: How is it defined, and what are the competencies of a transformational leader? Are transformational leaders different from other leaders? If yes, how are they different, and why? Is transformational leadership crucial to successful organizational change initiatives?
Team coaching: How is it defined? How is different from other forms of team development? What are the methodologies for effectively coaching a team and its leader? How is team coaching different from individual coaching? How do you measure effectiveness?

Psychological safety: How is it defined? How is it achieved? Why is it important to teams?

Each of these topics is explored within the context of my experience as a team coach in the case study.

Change management

During the last decade global, social, and marketplace shifts triggered by advances in technology and digital data are rapidly transforming the nature of work and how existing organizations in both the private and public sector can best adapt to global change (Bray, 2017). While rapid change is common to all endeavors today, it is even more so in the healthcare arena, although its business model has not changed dramatically.

Warner Thomas, President and CEO of the Ochsner Health System based in New Orleans, Louisiana, injected a note of caution to the healthcare industry during his keynote address at the What’s Right in Health Care 2016 Conference. He began by referencing how familiar names such as Airbnb and Uber have profoundly disrupted their industries in remarkably short periods of time. He argued that healthcare is ripe for similar disruptions and, in fact, is already facing an unstoppable wave of new technologies and business models (Huron Studer Group, 2017).
In looking at conceptual frameworks for leaders to draw upon when navigating a change effort, I focused on Bridges (1986) model because my client uses it as a reference for her work. Bridges makes an important distinction that whereas change is situational, transition is an *internal* process we have to go through during a change initiative. This observation about the human need to experience change as an internal process suggests that change is highly personal and people experience the process differently. For leaders facilitating change initiatives, the process begins with a critical awareness to not adopt a one-size-fits-all approach. In the Sussex Hospital case study, Sarah knew that the transition process had to start with her senior team before she could expect others to get on board. In addition, she had weekly one-on-one meetings to assess how her direct reports were managing that process. Bridges (1986) provides guidance on how leaders can help their colleagues move through this process by giving direction on the three stages of the model (Figure 9).

Figure 9. Bridges Model of Change

Bridges (1986) described the three phases people go through as follows:

1. They have to let go of the old situation and (what is more difficult) of the old identity that went with it. No one can begin a new role or have a new purpose if that person has not let go of the old role or purpose first. Whether people are moved or promoted, outplaced or reassigned, they have to let go of who they were and where they have been if they are to make a successful transition. A great deal of what we call resistance to change is really difficulty with the first phase of transition.

2. They have to go through the “neutral zone” between their old reality and a new reality that may still be very unclear. In this no man's land in time, everything feels unreal. It is a time of loss and confusion, a time when hope alternates with despair and new ideas alternate with a sense of meaninglessness, a time when the best one can do sometimes is to go through the motions. But it is also the time when the real reorientation that is at the heart of transition is taking place. Thoreau wrote that “corn grows in the night,” and the neutral zone is the nighttime of transition.

3. They have to make a new beginning, a beginning that is much more than the relatively simple 'new start' required in a change. The new beginning may involve developing new competencies, establishing new relationships, becoming comfortable with new policies and procedures, constructing new plans for the future, and learning to think in accordance with new purposes and priorities. Traditional societies called this phase “being reborn,” and such societies had rites of passage to help the individual with that “rebirth.” Our society talks instead of “adjustment,” but that concept does not do justice to the struggle many people go through when they begin again after a wrenching ending and a disorienting period in the neutral zone. (p. 25)

In my experience, the neutral zone is the most challenging for people because they no longer have their familiar situation and have yet to grasp the future state. Bridges called this phase the whitewater of the transition process; most people want to move on and leave the state of feeling uncertain, anxious, and unknowing. People can feel doom and gloom and anxiety about living in an unknown space.

Bridges (1986) made another interesting observation about the neutral zone relating to change management and differences in culture:
The Western mind sees the psychological emptiness of the neutral zone as something to be filled with the right content. We have no word or concept that is similar to the Japanese word “Ma,” which refers to a necessary pause that one must make in waiting for the right moment for action. Where we would talk of “emptiness,” the Japanese would say “full of nothing.” Needless to say, the Japanese understand the neutral zone far better than we do. (p. 29)

While working with Sarah and her leadership team, it was enormously helpful to have a shared language (based on the Bridges model) that described a situation. In the midst of a snarly issue/situation, Sarah would just smile and say, “We are still in the neutral zone!”

Much of the change management literature focuses on the importance of an effective communication strategy, which is essential for successful change (Allen et al., 2007; Tucker et al., 2013; Pundzienė et al., 2007). Communication effectiveness encompasses many dimensions, such as informing people about the impending change, how that change may impact their work, and doing all of this in a timely manner so that individuals can make effective decisions. It is the leader's skill in listening that is most crucial when driving change.

When communicating, the most important dimension is listening, which means having the patience to hear people out and being able to accurately restate the opinions of others even when he or she disagrees. (Morjikian et al., 2007, p. 400)

Again, Sarah excels with this skill. While she radiates warmth and a good sense of humor when interacting with people at all levels of her organization, she is laser-focused and actively listens to all that is being communicated, verbally and nonverbally. She uses her highly developed interpersonal skills to connect with each person, regardless of what level in the organization they work, making her highly approachable. Upon arrival at Sussex Hospital, she set forth a vision
and a road map for how the practice of nursing would improve going forward.

She was preparing the staff from the beginning, giving them a destination and how to get there; Bridges refers to this approach as moving toward new beginnings. Lockhart’s (2018) thinking complements Bridges’s approach:

…”the day comes that people are ready (not all at the same time) to move to the New Beginnings phase, those communication skills continue to be vital. Here is where the leader proclaims the details of the new world order. New beginnings are communicated using the four Ps: purpose, picture, plan, and part. The purpose is the explanation of why the change is being implemented. Picture refers to the vision of what will be. The plan is a step-by-step guide to how the team will get there. And part refers to the role of each team member, including the leader’s role. (p. 55)

In anticipation of a new state of nursing practice at Sussex Hospital, some of the actions my client took included being highly visible throughout the hospital and especially on her nursing units; articulating a clear idea of direction and expectations for her staff; and identifying values she felt would be of best service to the organization and the people it serves. Town hall meetings were introduced, and a new monthly nursing newsletter was launched. People came to know that when she said, “my door is open,” she meant it. Anyone could make an appointment to speak with her individually if they choose.

**Transformational leadership**

As previously mentioned in the case study, Sarah was brought into this organization to create a new state-of-the-art nursing practice. To lead the effort to change a heretofore unaltered state of practice, she had to be able to engage her followers in ways they had not experienced before. It is this level of engagement that is transformational rather than only transactional. One of the hallmarks of transformational leaders is leading organizations through successful change.
The American Organization of Nurse Executives considers transformational leadership to be “the preferred” leadership style for nursing leaders—this preference is supported by the perspective that transformational nurse leaders are the key to strengthening health-systems worldwide. (Ferguson, 2015, p. 353)

In addition Choi et al. (2016) stated that

...many leadership scholars have agreed that transformational leadership plays a significant role in enhancing employee performance, trust, and commitment in organizations with a hierarchical authority structure. (p. 2)

Earlier work by Podsakoff et al.(1990), Avolio et al. (2004), and Wright et al. (2010) also concurred about the importance of transformational leadership.

Transformational leadership was introduced by Downton (1973), a sociologist, in his work on rebel leadership. It was further developed by Burns (1978) in his work studying the ability of political leaders to inspire and motivate followers. Bass and Bass (1994) have written extensively on transformational leadership and provided specific guidance on the key elements of what makes for a transformational leader, through their demonstration of what they call “the Four I’s”:

The Four I’s: (1) Idealized influence, whereby the transformational leader is admired as a role model by followers. (2) Inspirational motivation, such that the transformational leader inspires and motivates others to commit to the shared vision of the team or organization. (3) Intellectual stimulation, where followers are stimulated by the leader to question assumptions and think about problems in new ways. (4) Individualized consideration, where the transformational leader acts as a coach or mentor and pays special attention to each individual’s needs for achievement and growth. The outcome of transformational leadership is that followers go beyond what is normally expected to achieve superior performance. (p. 3)

Sarah certainly demonstrated these “Four I’s” (Bass & Bass, 1994, p. 3).

Four years ago, she entered the organization with enthusiasm and a clear vision for where she thought nursing could go. It was readily obvious that she was a
values-driven executive who espoused that being committed, trustworthy, and humble were at her core. She consistently demonstrated these values and became a role model for her followers, which demonstrated idealized influence (the first “I” of Bass & Bass’s [1994, p. 3] four elements).

Upon arrival, she walked the halls and connected with her staff by asking for their input on important staff issues and concerns. And while her message was clear, her initial actions were key to gain people’s attention. She raised nursing salaries, which had not been adjusted in years, to be competitive within their marketplace. She introduced a Professional Excellence Model that included the following: new positions to create more opportunities for career growth; career tracks for professional development (registered nurse [RN]-1,2,3, and 4); an expectation that unit managers were to coach and grow their staff; and added a new position of AD to support the directors so that they could dedicate time to strategic planning. The rise in staff energy and engagement was noticeable, resulting from the deployment of inspirational motivation (the second “I” of Bass & Bass’s [1994, p. 3] four elements).

