Annotated Bibliography

Coaching for Impressive Care

for

Managers and Supervisors

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Institute for Healthcare Communication
171 Orange Street, 2R
New Haven, CT 06510-3111, USA
Tel: (800) 800-5907 Fax: (203) 772-1066
E-mail: info@healthcarecomm.org
www.healthcarecomm.org

† Denotes references added in 2014

† Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, Edgman-Levitan S & Cleary PD. (2014). Examining the role of patient experience surveys in measuring health care quality. *Med Care Res Rev*, 71(5):522-554

Patient care experience surveys evaluate the degree to which care is patient-centered. This article reviews the literature on the association between patient experiences and other measures of health care quality. Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization. Patient experience measures that are collected using psychometrically sound instruments, employing recommended sample sizes and adjustment procedures, and implemented according to standard protocols are intrinsically meaningful and are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs.

Berggren I & Severinsson E (2000). The influence of clinical supervision on nurses' moral decision-making. *Nursing Ethics* 7(2): 124-134.

The aim of this study was to investigate the influence of clinical supervision on nurses' moral decision making. The sample consisted of 15 registered nurses who took part in clinical supervision sessions. Data were obtained from interviews and analyzed by a hermeneutic transformative process. The hermeneutic interpretation revealed four themes: increased self-assurance, an increased ability to support the patient, an increased ability to be in a relationship with the patient, and an increased ability to take responsibility. In conclusion, it seems that clinical supervision enhances nurses' ability to provide care on the basis of their decision-making. However, the qualitative and structural aspects of clinical supervision have to be investigated further in order to develop professional insight into the way that nurses think and react.
OBJECTIVE: To investigate the influence of clinical supervision on nurses' ethical decision making regarding patient care.
DESIGN: Intervention followed by person-to-person interviews.
SETTING: Two medical wards in a district hospital in southwest Sweden.
SUBJECTS: n=15 registered nurses; 14 women/1 man; work experience range: 1-20 years; age range: 23 to 52 years.
INTERVENTION: Five registered nurses were assigned to each clinical supervision group. Each group received 1 1/2 hours of supervision once a week, for a total of 75 hours. Each supervision session began with a "check-up" regarding how the nurses wanted to spend the time. Nurses were asked to share feelings and thoughts about patient care situations. The group then discussed the patient care situations; the supervisors facilitated the discussions. At the end of the session, the supervisors asked the nurses to talk about what had been most helpful during the session.
DATA COLLECTION: The researcher conducted hour-long interviews with each nurse, asking the questions: "Will you please tell me about how you make decisions in your nursing?" "Which factors influence your decision making?" "In what way has clinical supervision influenced your decision making?"
DATA ANALYSIS: Interview transcripts were analyzed using a hermeneutic transformative process. The meanings of the interview transcripts were described, and then the interpreter's view of the texts' meaning was described. Basic units of meaning, or "themes," were identified. Each sentence was analyzed for themes.
FINDINGS: The four themes that emerged were: increased self-assurance in decision-making, an increased ability to support the patient, an increased ability to be in a

relationship with the patient, and an increased ability to take responsibility. CONCLUSIONS: Clinical supervision helped nurses reflect upon how best to make ethical decisions regarding patient care, to analyze their feelings and reactions to relationships with their patients, and to take responsibility for their decisions. Nurses also developed their ability to communicate with patients and make decisions cooperatively with patients. Clinical supervision enhanced the ability of nurses to provide quality care to patients.

† Bothwell TW & Harrell G (2001). *Treating Veterans with C.A.R.E. Impact Report*. Sunshine Healthcare Network (VISN 8). Department of Veterans Affairs, Employee Education System. Jack Phillips Center for Research, A Division of Franklin Covey.

The VA *CARE* training program was selected as a program to be evaluated because the program is highly visible, reaches a large and diverse audience and is intended to be a national effort across VISN's. Additionally, the *CARE* program meets strategic criteria because improving patient satisfaction is critical to the future strategies of the VHA. SUMMARY OF THE EVALUATION FINDINGS: The results in this evaluation study describe how *CARE* training makes a positive difference for VISN 8 employees and veteran patients. Similarly, the results show how trainers are well received, how participants of *CARE* learn about VHA customer service standards, and how the participants of *CARE* can apply what they learn to make a difference in patient satisfaction. This study estimates the monetary value of each patient at VISN 8 and suggest the monetary value of improving patient satisfaction scores. In short, a positive return on investment can be received from *CARE* training. For more information concerning this project, contact any of the contributors listed on the cover page.
SUMMARY OF CONCULSIONS: The findings of this study are encouraging. The participants' react positively to the program and learn about skills that affect patient satisfaction. However, the reported improvements in participants' skills are not as great as they could be. Participants face many barriers that keep them from applying *CARE* skills. Yet, even with participants' limited applications, participants report that key organizational results are influenced by the program. Those improvements in organizational results produce a positive return on investment. These findings are positive. Finally, a key finding of this study involves the monetary value that can be placed on the retention of a satisfied veteran patient and the monetary value that can be placed on gaining a new veteran patient. These values can be used in future *CARE* training to motivate participants to better serve veterans. Also, a strategy for communicating these values to all VISN 8 employees should be explored. The value of improving patient satisfaction can be illustrated using this study as an example. This study can be a tool for future improvements in veteran patient service and employee training.

