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Health care staff perceptions of a coaching and mentoring programme: A qualitative case study evaluation

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Abstract

This study aimed to determine the value of the Coaching and Mentoring (C&M) Programme within a large National Health Service (NHS) system ('Trust') in London, England. A case study design was utilised with units of analysis: mentors, mentees, coaches, coachees, and line managers. Semi-structured interviews (n=32) took place in 2015. Findings revealed how individuals were able to develop personally and professionally. Findings support the need for more staff opportunities to engage in shared activities. The study also identified the importance of there being strong organisation-wide leadership of the programme, as well as managerial support to enable staff to engage in the programme

Key words: Coaching, mentoring, healthcare staff, evaluation, benefits

Introduction

In September 2013, a large National Health Service (NHS) system ('Trust') in London, England, introduced a coaching and mentoring programme, which aimed to: integrate coaching and mentoring interventions with Trust priorities and objectives; and ensure individuals with potential are invested in whilst enabling them to invest in the wider organisation. A particular feature of the programme was the commitment to all grades of staff in all roles, clinical and non-clinical, and those who were new to the organisation as well as those who had been in the service for many years. The programme was implemented through the Education, Training & Development Department within the Trust and advertised through the Trust intranet and via email from the Director of Workforce and Operational Development. Employees were invited to register using an online registration tool expressing an interest in becoming a coach or mentor. Applicants were asked to attend a training day when they were provided with a pre-training booklet outlining the expectations. These included offering support to a maximum of two staff members at any one time, one session per month lasting no more than 1.5 hours for a period of no longer than six months. Examples of topics included in the training day were differences between coaching, mentoring; counselling and therapy; active listening; giving constructive feedback; reflecting; using empathy; and the GROW (Goal, Reality, Options, Wrap-up) model. To undertake the role staff were also required to have the full support of their line manager. The coaching and mentoring programme lead matched staff according to work location, shift patterns, and experience/knowledge. After the initial email to put the parties in touch, the coaching and mentoring lead allowed a few weeks for them to organise a chemistry meeting before a follow-up. After 6 months, the coaching and mentoring lead contacted both parties to see if they were still meeting, or if their relationship had closed.

This paper reports on the findings from a qualitative case study that aimed to determine the value of the programme from staff perspectives. At the start of the evaluation, 170 staff had been trained to be coaches / mentors with an additional 160 staff members putting their names forward to be involved in the programme.

Literature review

The literature search sought to identify empirical studies published between January 2004 and July 2014 focussing on mentoring and coaching. The review drew on publications in relation to health policy, professional body guidance, professional practice and empirical research. Peer-reviewed research studies within the United Kingdom (UK) and other countries were considered for inclusion. Due to the large amount of published literature, mentoring and coaching studies pertaining to nurse training, were excluded from this review, to ensure the review was focussed on mentoring and coaching in the workplace for healthcare staff. A total of 24 research studies were identified as relevant to the review, of which few were conducted in the UK (5) or in healthcare organisations (13). The literature review included research in mentoring and coaching, which are outlined below.

Mentoring

According to Siu and Sivan (2011) mentoring is regarded as involving a voluntary and mutually beneficial relationship in which one person who is experienced and knowledgeable (mentor) supports the maturation of a less-experienced person (mentee). In a qualitative retrospective study examining the mentorship experiences of psychiatric nurses Siu and Sivan (2011) identified four interrelated themes that inform the mentor-mentee relationship: becoming acquaintances; developing a bond; feelings of being included and obtaining affirmation. These areas were considered key to successful mentorship in psychiatric nursing and suggested a relational mentorship process. Further qualitative studies such as those involving in-depth interviews were suggested to gain more insights into mentoring practices through the experiences of those who undertake the role.

Thorndyke et al (2008) conducted a longitudinal, mixed method study to evaluate 'successful' mentoring in relation to job outcomes and satisfaction, from mentors' and mentees' perspectives. Results showed that 85% of participants reported a significant enhancement of skills related to initiating and negotiating a new mentoring relationship, and 92% stated that the project would have a significant impact on their future careers. A similar mentor programme was conducted in the UK for specialist and general practitioner (GP) registrars in order to meet the healthcare needs over the following 5-10 years (Warren et al, 2008). Qualitative results showed positive feedback from mentors and participants regarding the programme.