Shifting the long-held Sussex Hospital nursing practices that had not been examined or adjusted for years required not only inspiration but perspiration. In this case, Sarah was not afraid to take risks or question inefficient systems. She introduced lean management practices (Rotter et al., 2019) and created the opportunity to navigate a new way of thinking and being. Having initiated these changes, her intention was to examine, unit by unit, those processes that are obsolete and replace them with benchmarked practices, certainly all reflecting

The transformational leader gives individualized consideration to each follower, with an emphasis on growth and achievement. Sarah’s early career was spent in a health system that highly valued mentorship and coaching, and she was the recipient of both on a regular basis as she ascended in her career. Upon arriving at Sussex Hospital, she began (and continues) individual weekly meetings with each of her direct reports. She possesses some of the best conflict management skills I have ever witnessed in a leader. She is not afraid of an issue even through it might be met with significant resistance. When she senses tension in a conversation, she welcomes feedback and always responds with an openness to hear the other person. Direct and thoughtful, she always says that feedback should be for development—it’s not personal. Her superb listening skills are enhanced by her empathy, compassion, and encouragement—all reflecting individualized consideration (the fourth “I” of Bass & Bass’s [1994, p. 3] four elements).

What are the benefits of transformational leadership? Two of the most significant drivers in changing nursing practice at Sussex Hospital are patient experience and staff engagement. Metrics exist for both drivers, which serve as excellent indicators of progress. A meta-analysis of 53 quantitative studies published between 1985 and 2009 evaluated leadership styles and nursing outcomes (Cummings et al., 2010). The researchers found that the leadership styles focusing on people and individual relationships (transformational) are associated with higher job satisfaction, hence higher staff engagement.
Enwereuzor et al. (2016) conducted a study in which a sample of 224 staff nurses rated their manager’s leadership styles using the Transformational Leadership Behavior Inventory, an assessment that measures a leader’s ability to inspire and grow their followers. The researchers reported a positive predictive relationship between transformational leadership style and work engagement among the nurses.

Shortly into the leadership development initiative with the team, it became evident that team coaching would help the team build trust and interdependence and move from individual accountability to mutual accountability (Smith & Katzenbach, 1993). Sarah agreed, and we began team coaching, using real-time interventions during their weekly meetings.

Team coaching

According to a 2016 survey conducted by Deloitte across 130 countries and more than 7,000 participants, the number one global workforce trend is teamwork (Kaplan et al., 2016). While the focus of this literature review is on team coaching in general, a unique aspect of my case study team is that it was, in fact, a leadership team. My observations regarding this aspect are explored in a discussion of my findings in the next chapter.

Team coaching is a specific discipline in the team development space. In its simplest definition, team coaching is an intervention that is designed to improve team performance (Hackman & Wageman, 2005). Although the terms are often used interchangeably, it is important to understand the distinction between team coaching and group coaching; they are inherently different. In this
case study, I used team coaching as a means to help this intact senior leadership team achieve its goals. In group coaching, members may not know each other; they work to cross-fertilize ideas in an effort to learn (Hawkins, 2014).

Of special note is the unique nature of creating a learning space for the individual within the context of their team. Wageman et al. (2008) make the following point:

A surprising finding for our research is that teams do not improve markedly even if all their members receive individual coaching to develop their personal capabilities. Individual coaching can indeed help executives become better leaders in their own right but the team does not necessarily improve. Team development is not an additive function of individuals becoming more effective team players, but rather an entirely different capability. (p. 161)

The Corentus team coaching model

A number of different team coaching models are available in the marketplace. I choose the Corentus model of team coaching (www.corentus.com) to use in my case study because I received my team coaching certification from Corentus in 2017. At Corentus, they believe that

...team coaching is one part structured methodology and one part intuitive action and is clearly one of the most challenging and advanced of the coaching domains. (Calliet, 2016, p. 4)

One factor that makes this model of team coaching unique is that it is done in real time and works on real issues. The team coach meets when the team holds their regular meetings. The team coach is there to support the team in how they work together to achieve their goals and manage their relationships. In addition, the team coach may at times assume other roles (consultant, facilitator, and/or trainer) to meet the learning needs of the team. When
functioning as a consultant/facilitator/trainer, the team coach moves into expert mode. Regardless of the role, the intention is to help the team members learn new ways of being and interacting to achieve their goals.

While the team coach may shift roles during a meeting, they always come back to the role of team coach. Thus, team coaching is different from other team development initiatives, as Calliet and Yeager (2016) noted (see Figure 10).

Figure 10. A Comparison of Team Development Initiatives

<table>
<thead>
<tr>
<th>TEAM FACILITATION</th>
<th>TEAM TRAINING</th>
<th>TEAM BUILDING</th>
<th>TEAM CONSULTING</th>
<th>TEAM COACHING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approach</strong></td>
<td>Active guidance and leadership of a specified method, process, or tool during a planned meeting or work session</td>
<td>Learning curriculum delivered through reading, teaching, and instructional exercises</td>
<td>Games, simulations, role-plays, and other structured group experiences delivered during special events</td>
<td>Assessment followed by recommendations and expert advisory support</td>
</tr>
<tr>
<td><strong>Sounds Like</strong></td>
<td>&quot;The next step in this process is a brainstorm session. I will remind you of the guidelines and lead you through it.&quot;</td>
<td>&quot;Now that you’ve learned about team-based decision making, split into pairs and discuss how decisions are made in your teams.&quot;</td>
<td>&quot;Everyone grab a blindfold, a piece of rope, and a rubber ball.&quot;</td>
<td>&quot;You’re missing some critical competencies on this team. I recommend you bring in at least one new member who can . . . .&quot;</td>
</tr>
<tr>
<td><strong>Direct Outcomes</strong></td>
<td>Achievement of a specific team goal or deliverable</td>
<td>Increased knowledge and understanding of a given subject area; acquisition of new skills</td>
<td>Greater team spirit, cohesion, personal trust, and respect</td>
<td>Expertise and roadmap of what needs to be accomplished to achieve a desired outcome</td>
</tr>
<tr>
<td><strong>Team Performance Impact</strong></td>
<td>Encouraged by the progress they’ve made, the team leader and/or members may adopt useful facilitator behaviors</td>
<td>Practiced skills may be transferred over into real work situations</td>
<td>Team spirit, trust, and cohesion may have a positive impact on member interactions</td>
<td>Recommendations that the team can commit to and implement may have positive effects on their work</td>
</tr>
</tbody>
</table>


One key difference between team coaching and team development is the means or degree of application of traditional coaching techniques to achieve the
desired outcomes. For example, a core component of coaching is the use of
dialogue and inquiry and, in particular, effective questioning to encourage
reflection. In team coaching, it is a focused, collective conversation that is geared
to increase insights and action around issues of importance (goal driven) for the
team. In addition, team coaching tends to be a longer-term intervention.

Team coaching is an on-going process rather than an isolated
intervention. It’s a learning process that taps into the wisdom of the team,
which has all the answers. (Jones, 2012, p. 70)

Hence, team coaching (in comparison to a team building event) is not a
one-and-one type of intervention. The team coach must ascertain what type of
intervention to utilize based on their assessment of the team’s performance in
that moment in time. Hackman and Wageman (2005) noted that team coaching
interventions generally fall in three categories: motivating members to engage,
improving task execution, and building knowledge and skill.

Coaching that addresses effort is motivational in character; its
functions are to minimize free riding or “social loafing” and to build shared
commitment to the group and its work.
Coaching that addresses performance strategy is consultative in
character; its functions are to minimize mindless adoption or execution of
task performance routines in uncertain or changing task environments and
to foster the invention of ways of proceeding with the work that are
especially well aligned with task requirements.
Coaching that addresses knowledge and skill is educational in
character; its functions are to minimize suboptimal weighting of members’
contributions (i.e., when the weight given to in individual members’
contributions is at variance with their actual talents) and to foster the
development of members’ knowledge and skill. (Hackman & Wageman,
2005, p. 278)

Team coaching is an approach to team learning that allows the team to
gain greater insight as to their intent and then a reality check on what is actually
happening. They are still getting work done (organizational priorities) while simultaneously building their ability to work synergistically.

By considering the multiple perspectives of team members simultaneously and observing and interpreting dynamic interactions, the team coach is able to raise the team's awareness of these issues in order for the team to effectively tackle its issues. Team Coaching would aim to create a shift in the team’s way of working together, facilitating a sustainable change. (Jones et al., 2019, p. 16)

Elements of team coaching

Working with a model of team performance and corresponding tools gives the team coach insight as to what actions will be the most effective in helping the team. Corentus offers its Corentus Team Wheel as a foundation to assess where the team is struggling (see Figure 11). In this tool the center focuses on the common purpose and goals.
When I began my work with the Sussex Hospital leadership team, they struggled with the purpose of their team, as well as the purpose of their team meetings and how to prioritize their many goals. In their weekly meetings, new priorities were often introduced without discussion of how realistic it was to add them to their previous commitments. Without this clarity, their team meetings were highly unproductive and yielded few results. As a team coach, my initial focus was to help them clarify their goals while also helping them forge strong interpersonal relationships within the team.