Bylund CL, Brown RF, Lubrano di Ciccone B, Diamond C, Eddington J, & Kissane D (2009). Assessing facilitator competence in a comprehensive communication skills training programme. *Medical Education*, 43: 342-349.

OBJECTIVES: Evidence suggests that the most important component of communication skills training (CST) is experiential learning through role-play sessions that rely on facilitators to guide learners. However, there is little published evidence about processes of assessing facilitator competence in CST. This paper reports on the development and application of procedures to assess facilitator competence in a large-scale CST programme. METHODS: Thirty-two novice facilitators in a large CST programme were audio-recorded while facilitating small-group CST training sessions in order to explore whether the training they had received had prepared them to competently facilitate. Audio-recordings were assessed using the Comskil facilitator assessment coding system. Facilitators were rated as having achieved basic competence, advanced competence or expert competence.

RESULTS: Facilitation tasks that were most frequently coded as being used always included inviting the learner to give feedback first and inviting all group members to give feedback. The facilitation task coded least frequently as being used always was involving group members in solving problems. Of the 32 facilitators, 18 reached at least a basic level of competence. Psychosocially trained facilitators and MD facilitators differed in their use of five facilitation tasks.
CONCLUSIONS: Modest training and minimal practice does not result in complete facilitator competence. Some facilitation skills appear to be more easily acquired than others. These findings highlight which skills should be prioritized in the further training of novice facilitators. A long-term project currently underway will study whether facilitator competence improves with practice and regular feedback.

† Carey W, Philippon D J and Cummings GG. (2011). Coaching models for leadership development: An integrative review. *J Ldrship Studies*, 5: 51-69.

The purpose of this article was to describe and compare coaching models and to address their relevance to the advancement of leadership. Coaching has become a popular strategy for leadership development and change in complex environments. Despite increasing popularity, little evidence describes the necessity and impact of coaching. An integrative literature review from 1996 to 2010, retrieved through seven databases, reference tracking, and consultation with academic networks, led to inclusion of peer-reviewed articles on coaching models. Themes and critical elements in the selected coaching models were analyzed. The search yielded 1,414 titles. Four hundred twenty-seven abstracts were screened using inclusion/exclusion criteria, and 56 papers were retrieved for full-text screening. Ten papers were included: two coaching models from health care settings, seven from business settings, and one from a medical education institution. Critical components of coaching models are: coach–coachee relationship, problem identification and goal setting, problem solving, transformational process, and mechanisms by which the model achieves outcomes. Factors that impact positive coaching outcomes are: coach's role and attributes, selection of coaching candidates and coach attributes, obstacles and facilitators to the coaching process, benefits and drawbacks of external versus internal coaches, and organizational support. The elements of coaching models identified in this review may be used to guide future research on the effectiveness of coaching as a leadership strategy.

Cleary ML & Walter G (2010). Giving feedback to learners in clinical and academic settings: practical considerations. *J. Contin Educ Nurs*, 41(4): 153-154

The authors outline key points about feedback for staff to consider in everyday practice, with a view to making the tasks less daunting. In turn, we address the meaning and feedback, elements of good feedback, placement objectives, setting, frequency, identifying areas of weakness, recognition and praise, dealing with unfavorable reactions, and dissatisfaction with the feedback process.

† Cummings G, Mallidou AA, Masaoud E, Kumbamu A, Schalm C, Spence Laschinger HK, Estabrooks CA (2014). On becoming a coach: A pilot intervention study with managers in long-term care. *HealthCare Manage Rev*, 39(3), 198-209.

BACKGROUND: Healthcare leaders have called for the development of communication and leadership skills to improve manager-employee relationships, employee job satisfaction, quality care, and work environments.
PURPOSES: The aim of the study reported here was to pilot how a 2-day coaching workshop (*Coaching for Impressive Care*) conducted as a leadership development strategy influenced frontline care managers' coaching practices in residential long-term care (LTC) settings. We had four objectives: (a) to identify managers' perceptions of their role as a

coach of employee performance in LTC facilities, (b) to understand managers' intentions to coach employee performance, (c) to examine opportunities and factors that contributed to or challenged implementation of workshop coaching skills in daily leadership/management practice, and (d) to examine managers' reports of using coaching practices and employee responses after the workshop.
METHODS: We used an exploratory/descriptive design involving pre-/post-workshop surveys, e-mail reminders, and focus groups to examine participation of 21 LTC managers in a 2-day coaching workshop and their use of coaching practices in the workplace.
FINDINGS: Focus group findings provided examples of how participants used their coaching skills in practice (e.g., communicating empathy) and how staff responded. Factors contributing to and challenging implementation of these coaching skills in the workplace were identified. Attitudes and intentions to be a coach increased significantly, and some coaching skills were used more frequently after the workshop, specifically planning for performance change with employees.
PRACTICE IMPLICATIONS: The coaching workshop was feasible to implement, well received by participants, influenced their willingness to become coaches, and had some noted impact on their use of coaching behaviors in the workplace. Coaching skills by managers to improve staff performance with residents in LTC facilities can be learned.

† Durgin T (2007). The Towers Perrin 2007-2008 global workforce study: insights to drive growth. HCI White Paper. Human Capital Institute.