Williams et al (2009) discussed the use of mentoring to develop leadership and managerial skills in nurses in an Australian hospital. They used a mixed method approach with questionnaires and focus groups and results showed positive feedback from mentees. Specht (2013) identified that new academic nursing staff who were mentored experienced significantly lower levels of role conflict and role ambiguity than those who were not mentored. The study highlighted the importance of strategies such as mentoring to provide support and role clarification for staff who undertake new roles (Smith and Boyd, 2012). A more recent study aimed to identify key components of an effective mentoring relationship identified by protégés-mentor dyads in an academic setting (Eller et al 2014). There were eight themes that described the effective components of a mentoring relationship: 1) open communication and accessibility; 2) goals and challenges; 3) passion and inspiration; 4) caring personal relationships; 5) mutual respect and trust, 6) exchange of knowledge 7) independence and collaboration and 8) role modelling.

A mixed methods study undertaken in the UK showed that the nature of a mentor relationship falls between formal and informal support, with emphasis on non-judgemental listening and confidential sessions that offer a highly valued intervention (Greenwood and Habibi 2014). The findings highlighted the perceived benefits of mentoring to be more than just information sharing but also emotional support and problem solving facilitation. Other studies have also focused on examining the formal versus informal mentoring relationships. Egan and Song (2008) aimed to determine whether participation in formal mentoring programmes made a difference in protégés' work-related outcomes. A randomized field experimental study was undertaken to compare the impact of high and low-level facilitated mentoring programmes on new employee's performance and perceptions about their jobs and organisations. Employees who participated in the high-level-facilitated mentoring programme reported greater levels of job satisfaction, organisational commitment and manager performance ratings. Mentoring is also associated with career benefits. Ghosh and Reio (2013) conducted a meta-analysis of studies that examined the benefits associated with mentoring for mentors. Results showed that the provision of career support, psychological and role modelling mentoring support were associated with five types of subjective career outcomes for mentors: job satisfaction; organizational commitment, turnover intent, job performance and career success.

Coaching

Passmore and Fillery-Travis (2011) provided a frame of reference for researchers to build on previous work in the coaching domain. The authors identify the evolution of coaching research by outlining three phases in relation to research methodologies: In the first phase initial studies focussed on defining the phenomenon of coaching and scoping studies. The second phase studies focussed on theory building methods and interventions, often using case studies and small qualitative research studies. The final phase studies shift to randomized control trials or meta-analyses to determine efficacy of the intervention across organisations and methods. The authors note that qualitative studies have a valuable role in understanding the richness of human interaction in coaching, and advocate the use of both academics and practitioners as participants in an inclusive attempt to contribute to research.

The Institute for Employment Studies (IES) on behalf of the NHS Institute for Innovation and Improvement carried out an evaluation of coaching in the NHS (Sinclair et al 2007), that focussed on two elements of the NHS coaching portfolio: internal coaching and the external coaching register. This study was the first of its kind to evaluate across the NHS and included a large sample from diverse staff groups (coachee, coach, and where appropriate, a third party participant such as sponsor or line manager). The evaluation employed a primarily qualitative approach, consisting of telephone interviews. Results showed that personal benefits included an increased sense of motivation and enthusiasm, and also an ability to deal with frustrations encountered. Results also showed that coaches were getting varying levels of support from their own organisations to continue spending time in providing coaching. The authors recommended determining the value that can be obtained from these types of initiatives given the variability in utilisation of the internal coaching pool and the significant investment that went into creating it.

Ammentorp et al (2013) suggested the use of coaching in hospitals is less than in private and public organisations where coaching is often utilised as a professional development strategy in continuing professional development (CPD). The participants perceived that coaching improved their work attitude and was effective in enhancing core-performance (Ammentorp et al, 2013). Van Oorsouw et al (2014) undertook an exploratory study to determine if different coaching processes had similar patterns in the development of dominance and coherence in interactions between coach and staff. The GROW (Grow-Reality-Options-Will) model (Whitmore 2002) provided the framework for

the analysis of results. Findings showed that it was not necessary to start the process with a goal as the process led to the clarification of questions and challenges (Van Oorsouw et al 2014). Findings also showed that even though different approaches were used in the various cases, all parties were highly satisfied with the coaching process, resulting in increased engagement in the coaching process.

In a study to explore coaching as a nurse practitioner strategy for improving patient health outcomes the authors found that coaching was very effective in encouraging, inspiring and empowering patients to reach their maximum potential, particularly where lifestyle changes were required (Hayes and Kalmakis, 2007). The review of coaching literature in psychology, sports, business and nursing provided a useful base for discussion around the coaching process and the implications for nursing practice. The review concluded by outlining the need for more healthcare practitioners to actively engage in research that measures coaching effectiveness (Hayes and Kalmakis, 2007).