In an effort to gain some clarity about goal priorities, I suggested to Sarah that she review her prioritized goals for 2019-2020 with the team and then engage them in planning how to align their individual division goals with the larger department’s goals. There is a reason why shared goals are in the center
of this model. Goal alignment is crucial in organizations to ensure that the
organizational strategy is effectively executed. As Niven and Lamorte (2016)
point out,

...it’s not just engagement that gets a bump when employees have a line
of sight from their work to the company’s goals; the effects ripple from
improved processes to enhanced customer relationships, all the way to
the profit and loss statement, in the form of improved financial results. It’s
clear that organizations benefit tremendously when employees see the
connection between what they do every day and how those actions reflect
overall goals. (p. 121)

Our work together aligning goals was a fruitful exercise that yielded much
more clarity for all members of the team and allowed for much more focused
energy.

One of the key team processes for team execution is decision making
(Jones, 2012). I saw this was a major roadblock for my case study team. A
conversation would ensue about a particular problem or situation (often going off
on tangents), then someone would jump in with a suggestion about what to do
next. I observed some head-nodding, and then the team went on to the next
agenda items. Not surprisingly, there was little accountability or follow-through.
Once I introduced some of the Corentus tools (Fist to Five and meeting logs),
they had much more intentional conversations and improved accountability.

Another consideration for the team coach is deciding what performance
issues are best to address given the level of team maturity. Tuckman and Jensen
(1977) observed in a 1965 study that teams go through the stages of forming,
storming, norming, and performing; later the stages were amended to include
adjourning. In the case study, team members exited and entered at various
times, which made it difficult to mature. As this happened the team moved back and forth between forming (new members being added) and storming (members with greater longevity seeming to be more comfortable pushing back) and, on occasion, norming (agreeing to behave/perform according to the established team norms). While in the forming and storming phases, members appear to be assessing their relationship with each other and the leader (by default, with me as the leader-appointed team coach). Regarding this phase Wotruda (2016) speaks to how previously established trusting relationships can become strained due to the emergence of intra-team or coach/team tension. In the case of a team being in the storming phase, the team coach assesses which team issues should be raised based on the team’s readiness.

Differences in individual and team coaching

Team coaching, similar to how individual coaching evolved after making its entrance in the learning and development field, is experiencing some of the same confusion. Hawkins (2014) believes that team coaching is about 20 years behind individual coaching, noting some of these shared difficulties:

Confusion for clients what people are offering when the provide team coaching; a plethora of terms with no standard definitions; little in the way of research, literature, models or approach; and lack of established training programmes or accreditation. (p. 63)

While there are some similarities between team coaching and individual coaching, the latter is seen by some as being much more complex (Clutterbuck, 2007).

Clutterbuck (2007) outlines three areas that distinguish team coaching from individual coaching:
1. Confidentiality: Even with a high degree of psychological safety, team members may be reluctant to disclose to a group of colleagues, or to admit weaknesses to their boss.
2. Pace of thinking and deciding: Some members of the team may reach a conclusion faster than others. Where the coach in a one-to-one relationship can adjust pace to the speed of the coachee’s mental processing, the team coach needs to be able to hold the attention and interest of the vanguard, while ensuring the rearguard are able to catch up at their own pace.
3. Scope of topic: Team coaching can only deal effectively with issues, in which all the team members have a stake. Sometimes this involves helping team members recognize the mutual benefits and value of supporting a colleague. (p. 19)

In my case study experience, I found all of these elements to be crucial. Without confidentiality, there will be no trust. Early on in my engagement one of the team’s complaints was there were often meetings after the meeting. It was only after many months of work and, as Collins (2001) describes “getting the right people in the right seats” (Disciplined People section, para. 3), before the team members became trustful of each other.

Other research supports the need to establish trust not only within the team but between the team and the coach.

What emerged as the most dominant was the need for coaches to build trust at both an individual and a team level as well as the need to maintain that trust whilst balancing individual and collective needs. (Wotruda, 2016, p. 99)

This description is a good example of the difference between individual and team coaching. The team coach is working to address trust on many different levels, which requires not only knowledge and skill in coaching but also knowledge of team development so as to know how and when to intervene.
Team coaching: The future

Despite the tremendous growth in the coaching industry, an empirically validated theory of team coaching is yet to emerge (Lawrence & Whyte, 2017). Clutterbuck’s (2007) research found a wide array of definitions for what constitutes team coaching:

Nor is it surprising that there is no clear consensus about what team coaching is. In the research for my book, Coaching the Team at Work, I examined dozens of web sites of consultancies who referred in their service portfolio to team coaching. Most of them were using the term to describe forms of team building, team facilitation, process consultancy or coaching a number of individuals, who happened to belong to the same team. (p. 18)

The future of leadership team coaching will obviously be linked to the perceived effectiveness. For skeptical executives to embrace this new form of leader and team development, we need effective ways for measuring return on investment.

There has been considerable controversy and debate in the coaching literature about the most appropriate way to manage and measure coaching outcomes. (Kilburg, 1996, p. 49)

What does exist is perhaps the most common measurement in practice today: pre- and post-coaching team assessments (Rousseau et al., 2013). Similar to many learning investments, the results are often difficult to objectify.

With regard to measuring the impact of team coaching impact, Carter and Hawkins (2012) suggest three levels (individual/collective/system) to examine, noting three lens (relationships, dynamics arising out of those relationships, and business dynamics) can be used to evaluate team coaching. While not more specific about the how to specifically apply these levels and lens, Carter and
Hawkins (2012) agree with other authors that, yet again, coaching is intended to improve relationships so that goals can be achieved (Argyris, 1992). Another study by Yates (2015) concurs that the biggest challenge is measurement or the lack thereof, noting that his survey of organizations gleaned the following findings:

The most common response, cited by over a third of organisations (37.9 per cent) was through the appraisal system. The next most popular response was through objectives, KPIs or goals (31.8 per cent, rising to 42.1 per cent amongst private sector companies), followed by specific evaluations of each coaching contract (22.7 per cent) and using 360-degree feedback (21.2 per cent). 4.5 per cent of organisations said they are not measuring the outcomes of coaching at all. (p. 37)

While outcomes may be difficult to measure, the ability to achieve desired outcomes is impacted by the level of psychological safety within the team being coached.

**Psychological safety**

Psychological safety, simply put, is the belief that you won’t be punished when you make a mistake (Delizonna, 2017). Edmondson (1999)—one of the most prolific writers on psychological safety who is the Professor of Leadership and Management at Harvard University—conducted research as a graduate student on medical team errors. Similarly, she defines psychological safety as being when employees feel safe to take interpersonal risks. In doing so, they believe they will not be unfairly punished for making honest mistakes, thus allowing them to feel safe enough to ask for help or seek additional feedback and information.
One of the recommendations Edmondson (1999) makes on driving psychological safety in teams is in terms of how one frames organizational problems or challenges:

Frame the work as a learning problem rather than an execution problem, thereby highlighting the uncertainty and interdependency required of the team. Frame the project as something that is new—as something that has not been undertaken before. No one person can deliver the project, therefore every person’s input is required. Establish that learning is an ongoing and necessary part of the project from beginning to end. (p. 61)

In the Sussex Hospital case study, I frequently reminded Sarah and her team that their focus needed to be strategic rather than operational when they came together in their weekly meetings. Without that focus, there was an absence of testing assumptions, pushing the walls of the known to the unknown, and creating new synergies for new outcomes. This focus was needed to show when teams are innovating and creating new possibilities. But to get there team members had to sense that failing was acceptable if it got them to a new level of understanding. Fear of negative opinion and thought would stifle that learning. As noted by Argyris’s (1982) work, when people are faced with a potential or threat of embarrassment, they act in ways that inhibit learning.

I was curious about the impact of a leader’s behavior in creating a safe space for learning. The leader needs to be willing to demonstrate their own vulnerability if they are going to ask the same from others. Since most leaders ascend in organizations because of their competency, admitting errors and shortcomings can be difficult to do. If leaders would be more apt to make such statements as “Great question,” “I don’t know,” and “Let’s figure it out,” it would
go a long way in promoting acceptance of vulnerability, creating psychological safety, and team learning.

Edmondson (1999) offers support for the important role the team leader plays in creating psychological safety:

Team leader coaching is also likely to be an important influence on team psychological safety. A team leader’s behavior is particularly salient; team members are likely to attend to each other’s actions and responses but to be particularly aware of the behavior of the leader. If the leader is supportive, coaching-oriented, and has non-defensive responses to questions and challenges, members are likely to conclude that the team constitutes a safe environment. (p. 356)

In further examining the correlation between leader behavior and psychological safety, Graen et al.’s (2019) PATH model (see Figure 12) points to those factors that are critical in establishing trust between a leader and their followers.

Figure 12. The PATH Model

When looking at the pivotal point in the model in terms of what determines the quality of the relationships between leader and team members, Graen et al. (2019) suggest the presence of competence, trust, and benevolence. In addition, followers must believe their leader reciprocates and believes the same about them. In the case study, my role as team coach was to identify opportunities to help build that trust from team member to team member and among the team members with Sara. Because I had built trust with Sarah, she was very open to hearing my observations and assessments of her and her team, separately and when working together. I believe this is the space where the leader can really grow. When the leader is open to learning, coaching can allow one to see or hear something that may not be congruent with their thinking and then take actions that previously were not in their line of sight.

