

Helping people understand what coaching really is

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Until relatively recently, coaching has been reserved for senior executives, but now organisations are beginning to see the benefits coaching can have for a full range of staff and the use of coaches to help employees develop and progress within their roles is becoming more widespread. However, as a recent IES research project within the NHS highlighted, many staff in middle management roles are still unsure about the aims of coaching or how it may be differentiated from another key development and learning activity, mentoring.

This paper explores some of the issues in making clear what coaching is and highlights one effective way of improving people's understanding. It draws on IES's coaching evaluation in the NHS to highlight the need for clearer information for staff outside of the executive level about how coaching and mentoring differ, and how each approach may be valued for different reasons and at different times. The aim is to remind organisations about the importance of providing clear information upfront so that coaching or mentoring relationships are used as cost effectively as possible.

The coaching evaluation was commissioned by the NHS Institute for Innovation and Improvement, and involved individual interviews with 21 'trios' within the NHS, consisting of a coach, coachee and, where appropriate, their sponsor or line manager. As part of the evaluation we made comparisons between two separate programmes of coaching – coaching delivered to chief executives by 'external coaches' who worked independently of the NHS, and coaching delivered to a

range of middle management staff by NHS staff who had been specifically trained in coaching skills.

Coaching

Prior to describing the NHS study, it is useful to begin with definitions of coaching and mentoring. There are many types of coaching, and methods to coaching, but within all coaching relationships the role of the coach is to facilitate rather than direct learning. A skilled coach enables the coachee to identify the key themes or objectives to be covered, and guides them through a process of 'self-discovery' whereby they identify the means through which to resolve their own issues. In our interviews with NHS staff, one of the most striking beneficial features of coaching for them was the way in which it encouraged participants to come up with their own solutions.

Within all coaching relationships the role of the coach is to facilitate rather than direct.

'The blinding simplicity of it is what's so good about coaching. Deep down people really do know the answers, but it gets obscured by thoughts and feelings. It's very helpful to have someone to guide you through.' (Coach)

'I thought it was very useful, in that it reflected back on you all the time. You're not given a decision, you're not given advice as such. Things are reflected back on you, to think about what you're going to do about it, rather than somebody sitting and giving you all the answers.' (Coachee)

Mentoring

Mentoring, whilst similarly diverse, normally refers to a developmental relationship between a more experienced mentor and a less experienced partner sometimes referred to as a protégé – a person guided and protected by a more prominent person. In a mentoring relationship one may expect knowledge to be imparted and clear guidance to be given on the best approach to take. Mentoring is far from new, and is highly linked in to more traditional means of learning where the learner plays a more passive role. It is for this reason that we believe it is often confused with coaching, as our NHS research highlighted.

Different Expectations

In our research, it was clear that many of those in middle management positions began their coaching sessions without a clear understanding of how coaching would work and with an expectation that they would be given the answers to their problems. This contrasted greatly with those in more senior chief executive positions who knew what the process would involve and what they would get out of it. For many of those in middle management positions, the self-directive nature of coaching came as a bit of a surprise. For example, a Senior HR Adviser told how she entered coaching hoping to get the answers to all her problems, and so was disappointed when these were not forthcoming after the first session.

'I thought oh God, this isn't about mentoring, this isn't about someone showing you that you should do it this way, but this is about me coming up with solutions I suppose in the first session I felt a bit disappointed because I really wanted the answer, but then I think in the second, third and the fourth I came to terms with the fact that I have to make the decision ... forcing me to think in a different way.' (Coachee)

Many of the coaches we spoke to agreed that clients often lack an appreciation of the difference between mentoring and coaching.

'They [coachees] understand that it's about their development but they seem to think they're going to be given something.' (Coach)

One coach told how she has been selected by clients in the past because of her HR background, and because

people expect her to give them advice on their job applications. In one case she ended a coaching relationship after just one session because all her client wanted was for her to look over her CV.

In putting together this article, we are not trying to advocate coaching over mentoring or suggest that mentoring should not be used. Indeed, in many of the cases we heard about, it was clear that mentoring had been a very beneficial part of what the participant got out of their relationship. When asked what they liked specifically about their coach, many told how they found it useful to have coaches who worked in the NHS, as it meant that they understood the context to their problems. Some clients welcomed the opportunity to draw on their coach's experience of similar situations. For example, a Senior HR Adviser found it helpful that her coach was from an HR background and able to give her tips from her own breadth of experience.