Patton et al's (2014) study highlighted the use of mentoring and coaching as a resource for supporting clinical leadership development. Findings showed that clinical leadership competencies focussed more on service development than individual development with line managers leading on the decision making with a clear goal in mind. A review of leadership coaching (Ely et al, 2014) included 49 leadership coaching studies but the terms coaching and mentoring were used interchangeably. The models used in the studies included the GROW model, Assessment Challenge Support (ACS) and the Kirkpatrick framework. The review revealed that the relationship and interaction between coach and coachee played a key role in the experience and success.

Salter (2014) used a social constructivist approach to consider how individuals made meaning of knowledge within a social context as a result of interactions with others. Salter (2014) further outlined the need to look at how individuals access coaching and mentoring, the practitioner perspective and whether they were given the option of coaching or mentoring. Gray (2006) stated that evaluation methods were dependent on the philosophical approach of the evaluator and the objectives of the evaluation. The author identified five distinct schools of thought applied in coaching evaluations: Experimental; Decision Making; Professional Review, Illuminative, and Goal free evaluation. The Illuminative evaluation allows for an open approach to seek the views of participants and recognise their varied perceptions, gaining a collective understanding of a programme within an organisation across a range of stakeholders. Gray (2006) advocated the use of case study methodology with qualitative data collection methods such as in-depth interviews to gather data for evaluation.

In summary, results from mentoring studies have identified the importance of considering both the mentor and mentee in the mentorship relationship. Most studies reported positive outcomes associated with the measurement of mentorship initiatives in a wider range of healthcare settings. The studies reviewed provide an in-depth analysis of the influence of mentorship on existing roles and they determine how mentorship programmes enable individual development. As regards coaching, studies within the healthcare sector identified areas of good practice and personal benefits associated with coaching for both the coach and coachee. However, some studies also identified the need for more structured processes to deal with issues that arise as a result of the coaching process. The studies also recognised the need to identify the influence of coaching on the role of individual and their work practices. Overall, the literature review highlighted benefits from various mentoring and coaching programmes for particular employee groups. However, no studies reported on the value of an integrated mentoring and coaching programme offered to all employees within a healthcare provider organisation, as at the study site, and therefore the current study aimed to address this gap in the literature.

Methodology

The aim of the study was to determine the value of the coaching and mentoring (C&M) programme, with specific objectives being:

- To investigate the experiences of mentors, mentees, coaches and coachees and their line managers, in relation to the C&M programme
- To explore perceptions of how the C&M programme has influenced mentees'/coachees' current roles
- To determine the facilitators and barriers to the C&M programme within a large NHS Trust
- To explore any perceived benefits to the Trust, from the perspectives of mentors, mentees, coaches and coachees and line managers

A case study design is suitable for studying a contemporary issue within context and where the boundaries of a phenomenon (in this case, C&M), and the context (an NHS Trust), are not clear (Yin 2014). Using Yin's (2014) case study approach, the C&M programme within the Trust is a single case with embedded units of analysis studied (mentors, mentees, coaches, coachees, and line managers). A case study design can include multiple data types (Yin 2014), but as the study objectives focused on staff experiences and perceptions of the programme, data were collected through individual semi-structured interviews with a range of programme participants. The data collection period was from January 2015 – February 2015.

Setting and participants

The Trust comprised two large hospitals and community services. The programme lead for mentoring and coaching within the Trust had a database of staff mentees, mentors, coaches, and coachees. An initial email invitation with an information sheet was sent to all staff who had completed the mentorship/coaching programme and the 6 coaching/mentoring sessions. From those staff members who responded, a purposive sample of mentors, mentees, coaches and coachees were invited for interviews, to ensure there were a range of staff included: clinical and non-clinical, varied seniority, and from both hospital and community. Those staff who were not invited for interview were thanked for their interest. Unfortunately, manager recruitment was limited with only two managers being interviewed. There was a smaller pool of managers to recruit from and it seemed that the busyness of the Trust impacted on them feeling unable to offer their involvement.

Interviews

Semi structured interview guides were produced from the literature review, with slightly different guides for 1) mentors and coaches 2) mentees and coachees and 3) managers. Interviews were conducted by experienced university staff who were trained in interview skills. Five pilot interviews were conducted and analysed in January 2015 and these included one participant from each unit of analysis. Data from the pilot interviews were included in the final analysis.