In the face of significant business challenges such as global competition, emerging skill shortages, and the need for both product and process innovation, companies are looking for ways to enhance workforce effectiveness. Business leaders are exploring how to deploy people more creatively to meet business priorities, as well as how to develop the workforce to maximize discretionary effort and potential. Best practice companies are forming comprehensive workforce strategies involving new sources of talent, improved approaches to building skills and managing knowledge, and clear lines of sight from daily tasks to business strategy. Achieving sustainable growth in your workforce and your business comes with tremendous pressures and challenges, not the least of which is the competition for talent. Winning top talent demands insights into workforce planning, engagement drivers, and how best to develop leadership performance. Towers Perrin explored these and many other issues of talent management in its2007-2008 Global Workforce Study.

Epstein RM, Fiscella K, et al. (2010). Why the nation needs a policy push on patient-centered healthcare. *Health Affairs* (Millwood) 29(8): 1489-95

The phrase "patient-centered care" is in vogue, but its meaning is poorly understood. This article describes patient-centered care, why it matters, and how policy makers can advance it in practice. Ultimately, patient-centered care is determined by the quality of interactions between patients and clinicians. The evidence shows that patient-centered care improves disease outcomes and quality of life, and that it is critical to addressing racial, ethnic, and socioeconomic disparities in health care and health outcomes. Policy makers need to look beyond such areas as health information technology to shape a coordinated and focused national policy in support of patient-centered care. This policy should help health professionals acquire and maintain skills related to patient-centered care, and it should encourage organizations to cultivate a culture of patient-centeredness.

Epstein FM & Street, Jr. RL (2011). Shared mind: communication, decision making, and autonomy in seriousness illness. *Annals of Family Medicine* 9(5): 454-61.

In the context of serious illness, individuals usually rely on others to help them think and feel their way through difficult decisions. To help us understand why, when, and how

individuals involve trusted others in sharing information, deliberation, and decision making, we offer the concept of shared mind—ways in which new ideas and perspectives can emerge through the sharing of thoughts, feelings, perceptions, meanings, and intentions among two or more people. We consider how shared mind manifests in relationships and organizations in general, building on studies of collaborative cognition, attunement, and sensemaking. Then, we explore how shared mind might be promoted through communication, when appropriate, and the implications of shared mind for decision making and patient autonomy. Next, we consider a continuum of patient-centered approaches to patient-clinician interactions. At one end of the continuum, an interactional approach promotes knowing the patient as a person, tailoring information, constructing preferences, achieving consensus, and promoting rational autonomy. At the other end, a transactional approach focuses on knowledge about the patient, information-as-commodity, negotiation, consent, and individual autonomy. Finally, we proposed that autonomy and decision making should consider not only the individual perspectives that emerge from the interactions among them. By drawing attention to shared mind, clinicians can observe in what ways they can promote it through bidirectional sharing of information and engaging in shared deliberation.

Ellis BH & Miller KI (1994). Supportive communication among nurses: Effects on commitment, burnout, and retention. *Health Communication 6*(2): 77-96.

Determined the impact of specific types of supportive communication on burnout, organizational commitment, and retention for practicing nurses. Hypotheses regarding the influence of informational, emotional, and instrumental social support were tested with survey data gathered from 490 nurses. Results indicate targeted effects of instrumental and informational support, but broader effects for emotional support in organizational outcomes. Although significant relations were found for supportive communication and personal control, results indicate that other rationales explaining the link between social support and burnout may be warranted. [Abstract from author]
OBJECTIVE: To test the relationships between informational, instrumental, and emotional support and nurses' organizational commitment, burnout, retention, and sense of personal control.
DESIGN: Cross-sectional survey.
SETTING: Acute care medical/ surgical hospital in a large Midwestern city.
SUBJECTS: 1356 nurses, with 490 usable surveys returned.
INTERVENTION: None.
DATA COLLECTION: Instruments used included the Maslack Burnout Inventory, with Emotional Exhaustion, Depersonalization, and Reduced Personal Accomplishment subscales, an Organizational Commitment Questionnaire, a 3-item Intent to Remain scale, a 13-item role ambiguity scale, an 11-item personal control scale, a 14-item informational and emotional support scale, and a 4-item instrumental support scale. All instruments used 5-point Likert scales.
DATA ANALYSIS: Internal consistency was assessed for each scale. Multiple groups confirmatory factor analysis was used to confirm the measurement models. Zero-order correlations, partial correlations, and multiple regression were used to identify relations among the constructs.
FINDINGS: Role ambiguity significantly predicted organizational commitment as well as retention. Role ambiguity and informational support significantly predicted emotional exhaustion and also predicted depersonalization (with non-significant interactions). Instrumental support and emotional exhaustion were significantly, negatively correlated; instrumental support and depersonalization were also significantly, negatively correlated. Emotional support and commitment were significantly, positively correlated, and emotional

support was also significantly, positively correlated with retention. Emotional support was significantly, negatively correlated with each of the three burnout sub-categories: emotional exhaustion, depersonalization, and reduced personal accomplishment. Together, social, informational, and instrumental support accounted for large parts of the variance in emotional exhaustion, depersonalization, and reduced personal accomplishment. Perceived personal control was significantly and positively associated with each of the three types of social support
CONCLUSIONS: Supportive communication among co-workers in a hospital setting appears to improve organizational outcomes. Instrumental support among nurse co-workers appears to decrease emotional exhaustion and depersonalization, two important components of burnout, and may in turn enhance patient care. Informational support also appears to decrease burnout, which should yield improved outcomes for nurses in hospital settings. Informational and instrumental support may indirectly improve retention among nurses. Emotional support also positively impacts retention, organizational commitment, and reduces burnout. Perceived personal control does not completely account for the links between support and burnout. The authors suggest that social support, as expressed through supportive communication, can buffer the stresses of the nursing profession.

