

Coaching and mentoring your staff

Fourth article in a series on performance management.

This article continues to build on the first 3 articles in this series, published in the June, July, and August issues. The first article gave an overview of the performance management process. The second and third articles covered the job description, initial competencies, orientation, goal setting, and ongoing competencies. This article discusses coaching and mentoring as a part of performance management.

Jill Bally, in her article on mentoring in *Nursing Economics*, says “trends in today’s acute care hospital settings such as low morale, a general apathy regarding professional collegial support, heavier workloads, reduced resources, and higher patient acuity can contribute to job dissatisfaction, poor work performance, and may be putting positive patient health outcomes at risk.”

Effective use of both coaching and mentoring skills by OR nursing leadership can have a significant effect on reversing these trends.

Coaching and mentoring, while sometimes overlapping, are most often used to mean different processes. We’ll discuss coaching first.

Coaching the team

Don Shula, long-time coach of the Miami Dolphins, has said coaching is “a matter of motivating people to prepare and work hard to play as a team.”

An effective coach not only understands the problem presented but also what it means to the person being coached. The coach asks questions and listens with the intention of helping the person find answers, rather than solving the problem for the person. The coach adopts an attitude of curiosity to find out how the team member perceives the world and interprets events. Focus needs to be on immediate concerns and assessment of possibilities, choices, and the situation.

Coaching consists of conversations between the coach and staff member that helps the staff member to see new and different possibilities and to take actions to achieve goals. These interactions help the person to become more competent, effective, and fulfilled.

Coaches ‘check in’ with staff.

Preventive maintenance for people

Coaching makes the most of an organization’s valuable resources—staff members. Coaching can be likened to preventive maintenance. Similar to checking equipment to make sure it’s functioning properly, coaching consists of “checking in” with staff members to see how they are doing and to give them words of encouragement. A coach can also suggest different methods for attaining the same outcome.

For example, a manager may observe a circulating nurse opening sterile supplies for a case by moving all of the supplies from the case cart to the OR bed and then moving items to the ring stand or table to be opened. A coaching conversation might include suggestions for moving the items only once and working in an organized fashion from one end of the room to the other. The same outcome is attained—all the items are opened in a sterile fashion. But the second method is more efficient, uses less motion, and therefore takes less time.

Coaching for staff effectiveness

In the OR, a manager’s coaching allows staff members to become more effective day by day. We are all aware of the difficulty in recruiting and retaining the best workers. Ongoing coaching of current staff is more effective in preserving resources, both time and money, than replacing a staff member who may not be “getting it.” We’ve probably all had the experience of a new nurse in the OR who is slow to catch on but once she or he “gets it,” has become one of the best, most stable members of the team. Often persistent coaching is what helped to get the staff member to the point of being effective.

Elements of performance management

1. Job description
2. Initial competencies
3. Orientation
4. Goal setting/performance planning
5. Competency assessment
6. Coaching, mentoring, and recognition
7. Performance evaluation
 - Self-evaluation
 - Peer evaluation
8. Performance enhancement plan.

Coaching is a continual process between a manager and staff. In an earlier article in this series, we talked about goal setting by staff members as an important part of the performance management process. Managers should use coaching techniques to support and assist the staff with meeting these stated goals. Coaching is also effective in correcting poor performance. Coaching does not consist of simply telling a staff member how to correct a problem but helps the person to discover what he or she perceives to be the best method for making the correction. Coaching is not counseling, therapy, or training.

Effective coaching requires you as the manager to develop the staff to the point where you can see the staff taking steps to achieve their goals. Then you can use that opportunity to reflect on what you see and thank and praise them for their progress. This observation is also your opportunity to glean examples for your performance log, which we’ll cover later in this article.

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Mentoring

The Canadian Nurses Association offers a good definition of mentoring as a “voluntary, mutually beneficial, and usually long-term professional relationship.” In a mentoring relationship, an experienced and knowledgeable leader (mentor) supports the maturation of a less-experienced person with leadership potential (mentee).

Bally notes that mentoring is a method of enhancing staff satisfaction, which can help reduce “the feeling among nurses that they are being devalued, discriminated against, and disempowered by their own peers.”

Mentoring must be linked to the organizational culture; the goals and values of each must be congruent. Participation in decision making by those being mentored is essential in a positive mentoring climate. It’s not mentoring if the more experienced person or mentor simply tells the mentee what to do and how to do it.

Mentoring and succession planning

In health care, including the OR, mentoring is often related to succession planning. With the aging of the nursing workforce, which is even more pronounced in leadership, it’s essential to identify and prepare new leaders through mentoring so they are prepared to step into leadership positions.

Identifying a potential new leader includes discussing goals and aspirations, current commitments, and limiting factors to success in the role. Other aspects to consider are personal and cultural history, current relationships with others in the department, other responsibilities and commitments, and any other issues that may be urgent or get in the way of success.

Mentoring consists of role modeling and establishing credibility and trust between the mentor and mentee with an open, friendly relationship. Many times, these relationships are solidified through storytelling, sharing experiences, and meeting as a group in a journal club and/or at the meetings of the local chapter of AORN.

Consider this example: The OR manager is being groomed and prepared (mentored) to take over the position of

surgical services director upon the director’s retirement. The manager identifies the staff nurses who have potential for moving into the manager role. She or he does this through ongoing performance management including goal setting with this group of staff. Over time, the manager has used coaching both to enhance the staff’s performance as well as to develop knowledge of the best person(s) to be tapped for succession to the manager role.

During performance evaluation sessions and informal coaching sessions, the manager ascertains which staff nurse has the willingness and potential to become the next manager. The manager then gives this nurse increasing responsibilities, which may include being the chair of the shared governance committee and being a team leader and then a charge nurse.

Using mentoring skills, the manager works to prepare the staff nurse to become the manager. These mentoring sessions may include feedback on communication skills, observations about interactions with physicians, and discussion of human resources and financial management. In this way, successors to management positions can make the transition more efficiently and in a way that is almost transparent to staff members.

Tracking performance

In the second article in this series, we briefly mentioned keeping a performance log to make annual performance evaluations more efficient to complete. Keeping a log takes a few minutes each week. The log is extremely helpful when the time comes to complete performance evaluations and especially to review progress toward goals. (See the sample performance log in the July 2008 *OR Manager*, p 20.)

The manager can use a log to track both staff members’ goals and competencies. Other dated notes can also be included, so if there are any performance issues, you have a log with the detail you need when creating a performance improvement plan.

The log can also be reviewed periodically to see which staff you may have not touched base with over a period of time. With this review, it is easy to make sure that you’re not ignoring any staff members.

Conclusion

Gostick and Elton in their book, *The Invisible Employee: Realizing the Hidden Potential in Everyone* (Wiley, 2006), state, “Employees work harder for people who care about them as individuals—don’t you? Think about it for a moment. Whom do you work harder to please: the boss who is aloof and inattentive, focused on furthering his career, or the leader who is actively interested in your work achievements and asks about your kids and your weekend fishing passion?”

Coaching and mentoring staff can be personally satisfying and make your day more enjoyable. They also help to create an environment in which staff members desire to do their best on a daily basis.

In the next article, we’ll discuss the actual performance evaluation, including self- and peer evaluation. ♦

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A sample RN job description, initial competencies record, and performance log are in the OR Manager Toolbox at www.ormanager.com.

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