Data analysis

All interviews were audio-recorded with the participants' permission and then transcribed, anonymised and reviewed for accuracy. The data were analysed using Ritchie and Spencer's (1994) 5 stage framework approach:

- 1) Familiarisation with the data through reading all the transcripts and listening to the audio recordings;
- 2) Development of a thematic framework drawing from the literature review and themes from the data.
- 3) Application of the thematic framework to all the data, using NVivo (Version 10) qualitative data analysis software;
- 4) Charting of the data, enabling systematic comparisons between data sets.

5) Analysis of the charts for patterns and associations, between and within each unit of analysis. Codes were clustered together to form a sub-theme that captured the aggregated contributions. These sub-themes led to development of themes that adequately captured the contours of the coded data.

Quality of the study

Lincoln and Guba's (1985) criteria for trustworthiness of qualitative research (credibility, dependability, transferability, confirmability) were used as a framework. The credibility of the findings was enhanced by reviewing the transcripts throughout the analysis to make sure that all conclusions were grounded in the data and the team's critical review of the design during regular meetings. Dependability of the findings was ensured through use of the interview topic guides, the team's critical review of the pilot interviews and the degree to which the research team followed up and clarified the meanings of the relevant aspects of answers. The description of the study setting and sample demographics will assist potential transferability of the findings to other settings. Confirmability was addressed through clarifying the research team's position in the Trust as a research team comprised of healthcare academics who were not involved in delivering the C&M programme.

Ethical considerations

The evaluation was registered as a service evaluation through the Clinical Governance Department on the Trust Clinical Audit database. Ethical approval was granted by the university research ethics committee (UREC 1464). The participants were invited to take part on a voluntary basis. The interviews took place in a private seminar room or office. Prior to starting the interview, the researcher confirmed consent. All data were anonymised and stored securely on password protected computers.

Findings

There were two themes, each of which has several sub-themes and these are presented with data extracts.

Theme 1: Facilitating and constraining factors to the coaching and mentoring programme

This theme outlines the factors that enabled or constrained the C&M programme and highlights variations in perceptions across different groups. The sub-themes are: Understanding coaching and mentoring; Enabling the coaching and mentoring process; Leadership of the programme.

Understanding coaching and mentoring

This sub-theme included the participants' perceptions around the roles and responsibilities within the C&M process as having a clear understanding of their role was seen as an enabler for the programme. Whilst there was a common understanding of each role, which was explained in the programme preparation, in practice the role of the coach and mentor were perceived with different nuances, particularly between managers, clinical leads and staff in non-managerial positions. For example, one coachee's perception of the coach's role highlighted being helped to improve their work:

Somebody who helps you to identify, to improve your work pattern and to find ways in which you can improve in areas that you're finding difficult and ways in which you can just manage your work much better. And that's a summary for me. (Coachee 3)

However, a coach's perception emphasised how coaching created a safe space in order to help the coachee to develop, in contrast with mentoring, which they perceived was linked to advising:

It's about challenging feedback in a sensitive way, it's about creating a safe environment, it's not about giving advice, it's not about mentoring, they own the process, as a coach you're there to help them unlock their own potential really. There are various definitions around coaching but that's how I see the role. (Coach 6)

A manager noted how staff interpreted the role of coach and mentor differently:

I can see that the definitions can be quite ambiguous and a lot of people approached me as a coach and I've told them, 'Actually, you need a mentor, not a coach, because I can't help you with that specific problem. (Manager 2)

A mentor emphasised support and guidance as a key aspect of mentoring:

The role of the mentor is to support other people within the organisation who may feel that they need some guidance in terms of, it might be around their development or it might be around their existing job role or it may be that they're looking at a career change so they're looking for support and guidance. (Mentor 3)

It was noted that coaches and mentors in particular referred to goal setting as part of the role, however, this aspect was not mentioned as much by coachees and mentees. Some mentees and coachees came to the first session with a clear goal while others needed time to establish goals and some changed and developed goals during the process. Coaches and mentors were able to share their experiences with mentees and coachees to enable goal setting. One mentor's experience was that the priority was to establish a relationship first with goals being better developed after the first meeting:

The first meeting really for me, and I've found this has worked with my mentees, is to get that trust between us so they know they've got somebody they can come to, and then on the second session we'll talk about goal setting and what are their expectations. (Mentor 5)

Enabling the coaching and mentoring process

Participants discussed how the training and preparation they had undertaken were enabling factors for the C&M process:

There were some about supervision and how to use mentoring, there were some really interesting ones around 'Do you actually know what mentoring means, what are you signing up to?' There were some sessions around theories behind mentoring and actually how or where it started and how it came about. So I've probably been on about four or five different sort of mini sessions around mentoring and coaching and what it means." (Coach 4)

One of the managers (Manager 2), who was also a coach, discussed the benefits of the training programme and recalled learning the 'GROW' model and practising the skills through role play and she also expressed how valuable the annual C&M conference had been.