Fielden S (2005). *Literature review: Coaching effectiveness.* A summary report for the NHS Leadership Centre, Centre for Diversity and Work Psychology, Manchester Business School, University of Manchester.

This literature review provides a detailed analysis of literature addressing coaching with particular focus on available literature from the UK. A definition and detailed description of coaching is provided, highlighting the differences between coaching and mentoring and the reasons for the increased application of coaching over recent years. Coaching is a developmental intervention that is increasingly being employed in organizations. Targeted development interventions such as coaching enable individuals to adjust to major changes in making the necessary steps to advance in their careers and perform at optimum levels in roles that require large step-changes in skills and responsibility. This detailed literature review documents the importance of coaching relationships and provides practical examples of how effective coaching can be established. This ranges from individual requirements to organizational needs. An extensive review of this area has revealed that there is limited empirical evidence available. Rather, practical examples and tool kits provided in the literature tend to be based on the author's experience of delivering coaching programs and their personal and professional experience of coaching relationships.

Foster-Turner J (2006). *Coaching and mentoring in health and social care: The essentials of practice for professionals and organizations.* Oxford, Radcliffe Publishing.

This book provides a valuable guide to the development of mentor programs and the skills and activities involved in the coaching and mentoring process. Because of the overlapping definitions and interpretations of these terms the author uses the term "coach-mentoring" throughout the publication.

† Fowler J (2010). Supporting self and others: From staff nurse to nurse consultant. Part 6: Giving and receiving feedback. *British Journal of Nursing.* 20(14): 885.

This series of articles explores various ways of supporting staff who work in the fast-moving and ever-changing health service. In previous articles, John Fowler, an experienced nursing lecturer, author and consultant, examined the importance of developing a supportive working culture and the role of preceptorship, mentoring and clinical supervision.

Fower J (2008). Experiential learning and its facilitations. *Nurse Education Today.* 28(4): 427-33.

An analysis of the concept of experiential learning indicates that it is the product of reflection upon experience, with the nature of the reflection and the quality of the experience, being significant to the overall learning. The outcomes of experiential learning appear to be diverse, ranging from the acquisition of a new skill or personal development through to social consciousness-raising. A framework for experiential learning is produced which identifies factors that facilitate learning and those which act as barriers. The relationship between the facilitation of learning and coaching is identified.

Gregory JB, Levy PE (2011). It's not me, it's you: a multilevel examination of variables that impact employees coaching relationships. *Consulting Psychology Journal: Practice and Research*, 63(2), 67-88.

Employee coaching, which we consider to be a critical part of the performance management process, is coaching done by a manager or supervisor with his or her direct reports. The current article builds on recent research on the importance of the employee coaching relationship by investigating individual difference and contextual variables that contribute to the quality of employee coaching relationships. The study uses a multilevel modeling approach to test the effects of such variables as supervisor leadership style, emotional intelligence, empathy, implicit person theory, trust, and feedback environment on employees' perceptions of the coaching relationships they share with their supervisors. Overall, supervisors' individual consideration, empathy, trust, and the feedback environment all accounted for significant variance in employees' evaluations of coaching relationships.

Grenny J, Maxfield D, & Shimberg A. (2008). How to have influence. *MIT Sloan Management Review*; 50(1): 47-52.

Effective influencers diagnose before they influence. The article provides an overview of approaches and questions that savvy leaders use to identify obstacles and strategies for creating positive leverage.

Gross RH (2004). The coaching model for educational leadership principles. *Journal of Bone and Joint Surgery.* 86-A(9): 2082-4.

The author offers four principles commonly used by the most successful coaches: Establish a positive "team culture" with coaches and players committed to success; communicate learning objectives and expectations; provide timely and frequent feedback; remain fair and credible to all. The four critical principles are followed by successful coaches and resident educators in order to establish a positive and committed "team culture," communicate learning objectives and expectations, provide timely feedback, and remain fair and credible to all.

Harms PL & Roebuck DB (2010). Teaching the art and craft of giving and receiving feedback. *Business Communication Quarterly, 73*(4): 413-431.

In the workplace, the process of evaluating and discussing the performance of both employees and managers is referred to as feedback. The process generally involves a discussion of the individual's strengths or weaknesses, with suggestions on how to improve upon weaknesses. Feedback aligns workplace behavior with the overall goals of a team or an organization. Although the ways in which work teams and organizations provide employee feedback vary greatly, most formalized systems include some sort of quantitative scale coupled with qualitative feedback. To help prepare students for providing and receiving qualitative feedback, the authors incorporate feedback assignments into their

courses. This article proposes two feedback models and introduces four assignments that have successfully been implemented.

Hick R & McCracken J (July 2009). Mentoring vs. coaching: Do you know the difference? *Physician Executive Journal*, July, 71-73.

