

# EXECUTIVE COACHING TO THE DEVELOPMENT OF COMPETENCES OF NURSE LEADERS

## EXECUTIVE COACHING PARA DESENVOLVIMENTO DE COMPETÊNCIAS DE ENFERMEIRAS LÍDERES

## COACHING EJECUTIVO PARA EL DESARROLLO DE HABILIDADES DE ENFERMERAS LÍDERES

 Joughanna do Carmo Menegaz <sup>1</sup>

 Victoria Malcher Silva Fontes <sup>1</sup>

<sup>1</sup> Universidade Federal do Pará - UFPA, Faculdade de Enfermagem da UFPA. Belém, PA - Brazil.

**Corresponding author:** Joughanna do Carmo Menegaz  
E-mail: jomenegaz@gmail.com

### Author's Contributions:

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### ABSTRACT

**Objective:** to analyze the development of individual skills of leading nurses in peer coaching sessions. **Method:** qualitative, descriptive and analytical study, carried out in a university hospital in Northern Brazil. Eight nurse managers of care and technical units participated. Data were collected during and after peer coaching sessions, through non-participant observation, documents and interviews. Subsequently, they were gathered and analyzed using the content analysis technique. **Result:** 25 sessions were held. From the current state, a desired state and the related competence or skill were chosen. They were elected: conflict resolution, supervision, organization, administrative process, delegation, leadership, teamwork, decision making, communication and permanent education. Competences were assessed with absent, partial or integral development. **Conclusion:** the results suggest that, regardless of whether objective and subjective data can classify the development of competences, the awakening of consciousness, the conduct of accountability and the process of reflection of the experience are individual and, consequently, organizational advances. It is emphasized that the development of skills and the implementation of changes are possible with coaching. The process changed the nurses' perception, motivated and was positive, even in an adverse scenario.

**Keywords:** Nursing; Mentoring; Personnel Administration, Hospital; Professional Competence; Hospitals, University.

### RESUMO

**Objetivo:** analisar o desenvolvimento de competências individuais de enfermeiras líderes em sessões de peer coaching. **Método:** estudo qualitativo, descritivo e analítico, realizado em hospital universitário do Norte do Brasil. Participaram oito enfermeiras gerentes de unidades assistenciais e técnicas. Os dados foram coletados no decorrer e após as sessões de peer coaching, por meio de observação não participante, documentos e entrevista. Posteriormente, foram reunidos e analisados pela técnica de análise de conteúdo. **Resultado:** realizaram-se 25 sessões. A partir do estado atual, elegeram-se um estado desejado e a competência ou habilidade relacionada. Foram eleitas: resolução de conflitos, supervisão, organização, processo administrativo, delegação, liderança, trabalho em equipe, tomada de decisão, comunicação e educação permanente. As competências foram avaliadas com desenvolvimento ausente, parcial ou integral. **Conclusão:** os resultados sugerem que, independentemente de os dados objetivos e subjetivos poderem classificar o desenvolvimento de competências, o despertar da consciência, a conduta de responsabilização e o processo de reflexão da experiência são avanços individuais e, conseqüentemente, organizacionais. Ressalta-se que o desenvolvimento de competências e a implementação de mudanças são possíveis com coaching. O processo modificou a percepção das enfermeiras, motivou e foi positivo, mesmo em cenário adverso.

**Palavras-chave:** Enfermagem; Tutoria; Administração de Recursos Humanos em Hospitais; Competência Profissional; Hospitais Universitários.