Participants also valued the opportunities to meet other coaches and mentors during the training events. For example, one mentor said:

The other thing that I find is when you go to these courses you are actually also meeting other mentors, you can share your experiences with them and also learn from them as well, so they might say 'Well actually this is what I've done', great, you know, that's something to think about. So I've enjoyed all of them. (Mentor 1)

Most participants felt that the initial 'chemistry meeting' was very important to allow both coachees and mentees as well as coaches and mentors to engage with the process. They discussed a variety of experiences ranging from informal first meetings to more formal agreements. The importance of this first meeting was highlighted, for example, one coachee explained how an immediate rapport developed:

It was immediately obvious that we were going to have lots to talk about and that she was very friendly and nice, and so again just like internet dating or something, she said at the end do you want to do it again and I was like yes, definitely, and I could tell straightaway that it was going to be really beneficial and interesting and pleasant to spend time with her. (Coachee 1)

Logistics around meeting times, venue and allocated time varied greatly amongst participants, following the initial chemistry meeting. Participants expressed the need for time to meet and this protected time for meetings was an important enabler but could pose a challenge in practice, especially for clinical staff, for example:

So I think that is the biggest challenge, being released from your clinical duties to go and have that you time. Mine, we had to reschedule through both our work commitments, sometimes she would say that's not a great day because I've got to be out of the office all day, can we reschedule, so the protected time is probably the biggest challenge. (Coachee 5)

Leadership of the programme

One of the most notable factors discussed by participants was the leadership of the project with many specific references to the C&M programme lead (PL). Participants shared their opinion on the value of both the C&M programme and programme lead as resources for the organisation, for example:

I'm really impressed by the scheme. In an organisation this size, just to have something like this. [...] here, at this huge institution, one single person has been able to pretty much pull together a programme, that's really, really impressive, and the take up, the numbers are quite high. [...] I know that there's constant support and advice being given to coaches that's available. So I think it's a really good scheme and I'm very impressed that we have something like that, it's quite unusual. (Mentor 7)

Participants made a wide range of comments regarding the role and impact of the programme lead, ranging from practicalities to supervision experiences as well as the programme lead's understanding and use of her knowledge of each person to enrich individual experiences.

In summary, this theme 'Facilitating and constraining factors' highlighted the positive experiences listed by participants and the factors that enabled them to undertake the C&M programme such as clear aims and objectives, training, protected time, and the leadership of the programme. The main constraint identified was finding and protecting time.

Theme 2: Developing people: benefits to the individual, organisation and service delivery

This theme reports on the relationship between the organisation, the C&M programme and the staff who participated. The findings revealed how the organisation (NHS Trust) influenced the programme and, in turn, how the scheme was considered to benefit the organisation through positive effects on staff, which were perceived to improve effectiveness and retention. The sub-themes are: Valuing and growing staff; Retaining staff and career development; Supporting personal development; Effectiveness at work; Organisational culture change

Valuing and growing staff

Participants commented that the commitment of the Trust to the C&M programme indicated that they valued their staff, for example:

I think it's absolutely brilliant because I don't know many Trusts who are supporting their staff in the same way that we are, and this is coming through the Trust, it's a Trust initiative, managers are signing up to this, staff are signing up to this. (Coach 8)

Just feeling that there is a resource there for them to tap into to feel supported. (Coach 7)

One mentee perceived that the Trust had set up the C&M programme because of the positive impact it would have on staff, which would in turn benefit service delivery:

They want to help the employees for their career development, so they can increase their self-confidence, be better at what they do, confident at what they do and also be a happier employee at the workplace so they can ultimately improve the employee's job performance. (Mentee 6)

Retaining staff and career development

Several staff expressed the view that the C&M programme could support retention and career development:

I think if you are a manager and you want your staff to progress or you actually think you believe that this person can benefit from the mentoring scheme because it's to do with their career progression. (Manager 1)

The programme enabled staff to progress within the organisation, rather than feeling they had to leave in order to develop their career, for example:

I think it's a really good tool to help and support people to progress within the Trust as well because I guess before I had the opportunities that I have now, I always had the mentality of I need to come out of the Trust to go and do something, to go up the ladder, as opposed to try and stay within the Trust and have other experiences to progress within my career, and that's what it helped me to achieve. (Mentor 2)