This article was written as part of a series in a column, *The Coach's Corner.* Many clinician leaders are looked to by their colleagues for guidance and support on both personal and professional issues. Practicing discerning listening skills to determine what assistance may be needed can inform your practice as a mentor and/or coach to provide professional knowledge and experience to guide decision making or to help raise self-awareness and motivation. Mentoring is viewed as the transfer of knowledge or professional experience to another person to advance their understanding or achievement. However, sometimes a colleague needs someone who can stand apart from the issue and help them see it from a different perspective. They need to self-discover what's right for them, reaching a conclusion based on their own values and beliefs. That's when coaching is called for.

† Hoyle L. (2014). Nurses' perception of senior managers at the front line: people working with clipboards. *J Adv Nurs.* November, (70)11:2528-38.

AIM: To provide an original perspective on front-line nurses' perception of senior managers who are not nurses.
BACKGROUND: A key element of new public management had been the drive for 'hands-on' professional management within the UK National Health Service, meaning the employment of mangers with managerial experience but little or no healthcare experience.
DESIGN: An interpretive qualitative study, based on a single case study design with semi-structured interviews.
METHODS: Semi-structured interviews were carried out with 31 front-line Scottish National Health Service nurses exploring their perceptions of the role of managers between July-September 2010.
RESULTS/FINDINGS: Nursing staff were often unsure of the responsibilities of managers and perceived that there were an unnecessarily high number of managers within the National Health Service. Nursing staff raised concerns over the non-clinical background of managers, including their ability to understand the pressures faced at the front line.
CONCLUSIONS: The main reason for conflict between managers and nursing staff was their differing foci. Managers were seen to concentrate on decisions surrounding targets, audits and budgets with little consideration given to the impact of these decisions on patient care.

James V. (2003). Feedback: Facing the blind spots. *Direct,* 62.

This article presents a rationale for creating opportunities to seek out feedback as a strategy for self-improvement and to enhance performance.

Jones T & Sasser WE (1995). Why satisfied customers defect. *Harvard Business Review.* November-December: 88-99.

OBJECTIVE: To examine the degree of satisfaction and loyalty in the consumer as related to their tendency to leave a company. Complete customer satisfaction is necessary to secure customer loyalty. Four elements affect customer satisfaction: the basic elements of the product or service, basic support services, a recovery process to counter negative experiences, and extraordinary care and service that make the customer feel the product is customized for them.
DESIGN: Thirty individual companies in five markets (automobiles, personal computers

purchased by businesses, hospitals, airlines, and local telephone services) were scrutinized.
SETTING: Data on automobiles was gathered using J. D. Power and Associates, a market-research firm, one year following the purchase of a new automobile. Hospital data was gathered using the results of 10,000 surveys of patients at 82 hospital locations that were done by NCG Research. J. D. Power and Associates survey of 20,000 passengers of 8 different airlines was used for the airlines. Local telephone service was analyzed using data provided by a Bell operating company. The personal computer market was studied using the J. D. Power 1994 survey results of 2,000 business users of personal computers.
SUBJECTS: All subjects were gathered as part of the larger surveys.
MEASURES: Measures of loyalty were intent to repurchase, primary behavior (repurchasing, etc.) and secondary behavior (customer referrals, etc.). Customers behave in one of four ways: the loyalist (completely satisfied and continually returns to a company), the apostle (the situation went amiss but the company did an excellent job of recovering and the person spreads the word to others), the defector (people who are neutral to quite dissatisfied), and terrorist (had a bad experience and is telling the world), the mercenary (may be completely satisfied but shows no loyalty), and the hostage (no other services are available).
INTERVENTIONS: None.
RESULTS: The steepest drop in loyalty was in the PC market followed by the hospital market. The only market to turn out as expected was the local telephone business where customers remained loyal despite the lack of alternative options. Satisfaction had a large impact on loyalty. Despite the drop in loyalty experienced by hospitals, most still operate as if little competition exists.
CONCLUSIONS: Customer satisfaction material can be a helpful predictor of how well the company is serving the customers. Understanding the meanings of customer responses is critical to ascertaining customer satisfaction. The measurement of customer satisfaction and loyalty should be a priority. This process needs to be unbiased and generalizable. Individual customers' information should be noted so improvements may be aimed at the single person level. Following the information gathering, a customer response curve should be plotted. The most appropriate strategies for raising customer satisfaction should be determined. One of the most important factors in satisfying customers is how the company reacts when things go wrong.

† Keller VF & Kemp White M (2003). Choices and Changes: A new model for influencing patient health behavior. *JCOM*, 17-20.

Keller and Kemp white, the developers of the Choices and Changes workshop, wrote this article about the workshop and the Confidence and Conviction model.

Kowalski K & Casper C (2007). The coaching process: An effective tool for professional development. *Nurs Adm Quarterly*, 312(2): 171-9.

A model for coaching in nursing is described. Criteria for selecting a coach are discussed. Competencies for a coach are recommended. In addition, guidelines for coaching sessions are provided as well as an example of an action plan outline to help the coachee identify areas of desired growth and options for delivering these areas.

Lamiani G & Futey A (2009). Teaching nurses how to teach: An evaluation of a workshop on patient education. *Patient Education and Counseling*. 75: 270-273.