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## RESUMEN

**Objetivo:** analizar el desarrollo de las habilidades individuales de enfermeras líderes en sesiones de peer coaching. **Método:** estudio cualitativo, descriptivo y analítico realizado en un hospital universitario del norte de Brasil. Participaron ocho enfermeras gerentes de unidades de atención y técnicas. Los datos se recogieron durante y después de las sesiones de peer coaching, a través de la observación no participante, documentos y entrevistas. Posteriormente, se reunieron y analizaron utilizando la técnica de análisis de contenido. **Resultado:** se realizaron 25 sesiones. Del estado actual, se eligió un estado deseado y la competencia o habilidad relacionada. Se eligieron: resolución de conflictos, supervisión, organización, proceso administrativo, delegación, liderazgo, trabajo en equipo, toma de decisiones, comunicación y educación permanente. Las competencias se evaluaron con desarrollo ausente, parcial o integral. **Conclusión:** los resultados sugieren que, independientemente de si los datos objetivos y subjetivos pueden clasificar el desarrollo de competencias, el despertar de la conciencia, la conducta de la responsabilidad y el proceso de reflexión de la experiencia son avances individuales y, en consecuencia, organizacionales. Se enfatiza que el desarrollo de habilidades y la implementación de cambios son posibles con el coaching. El proceso cambió la percepción de las enfermeras, motivó y fue positivo, incluso en un escenario adverso.

**Palabras clave:** Enfermería; Tutoría; Administración de Personal en Hospitales; Competencia Profesional; Hospitales Universitarios.

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## INTRODUCTION

In the management of people in health organizations, different conceptions and policies can be adopted, from the traditional ones, focused on recruitment, selection and training, to the modern ones, focused on competences, development and performance promotion. Regardless of this, professional updating is a growing demand, with a view to improving the care provided, in a context of gradual reduction of budgetary allocations, stressful environments, loosening of bonds and perceived loss of rights.<sup>1</sup> Coaching, although not necessarily new, in health it appears to be innovative, capable of contributing to personal, professional and organizational development.

Coaching is a process of identifying the current state and establishing a desired state. It involves at least two people: the coachee, individual or organizational representative who determines the object of the coaching agreement, receives support and seeks to develop; and the coach, a trained professional, who helps the first one to move from the current state to the desired state, carrying out actions in the present oriented to the future.<sup>2</sup>

Coaching processes can be directed to life (life coaching), organizational (business or internal and organizational coaching) or professional (executive coaching) issues. The purpose of business coaching is to organize, promote

growth, including defining the mission, vision, values and objectives. Executive coaching takes the organizational scope into consideration, but focuses on leaders or managers, on improving individual skills.<sup>3,4</sup> Communication, interpersonal relationships, teamwork and leadership are examples of competencies presented as desired states.<sup>5</sup>

Organizations that manage by competencies can particularly benefit from coaching processes, either adopting it internally or relying on an external coach.<sup>3</sup> Business coaching helps in the establishment of organizational skills, while executive coaching promotes the development of individual skills.<sup>6</sup> Together, organizational and individual competencies are articulated in people management policies that map, develop and promote performance.

The development of individual skills through coaching has relevance for the health area in general and for Nursing in particular, since acting at the operational level at the strategic level, the nurse is by nature a manager of personnel. Coaching, as a promoter of the development of leadership competence,<sup>7</sup> directly associated with patient results, has been the subject of research that suggests its effectiveness. It is noteworthy that it boosts the potential of professionals and promotes transformation in the organizational culture and can also promote improvement in the relationships between leaders and followers, allowing significant advances in achieving goals.<sup>3,8,9</sup>

Internationally, Nursing has contributed to expand the knowledge about coaching for the development of skills,<sup>10-12</sup> however Brazilian studies are still scarce and not directly related to this cut.<sup>8,13,14</sup> The need to deepen knowledge about the relevance for the development of the skills of nurses is a reality.<sup>3,15</sup> The emphasis on people management and the contingencies of health organizations demand increasingly competent leaders, which challenges even professionals with years of experience in a leadership position.<sup>16</sup>

Thus, the question is: *does coaching promote the development of skills of nurse leaders in a university hospital? Is it possible to promote the development of skills among peers?* The purpose of this article was to analyze the development of individual skills of nurse leaders in peer coaching sessions.

