

## Peer Coaching as an Innovative Approach to Accelerate Development for Helwan Intern Nurse

Eman Salman Mohamed Salman Taie

Professor of Nursing Administration, Head of Nursing Administration Department, Faculty of Nursing- Helwan University- Egypt

### \*Corresponding author

Eman Salman Mohamed Salman Taie, Professor of Nursing Administration, Head of Nursing Administration Department, Faculty of Nursing- Helwan University- Egypt, E-Mail: dr\_emys@hotmail.com

Submitted: 24 Apr 2018; Accepted: 01 May 2018; Published: 07 May 2018

### Abstract

**Background:** Peer coaching is a partnership between coach and coachee in a nonjudgmental environment. It is a confidential process through coach and coachee share their expertise and provide one another with feedback, support and assistance for the purpose of enhancing learning by refining present skills, learning new skills, and/or solving classroom/clinical area-related problems.

**Aim:** to explore peer coaching as an innovative approach to accelerate development for Helwan intern nurse.

**Method:** It was a quasi- experimental study. The study was conducted at El Salam hospital, El Nile Badrawy hospital and Wady El Nile hospital. Study subjects composed of all intern nurses (N= 230) in faculty of nursing –Helwan University, for the internship years which started in the first of September 2015 to the end of August 2016 and in September 2016 to the end of August 2017. Three tools were used for data collection, questionnaire format and intern nurse evaluation sheet.

**Results:** There was a high significant ( $p < 0.001$ ) difference between them before and after awareness sessions regarding their knowledge about coach and peer coach. Most of them applied what they learned in coaching awareness sessions.

**Conclusion:** There was high significant difference between coached and not coached intern nurses four months post peer coaching regarding their evaluation score in two areas.

**Keywords:** Coach, Peer Coach, Innovative, Coachee, Developing/ Enhancing.

### Introduction

In the increasingly complex environment of healthcare, the nurse manager provides vital leadership for healthy work environments, positive patient outcomes and achievement of organizational goals [1, 2]. One of the challenges that managers now face is how to promote learning, growth and development for themselves and for others. However, the development of skills critical for success is often overlooked and new nurse managers struggle during their role transition from a clinical provider to nursing leadership [3]. In the last decade both scholars and practitioners have acknowledged that mentoring and other developmental relationships as coaching are essential to helping individuals strengthen their ability to learn at a pace and breadth that is required in today's workplaces [4-6]. Coaching is an ongoing relationship which focuses on clients taking action toward the realization of their vision, goals or desires. Coaching as a developmental tool in management is not a new concept and is generally defined as a process of equipping people with the tools, knowledge, and opportunities they need to develop

themselves and become more effective. Coaching uses a process of inquiry and personal discovery to build the client's level of awareness and responsibility and provides the client with structure, support and feedback. The coaching process helps clients both define and achieve professional and personal goals faster and with more ease than would be possible otherwise [7, 8].

The power of peer influence has long been noted in psychological literature and the value of consulting with knowledgeable peers has been advocated both in coaching and in experiential learning [9-11]. The sense of connection with others may be found in a range of relationships including those with peers that provide formal and informal support. An increasing focus on the role peers can play in developmental relationships has highlighted a vital horizontal communication link. From a learning perspective, access to peers is critical to developing a community of practice. Working with peer partners is widely reported within education, often to improve specific classroom skills, in collaborative classrooms, peer coaching maximizes the natural learning environment for staff and students [12, 13]. Coaching is a teaching strategy that bridges the gap between learning and practice or between training and workplace. Also, it

is the art and practice of inspiring, energizing, and facilitating the performance, learning and development of the coachee [14, 15].

Peer coaching is a partnership between coach and coachee in a nonjudgmental environment. It is a confidential process through which coach and coachee share their expertise and provide one another with feedback, support and assistance for the purpose of enhancing learning by refining present skills, learning new skills, and/or solving classroom/clinical area-related problems [16, 17]. Peer coaching positively impacts student achievement by creating a culture of continual instructional improvement through structured and allocated time for professional conversations, observations and reflection on the application of best practices. Peer coaching serves many purposes such as providing students/staff with feedback on both their strengths and weaknesses, providing assistance to students/staff in executing tasks of their job and providing learning moments, focuses on improving performance and developing/enhancing individual's skills and focuses on current and future performance/behavior [13, 18, 19].