OBJECTIVE: To evaluate the effects of a patient education workshop on nurses: (1) communication skills; (2) knowledge of patient-centered model, patient education process, and sense of preparedness to provide patient education.
METHODS: Fourteen nurses attended a two-day workshop on patient education based on a

patient-centered model. Data on communication skills were collected by means of pre-/ post-written dialogues and analyzed with the Roter Interaction Analysis System (RIAS). Data of nurses' knowledge and sense of preparedness were collected through a post questionnaire comprised of 5-point Likert scale items.
RESULTS: Post-dialogues showed an increase in patient talking (P<0.001) and in patient-centered communication as indicated by the increase of Psychosocial exchanges (P = 0.003) and Progress exchanges (P=0.001). Nurses reported that the workshop increased "very much" their knowledge of the patient-centered model (mean = 4.19) and patient education process (mean = 4.69), and their sense of preparedness to provide patient education (P = 0.001).
CONCLUSIONS: Data suggest the efficacy of the workshop in developing patient-centered communication skills and improving nurses' knowledge and preparedness to deliver patient education.
PRACTICE IMPLICATIONS: Trainings based on a patient-centered model and interactive learning methods should be implemented for nurses to improve their ability to deliver effective patient education (0.001).
CONCLUSIONS: Data suggest the efficacy of the workshop in developing patient-centered communication skills and improving nurses' knowledge and preparedness to deliver patient education.
PRACTICE IMPLICATIONS: Trainings based on a patient-centered model and interactive learning methods should be implemented for nurses to improve their ability to deliver effective patient education.

Larkin TJ & Larkin S (1996). Reaching and changing frontline employees. *Harvard Business Review* May-June: 95-104.

ABSTRACT: Research is reviewed on the pitfalls of many current approaches used by organizations to communicate change to employees. Messages from top management about values and slogans are described as potentially undermining efforts for significant organizational change. Rather, supervisors of front line employees are described as the most effective way to communicate important organizational change. An emphasis is placed on actions that demonstrate the organization's commitment to the new strategy. The article includes specific examples of how front line supervisors have influenced staff change.

Larson JR (1989). The dynamic interplay between employee feedback-seeking strategies and supervisors' delivery of performance feedback. *Academy of Management Review.* 14(3): 408-422.

This article examines the relationship between employees' feedback-seeking behavior and the informal performance feedback they receive from their supervisors. The focus is on those situations in which the employee is performing poorly. The central thesis is that when employees suspect that they are performing poorly, they often use feedback-seeking strategies that tend to minimize the amount of negative performance feedback they receive. Processes operating on both sides of the supervisor-employee interaction are identified as likely contributors to this effect. For the employee, these processes are rooted in a deep seated motivation to maintain a positive self-esteem, and for the supervisor, they are rooted in an underlying reluctance about giving negative performance feedback.

Leebov W (2012*). Customer service for professionals in health care: Key behaviors that enhance the patient and family experience*. American Hospital Publishing, Inc.

This short book is a guide to customer service essentials for front line staff and help to raise their awareness of their own current behavior compared to the behaviors that reflect great customer service.

Leebov W, Scott G & Olson L (2012). *Achieving impressive customer service: 7 strategies for the health care manager.* Jossey-Bass.

Achieving Impressive Customer Service helps healthcare managers inspire and mobilize their teams to extend effective service and caring to the people they serve. This book describes a rich array of simple, doable approaches that, one at a time, or in tandem, will result in improved service quality and customer satisfaction.

Malloch K (2001). Coaching for success: Performing, developing, and communicating. *Patient Care Management.* 16(11) :8-9.

Estimates for leadership skills predict a shift from crisis management to coaching processes—a shift from 2% coaching to 70% leadership time spent in coaching. Conversely, time spent in crisis management is expected to decrease from 90% to less than 10%. The role of the leader is necessarily shifting from decision maker to facilitator, from traffic cop to role model, from boss to coach. Effective coaching can affect both the individuals and the organization in several way. This includes gaining insight into another's feelings and behaviors, identifying development needs, confronting performance issues in an organized way, recognizing the contributions of others, and improving employee satisfaction.

McKimm J (2009). Giving effective feedback. *British Journal of Hospital Medicine.* 70(3): 158-161.

Feedback is a vital part of education and training which, if carried out well, helps motivate and develop learners' knowledge, skills and behaviors. It helps learners to maximize their potential and professional development at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance.

Miller KI, Ellis BH et al. (1990). An integrated model of communication, stress, and burnout in the workplace. *Communication Research* 17(3): 300-326.

The social information processing theory of G. R. Salancik and J. Pfeffer and the uncertainty reduction theory of C. R. Berger and R. J. Calabrese (1975) are drawn on to propose a caregiver model in which communication variables lead to 2 stress variables then to burnout and finally to job satisfaction and occupational commitment. Data to test the proposed models were obtained from 417 employees at a private psychiatric hospital. Participation in decision making and social support had important impacts on perceived workplace stress, burnout, satisfaction, and commitment for caregivers and support personnel. Perception of participation in the decision-making process was particularly crucial in reducing role stress and increasing perceptions of satisfaction and personal accomplishment for hospital caregivers.
OBJECTIVE: To test a model of stress, burnout, job satisfaction, and communication among psychiatric hospital staff.
DESIGN: Cross-sectional, descriptive survey.
SETTING: Private mid-western psychiatric hospital.
SUBJECTS: 756 employees, 427 returned surveys (57%); 35% were nurses, 35% respondents were physicians, psychologists, therapists, and social workers; 30% worked in support services such as accounting, reception, records, food service, & housekeeping.
INTERVENTION: None.
DATA COLLECTION: The Maslach Burnout Inventory measured burnout (emotional exhaustion, depersonalization of others, and sense of personal accomplishment). Work satisfaction was measured with the Job Descriptive Index. The Organizational