I saw how Sarah built this trust among her direct reports when a situation arose with one of her directors. The director had come to her to explain that on one of her units, the staff had failed to follow a standard procedure that could have potentially caused an adverse event, as well as a compliance issue. As she recounted the story, Sarah appeared to listen intently without offering an opinion or condemnation. She asked the director what she had learned and what she could do going forward to ensure this error didn’t happen again. After exploring all options, Sarah asked if she would be willing to share this experience with the team in their next leadership meeting. She agreed, and it went well. The team listened intently and appeared supportive in their comments. Sarah voiced her appreciation to the director for her willingness to share with the team. Sarah’s
handling of the situation clearly communicated that we all make mistakes, and that if we are going to be successful, we need to be able to learn from those mistakes without fear of reprisal. It also went a long way to continue to build trust that these meetings were a safe place to talk about anything—including mistakes the team members made.

**Psychological safety: Importance to team performance**

The significance of psychological safety was recognized as a result of a Google research team study that was looking for the factors that teams would exhibit if they were a high-performing team (Graen et al., 2019).

The findings were not what they expected. After over 2 years, 200 interviews of team-experienced Googlers (their employees) considering more than 250 attributes of 180 active teams, they concluded that the personal characteristics of team members were not the determinants of team effectiveness. The research team found five key differentiating team attributes that directly impact high performance:

1. psychological safety, 2. dependability regarding project deadlines, 3. structure of scripts and roles, 4. meaning of project to each member, and 5. utility of project for good. The dominating attribute was that “team members feel safe to take risks and be vulnerable in front of each other.” (Graen et al., 2019, p. 2)

Perhaps even more interesting was that the dominating attribute was the ability of team members to take risks and to be vulnerable with their team members. The researchers also noted that the attribute of psychological safety was the underpinning of the other four attributes. Based on that finding, the researchers recommended to the teams that they begin each team meeting with
stories about risks taken the week before. This one change improved the ratings of psychological safety by 6% (Graen et al., 2019).

**Summary**

This literature review—with a specific focus on change management, transformational leadership, team coaching, and psychological safety—provided me with greater clarity about why Sarah and her leadership team were able to demonstrate significant performance improvements.

The change management theory supported the necessary actions that Sarah and her directors needed to take to help the staff transition to new standards of performance. Similar to other popular models of change such as those developed by Kotter, Beckhart, and Lewin (as cited in Brisson-Banks, 2009), Bridges' (1986) linear model of change, by itself, may be inadequate to deal with the complexity of today’s organizations. That insight became apparent to me subsequent to the end of my engagement when the hospital began to prepare for and deal with a pandemic. The aftermath presents a multitude of operational issues that potentially could affect the hospital's culture and its brand. In essence, it has become an emergent organization that will likely require very different ways of thinking and doing. That being said, I believe that Bridges’ (1986) explanation and recommendations of the psychological journey we take in responding to a change remain salient.

When shifting organizational culture and embedded thinking, the skills of a transformational leader are crucial. In the case study, the transformational leadership competencies became the model for leader performance. While not
explicitly stated as the chosen leadership model, those competencies were consistently modeled by Sarah. The research literature supports that when transformational competencies are deployed, there is a direct correlation to the desired results. One of the most significant shifts aligned with these competencies was the improved capability of the directors in coaching and mentoring their staff.

In the case study, as I entered my team coach role, I found a team with significant trust issues. As the literatures supports, the leader’s behavior and communicated expectations are critical when trying to create psychological safety. As a value-driven and humble leader, Sarah was the first to admit if she was wrong or misread a situation. When dealing with the pink basin incident, she worked with her team to resolve this issue in a highly creative and collaborative way even though she could have been heavy-handed and punitive. When team members demonstrated open-mindedness, vulnerability and compassion for their teammates, Sarah was the first to recognize and highlight the desirable behaviors. The research literature also supports the importance of the leader’s relationship to each team member in building trust. It also recognized the value of individual leader coaching in helping the leader forge strong relationships with each member of the team.

There is a gap in the literature on team coaching. Specifically, there is the need for more agreement about definitions, competencies, approaches, models, assessment, and measurements of value. This case study, along with the lessons about team coaching and the unique processes and outcomes of team
coaching, have demonstrated the gap in the literature and the opportunities for more studies to provide a better understanding of this powerful team development strategy.

Chapter 4 discusses the case study research methodology, an analysis of the literature in relationship to the case study, and some conclusions and implications of the study findings to my professional practice as a team coach and to the expanding field of team coaching.
CHAPTER 4

CONCLUSIONS AND IMPLICATIONS

This study focused on an executive team coaching initiative at a mid-sized community hospital. The chapter includes an exploration of the initial consulting assignment, the recognition of the need for team coaching, and the process that was followed by the team coach. The outcomes of the team’s development through coaching are also presented. A related literature review is included in the case study as well as in a separate review of the literature. This chapter provides a summary of the practitioner’s learnings and insights including an analysis of the relationship between the research literature on team coaching and the reflections of the team coach, who continues to hone her craft as a practitioner and an active researcher.

Research methodology and analysis

My research question was: Can team coaching improve team performance? I was able to test the effectiveness of this developmental intervention while working with an executive and her leadership team (namely, the Sussex Hospital senior nursing leadership team) as their team coach over the course of 1 year. In the case study, I used a variety of research tools to gather data, mostly utilizing qualitative methods such as surveys, 360 assessments, and observations. I selected and utilized two specific assessments: the Emergenetics Profile and The Leadership Circle 360 Graph.

The Emergenetics Profile provides the individual with insight on their thinking and behavioral preferences. Different from other personality
assessments, I have found this tool to be highly effectively in building self-awareness as well as an understanding and appreciation of others. When used with intact teams, it has two distinct advantages. First, it gives the team a shared language to help interpret how team members are working together. Second, it gives the team greater insight into each other’s preferences and how to best work together as a result of those preferences (www.emergentics.com).

I relied on observational research for most of my data because I was able to observe the participants’ ongoing behavior in their weekly 2-hour directors meeting. This approach allowed me to see another level of their performance: how they individually and collectively interacted with the larger organization. These observations yielded important data along two dimensions cited as key to improving team performance: (1) their ability to forge strong interpersonal relationships (within the team and with their manager Sarah), and (2) their ability to manage team processes to achieve desired goals (Argyris, 1982). I assumed a passive role because I was not invested in their content unless it affected either of the two dimensions mentioned above.

From my client’s perspective, Sarah indicated she was concerned that the team did not function as transformational leaders in helping her to create a new and innovative state for nursing practice at Sussex Hospital. Evidence of this was gleaned from one of my first surveys in which I asked the team to self-assess how much time was spent on tactical vs. strategic issues in their weekly meetings. The research literature supports that the transactional approach (or
being tactical) does little if anything to help an organization change (Enwereuzor et al., 2018).

Early on in the team coaching process I observed signs of resistance to change in the team meetings. For example, conversations shifted to how things have always been done here, little self-disclosure was evident about low performing units, low accountability existed for follow-up on action items, and members functioned in their silos without regard for the larger impact on the team. From the beginning of the coaching engagement, I observed Sarah using some of the critical elements of change management with the team. She spoke about the urgency of the need to change, she encouraged her team to get on board with the changes, and she created several new venues to communicate the new vision. However, similar to many effective change efforts, progress slowed in terms of what Bridges (1986) calls the neutral zone. Again, using what the model tells us, Sarah deployed creative mechanisms to help the team move toward the new beginnings phase. These mechanisms included creating multilevel task teams to seek input from the staff on engagement issues, designing a new career ladder so that the staff could see opportunities for advancement that never existed before, and implementing an annual Art of Nursing celebration, which included a video recorded off-site formal dinner emceed by local television news hosts with unit-based videos created by the staff, awards, and gifts. All of these actions were taken to reinforce the vision for the future of nursing at their hospital.
The actual work came during our weekly meetings. Sarah characterized these meetings as being highly unproductive. Drawing upon the Corentus team performance model (discussed in Chapter 3), I began working with the team on clarifying the purpose of their weekly meetings. According to the Corentus model of team coaching, clarifying goals and purpose is the centerpiece. An effective leadership team coach can make the difference by empowering the team to first refine its purpose and mission (Chagnon, 2012). Once we had a shared picture of the purpose of the meeting (i.e., to build strategies that would improve the practice of nursing to align with the leader’s vision), we could move on to meeting management tools. We began by identifying team meeting norms and then moved on in creating a more accountable agenda setting process. Again using some of the Corentus tools (Calliet, 2016), I introduced a new methodology for submitting agenda items. Every agenda item needed to identify a desired outcome (such as sharing information, problem solving, decision making) and a key performance indicator (from their annual goals) that it supported.

When this work began to take hold, the conversation moved from tactical to strategic issues; the conversation among team members was often animated and interactive versus monopolized. Not only did I begin to see a shift in how the team performed together, but I observed individual members acting in a more transformational manner than when I first met the team.

Over time as the team coaching continued and we used new tools, the team performance dramatically improved. I saw the team members coming to the meetings prepared to engage in the discussion as if they were presenting
information to the team. I observed enhanced accountability for outcomes, with team members asking such questions as What now? How do we move forward? Who will own that activity and report back? Do we have consensus? If not, what needs further discussion?