### Significance of the study

Peer coaching is an emerging professional development strategy whose potential is igniting excitement among educators. Recent research indicates that with peer coaching, implementation rates rise 85% - 90%. The ultimate goal of peer coaching is to institutionalize reflective practice and continuous improvement among staff/students as part of collaborative, collegial learning environments for the purpose of improving student achievement [8, 13, 20]. Peer Coaching was originally developed as a cost-effective way to provide quality coaching to mid-level, high potential and emerging leaders. There are now a growing number of examples of peer coaching emerging in both industry and educational settings. While not much research has been completed yet [6, 7].

### Aim of the Study

To explore peer coaching as an innovative approach to accelerate development for Helwan intern nurse through:

1. Assess half of intern nurses' knowledge about peer coaching.
2. Give the assessed intern nurses awareness session about peer coaching.
3. Compare coached intern nurses and not coached intern nurses for their evaluation score in two areas (four months) post peer coaching.

### Research hypotheses

It was hypothesized that there will be a high significant difference between coached and not coached intern nurses four months post peer coaching regarding their evaluation score in two areas.

### Subjects and Methods

#### Research design

It is a quasi- experimental study.

#### Study setting

The study was conducted in El Salam hospital, El Nile Badrawy hospital and Wady El Nile hospital (which they are private hospitals).

#### Subjects

Subjects of this study were composed of all intern nurses (N= 230) in faculty of nursing –Helwan University, for the internship years which started in the first of September 2015 to the end of August

2016 and in September 2016 to the end of August 2017. They were distributed as (72, 65 and 95) students in El Salam, El Nile Badrawy and Wady El Nile hospitals respectively. Inclusion criteria is those intern nurses who had satisfied score (75%) in their evaluation in the first six months (three areas) in the internship year (to be coaches N=30). While those intern nurses who had unsatisfied score (60%) in their evaluation in the first six months (three areas) in the internship year (to be coaches N=90).

### Distribution of study samples according to hospitals (N=120)

Hospital	Coach	Coachee
El Salam	10	30
El Nile Badrawy	8	24
Wady El Nile	12	36
<b>Total</b>	<b>30</b>	<b>90</b>

### Tools of data collection

#### Questionnaire format

This tool was designed by the researcher after reviewing relevant literature. It is self-administered questionnaire, which was used to assess the selected intern nurses' knowledge about peer coaching. It included questions as definition of peer coaching, role of the coach and peer coach, the required skills and characteristics of good coach, and benefits of peer coaching. The Cronbach Alpha coefficient of the instrument was 0.85 for the study sample. The instrument had high construct validity (with a part-whole correlation of 0.91).

#### Intern Nurse Evaluation Sheet

This tool developed by the researcher (the researcher is the head of nursing administration department and responsible for internship year students in the faculty) after reviewing the relevant literature. This tool consisted of four parts including professional behaviour and sense of responsibility, duties and responsibilities in the unit, duties and responsibilities toward patient management and oral exam. The Cronbach Alpha coefficient of the instrument was 0.80 for the study sample. The instrument had high construct validity (with a part-whole correlation of 0.85).

#### Scoring of the Intern Nurse Evaluation Sheet

The total score for this scale was 100. It was divided into three levels as follow;

- a. Unsatisfied score level: less than 60%
- b. Moderate score level: ranged (61-75%).
- c. Satisfied score level: more than (75%).

#### Observation checklist for coaches' roles

to assess the role of coaches in actual workplace based on what they learnt in training sessions. The Cronbach Alpha coefficient of the instrument was 0.83 for the study sample. The instrument had high construct validity (with a part-whole correlation of 0.92).

#### Pilot study

The aim of the pilot study was to test the practicability, and to estimate the time needed to complete tools. The researcher randomly selected (11) intern nurses for testing the questionnaire format about coaching. The time needed to fulfil the questionnaire format about coaching was (25-35) minutes. Collecting pilot study data lasts for two weeks. All of these subjects were included in the main study sample.