## METHOD

Descriptive, qualitative study, developed in a large university hospital, managed by the Brazilian Hospital Services Company (*Empresa Brasileira de Serviços Hospitalares - EBSERH*). In the organizational chart, there are at the strategic level the superintendence and three managements: a) health care; b) teaching and research; c) administrative. The Nursing division is subordinated to health care management

and is responsible for the planning, organization, direction, coordination, execution and evaluation of the Nursing service.<sup>17</sup>

As a result of contracting with EBSEH, the hospital was in transition from a managerial model, being therefore intentionally chosen as the research, teaching and extension scenario of the first author, within the scope of the research projects "Nursing management: new approaches to training and work in public universities and university hospitals", approved by the Ethics and Research Committee under Opinion Report Nr. 2,165,945; and extension "Introduction of strategic tools to the management of Nursing personnel in university hospitals". Both supported by the service.

The transition in management highlights the implementation of people management based on competences, previously not developed in the hospital. Thus, in defining the sample, nurses in leadership positions were purposely highlighted as participants in the study and could be multipliers in this new moment. The construction of a list of nurses' individual skills and their development through coaching were investigated in parallel, the focus of this article.

Eight nurse managers of care and technical units participated based on the inclusion criteria: a) being a nurse; b) being in a leadership role; c) having participated in the activities of building the nurses' individual skills list; d) having a coaching leadership profile, according to the scores of the Nurse Self-Perception Questionnaire in Leadership Exercise questionnaires (*Questionário de Autopercepção do Enfermeiro no Exercício da Liderança*, QUAPEEL) and Nursing Technician and Assistant Perception Questionnaire in Leadership Exercise (*Questionário de Percepção do Técnico e Auxiliar de Enfermagem no Exercício da Liderança*, QUEPTAELL).<sup>8</sup> It was an exclusion criterion to have a temporary contract with the institution. Figure 1 below summarizes the coachees identification process.

Data collection comprised three sources, collected progressively: a) non-participant observation of peer coaching sessions; b) documents (frequency of sessions and accompanying document with skills, goals and actions worked); c) interview. Peer coaching is a method of professional development carried out among peers, to improve or produce skills,<sup>18</sup> chosen for the study due to the first author being a nurse, coach and having teaching activities on the spot. Thus, she was a peer coach for nurses/coachees.

The sessions were individual, weekly or biweekly, according to the availability of the coach and coachees, from June to September 2017. They took place in a hospital room reserved for this purpose, with an average duration of one hour. The conduction of the sessions was not rigid but structured.

A four-session process was envisaged. In the first, the results of the QUAPEEL-QUEPTAEL<sup>8</sup> tests were returned and expansion was promoted. The coachee spoke freely about her perception of work and challenges; from the report, the funneling induced by questions from the coach to define the objective began, a competence to be developed. They were managerial skills described in the list: supervision, leadership, administrative process, permanent education, interpersonal relationships, decision making, teamwork and communication.

Thus, from its current state, the coachee defined, with assistance, the desired state; competence or knowledge, skill and attitude that she wished to develop, in order to be able to follow progress and points of improvement in sessions. Therefore, they usually started with feedbacks of activities, goals and actions proposed in previous sessions. At the end of each session, the date and time of the next one were agreed.

The second author, initially, was an observer, recorded objective and subjective notes in a field diary and then conducted the interviews from October to November 2017. The interviews were recorded with the aid of a recorder, with an average duration of 40 minutes, also in the reserved room. The documents served as a subsidy for the interviews, as it sought to validate events, objective phrases and subjective aspects perceived in the peer coaching sessions.

For data analysis, Bardin's content analysis technique was used.<sup>19</sup> The pre-analysis consisted of: a) the organization of the collected material; b) choice of documents that would be submitted for analysis; c) preparation of documents; d) interpretation and typing of field diary records, selecting objective and subjective aspects to validate in the interviews; e) attentive listening and transcription of the interviews; f) validation of the interviews and post-validation adjustments.