Commitment Questionnaire measured organizational commitment. A 3-item scale was used to measure participation in decision-making, and a 4-item scale measured social support from supervisor and coworkers.
DATA ANALYSIS: Confirmatory factor analysis was used to confirm the factor structure of all scales. Path models between the variables were assessed using correlational analysis (least squares).
FINDINGS: For both direct care and support staff, participation in decision-making had a significant effect on burnout and stress. Many communicative processes were associated with job attitudes. For direct caregivers, participation in decision-making also impacted sense of personal accomplishment and work satisfaction. Social support from coworkers had no impact on stress, burnout, or organizational commitment. Social support from supervisors had a weak, but significant, association with workload, and role stress. The extent to which caregivers perceived their communications with patients as depersonalized increased emotional exhaustion, reduced their sense of personal accomplishment, and reduced work satisfaction. For support staff, participation in decision-making was strongly associated with role stress, personal accomplishment, and work satisfaction. However, coworker support and supervisor support both strongly influenced stress and burnout. Workload was associated with role stress, emotional exhaustion, and reduced personal accomplishment.
CONCLUSIONS: Communication, especially participation in decision-making and support from supervisor and coworkers, has a crucial role in the control of burnout and job stress and in the promotion of job satisfaction.

Miller L (2010). Managing the problem employees: A model program and practical guide. *Int J Emerg Ment Health.* 12(4): 275-85.

This article presents a model program for managing problem employees that includes a description of the basic types of problem employees and employee problems, as well as practical recommendations for (1) selection and screening; (2) education and training; (3) coaching and counseling; (4) discipline; (5) psychological fitness-for-duty evaluations; (6) mental health services; (7) termination; and (8) leadership and administrative strategies. Throughout, the emphasis is on balancing the need for order and productivity in the workplace with fairness and concern for employee health and well-being.

Norcini JJ (2005). Current perspectives in assessment: The assessment of performance at work. *Med Educ.* 39(9): 880-9.

BACKGROUND: Traditional assessment has improved significantly over the past 50 years. A number of new testing methods are now in place, the computer is improving both the fidelity and efficiency of examinations, and the psychometric principles on which assessment rests are more sophisticated than ever.
AIM: There is growing interest in quality improvement and there are increasing demands for public accountability. This has shifted the focus of testing from education to work. The purpose of this paper is to describe the assessment of work.
DISCUSSION: In contrast to traditional assessment, there are no “methods” for the evaluation of work because the content and difficulty of the examination are not controlled in any fashion. Instead it is a matter of identifying the basis for the *judgment* (outcomes, process, or volume), deciding how the data will be gathered (practice records, administrative databases, diaries/logs, or observation), and avoiding threats to validity and reliability (patient mix, patient complexity, attribution, and numbers of patients).
FUTURE DIRECTIONS: Overall, the assessment of doctors’ performance at work is in its infancy and much research and development is needed. Nonetheless, it is being used increasingly in programmes of continuous quality improvement and accountability. It is

critical that refinements occur quickly to ensure that patients receive the highest quality of care and that doctors are treated fairly and provided with the information they need to guide their professional development.

Perryman D (2012). Coaching employees through difficult situations. *Health and Sciences Television Network*, Primedia Network. Retrieved on March 20, 2012 from http://www.jackofalltraining.com/pdf/coaching.pdf

Employees need help to know how to work through conflict situations, and managers need to know how to help them. This presentation offers a program which discusses the benefits of coaching, the characteristics of a good coach, and the fundamentals of coaching. The program also discusses how to motivate employees and suggests ways to modify employee behavior.

Prochaska JO, DiClemente CC, & Norcross J C (1992). In search of how people change. applications to addictive behaviors. *The American Psychologist, 47*(9), 1102-1114.

DESCRIPTION OF CONTEXT: Summary of the research on self-initiated and professionally facilitated change of addictive behaviors using the transtheoretical constructs of stages and processes of change.
TOPIC/SCOPE: Change occurs in spiral movements through specific stages of change where relapse and recycling often occurs. Progression through the Stages of Change (precontemplation, contemplation, preparation, action and maintenance) is not linear. The second dimension of the transtheoretical model is the process of change which needs to be integrated with the stages of change. The processes of change include: consciousness raising, self-re-evaluation, self-liberation, counter-conditioning, reinforcement management, helping relationships, dramatic relief, environmental reevaluation, and social liberation.
CONCLUSIONS/RECOMMENDATIONS: A systematic integration of the stages and processes of change will result in successful self-change and/or psychotherapy. This means doing the right thing (processes) at the right time (stages). The ability of a health professional to ascertain the process and stage of a person will greatly enhance a successful behavior change.

† Scott BA, Colquitt JA, Paddock EL, Judge TA (2010). A daily investigation of the role of manager empathy on employee well-being. *Organizational Behavior and Human Decision Processes.* November 2010, Vol. 113 (2), 127-140.