## Fieldwork

The field work of this study was executed for one and half year. Data collection began on January 2016 and was completed by the end July 2017. The researcher selected those intern nurses who had satisfied score (75%) in their evaluation in the first sixth months (three areas) in the internship year (to be coaches). While half of those intern nurses who had unsatisfied score (60%) in their evaluation in the first sixth months (three areas) in the internship year (to be coachees). Assess half of intern nurses' knowledge about peer coaching using questionnaire format (those who supposed to be coaches). The time needed to fulfill the questionnaire format was (30-45) minutes. Based on the results of the questionnaire an awareness session about peer coaching was developed and conducted.

## Administrative and ethical aspects

To carry out the study in the predetermined hospitals, letters

containing the aim of the study were directed from the researcher's faculty of nursing to the hospitals' directors and also to nursing directors to obtain their permission and help to conduct the study in their facility. The researcher then met the hospital directors and the nursing directors and explained the purpose and methods of data collection for the study. The researcher also obtained study subjects' approval orally after explaining the purpose and method of data collection for the study. Confidentiality, anonymity and the right to withdraw from the study at any time were guaranteed.

## Statistical analysis

SPSS 14.0 statistical software package was used for data analysis. The probability of error at 0.05 was considered significant, while at 0.01 and 0.001 was considered highly significant.

## Results

**Table 2 : Intern nurses' knowledge about peer coaching before and after awareness sessions (n= 30)**

Items	Before awareness sessions		After awareness sessions		P-value
	No.	%	No.	%	
<b>Definition of the coach &amp; peer coach</b>					
Complete definition	0	0	24	80	<0.001
Wrong definition	8	26.66	6	20	<0.001
Do not Know	22	73.33	0	0	<0.001
<b>Role of the coach &amp; peer coach</b>					
Complete	0	0	26	86.66	<0.001
Incomplete	3	10	4	13.33	<0.001
Do not Know	27	90	0	0	<0.001
<b>Characteristics of good coach</b>					
Complete	0	0	28	93.33	<0.001
Incomplete	0	0	2	6.66	<0.001
Do not Know	30	100	0	0	<0.001
<b>Required skills for coach</b>					
Complete	0	0	28	93.33	<0.001
Incomplete	4	13.33	2	6.66	<0.001
Do not Know	26	86.66	0	0	<0.001
<b>Benefits of peer coaching</b>					
Complete	0	0	30	100	<0.001
Incomplete	2	6.66	0	0	<0.001
Do not Know	28	93.33	0	0	<0.001

**Table (2)** displays intern nurses' knowledge about peer coaching before and after awareness sessions. It shows that most of them were lack of knowledge regarding definition and role of the coach (73.33% & 90%) respectively before awareness sessions. Also, all of them (100%) were not aware of the characteristics of good coach before awareness sessions. It was noticed that (86.66% & 93.33%) of them did not know the required skills for coach and benefits of peer coach respectively. On the other hand, as it compared to post awareness sessions that no one were did not know all of the previous items. There was a high significant ( $p < 0.001$ ) difference between them before and after awareness sessions regarding their knowledge about coach and peer coach.

**Table 3: Coaches' roles as observed by the researcher**

Coaches roles (n= 30)	No.	%
1. Make sure that the training ties in as closely as possible with job performance in the work place.	28	93.33
2. Organize the workplace in such a way that it encourages the implementation of job skills that have been learnt.	29	96.66
3. Give instructions for application.	28	93.33
4. Determine the desired performance levels.	27	90
5. Follow-up on what has been learnt.	30	100
6. Give feedback about competencies.	30	100

While, concerning coaches' roles table (3) points coaches' roles as observed by the researcher intermittently. Most of them applied what they learned in coaching awareness sessions.