The assessment of the material consisted of an exhaustive reading of the digitalization of the field diary and validation of the interviews. In the first assessment, 44 codes were created. In the second, these codes were described one by one and those referring to similar contents were grouped, generating 37 codes. In the third, the codes were organized into four categories: a) organizational context; b) perceptions about coaching; c) competencies, goals and actions worked on in the coaching process; d) assessment of the development of skills based on coaching.

In this article, only category c is addressed - "competencies, goals and actions worked on in the coaching process". The codes that make up this category are goals related to the development of skills, actions related to the development of skills and perception of the development of skills after the coaching process. In order to preserve the anonymity of the coachees, they will be called "nurse" followed by natural numbers (1,2,3,4,5,6,7,8).

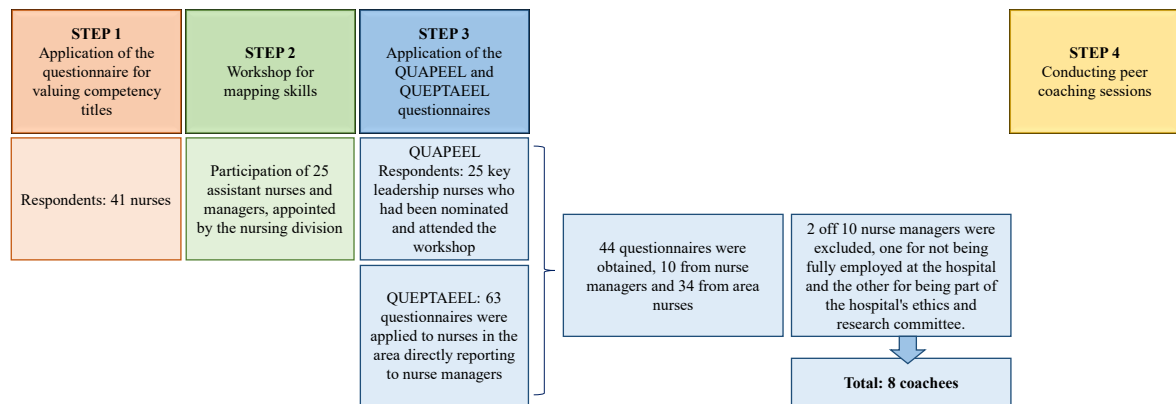


Figure 1: Coachees' selection  
Source: own data.

## RESULTS

Table 1 shows an overview of the current and desired states in relation to the competencies worked on, as recorded in the accompanying documents. Then, the codes of goals and articulated actions and perceptions about the development of competencies through peer coaching sessions. It is worth mentioning that 38 sessions were scheduled, 25 of which were held and 13 canceled due to absences from the coachees. There were situations in which the interval between one session and the other was one month.

In the first session, the current state was identified, and the desired state was established, articulating actions based on the competence that would be developed. Considering the desired state and having established the conflict resolution competence as necessary to develop, nurse 1 agreed on the following actions:

- (1) build the proposal for a course for October with the theme of coaching and humanization;
- (2) maintaining biweekly meetings with the team (Nurse 1: follow-up form for peer coaching sessions - 15:11).

Table 1 - Current, desired status and related skills. Nurses leaders, Belém, PA, Brazil, 2017

Nurse and Nr. of Sessions	Current state	Desired state	Competence or skill to be worked
Nurse 1 2 sessions	Conflicts with subordinates	Urbanity in relationships	Conflict resolution
Nurse 2 4 sessions	Activity overload, difficulty meeting deadlines	More productivity and resolution in relation to activities	Supervision and organization
Nurse 3 4 sessions	Processes without standardization, with staff in need of continuing education	Improvements in work processes and development of evidence-based practice	Administrative procedure and delegation
Nurse 4 4 sessions	Absence of standards and routines in the unit, with work overload	Achieve the proper and safe functioning of all sectors of the diagnostic support service	Administrative process
Nurse 5 3 sessions	Unsatisfactory communication, lack of motivation, little physical presence as a leader, difficulty supervising and monitoring results, insecurity	Improve the establishment of goals and monitor the results, improve the teamwork and continuity of service and humanize assistance	Leadership and teamwork
Nurse 6 3 sessions	Absence of head of unit, creating management burden for nurses	Take the boss role off my back	Decision-making
Nurse 7 1 session	Personal problems that interfere with work, no meetings, conflicts in the Nursing team	Exchange ideas with the Nursing staff periodically in order to organize the Nursing service	Communication
Nurse 8 4 sessions	Absorption of many roles in the hospital, with work overload and difficulty in carrying out the effective assignments of the position	Become competent in the construction and management of permanent education processes and build a permanent education project for a medical and multiprofessional residency program	Permanent education