Supporting personal development

Mentees and coaches discussed how they had improved their communication skills, in relation to: active listening, communication style and the ability to present information to a wider audience. Developing good communication skills was linked to increased confidence, team working, managing day to day situations and patient care. Some coaches and mentors highlighted how they had used active listening within their roles and further developed their own skills:

I do a lot more talking than listening in my job, but I am aware I need to listen more [...] With the two mentees I'm much more conscious of my need to just listen so I've really benefitted from that. (Mentor 7)

The renewed confidence led to staff feeling better able to fulfil their roles with a positive effect on service delivery:

I think it affects the service in the way it just makes me a very happy person, and after my meeting I just feel I'm more confident, I've learnt more, I can do things better and I do believe that happy and motivated people do a better job, so overall that affects the service in a positive way. (Mentee 7)

Manager participants were able to distinguish how the C&M programme benefitted staff in different ways, depending on what areas they needed to develop in, but with a key aspect being to develop self-awareness:

So for one member of staff they had certain concerns, traits in their personality, [now] they're more relaxed, they feel more confident, they're able to approach situations not in a defensive way, but in a much softer approach, so I think they've become more self-aware of how they were coming across and that has really helped them. The other person I think has learnt, they're very laid back, and they've realised you can't just be laid back in that sort of role and let things go, so they're realising they have to adapt their behaviours at work. (Manager 1)

Effectiveness at work

A number of mentees and coachees discussed changes in the organisation and the benefits of having someone outside of the team to bring an independent perspective. There were many examples of how the C&M programme supported staff to deal with difficult and challenging situations, for example, one mentee said:

I feel more in control of what is happening, I feel more in control of my own job role at work. Irritating work relationships have become far less important to me than they were at the start. Yes, I'm just more focused on actually providing a better service in terms of what I'm doing at work. (Mentee 3)

In turn, a mentor described the value in supporting staff with difficult work situations:

If you can help them with getting through the tough times that they're having, that's not necessarily going to motivate them, but it will help them get through their challenges without going through the management lines. (Mentor 5)

Similarly, a manager described how coaching could be used to explore specific incidents:

Coaching has helped because they [staff] would take an incident that had happened and then discussed with their coach about that incident and how maybe they should have dealt with it. (Manager 1)

Participants were able to share experiences of dealing with challenges and how they perceived the C&M programme enabled them to develop the resilience to manage these situations, for example:

I think it gave me some resilience, a little bit, but also kind of identity. So it gave me some time and that was time to reflect. (Coachee 7)

It's nice to step out and then be able to be completely open and honest with another person. And then that person being a coach or a mentor can actually help you identify where the stumbling blocks are and help you work through your dilemmas and challenges. And I think that's the value of coaching and mentoring within this Trust. (Manager 2)

Staff explained how the C&M programme had increased their ability to work with colleagues, thus improving their effectiveness within the team:

It helps you identify your personality and the people you work with, and from that you can balance out, where your weaknesses are. Probably their strengths cover up your weaknesses and you can see where their weaknesses are and you can also, because it's team work, you can also balance it out so that you get the work done more professionally, more efficiently rather. [...] it identified what kind of person I am, how I can benefit the team more. (Mentee 2)

A manager of staff who had accessed the C&M programme commented favourably about the positive impact on the whole of the team, and subsequently, on the service delivery:

Teamwork is much better, you can feel it in the atmosphere, so I think that has made a big difference and I don't have them all emailing and knocking on the door, so definitely, which then makes it better for patients. (Manager 1)

Organisational culture change

It was perceived that the Trust C&M programme was supporting an organisational culture change. A coach expressed that the C&M programme was part of a whole set of initiatives that were improving the service:

I think it's starting to affect the service, I don't think it's fully tipped over yet, and there's a lot of things going on in the service, there's a lot of things going on out there; we've got our Fit for the Future Programme and we've got transformation stuff that we're doing and all sorts of stuff going on. So I think it's part of a kind of tapestry which we shall see as a whole that's affecting the service. I do think there are some switched on people that see this [the C&M programme] as being great. (Coachee 5)

One of the managers discussed how the C&M programme supported the move towards a more transparent organisation as coaching was about:

Giving people permission to go outside and be completely open and honest with somebody else. So, it's just, again, to do with the culture of being transparent. (Manager 1)

Overall the C&M programme enabled staff to be more efficient in their roles which positively affected the organisation and service delivery.

Discussion

The overall aim of the study was to determine the value of the C&M Programme within the Trust from the perspectives of staff who participated in the programme. The integrated findings are linked to the study objectives and are discussed under the following subheadings: Experiences and Perceptions; Facilitators and barriers; Benefits to the Trust.