Another essential feature of team coaching is coaching the leader, who, in this setting was Sarah. Despite her many gifts as an extraordinary leader, she, as is true for most of us, can always benefit from another set of eyes.

A masterful coach is someone who can walk into a situation and see things that others do not see, giving him or her penetrating insight into the situation. (Hargrove, 1995, p. 149)

One of the areas we worked on was assessing members who were underperforming. Sarah has remarkable conflict management skills; in all the years of our working together, I have never seen her waiver when she felt a direct report was not able to meet expectations. That being said, during her first 4 years she had to dismiss several underperforming managers. Some sensitivity existed concerning how many more employees she would/could dismiss. I became a reality check for her when assessing her team members.

During my time as the team coach, two directors were dismissed and one director retired. All three directors were replaced by high-performing transformational leaders. As a result of these replacements, the next round of norming (Tuckman & Jenson, 1977) was quickly achieved. New members with new skills influenced the group in raising its level of performance. I also observed more trusting relationships among the team members, who appeared more at ease in sharing vulnerable moments with the team. Of special note was the
positive body language that communicated people were open and engaged. Part of that, I believe, had to do with the evolving relationship with Sarah, who started giving individuals feedback on both their individual and collective development. Graen et al. (2019) notes that, according to The PATH Model, the quality of the relationships among team members and their leader is strongly linked to individual, team, and organizational effectiveness.

As trust was built, so was psychological safety (Edmonson, 1999). In one of our individual coaching sessions, Sarah mentioned one of her directors came to her and reported that one of her unit managers had failed to follow an important safety protocol. Although the error led to no adverse effects, I encouraged Sarah to ask the director if she would be willing to share the story with the team. I observed that the team could see it was acceptable to make a mistake and bring it into the open without fear of reprisal. It was Sarah’s behavior in response to this situation that helped to build more transparency and trust within the team.

As I reflected upon my experiences with the team, I discovered an unexpected additional finding. Team coaching, when used with a leadership team, has the capacity to improve not only the collective leader performance (the team) but individual leader performance as well. This finding is significant because as leaders become more transformational at the top, those skills are likely to cascade down the organization. Leadership team coaching empowers the leadership team, as well as the rest of the organization, to fully realize the vision and mission of their organization (Hawkins, 2014). This finding has
additional significance because to date few organizations with limited resources can claim these kinds of results. Many C-suite leaders are not satisfied with the effectiveness of current leader development initiatives. Such dissatisfaction has arisen from the high costs affiliated with leadership development, low learner transfer to job performance, and the lack of sustainability of these initiatives (Feser et al., 2017).

Conclusions

The most obvious of my conclusions, which reflects findings from the team coaching literature, is that team coaching (and coaching in general) needs more clarification about how to define, deploy, measure, and, perhaps most importantly, determine what makes a highly effective team coach. While the coaching industry continues to grow rapidly, a wide range of practices and skills are still demonstrated by practitioners. My hope is that greater clarification and standardization of practice can emerge over time. The results of studies such as this case study can contribute to the field of team coaching practice.

In the meantime, we are seeing significant shifts in our workforce as baby boomers retire and millennials assume the largest share of our workforce. Graen et al. (2019) notes that

millennial knowledge workers have also ushered in the collaborative innovation team structures and processes that depend on effective interpersonal trust alliances and perceptions of psychological safety between associates to be effective. (p. 2)

Given Graen’s comments regarding the high value placed on innovative team structures by millennials, the demand for team coaching has the potential to grow exponentially.
New insights for the practitioner

Team coaching, which is a relatively new developmental modality for teams, explored through the Sussex Hospital senior nursing leadership team case study has been a valuable opportunity for me as a practitioner, as well as a contributor to this expanding field of coaching. This experience, combined with the opportunity to test out assumptions and approaches with my case study team and my comprehensive review of the literature, has left me with several new insights about how I will expand my approach to this work in the future and contribute to the field of team coaching in the following ways:

1. Redefine my practice to focus on leadership team coaching (versus only team coaching).
2. Use transformational leadership competencies as the model for developing leaders on the team.
3. Help leaders build awareness of their inner and outer self in action.
4. Help clients hardwire a coaching mindset.
5. Propose a set of competencies for a leadership team coach.

My first new expanded approach to leadership team coaching is to define my concept of what constitutes leadership team coaching.

1. **Redefine the scope of leadership team coaching**

   The commonality of our work as either consultants or coaches is to help the client learn. Our client’s assessed need in that moment will guide our approach. Ray Sclafani, who has a coaching practice called ClientWise, was interviewed by Jamie Green of the Investment Advisor (Green, 2015). Sclafani
makes the distinction between consultants and coaches by identifying their differences:

The consultant is the expert who tells the client “here’s what you ought to do; here’s the answer, here’s the best practices,” Sclafani said. In other words, the consultant has “an agenda and tells the client what to do.” The coach’s agenda, he said, is to “focus on each client’s genius,” to help advisors solve their own issues, first by prioritizing and then by “developing a structure that helps them solve their current issue” so that “when the next issue comes up, they can do it on their own.” (Green, 2015, p. 14)

With specific competencies assigned to coaching that are different from consulting, I have struggled at times in my client engagements because I saw opportunities to utilize both roles. I embrace the unique nature of both roles in my approach to team coaching vs. individual coaching. I encourage the use of both approaches, depending on a client’s needs at that moment in time. To take this a step further, I plan to continue to utilize the various modalities (coach, consultant, facilitator, trainer) that are part of the Corentus team coaching model that I utilized in my case study.

During the Sussex Hospital nursing team leadership intervention, I identified opportunities in which I could have a positive impact on an individual team member as a leader of their team. Previously, I had not included developing individual leadership team members as part of team coaching. I learned this approach can be a valuable addition to team coaching so my intention is to focus on leadership team coaching going forward.

The value of this realization is significant because I recognize the potential opportunity to shift the department culture as well as the team culture. In my case
study, as the team improved how they worked together, a cascading effect developed on the next level for the mid-manager. I anticipate if this continues a positive impact may develop for the frontline staff. Research has shown that in healthcare the engagement of leadership at multiple levels of an organization is critical in affecting the success of strategic initiatives aimed at large-scale change, as well as in sustaining these changes in the long term (Willis et al., 2016).

Linked to creating engaged leaders at all levels is the need for ensuring shared expectations for what constitutes a high-performing leader, regardless of the level in the organization. Thus, I can now identify the second shift in my approach to this work.

2. Use transformational leadership competencies to develop the leaders on the team.

Going forward, I will be including the transformational leadership competencies as part of my leadership team coaching engagements. Its value is not to be limited in developing individual leaders but also in enhancing the collective performance of the team. As Riggio and Bass (2007) point out:

Members start behaving as a team when they display individually considerate and intellectually stimulating transformational leadership behavior towards each other. They also show individual consideration, empathy and alertness to the needs of other members. They coach facilitate and coach each other and all are willing to engage in continuous improvement. (p. 165)

Transformational leaders need to inspire and motivate others to want to move toward their new vision (Bass & Bass, 1994; Binney, 2015; Ferguson, 2015; Giddens, 2018). As mentioned earlier, four competencies are associated
with transformational leadership: inspirational motivation, idealized influence, intellectual stimulation, and individual consideration (Bass & Bass, 1994). Consequently, my plan is to use the Bass’s Multifactor Leadership Questionnaire (see Table 1) as a means of communicating the desired leadership behaviors (Bass & Bass, 1994).

Table 1. Multifactor Leadership Questionnaire

Multifactor Leadership Questionnaire (MLQ)

INSTRUCTIONS: This questionnaire provides a description of your leadership style. The word “others” can mean your followers, clients, or group members.

KEY 0 - Not at all 1 - Once in a while 2 = Sometimes 3 = Fairly often 4 = Frequently, if not always

1. I make others feel good to be around me.
2. I express with a few simple words what we could and should do.
3. I enable others to think about old problems in new ways
4. I help others develop themselves.
5. I tell others what to do if they want to be rewarded for their work.
6. Others have complete faith in me to provide appealing images about what we can do
7. I provide others with new ways of looking at puzzling things
8. I let others know how I think they are doing
9. I provide recognition/rewards when others reach their goals
10. Others are proud to be associated with me.
11. I help others find meaning in their work.
12. I get others to rethink ideas that they had never questioned before
13. I give personal attention to others who seem rejected

SCORING The MLQ-6S
Factor 1 Idealized influence (items 1, 8, and 15) _______
Factor 2 Inspirational motivation (items 2, 9, and 16) _______
Factor 3 Intellectual stimulation (items 3, 10, and 17) _______
Factor 4 Individual consideration (items 4, 11, and 18) _______

While the Multifactor Leadership Questionnaire is best utilized as a 360-degree assessment instrument, I will be using it as a self-assessment. As I previously mentioned, I will use it as a means to articulate specific behaviors associated with the four competency areas. The use of a 360-degree assessment tool will be incorporated as part of my third enhancement to my work as I help these leaders build greater awareness of their inner and outer selves.