In a daily diary study, the authors investigated the top-down influence of manager empathy on a process model of employee well-being. Sixty employees supervised by one of 13 managers completed a daily survey for 2 weeks, producing a total of 436 observations. Hierarchical linear modeling results revealed that, at the daily level, employees who reported somatic complaints made less progress on their goals and felt lower levels of positive affect and higher levels of negative affect. At the group level, cross-level main and interactive effects of manager empathy were observed, such that groups of employees with empathic managers experienced lower average levels of somatic complaints, and daily goal progress was more strongly related to positive affect for groups of employees with empathic managers. We discuss the implications of these results for the emerging literature on leaders as managers of group emotion.

Severinsson EI & Kamaker D (1999). Clinical nursing supervision in the workplace—effects on moral stress and job satisfaction. *Journal of Nursing Management* 7(2): 81-91.

This was a study to investigate nurses' satisfaction with their work environment and moral stress levels as effects of systematic clinical nursing supervision. Nurses have identified high workload, low influence over work assignment, limited avenues for skills development and diminishing support from supervisors as sources of considerable tension resulting in deterioration of work conditions and decreased job satisfaction. This study is a descriptive–correlational study. Data were analyzed by means of descriptive statistics. The major result indicates moral stress in the workplace. It was found that a significant relationship existed between moral sensitivity and systematic nursing clinical supervision. The results point to the need to support nurses in developing personal qualities, integrated knowledge and self-awareness, which is in line with the effects of clinical nursing supervision reported in other studies. [Abstract from author]
OBJECTIVE: To investigate the effects of systematic clinical nursing supervision upon nurses' satisfaction with their work environment and moral stress levels related to ethical decision-making.
DESIGN: Descriptive-correlational study.
SETTING: Public general hospital in Sweden.
SUBJECTS: All nurses who had worked at the hospital for at least 3 months (n=158 out of 240 possible respondents).
INTERVENTION: None.
DATA COLLECTION: Two questionnaires were used to collect information about demographics, work environment issues, moral sensitivity, and selected individual and organizational characteristics. The work environment questions tapped commitment to career, duties, routines, communication, meaningful work, organizational changes, workload, job stress, job motivation, job expectations, job security, supervision, and health difficulties using 6-point agreement scales. The moral sensitivity questionnaire used 7-point Likert-type scale questions to assess benevolence, the desire to "do good," interpersonal orientation toward building trusting relationships with patients, responding to patients' individual needs, ways of creating meaning out of actions and decisions, strategies used to limit patient autonomy, awareness of patients' right to make choices, moral conflict, and confidence in professional competence.
DATA ANALYSIS: Descriptive statistics and factor analysis were used to measure interrelationships between the variables.
FINDINGS: Relation to superior and colleagues, stress, engagement, perceived anxiety, and physical and mental problems explained most of the variance in nurses' views of their work environment. Interpersonal orientation, structuring moral meaning, expressing benevolence, modifying patients' autonomy, experiencing conflict, and rules explained half the variance in nurses' moral sensitivity. Significant correlations were found between interpersonal orientation and experience of stress in the workplace, relationship to superior & colleagues and structuring moral meaning, and the total work environment score and structuring moral meaning, perceived anxiety, expressing benevolence, and stress. Physical and mental problems correlated with modifying autonomy and perceived anxiety. Experiencing conflict and perceived anxiety were correlated. Stress was also correlated with the total moral sensitivity score. Nurses working full-time, especially those who often worked overtime, had significantly greater stress than part-time nurses. Nurses who received systematic clinical supervision expressed higher moral sensitivity, indicating that supervision provides the opportunity to reflect upon professional activities and decisions and to create meaning out of patient care and other workplace events. However, these nurses scored higher on stress, lower on anxiety, and lower on relationship to superior and colleagues and engagement in the workplace than nurses not receiving clinical supervision.

This may indicate higher self-reflection and critical thinking among supervised nurses. Nurses who valued creating interpersonal relationships with patients used more strategies to structure meaning out of work and care giving situations. However, greater emphasis on the interpersonal orientation was associated with increased experience of stress, which may indicate that patient-centered care models may put more psychosocial stress on nurses than task-oriented care.
CONCLUSIONS: The provision of systematic clinical supervision can potentially help nurses cope with the demands of the work environment by improving critical thinking skills, ethical decision-making, integration of clinical and theoretical knowledge, and by providing support for the psychosocial stressors resulting from patient-centered care.

Williamson C (2009). Using life coaching techniques to enhance leadership skills in nursing. *Nursing Times.* 105(8): 20-3.

This article describes a recent initiative, which used life coaching to develop strong leadership skills and empower individual team members and the team as a whole. A three stage process was used to enable a team of nurses in a GP practice to improve working relationships, leadership skills and stress management.

Zadvinskis I, Glasgow G, Salsbury S (2011). Developing unit-focused peer coaches for the clinical setting. *J Contin Educ Nurs.* 42(6): 260-9.

In teaching, nursing management, and professional development, the traditional one-to-one approach is used in the peer coach relationship. In clinical environments, the use of peer coaches is a creative way to implement practice change. Tailoring the concept of peer coaching to consider the dynamics and structure of the clinical environment is essential. This article describes the use of a change model in the preparation of peer coaches for safe patient handling in an acute care setting. Unit-focused peer coach preparation includes multiple teaching techniques, such a lecture, hands-on experience, and scripting. Unit-focused peer coaches are a helpful adjunct to nursing staff development.