Experiences and perceptions

Participants discussed many positive experiences of mentoring and coaching, supporting previous evaluations of mentoring (Warren et al, 2008; Williams et al 2009) and coaching (Ammentorp et al 2013). They perceived that their improved personal skills enabled them to deal better with challenging situations in the workplace and become more resilient to the demands of their roles. Mentoring was perceived as including emotional support and problem solving and there were positive effects on team cohesion. Siu and Sivan (2011) highlighted the voluntary and mutually beneficial relationship within mentoring. In the current study, there were similar views about the benefits of the mentoring relationship to mentors as well as mentees, particularly in terms of transferable skills such as active listening. C&M provided the opportunity to reflect on situations, develop insights and promote action for effective working relationships. Previous studies have involved participants in senior roles, for example senior doctors (Thorndyke et al, 2008; Warren et al, 2008) but the current study included staff at all levels and grades within the organisation, promoting an inclusive approach, which participants appreciated. As in Thorndyke et al's study (2008), many of the participants commented on how the process has helped them to attain new roles and learn new skills, to enable them to develop and progress. Participants discussed that the C&M programme provided the opportunities for thought and reflection, enabling individuals to assess their decision-making abilities and how they deal with problems.

Facilitators and barriers

Hayes and Kalmakis (2007) stressed the importance of accurately defining coaching and mentoring, in order to be able to effectively measure the purpose and intent. In the current study, all participants in the C&M programme were provided with a formalised definition of coaching and mentoring prior to undertaking their respective roles in the programme, as part of the training and preparation. However, findings showed that there were variations in how participants defined and understood the role of coaching and mentoring within their own context. Participants were able to distinguish between the role of coach and mentor but also noted similarities between coaching and mentoring, which have been previously identified in the literature (Baek-Kyoo 2005). Eller et al (2014) identified the key components of an effective mentoring relationship, of which the following were identified in the current study: open communication; passion and inspiration; caring personal relationships; mutual respect and trust; exchange of knowledge; and collaboration. The programme lead played a key role in the initial matching of mentors with mentees, and coaches with coachees but the 'chemistry' meetings were an important starting point in establishing a working relationship. Sanfey et al (2013) discuss the importance of 'personal fit' in relation to values as well as qualities such as active listening skills, flexibility, mutual respect and honesty.

The study findings indicated that coaches and mentors had a clear sense of the importance of goal setting, possibly influenced by the use of the GROW model in the training sessions, but there was variation around when goal setting was introduced. Most coachees and mentees were able to set goals after their first meeting and recognised the contribution of their coaches and mentors in enabling this process. This timing did not negatively influence the perceptions of participants in relation to the process but rather enabled them to be more relaxed and less intimidated regarding their initial meetings. Similarly, Van Oorsouw et al (2014) found that it was not necessary to start the process with a goal as the process led to the clarification of questions and challenges. Findings also revealed that even though different approaches were used in the various cases, all parties were highly satisfied with the coaching process, resulting in increased engagement, as most participants were able to continue with a positive C&M relationship after the initial meeting. However, staff were not always able to negotiate suitable time away from the workplace to facilitate the meetings, which made it difficult to ensure continuity and consistency. Therefore, it is important that an organisation-wide approach to C&M includes the commitment to enable programme participants to have the time for meetings.

Findings showed that despite the programme including C&M standardised training for participants, in reality there were diverse experiences of training and preparation ranging from study days to formalised courses outside the Trust. Some participants did not recall undertaking training while others could not recall the titles or specific content of the training. However, many participants felt that their past experience enabled them to be coaches or mentors. Other studies highlighted the need to identify mentoring as a learned skill set to be utilised in a multidimensional setting (Davis, 2013).

The findings also showed that leadership was an important element in the successful introduction and management for the organisation-wide C&M programme. An overwhelming number of positive references were made regarding the programme lead even though no direct question was included in the interview schedule. The programme lead's role included the facilitation and co-ordination of the programme and specifically in matching prospective coaches with coachees and mentors with mentees.