Most coachees remained during the process with the desired state established in the first session. Nurse 2 chose the organization skill and the supervision competence, with a view to later assuming the role of manager, as she was an interim manager. However, as the sessions took place, taking on a management position was no longer in her perspective. In this context, it continued to work on the organizational skill:

*[...] I was really noticing what was a priority in my professional life, so as not to try to embrace everything. So not being a boss or being a boss is not something that is part of my desires, of my professional goals, that's it [...]* (Nurse 2 - 9: 4).

*Actions: (1) reflection on my priorities; (2) describe steps to achieve my goals (3) make a daily weekly schedule* (Nurse 2: follow-up form for peer coaching sessions - 16:14).

The administrative process competence was shared by nurses 3 and 4, each with specific actions for their desired contexts and states:

*(1) identify process failures; (2) giving feedback from the analyzes to the assistance teams on adjustments to be made; (3) collect return and adjust individual situations on time; (4) carry out two rounds of conversation a week to problematize, exemplify process correction* (Nurse 3: follow-up form for peer coaching sessions - 17: 8).

*(1) describe the problems of each sector; (2) describe the potentials, threats, opportunities and weaknesses of the identified problems; (3) sharing with the teams from the different sectors the identified problems and listening to their suggestions; (4) develop a schedule for reviewing and preparing the manuals; (5) sector standards, routines and protocols; (6) planning training and qualifications for the Nursing staff of the mid-diagnosis division; (7) planning for 60 days* (Nurse 4: follow-up form for peer coaching sessions - 18: 9).

Nurse 5, to develop the leadership and teamwork competence, proposed, respectively:

*(1) supervise the application of the Perroca scale until 26/Jul/2017; (2) giving individual feedback to nurses* (Nurse 5: follow-up form for peer coaching sessions - 19: 9).

*(1) survey and identification of problems, perceptions with the nurses of each team; (2) approaching each clinic team in their work shift to identify problems and discuss service improvements; and (3) establishing partnerships with the multiprofessional residency to approach the teams regarding the humanization of assistance and teamwork* (Nurse 5: follow-up form for peer coaching sessions - 19:12).

Nurse 6, to improve decision-making competence, planned the following actions:

*Actions: (1) wait for the definition of the boss; (2) give health care management a deadline to resolve the situation or assume the role of chief from October; (3) meet with the head of Nursing and report the losses after the nurse leaves the afternoon; and (4) ask the manager for an additional nurse for my clinic* (Nurse 6: follow-up form for peer coaching sessions - 20: 9).

Nurse 7 structured the following actions to improve communication skills:

*(1) schedule meetings with each team, with Nursing technicians and nurses, in August; (2) check the appropriate place and time; (3) hold the meetings with group dynamics, snacks and, if possible, give the participants time off* (Nurse 7: follow-up form for peer coaching sessions - 21: 6).

Nurse 8 and actions to develop the continuing education competence:

*Improve knowledge based on readings on: (1) permanent education policy, (2) problematization methodology, (3) Paulo Freire's literature (Pedagogy of Autonomy), (4) systematizing the compression of SUS's principles of permanent education and at the teaching hospital, (5) meeting with facilitators for the planning of the permanent education project and residency program in the last week of August* (Nurse 8: follow-up form for the peer coaching sessions - 22: 9).