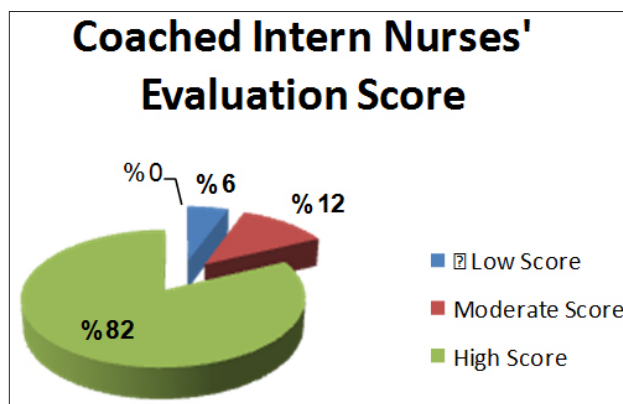


**Figure 1: Coaches' roles as observed by the researcher**

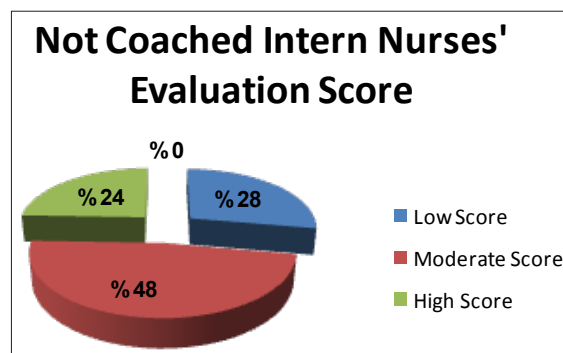
**Table 4: Coached and not coached intern nurses' evaluation score four months post peer coaching**

Evaluation Scores	Coached intern nurses (n= 90)		Not Coached staff nurses (n= 90)		P value
	No.	%	No.	%	
• Low Score	5	5.55	25	27.77	<0.01
• Moderate Score	11	12.22	43	47.77	<0.001
• High Score	74	82.22	22	24.44	<0.001
<b>Total</b>	<b>90</b>	<b>100</b>	<b>90</b>	<b>100</b>	

As regards coached and not coached intern nurses' evaluation score four months post peer coaching table (4) illustrates that the majority (82.22%) of the coached intern nurses had high score in their evaluation. Compared to (47.77%) of the not coached intern nurses had moderate score in their evaluation. There was a high significant ( $p < 0.001$ ) difference between coached and not coached intern nurses four months post awareness sessions regarding their evaluation score.



**Figure 2: Coached intern nurses' evaluation score four months post peer coaching**



**Figure 3:** Not coached intern nurses' evaluation score four months post peer coaching

### Discussion

Coaching is the process that supports the individual quest for integrity and is rooted in two beliefs: first, all people have an inner teacher whose guidance is more reliable than anything they can get from a doctrine, ideology, collective belief system, institution or leader. Second, they all need other people to invite, amplify and help them discern the inner teacher's voice. Coaching helps to think of people in terms of their potential, not their performance and of learning relationships which will help people to take charge of their own development, to release their potential and to achieve results which they value [6, 21, 22]. However, the present study revealed that most of the study sample was not aware of the definition and role of the coach. These findings were inconsistent with [7, 23, 24] who emphasized that coaching is a form of professional learning which integrates the most effective learning about teacher work. This was supported by [10, 25, 26] who asserted that coaching is designed to integrate effective staff development and successful change management processes through providing a continuous growth process for people at all experience levels. This also agreed by (Clutterbuck 2011; Margaret 2017) who found that coaching is a way of working with colleagues to support and encourage them in their development [13, 17]. (Connor 2011; Sally, Hook & Hampshire 2017) was on the same line, who mentioned that coaching is lifelong learning [4, 15]. It is about acting from strength, it is not a process of 'fixing' people. These was consistent with [2, 6] asserted that coaching is the art & practice of inspiring, energizing, and facilitating the performance, learning and development of the coachee. While, peer coaching is a partnership between coach and coachee in a nonjudgmental environment.

Peer coaching is a confidential process through coach and coachee share their expertise and provide one another with feedback, support and assistance for the purpose of enhancing learning by refining present skills, learning new skills, and/or solving classroom/clinical area-related problems [8, 16, 28]. Regarding coaching skills and characteristics of good coach, the results of the present study revealed that all of the study sample was not aware of the required skills and characteristics of good coach. These results were in contrast with [16, 17] who advocated that coach is a good listener, listen to truly understand others unique point of view, facilitates the process of problem solving with coachee instead of just giving them the answer and strives to keep conversation focused and on track. Also, the results of the present study was inconsistency with (Deborah 2016; Clive 2018) who asserted that coaching skills include effectively ask probing questions that get coachee communicating and sharing truth,

challenges, and fears that may be inhibiting them from succeeding and giving supportive and constructive feedback [6, 7]. This was supported by (Deborah 2016; Gary, Tom & Sara 2016) who stated that coach should be energetic, optimistic, prepared, willing to commit time [7, 8]. This is on the same line with (Baxter & Cynthia 2013; Hawkins 2014; Lawley & Linder 2016) who found that coach is able to accommodate different personalities and learning styles; accepts constructive criticism and doesn't take it personally [10, 11, 29].