Benefits to the Trust

The findings indicated a number of benefits to the Trust associated with the C&M programme. Most notable was the sharing of knowledge and experience across all levels of the workforce, which led to higher levels of job satisfaction and skills development. These findings are in line with other studies (Thorndyke et al, 2008; Warren et al, 2008), which similarly reported a significant enhancement of skills related to mentoring programmes. Positive effects on staff morale were noted as staff felt valued and invested in to support their careers. All participants felt that they gained from the scheme not only personally but also in relation to their work performance. Ghosh and Reio (2013) identified that mentoring is associated with positive career outcomes such as: job satisfaction, organizational commitment, and career success. There was a perceived positive impact on staff retention as staff felt able to develop their careers within the organisation, rather than feeling they had to leave. Studies from outside of the UK have reported improved retention of staff following the introduction of mentoring programmes (Williams et al, 2009; Tracy et al, 2004).

Ammentorp et al (2013) suggested that coaching improved work attitude and was effective in enhancing core-performance. In the current study, the staff perceived that the C&M programme directly affected effectiveness as staff felt that they were better equipped to undertake their own roles through the support and guidance they received. Even though much of the current study's findings relate to intangible benefits (interpersonal skills, workplace dynamics), the tangible benefits (performance) were also evident, supporting previous research by Fairhurst (2007). The managers in

the current study supported the C&M programme participants' views about a positive impact on performance; however unfortunately only two managers were recruited to the study. The findings revealed varied commitment from managers in supporting individuals who were undertaking C&M, however, it should be noted that participants did not express negative perceptions. Other studies showed similar findings in relation to organisations providing coaching support (Sinclair et al 2007). Findings from the current study highlighted that implementing C&M in an organisation requires a firm commitment from senior management, stakeholder involvement and a strategy to lead the development, implementation and evaluation, which supports previous research (Leonard-Cross, 2010).

The sessions were identified as helpful in providing a 'mental space' supported by someone who worked in the organisation and understood the challenges. Reflection and self-awareness were developed throughout the process for all parties. The study did not identify any particular approach or reflective tool but mentees and coaches were encouraged to reflect in and on action between sessions and discuss these at subsequent meetings. Xannini et al (2011) incorporated 'writing a letter to yourself' as a reflective writing exercise which they felt differed from speaking because it had a stronger reflective and educational component. It also differed because the discourse was with oneself rather than shared with others. Sharing experiences during the mentoring or coaching sessions and in an interview provided opportunity not only to consider personal, professional or practice development but also reflection and evaluation of the coaching and mentoring scheme.

The study did not specifically set out to identify whether the coaching and mentoring programme would save money but recruitment and retention is a continuing issue throughout the health service and has a direct impact on expenditure. In the current study, participants were able to reflect on previously held beliefs that it was necessary to leave the Trust to progress rather than stay and develop within the Trust. There were changes in beliefs and attitudes but also tangible aspects of having support and guidance in completing application forms and preparing for interview. The coaching and mentoring input served to build skills and knowledge and also confidence to develop in existing roles and progress within the organisation.

With increasing demands on services the C&M programme could be perceived as increasing pressure on and taking staff away from their roles. It was apparent that finding protected time created challenges but this could be balanced against improved confidence in dealing with day to day situations and resilience to work through the dilemmas and challenges in a continually changing health service.

Conclusions

An organisation-wide coaching and mentoring programme, which was open to all staff, clinical and non-clinical and of any grade, was perceived to increase skills in coaches and mentors, as well as the mentees and coachees. The programme also supported the changing organisational culture, in particular, the move towards greater transparency and growing staff within the organisation. Participants reported that the scheme made them feel valued by the organisation and helped them develop in their existing roles. The programme led to staff recognising that they could develop their career within the organisation rather than needing to move, with coaching and mentoring being an enabler for staff to succeed in new roles. Therefore, there were perceived positive effects on retention of staff, though these were not measured within the current study.

The study also identified the importance of there being strong organisation-wide leadership of the programme, as well as managerial support to enable staff to engage in the programme. The coaching and mentoring service was an important initiative, to support staff development and to

deliver sustainable high quality patient care, but there were cost and time implications. These included the coordinator's role in setting up systems, providing training, the matching process, a commitment to the role and working together for up to six months. Managers were required to consider service delivery during these times, which could potentially have an impact on who could participate in the scheme.

Recommendations included further support for the leadership of the programme and a dedicated commitment from managers to support the programme. Further research would be beneficial in following up people who engaged in the coaching and mentoring service to identify whether it achieved the objectives of career management and succession planning, increased job commitment, reduced stress, retention of talent and improved cross-organisational communication. Findings from this study were limited to one organisation, however the researchers aimed to include perceptions from staff in the acute and community sectors. The method of evaluation and perceptions gained from this research could be employed across a wider national and international context. Further research could evaluate how coaching and mentoring programmes across organisations can improve service delivery and contribute to overall staff satisfaction within a wider context.

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