Based on the definitions of the current and desired states, elected competences, actions, frequency in sessions and nurses' perception of the development of competences, development was classified as absent, partial and integral.

As for the absent development, nurse 1 assessed that she did not develop the conflict resolution competency. There was low frequency in the sessions, in which of the five

previously scheduled, she was only present in the first and last, in addition to not performing the actions proposed.

*I really couldn't put it into practice, I can't tell you that it was something that got results [...] maybe I should have forgotten a little about the big problems, not being involved so much and going out, having worked more on it. But things are very emergent [...], there are other commitments, which often prevented me from participating [...]* (Nurse 1 - 6:45).

Nurses 3, 4 and 5 partially developed the proposed skills.

*[...] I changed my role, I changed my team, and today with the experience of previous sessions, I am able to be a little more clear about those things that were being scored [...] I already see that in part I am managing achieve the first goals that I wanted from the beginning: process improvements and evidence-based practice [...]* (Nurse 3 - 7:19).

For nurse 5, the coaching tool was relevant to develop leadership competence. However, teamwork has not made much progress.

*I think I managed to progress a little in relation to the question of leadership [...] what I said, brought a reflection on these new strategies to work on the manager's skills [...] I think we need to make the management team aware that that work needs to be done, that it needs to bring the team close to us and not be authoritarian just saying what has to be done and ready. I prefer to work along this path of team awareness, the importance of work, the need for activities to be developed, and I think coaching has shown me that suddenly this is the right way [...]* (Nurse 5 - 12:6).

*[...] team work still has a lot to improve, there are still obstacles, the question of my rare availability to be closer to the team, to be more present, to make myself present in time, this is my difficulty [...]. She made some progress in the matter of teamwork, but there is still room for improvement [...]* (Nurse 5 - 12:17).

Nurses 2, 4, 6, 7 and 8 express satisfaction with the development of the elected competence:

*Today I feel satisfied, because as I managed to organize myself, to leave what really was not my obligation, my assignment [...] I started to think about*

*the service, what I have to do, what to give to do and that way I am not embracing anything that I know I will not achieve [...] I am satisfied, I am not even worried about anything else in this regard* (Nurse 2 - 9:7).

*[...] what most marked this process was in the first session, I was aware of all the problems, everyone involved in the problem, with regard to my sector [...], I remember what I did, I listed all the problems, and among all the problems in the later session, after reading a little bit more, according to guidance, I realized that not all that really concerned me. So, from the moment I started to solve what is my right, Nursing production would be better. So there was this difference, in the first moment I saw the general problem and in the second I already saw what concerned me, and there was 20% left for me to solve, because 80% was not my competence [...]* (Nurse 4 - 1:45).

*Yes, it helped. It even helped to encourage. I think it's interesting, because there are certain decision-making processes that we have to have the courage to take, you know? There are certain directions that we really need to have courage [...]. So, I saw in coaching a way to encourage you to really practice leadership within your competence* (Nurse 6 - 2:56).

*[...] I feel that I have evolved in this part. I'm not afraid anymore, before I was very afraid of the issue of communication, of how to get to the team, of imposing myself! [...] I realized that I am closer to them, and this is better for me, because I think that management is not just staying in your office writing, making shift schedule, you have to be there together, there in the work environment, seeing the difficulties, and they like it a lot when I'm together, right? [...] You made me see and act right away about this issue that was afflicting me, which was communication. If I didn't have that charge, maybe I wouldn't have emphasized this work, understand? It was something that impelled me to do it* (Nurse 7 - 11:14).

*The project not only contributed to this issue of organizing permanent education, but it helped me make other decisions within what I was doing [...] personally, it was for me, it contributed a lot, the content was very rich [...] the direction was well given, I went after it, in fact I went after it according to your guidelines [...] I continue to follow this line, I think it is opening many paths, not only for this plan, but for other decisions that I need to take, I liked it a lot* (Nurse 8 - 10:4).