**3. Help leaders build awareness of their *inner and outer selves.***

Anthony DeMello, a psychotherapist and Jesuit priest, wrote and spoke extensively during his life about the need to be aware and awake. One of his famous quotes speaks to this importance of being self-aware:

> “Why is everyone here so happy except me?”
> Because they have learned to see goodness and beauty everywhere,” said the Master.
> “Why don't I see goodness and beauty everywhere?”
> “Because you cannot see outside of you what you fail to see inside.” ([www.Demellospirituality.com](http://www.Demellospirituality.com))

As mentioned previously, I have selected two specific instruments aimed at building self-awareness for my leadership team coaching model: the Emergenetics Profile (because it is a highly reliable tool to build awareness of one’s thinking and behavioral preferences) and The Leadership Circle 360 (which I used in my case study). As the name indicates, this second tool does require feedback from others (peers, boss, direct reports). Its uniqueness lies in that it is the only instrument that measures two primary leadership domains—creative competencies and reactive competencies—and then integrates this information so that opportunities for leadership development are more readily identifiable.
This approach allows the individual to see how one’s inner world (what The Leadership Circle calls our operating systems) of thought translates into a productive or unproductive style of leadership. The instrument is both highly integrated and unique because it strives to develop conscious leadership. It draws on not one theory but many relevant theories on leadership and adult development; it is built on the premise that to become a highly effective leader, one needs to approach leadership as a practice—and the leader needs to be fully conscious to do so. Consciousness is about being awake and aware—inside and outside. As we build our consciousness, we enhance our leadership capacity (Anderson, 2015). This information is not only helpful to the individual (who now has greater personal insights) but can also help their manager to coach them toward their desired development in their creative tendencies.

As I begin to integrate the components of my leadership team coaching model, I align the competencies of both transformational leadership and those of The Leadership Circle 360 (see Table 2).
Table 2. Comparison of Transformational Leadership Competencies
With The Leadership Circle 360 Creative Tendencies

<table>
<thead>
<tr>
<th>Transformational Leadership Competencies</th>
<th>The Leadership Circle 360 Creative Tendencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity, authenticity</td>
<td>Integrity</td>
</tr>
<tr>
<td>Courageous</td>
<td>Courageous authenticity</td>
</tr>
<tr>
<td>Believing in people, collaboration</td>
<td>Caring connection, fosters teamplay, collaborator, mentoring &amp; development, interpersonal intelligence, community concern</td>
</tr>
<tr>
<td>Change agents with vision</td>
<td>Strategic focus, purpose &amp; vision, achieve results, decisiveness</td>
</tr>
<tr>
<td>Lifelong learners</td>
<td>Personal learner</td>
</tr>
<tr>
<td>Capable of coping with complexity, uncertainty, &amp; ambiguity</td>
<td>Self-aware, self-less learner, balance, composure, personal learner, sustainable productivity, systems thinking</td>
</tr>
</tbody>
</table>

Note: Adapted from https://leadershipcircle.com/en/products/leadership-circle-profile/. Copyright 2020 by The Leadership Circle.

To ensure that leaders are being effectively developed and that they are capable of developing their direct reports, the fourth expansion of my practice will include helping to hardwire a coaching mindset.

4. Help clients hardwire a coaching mindset.

My research on transformational leadership (discussed in Chapter 3) indicates that leaders need to adopt a coaching mindset when developing their people. Although it appears to make good sense (as I observed in my case study), it’s not always easy for managers to be effective coaches.
Although good coaching is basic to managerial productivity, most organizations have difficulty getting their managers to be effective coaches. (Mahler, 1964, p. 28)

In our fast-paced organizations, we are often overloaded with too many priorities. It becomes much easier to simply tell the person how to get there rather than having a more in-depth conversation to help the individual find a path forward. “Every coaching conversation is not just about transformational goals, but about a person in the process of becoming” (Hargrove, 2008, p. 24).

This approach is especially challenging in so-called expert organizations such as healthcare. The perception is that healthcare professionals are hired to do a job based on their qualifications; hence they should know what to do. As such, they believe they arrive on the job with all the correct technical skills. However, what happens when they need to have a difficult conversation with a colleague or family member who they are ill-prepared to manage? Helping that person handle that conversation is more than only telling them what to do.

A coaching mindset begins with the realization that it is not your role to diagnose and solve your colleague’s [or client’s] problems. Your role as coach is to help them think through their problems in such a way that they’re able to develop their own problem-solving abilities and grow as a professional. (Hicks, 2009, p. 54)

During the team coaching interventions, I found three ways in which to build a coaching mindset. First, when coaching the team, I would demonstrate a coaching approach and then engage the team in why the approach I used was coaching versus telling. Second, when a team member described a situation in which they were demonstrating a coaching mindset, I would highlight and applaud them. Thirdly, when I worked with individual team members, I modeled coaching skills as we reviewed their 360-degree feedback. For example, if the
360-degree results indicated that the individual was a poor listener and they were concerned about that, I might say, “What could one observe about you when in a conversation that would demonstrated that you were a good listener?” And then afterwards, I might say, “How might you consistently build that into your conversations?” I might also suggest a practice that would help the individual strengthen that desired behavior. After this back and forth, I would point out how this approach of using inquiry and advocacy versus only telling is a coaching approach to development. Furthermore, we might explore a current employee situation and discuss how to use a coaching approach in handling it, further strengthening the skill building and application.

The fifth element I will expand in my practice is greater clarity concerning the qualities of an effective leadership team coach.

5. **Define the qualities of an effective leadership team coach.**

As mentioned earlier, clarity is lacking regarding the role and definition of what constitutes team coaching. As the research literature indicates (e.g., Hackman & Wageman, 2005; Peters & Carr, 2013; Hawkins, 2014; Clutterbuck, 2007), few academic studies focus on coaching teams at work. In addition, evaluating team coaching is, in fact, in its infancy; it is lagging behind what is a growing body of research on executive or managerial one-to-one coaching. Hawkins (2014) believes team coaching is about 20 years behind other types of coaching and shares the same difficulties that existed in the early days of individual coaching:

[There is] confusion for clients over what people are offering when they provide team coaching; a plethora of terms with no standard definitions;
little in the way of research, literature, models or approaches; and a lack of established training programmes or accreditation. (Hawkins, 2014, p. 63)

Beyond the knowledge, skills, and abilities required for team coaching are the personal qualities of a team coach that I have found to be critical. The most obvious to me is the ability to forge trusting relationships with the team leader, with team members individually and with the team collectively. Within that context, the coach should embody the essence of effective relationships, including integrity as well as respect for the differences of team members and a belief that they are capable of growing and learning. Furthermore, an effective team coach must have the ability to demonstrate compassion and come equipped with good dose of humor.

I believe a large part of my success in working with the leadership team in my case study is due to Sarah’s confidence in me as a professional. Our values are aligned, which was helpful when we thought through how to approach both individual and team challenges. I was also able to build trust with the team members, and I was always trying to demonstrate high emotional intelligence in all that I said and did. For example, in one meeting I observed significant tension between one of the directors who was presenting and Sarah, whose facial expressions and body language conveyed displeasure. I asked if I could step in and then shared I was feeling a fair amount of tension in the room. I wondered and asked how others on the team were feeling. You could almost feel a sense of relief, and another director asked Sarah what was missing for her in this presentation and what else she needed.
As a leadership development practitioner with over 30 years’ experience, I recognize that leading in the modern organization is not for the faint of heart. It is challenging work, highly stressful, and often a source of employee burnout. The coach works with the client not to mitigate that reality but to strengthen the client’s ability to anticipate and respond in that environment. Therefore, given the work, the coach must be centered and resilient because we know that stress is communicable.

The coach is the instrument that helps the client learn. As such, I believe we must continuously work to be our best selves in service to the client. Recognizing our experiences reflect the experiences of our clients, self-care and sharing vulnerabilities contribute to the client as well as the coach in this delicate relationship. Brown (2012) describes this elegant relationship of vulnerability at the core of relationships:

Vulnerability is the birthplace of love, belonging, joy, courage, empathy, and creativity. It is the source of hope, empathy, accountability, and authenticity. If we want greater clarity in our purpose or deeper and more meaningful spiritual lives, vulnerability is the path. (p. 34)

Research limitations

While my experience with my case study leadership team coaching provided me with ample opportunities to test aspects of my team coaching model, application of tools, and assumptions about the approach, it is indeed limited by the fact that it is only one study. That being said, I had almost a year in which to work with Sarah and her team. This assignment gave me some time to observe their progress. Even with the benefit of time, I did not have the opportunity to work with them during the first half year of 2020 because they
rallied to deal with the COVID-19 pandemic. As a precaution, by late February 2020, only patients and hospitals employees were allowed on-site.

During this time Sarah remained in touch with me and described what occurred with the decline in their admissions due to COVID-19. As I listened to the numerous challenges, I recognized how chaotic the workplace had become, which is why I decided to write an epilogue. It became an opportunity to apply what I have learned about complexity theory to a client I have come to know quite well.

I would also point out that the industry in my case study—healthcare—has its own peculiarities that distinguish it from other industries. Professionals in the healthcare industry are challenged by substantial government regulations, significant compliance requirements by outside agencies, and the high costs affiliated with doing business.

Another limitation of my case study was its U.S.-centric setting. In different cultures such as in Asia, Africa, or Europe where concepts about leadership, teams, and employee-employer relationships might be different, the implications of team coaching may be different as well. Further research in this area is needed.