Another critical characteristic of coaching is reflection. (Deborah 2016; Margaret 2017) proposed that coaching is intrinsically a reflective endeavour [7, 10]. Coaches are able to question their coachees in ways that enable them to critically reflect on whatever issue they are discussing. This was agreed by (Gary, Tom, Sara 2016; Andy, Merryck and Co. 2017) who found that trust, reflection and good communication skills, which include being able to provide non-evaluative feedback, have all been identified as significant components required for successful peer coaching partnerships [8, 20].

Coaching and peer coaching serves many roles such as providing coachee with feedback on both their strengths and weaknesses, providing assistance to coachee in executing tasks of their job and provides learning moments, focuses on improving performance and developing/enhancing individual's skills and focuses on current and future performance/behavior. With regard to peer coaching roles. Most of the studied sample was not aware of the coaching and peer coaching benefits and roles. This was in contrast with (Secomb 2008; Machin 2010; Tiffany, Emma and Brian 2010; Margaret 2017) who emphasized that peer coaching helps to establish collaborative norms, share successful practices and build a shared knowledge base [13, 18, 19, 29]. Furthermore, (Stone, Cooper, & Cant 2013) concluded that peer coaching acts to encourage reflective practice, personal development plan and enable leaders to give and receive ideas [16]. This was consistent with (Connor 2011; Grant 2012; Clive 2018) who asserted that peer coaching gives space of acceptance, support and trust created, from which creative ideas can emerge [4-6].

Nursing is a complex endeavor which manifests itself in acts of utility and comfort. Those acts are based both on science and on art. Practice must occur within a complex health care delivery system with multiple demands and constraints. Best practice interventions must be translated into personalized care for each patient. The power of peer influence has long been noted in psychological literature [14, 15], and the value of consulting with knowledgeable peers has been advocated both in coaching and in experiential learning [2, 13]. Peer coaching maximizes the natural learning environment for staff and pupils. The results of the present study revealed that majority of the coached intern nurses were had high evaluation scores. These results were supported by (Stone, Cooper, & Cant 2013; Zoe 2016; Sally, Hook & Hampshire 2017) who asserted that peer coaching in particular facilitates ongoing development and is a more focused form of peer influence that facilitates professional development and accelerates career learning [16, 17]. This was similar to (Baxter & Cynthia 2013; O'Flaherty & Laws 2014; Angie, Blagdon & Taunton 2015) who found that peer coaching is a unique that contribute the inherent mutuality and reciprocity of the process, along with a focus on a specific issue or task [2, 9, 12]. This was consistent with (Margaret 2017; Clive 2018) who emphasized that peer coaching can be used to help nurses advance their careers and increase their job satisfaction [6, 13].

## Conclusion

There was high significant difference between coached and not coached intern nurses four months post peer coaching regarding their evaluation score in two areas.

## Recommendations

Based on the study findings, the following recommendations were suggested

1. Nursing curricula should be restructured to introduce the coaching and peer coaching approach.
2. Peer coaching must be included as a vital component of the faculty staff members professional development programs.
3. Coaching and peer coaching approach should be conducted in healthcare services to enhance transfer of training.
4. Future researches on the effectiveness of the peer coaching model with more partnerships will provide more rigorous results.