It was clear from the interviews that in some relationships a mixture of coaching and mentoring had been used, with coaches switching between the two approaches. In some cases, it may be unrealistic to stick rigidly to coaching, when mentoring may be what is required at that moment in time. One coachee, a Service Director, disliked always having to answer his own questions, and wanted the coaching model to be more flexible so that at times he could just get advice.

'Some of the questions used are leading. Forcing the issues back on me all the time can be frustrating. I've used the technique of exploring options myself so I understand why it can be useful. But I wanted more direction at times.'
(Coachee)

Flexibility within a relationship, and the ability to change tack, is often what coachees value so highly. A Head of Scheduled Care Development told how she valued the fact that her coaching had been adaptable and felt that this was what distinguished coaching from other development activities where you are often 'stuck' with your first assumptions. What is important in this instance, however, is that coachees understand when a new approach is being adopted, as highlighted in the following example. A Director of Nursing felt that part of the success of her coaching was due to her coach being very experienced in the same role across many different trusts. In their sessions, her coach made it clear when she was moving from coaching into an advisory role.

Clients often lack an appreciation of the difference between mentoring, coaching and counselling.

'She'd do this thing where she'd say, "Right: coaching hat off; Director of Nursing hat on", and that worked for me and she was able to separate her two roles very much. But at times, I needed some advice about, you know, "Have you done this before as Director of Nursing?" – you know, what had worked; what hadn't worked. So I found that particularly useful.' (Coachee)

In some situations, a coachee may prefer to use someone outside of their work area for a host of reasons, not least confidentiality. They may also value a fresh perspective on the issues they are trying to tackle. For some of the coachees in our study, a priority was to seek a coach from outside of the NHS:

'I wanted a broader view than the NHS. I anticipated that if I had an NHS person, we'd end up talking about the NHS and I saw coaching as being [wider than that].' (Coachee)

Counselling

Another activity that coaching can sometimes be confused with is counselling. Coaching is a particularly useful tool for those going through organisational change, and it is common that individuals experiencing this will arrive at the coaching relationship very distressed about their situations. In our NHS research, a coach told of a client who had 'lost complete sight' of what her knowledge and skills were or how she should go about obtaining a new role. Her client was in such a poor state that initially the coach thought she might benefit more from counselling than coaching.

'She was very open and honest at the start, "this is what I want to do but I just feel totally demoralised". So it was about picking that person up and working with them, facilitating her to address those issues she wanted to address ... I was a bit concerned in the beginning that I had someone with mental health problems. It was just a very, very dejected, demoralised individual.' (Coach)

This was something she had witnessed on many occasions in her coaching experience. Another coach described how her client, a Clinical Lead, was at crisis point when she got involved in the coaching:

'It seemed like she was a dam ready to burst. She was handed a department in crisis with all sorts

of emotions around. In the second or third session it all came out in a rush and there was lots of anger and resentment and fear around.' (Coach)

It is important to stress that coaches should never attempt to undertake counselling in their sessions unless they have the certified skills and feel that it is the appropriate context (identifying when to stop coaching is something that should be covered in all coaching training programmes).

Understanding Coaching

Our research in the NHS has implications for a range of organisations in that it highlights the need for clearer and wider publicity about coaching and what it entails. Many of the coachees from a middle management position in the NHS admitted that they had not heard much about coaching and did not fully understand how it worked or what it should achieve.

'I don't see any guidelines around about what I expect from coaching; just that coaching's good for you and

you ought to try it.' (Coachee)

This lack of clear understanding is probably not unusual across a great proportion of the UK workforce, and many organisations. Indeed, we came across it again in a coaching programme that we are running for a local authority. Whilst every coaching relationship should in theory begin with a clarification of the aims of the programme and how it will be effective, often more is required upfront to ensure that coaching, which is often a limited resource, is used as cost-effectively as possible. Understanding the process and giving people a better appreciation of how a coachee's skills will be utilised will also give potential coachees a better chance to choose a suitable coach. This initial investment in framing the coaching relationship will pay dividends later in the more effective use of the sessions that are available.

Given the complexities of coaching, one of the best means for helping people get a better understanding is through providing case study examples, preferably from a range of different staff trying to tackle different issues. These case study 'stories' will provide real life examples of how coaching has worked in practice, and why it can be beneficial. This is precisely the approach that the NHS is currently adopting. Part of the reasoning behind the NHS Institute's decision to commission a coaching

evaluation was to raise the profile of coaching in the NHS. In addition to publishing our report, the NHS Institute has commissioned a supplement to their regular *In-View* magazine, which will focus solely on coaching, and provide real examples of the benefits that coaching can bring.

Contact

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About IES

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