**Summary/Lessons learned**

Several challenges inspired me to stretch my knowledge and skills in my role as a team coach, including how I balance the use of my gifts while ensuring I am providing maximum value for my clients.
I have always been highly intuitive. This is a gift that has served me well in both my coaching and consulting work. That intuition guides my ability to ask certain questions at a certain time in a certain way. And it’s different with every person and every team with whom I work. It is what Kahneman (2013) identified in *Thinking Fast and Slow* as using system 1 thinking, which is fast, intuitive, and emotional.

Alas, as Kahneman points out, intuitive action can carry bias. I have reflected on this gift of intuition as being two sides of a hand. One side is the gift of intuition, and the other side is the potential to rush to false assumptions. This reality may be the gift not managed. Thus, I have learned that I must be hypervigilant as I utilize my sixth sense (or system 1 thinking).

My second gift is human connectedness. I feel connected to people, regardless of the situation and who is involved. That gift allows me to forge strong relationships with my clients. I believe this gift transmits the feeling that I am fully present for them. In my case study role as team coach, I also recognized I needed to stay neutral. Over the year I came to know this team collectively as well as its members individually. I came to know their stories, their strengths, and what got in their way of being effective leaders. At times if I am going to be of service, I can speak the truth without fear of losing that connection. That approach requires me to slow down and add some logic (Kahneman’s system 2 thinking) to the equation. Staying neutral is not always easy. We all have our biases; an effective coach (individual or team) must build heightened self-awareness to guard against the intrusion of bias.
Through this capstone project experience, I have learned how to know when these situations may arise and how I can manage them. Reviewing the research literature has given me the theoretical underpinnings of my intuitive, insightful, and empathetic way of being with my clients. This study has strengthened my ability to be present with clients as well as be observant of the \textit{in the moment} learning we are both experiencing. Furthermore, this study has given me the opportunity to be a more reflective practitioner.
CHAPTER 5

EPILOGUE

In early 2020, as I was writing about this capstone project, the world as we knew it changed. COVID-19 became a global pandemic. Our economy plunged. Working parents struggled to ensure their children were adequately educated from home while, for many, balancing the demands of working remotely. The political polarization that existed before the pandemic intensified with conflicting opinions about how to manage the country during this pandemic. A swell of racial unrest rose across the country. It took on a different look; the demonstrators included not only black protesters but younger white protesters who were outraged by the fact that black lives still do not matter enough.

In 2016, I took my favorite course at the University of Pennsylvania called Leading Emergence: Creating Adaptive Space in Response to Complex Challenges. At the time I found the material most interesting but somewhat theoretical. In recent months I have reflected on how relevant those theories are to today’s world. Then I began to think about the participants in the case study—my client, the Sussex Hospital nursing leadership team—and how I might apply these theories and approaches if I was continuing my work there, as well as with other clients going forward.

In late February 2020, in anticipation of the increase of COVID-19 patients, Sussex Hospital closed all nonurgent services. By the end of April 2020, they had made it through the worst; their COVID-19 admissions declined. Successfully surviving the storm, they faced a budget crisis that included layoffs,
executive compensation cuts, and staff vacation accrual spend-downs. In late May 2020, the death of George Floyd triggered a surge in protests across the country about the need to recognize serious racial injustice. Similar to many organizations, the tensions around race heightened, and discord rose. Managers at all levels felt ill-equipped to answer questions and engage in conversations that staff wanted to have about racial inequities.

With unprecedented and unexpected changes bombarding our world and our organizations, what can a leader do to lead effectively through such turbulent times? Bennis (2009) in his seminal work, *On Becoming a Leader_, suggests four essential qualities of highly effective leaders. It is his fourth that is most relevant to this discussion. He referenced the importance of having adaptive capacity and encouraged leaders to consider nonlinear traditional decision making tools for a quick response to emerging situations. In a rapid-fire, highly unpredictable environment, he suggested speed is of the essence. He said leaders need to be relentless; they may need to act without all the data and be ready to seize the opportunity.

Adaptive capacity is rooted in the study of chaos and complexity theory. Developed principally in the fields of physics, biology, chemistry, and economics, complexity theory arises in some senses out of chaos theory in that it shares chaos theory’s focus on the sensitivity of phenomena to initial conditions that may result in unexpected and apparently random subsequent properties and behaviours. (Mason, 2013, p. 35)

For those who lead organizations, it requires new leadership behaviors to be effective in responding to these random and unexpected conditions.

In a recent interview Edmondson was asked about the relevance of psychological safety in a distributed workforce that had arisen in response to a
pandemic. While most Sussex Hospital employees did not have the option of working from home, the guidance Edmonson gives leaders is applicable:

I think of them as interpersonal behaviors. They're verbal skills that one can develop fluency in to help create conditions in which others show up and feel able to contribute to the shared work. (as cited in Kosner, March 27, 2020)

Furthermore, Edmondson offers sage advice about what leaders can say and do in these uncertain times:

1. Setting the stage: When leaders set the stage by reminding people of the uncertainty that lies ahead, they help people feel more free to speak up with crazy ideas and failures alike. Normalizing uncertainty makes it easier for everyone to talk about it.

2. Inviting engagement: Inviting participation is the literal act of asking a question. By asking, “What do you think? What views do you have on this? What are we missing? I see you look pensive; what’s on your mind?” a leader or colleague makes it mighty awkward for you to remain silent.

3. Responding productivity: The simplest productive response is to offer help. I love the phrase, “how can I help?” It's so rare, and so powerful, and so profound. Our default mental model is that as your manager, I’m supposed to evaluate you. But in fact, my primary job, my day-in, day-out job, is to enable you by creating the conditions in which you can best contribute to the joint enterprise. (as cited in Kosner, 2020)

Clearly, new approaches and resources are necessary. Arena (2018) makes the case that leaders need to build new, broader, and systemic connections. He encourages leaders to engage the edges but recognizes the inherent difficulty in doing so.

The challenge is that organizations are designed to move in the other direction—away from the edges, toward safety and predictability. As organizations mature, they have a tendency to become more insular, leaning into the operational system. The result is a building up of bureaucratic processes and structures that aim to reduce risk and uncertainties, creating a more fortified operational system that serves to protect the institutional asset. The unintended consequence is entrenchment in the status quo. (Arena, 2018, p. 227)
We are talking about the need for more innovation in our organizations. While innovation is not a new concept, it may be the thinking that must change before the actions will change. Pesut (2019) noted that 21st-century leaders need to be “foresight leaders” with established processes to separate hard trends that will happen from soft trends that might happen. Anticipation involves knowing what’s next, developing opportunities, shaping the future, and accelerating success. (p. 196)

He also believes that leaders need to drive creativity in their organizations. He calls for them to master the art and science of innovation thinking and to look outside of their field of expertise (Pesut, 2019).

Given this new world order, what are the implications for the leadership team coach in how to help clients prepare and adapt? In terms of building creativity, Von Oech (1998) identified ten mental locks—beliefs that serve as barriers to creative thinking that might be the start to opening a conversation with a leadership team about creativity (see Table 3):

Table 3. Von Oech’s Mental Locks and Barriers to Creative Thinking

<table>
<thead>
<tr>
<th>Mental Locks and Barriers to Creative Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The right answer</td>
</tr>
<tr>
<td>2. That’s not logical</td>
</tr>
<tr>
<td>3. Follow the rules</td>
</tr>
<tr>
<td>4. Be practical</td>
</tr>
<tr>
<td>5. That’s not my area</td>
</tr>
<tr>
<td>6. Play is frivolous</td>
</tr>
<tr>
<td>7. Don’t be foolish</td>
</tr>
<tr>
<td>8. Avoid ambiguity</td>
</tr>
<tr>
<td>9. To err is wrong</td>
</tr>
<tr>
<td>10. I am not creative</td>
</tr>
</tbody>
</table>

And if that is not enough to help reduce resistance and stimulate executive curiosity to embrace more creative approaches, there is always the data to support desired results. Plsek points out why the need for creativity is important in today’s world:

Superior long-term financial performance is associated with innovation; Customers are demanding innovation; Competitors are getting better at copying past innovations; New technologies enable innovation; and what used to work doesn’t anymore. (Plsek, 1997, p. 29)

As it relates to tools, my research leads me to resources that tap into this unfamiliar territory of creativity and innovation. They are called liberating structures and are designed to quickly foster lively participation in groups of any size, making it possible to truly include and unleash everyone’s creativity. Their intent is to drive disruptive innovation that has the potential to replace more controlling or constraining approaches (Lipmanowicz & McCandless, 2013).