## References

1. McCallin A, Frankson C (2010) The role of the charge nurse manager: a descriptive exploratory study. *Journal of Nursing Management* 18: 319-325.
2. Angie Dixey, Blagdon Hill, Taunton (2015) Managerial coaching: A formal process or a daily conversation? *International Journal of Evidence Based Coaching and Mentoring. Special Issue No. 9: 77-89.*
3. Baston VD, Yoder LH (2012) Managerial coaching: a concept analysis. *Journal of Advanced Nursing* 68: 1658-1669.
4. Connor MJ (2011) Reading-Aloud Effects on Early Literacy : and Peer Coaching for Fluency
5. Grant A (2012) Australian coaches' views on coaching supervision: A study with implications for Australian coach education, Training and Practice. *The International Journal for Evidence Based Coaching and Mentoring* 10: 17-33.
6. Clive Steeper (2018) Students' perceptions of an executive coaching intervention: a case study of an enabling education programme. *An International Journal of Theory, Research and Practice.*
7. Deborah M. Netolicky (2016) Coaching for professional growth in one Australian school: "oil in water". *International Journal of Mentoring and Coaching in Education* 5: 66-86.
8. Gary W. Houchens, Tom A. Stewart, Sara Jennings (2016) Enhancing instructional leadership through collaborative coaching: a multi-case study. *International Journal of Mentoring and Coaching in Education* 6: 34-49.
9. Baxter and Cynthia A (2013) "The Effect of Coaching on Nurse Manager Leadership of Unit Based Performance Improvement: Exploratory Case Studies"
10. Hawkins P (2014) Coaching Supervision. In: *The Complete Handbook of Coaching*. London: Sage 391-404.
11. Lawley J, Linder-Pelz S (2016) Evidence of competency: Exploring coach, coachee and expert evaluations of coaching. *Coaching: An International Journal of Theory, Research and Practice* 9: 110-128
12. O'Flaherty J, Laws T (2014) Nursing student's evaluation of a virtual classroom experience in support of their learning Bioscience. *Nurse Education in Practice* 14: 654-659.
13. Margaret Barr (2017) An introduction to coaching skills: a practical guide (second edition). *Coaching: An International Journal of Theory, Research and Practice*
14. Sevenhuysen SL, Nickson W, Farlie MK, Raitman L, Keating JL, et al. (2013) The development of a peer assisted learning model for the clinical education of physiotherapy students. *Journal of Peer Learning* 6: 30-45.
15. Sally Bonneywell, Hook, Hampshire (2017) How a coaching intervention supports the development of female leaders in a global organization. *International Journal of Evidence Based Coaching and Mentoring* 11: 57-69.
16. Stone R, Cooper S, Cant R (2013) The value of peer learning in undergraduate nursing education: A systematic review. *ISRN Nursing*. doi:10.1155/2013/930901
17. Zoe Jepson (2016) An investigation and analysis of the continuous professional development and coaching supervision needs of newly qualified and experienced coaches: a small-scale practitioner-based study. *An International Journal of Theory, Research and Practice* 9: 1-14.
18. Secomb J (2008) A systematic review of peer teaching and learning in clinical education. *Journal of Clinical Nursing* 17: 703-716.
19. Tiffany Prince, Emma Snowden and Brian Matthews (2010) Utilising Peer Coaching as a Tool to Improve Student-Teacher Confidence and Support the Development of Classroom Practice. *Literacy Information and Computer Education Journal* 1: 45-51.
20. Andy Homer, Merryck and Co. Ltd, (2017) How executive coaches see value arising from peer group supervision. *International Journal of Evidence Based Coaching and Mentoring. Special Issue No. 11: 101-110.*
21. Locke A (2008) Developmental coaching: bridge to organizational success. *Creative Nursing* 14: 102-110.
22. Cilliers F, Terblanche L (2010) The systems psychodynamic leadership coaching experiences of nursing managers. *Journal of Interdisciplinary Health Sciences* 15: 1-9.
23. Robbins P (1991) How to Plan and Implement a Peer Coaching Program.
24. Prince T, Snowden E, Matthews B (2010) Utilising Peer Coaching as a Tool to Improve Student-Teacher Confidence and Support the Development of Classroom Practice. *Literacy Information and Computer Education Journal (LICEJ)* 1.
25. Karsten M, Baggot D, Brown A, Cahill M (2010) Professional coaching as an effective strategy to retaining frontline managers. *Journal of Nursing Administration* 40: 140-144.
26. Gregory JB, Beck JW, Carr AE (2011) Goals, feedback, and self-regulation: control theory as a natural framework for executive coaching. *Consulting Psychology Journal: Practice and Research* 63: 26-38.
27. Clutterbuck D (2011) Using the Seven Conversations in Supervision. In: *Coaching and Mentoring Supervision: Theory and Practice*. Maidenhead: Open University Press 55-66.
28. DeCampli P, Kirby KK, Baldwin C (2010) Beyond the classroom to coaching, preparing new nurse managers. *Critical Care Nursing Quarterly* 33: 132-137.
29. Machin, S. (2010): The nature of the internal coaching relationship. *International Journal of Evidence Based Coaching and Mentoring, Special Issue 4, 37-52.*

**Copyright:** ©2018 Eman Salman Mohamed Salman Taie. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.