Another useful resource for practitioners who wish to expand their capacity to help clients with adaptive complexity is available through the Presencing Institute. Founded in 2006 by Scharmer (2018), Senior Lecturer of the MIT Sloan School of Management, and colleagues, the Presencing Institute has created an action research platform at the intersection of science, consciousness, and profound social and organizational change. Scharmer’s (2018) Theory U is of particular relevance for practitioners and their clients. In a broad sense, Scharmer’s work focuses on how individuals and organizations can actualize their full potential by being aware and intentional, as shown in his U-shaped model (see Figure 13).
At its simplest interpretation, Scharmer (2018) suggests that we travel down the left side of the U from surface to source, differentiating different levels of perception (projecting, perceiving, perceiving perception, intuition) and then up the right side of the, passing through different levels of action (envisioning, enacting, embodying). (p. 19)

The Presencing Institute incorporates this work via The Case Clinic:

Case Clinics guide a team or a group of peers through a process in which a case giver presents a case, and a group of 3-4 peers or team members help as consultants based on the principles of the U Process and process consultation. Case Clinics allow participants to: Generate new ways to look at a challenge or question; Develop new approaches for responding to the challenge or question; To access the wisdom and experience of peers and to help a peer respond to an important and immediate leadership challenge in a better and more innovative way. The design encourages participants not to jump to solutions (linear). Rather they are taken through a methodical process that requires acute listening, reflection and generative dialogue that can yield surprising helpful results. (http/www.presencing.com)
It is my belief that, when working as a leadership team coach, these theories and tools can help the leadership team build agility, enthusiasm, and greater acceptance of alternative approaches to problems and situations never seen before.

My hope going forward is to build the adaptive capacity theories and tools into my leadership team coaching model. The biggest challenge is helping leaders accept these new ways of thinking and approaches. I can think of several clients who might resist these new (and what might appear to be radical) approaches to traditional problem resolution. That being said, I was pleased to hear one of my clients (who is an executive director of a foundation in Washington, DC) made the decision that they would keep their office closed and work remotely until at least January 2021. In making that decisive in July 2020 (vs. in a couple of months when we may or may not have more data), she gave her team the opportunity to, as Edmondson (1999) says, normalize the situation. I believe the impact of that decision will be that people can plan and adjust with that picture of their future, and thus feel more assured during a unprecedented time in our 21st century.

Going forward, whether or not leaders will adopt these new approaches to a new reality remains to be seen.
REFERENCES


Nivan, P.R., & Lamorte, B. (2016). *Objectives and key results: Driving focus, alignment, and engagement with OKRs*. Wiley.

O’Leary, D. F. (2016). Exploring the importance of team psychological safety in the development of two interprofessional teams. *Journal of Interprofessional Care, 1*, 29-34.


Schneider, M. (2017, July 19). Google spent 2 years studying 180 teams: The most successful ones shared these 5 traits. *Inc. Magazine*.


APPENDIX A
Sarah, CNO/VP Patient Care Service, Sussex Hospital

EMERGENETICS® PROFILE

How you think: Percentages

Analytical = 38%
- Clear thinker
- Logical problem solver
- Data driven
- Rational
- Learns by mental analysis

Conceptual = 27%
- Imaginative
- Intuitive about ideas
- Visionary
- Enjoys the unusual
- Learns by experimenting

Structural = 9%
- Practical thinker
- Likes guidelines
- Cautious of new ideas
- Predictable
- Learns by doing

Social = 27%
- Relational
- Intuitive about people
- Socially aware
- Empathic
- Learns from others

How you compare to the general population

- Analytical: 85
- Structural: 20
- Social: 61
- Conceptual: 60

Expressiveness
- Quiet: 85
- Introspective: 68
- Reserved: 84
- Talkative: 59
- Gregarious

Assertiveness
- Peacekeeping: 72
- Easygoing: 88
- Competitive: 59
- Forceful: 84
- Driving

Flexibility
- Focused: 59
- Firm: 20
- Adaptable: 84
- Accommodating: 59
- Welcomes change
THEME 1
Both the caring and collaborative culture of GBMC, and more specifically within the Department of Nursing, allows the nurse opportunities to grow, to be challenged, supported.

THEME 2
The frequency of improvement initiatives is so rapid that purpose/direction can become unclear, causing staff frustration as well as the inability to achieve desired outcomes.

THEME 3
HR services are lacking in expediency and service orientation resulting in long waits times to fill vacancies and loss of candidates to competitors.

THEME 4
The Lean Daily Management Rounds creates undue burden for daily data collection/learning/action-planning resulting in work overload, marginal improvements and frustration that could be mitigated if the review was change to once or twice a week.

THEME 5
While collaboration is seen as very strong within Nursing, there are many opportunities to improve collaboration outside the department (Physicians, Quality, EVS, Nutrition, etc.) that would improve the overall quality of patient care and experience.

THEME 6
The many demands placed on Nursing Leaders (especially volume and lack of effectiveness of meetings/multitude of priorities) results in not enough time/focus on developing a new standard for high performing Nurse leaders.
APPENDIX C
Team Norms

- Demonstrate effective listening skills as evidenced by: no side bars; one conversation at a time; no interruptions; if you need to take a call, step out
- Be present (use cell phone box if difficulty with detaching)
- Use Fist-to-Five to ensure you have all concerns explored before making a decision
- Come prepared to engage (do your pre-reads, know information pertinent to any of your agenda items)
- Each agenda item will need: ID alignment with KPI, Desired outcomes (Info/Needs Feedback, Input/Needs Decision, etc.)
- Team members will hold each other accountable for these norms
1. Overall Team Functioning

   - What is not working as well as it could in the team?
   - What, if anything, would you like to see improve in how the team functions?

2. Team Operating Modes
   There are five primary operating modes that a group can use to get its work done

   Leader-directed--Working group--Leader/member--Rotating/shared--Self-directed

   Where on this spectrum would you say your team falls, most of the time?

   Leader-directed
   Working group
   Leader/member
   Rotating/shared
   Self-directed

   Where would you like to see it:

3. Team Wheel

   Our definition of a team is: A small group of people who work in collaboration and hold each other mutually accountable to achieve a common purpose and set of goals.

   Given this definition, we created a framework called the Team Wheel that depicts the key factors contributing to a team’s effectiveness, cohesion and performance
Common Purpose
- Has the team developed a common purpose?
- If so, state in your words what that common purpose is.
- How does the team define success?
- Do you think there are any conflicting perspectives as to the team’s purpose?

**SCOPE** There are four basic types of work a team can engage in:

- **Visionary:**
  Charting the direction for the future-Generating the vision, mission, strategic priorities, and competitive positioning

- **Strategic:**
  Defining the detailed strategy and establishing the goals and objectives; Establishing the operational requirements for success; Defining organization architectures and structures

- **Operational:**
  Designing and implementing the processes, systems, projects, and initiatives required to operationalize and achieve the strategy; Defining and implementing organization designs and roles and responsibilities

- **Tactical**
  Completing distinct tasks and activities embedded within projects and initiatives and/or within processes and systems; Defining roles and responsibilities

- What is the **percentage of time** the team spends in each?
  Visionary____
  Strategic____
  Operational_____ 
  Tactical____
• Is this the right mix? If not, what do you think a better mix should be?
  
  Visionary____
  Strategic ____
  Operational____
  Tactical_____

Goals

• Can you articulate the top 3-6 goals for this team?
• How does the team establish goals?
• Is there a shared picture of the priority of goals?

Competencies

• What skills, knowledge, and experience are required for the team to accomplish its common purpose and goals?
• Are any missing from the team that you would feel it would be beneficial to add to the team?

Collaboration

Focus Areas
• Use the following table to evaluate the team’s performance (collective not individual) level in each of one of the focus areas within Collaboration.

• Please add comments about the reasoning behind each rating. (Decision Making = 2 – very slow and ineffective as a whole group)
<table>
<thead>
<tr>
<th>Domain</th>
<th>Excellent</th>
<th>Strong</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Effectiveness of communication across all modes (electronic, phone, in person), considering impact on both task and relationship. Consider frequency, timeliness, conciseness, clarity, professionalism, responsiveness, inclusiveness, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Management</td>
<td>How team members work together to plan, organize, produce, distribute, and track their work. Since much of this occurs through meetings, many respondents simply give the rating they would give to their meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Overall team problem-solving capabilities. Consider both timely, proactive problem identification and effective, efficient, creative, and innovative problem resolution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict Management</td>
<td>How the team raises, acknowledges, and works through issues and differences. Do important issues and differences get surfaced and effectively resolved, while maintaining and even strengthening relationships and trust?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Making</td>
<td>Effectiveness across all aspects of decision making—including clarifying the decision to be made; clarifying the decision mode; engaging the discussion; making the decision; and logging and following through on the decision.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Management</td>
<td>Evaluating team performance against expectations, building on strengths, and identifying and addressing gaps, with an eye toward continuous improvement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning &amp; Development</td>
<td>Ongoing efforts toward individual and collective growth in awareness, knowledge, and skills; encompasses efforts both formal (trainings, coaching, etc.) and informal (e.g., sharing new tools, ideas, and practices with one another).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Mind &amp; Buoyancy</td>
<td>The felt experience within the team, including levels of energy and positive emotions—contributing to a greater or lesser sense of lightness, ease, and resilience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care, Support, &amp; Safety</td>
<td>Concern for and interest in one another as human beings, “having each other’s backs”: feeling safe to show up authentically and openly express ideas and opinions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mutual Accountability

- How is accountability established and tracked on the team?
- What happens when a team member does not fulfill his or her accountabilities?
- How would you describe the level of commitment on the team?
- What is the level of trust and respect on the team? Why is this so?
- How successful is this team at execution (doing what you say you’re going to do)?

Closing Comments:

1. What are three specific things you’d like to see happen in the team as a result of our work together?