It should be emphasized that although nurse 7 highlighted the evolution in communication competence, she was only present in one peer coaching session, missing all the others scheduled and making it impossible to monitor the activities.

## DISCUSSION

To assess the results of coaching processes, it is necessary to condition them, simultaneously, to the analysis of organizational variables, such as assistance model, management model, organizational design, people management policy, organizational culture, and the support they are for the process; in addition to individual variables, such as mindset, awareness, commitment and motivation of the coachees.<sup>4,9,11,20</sup> The combination of these variables will allow the adequate conclusion of the expected return.

At the site of the study in question, although the assistance and management models were present, the new organizational design was not clear to everyone. Health organizations, in order to achieve their goals, need the synergy of multiple professional categories,<sup>15,16</sup> a challenge in times of transition from the management model; in these situation[ns, the objectives, positions, roles and competences are not clear and a mixture of policies and processes, old and new, is observed. It is evident that the coaching tool brings clarity of roles to those involved.<sup>11</sup>

Changes in policies and processes provide opportunities for the improvement of professionals. By replacing systems, newly structured health organizations can evolve and improve results.<sup>21</sup> In this context, however, the transition from university management to EBSERH caused the indecision of positions and roles. In view of this, many units were without chiefs, and between new and old assignments the nurses accumulated both. In this overload scenario, uncertainties about the Nursing management work made it difficult for the coachees to find out where they should go with the sessions.

It is expected that the definition of the competencies to be worked on is in partnership with the organization, by immediate leadership or people management.<sup>15</sup> In this way, business and executive coaching processes are connected, which increases the chances of results. In this study, a list of competencies (means of support and alignment for the service) was discussed with the manager based on organizational competencies, but this did not spread from the Nursing division to the units, so that it reached the coachees with due importance.

In this circumstance, individual skills were chosen by coachees based on particular beliefs and understandings about what was necessary for the organization (nurses 3, 4, 5 and 8), by habit or custom, with little dimension of the impact that the development of those skills could generate in the service.

It focused on individual gains (nurses 2 and 6), with difficulties in noticing how they could be multipliers of this new moment. This scenario may have affected the individual variable of motivation and commitment (nurses 1 and 7), with damage to the perception about the skills development of some nurses.

As for the individual variables, the mindset (view that is adopted about oneself and its development)<sup>20</sup> can be of two types: fixed and growth. The fixed expresses the belief that the qualities or competencies are unchanging; that of growth, that it is possible to cultivate characteristics or competences or to develop from commitment.

In general, the coachees showed a growth mindset by taking responsibility for conducting the actions they proposed. It is observed in the description of these actions the importance of their own conduct to resolve them, or at least promote their resolution. However, the commitment between the coachees was different, as evidenced by the differences between the frequencies of the sessions and the eventual failure to carry out the actions. This can be justified by the perception of some coachees about instability in organizational variables.

Therefore, three aspects are emphasized. The first is the scenario of an organization in transition, out of alignment and without common strategies between people and units. The second is that of some coachees molded, bonded and absorbed by this unfavorable scenario. The third is the awareness of other coachees, the choice to try to act and take responsibility, regardless of the circumstances. Among other words, the coaching process allowed nurses to choose: to attribute their development to the organization or to become aware of their own progress.

It can be mentioned that the nurse sometimes has difficulties in really recognizing the nature and purpose of her work. In view of this, beliefs can enhance or limit their professional development.<sup>9,11</sup> The process provided nurses with a moment of immersion, awareness and assumption of responsibility, basic pillars of coaching in change processes.<sup>3</sup> This movement is opposite to the dynamics usual practice of Nursing work methods, it is also opposed to common human development strategies in organizations, based on training.

Nursing work is commonly characterized by the articulation of care, management, educational, investigative and political processes, which makes it intrinsically complex.<sup>15,16</sup> As a professional category, it presents the organization with concepts and positions about its contribution to institutionalized care, negotiated in the daily life of its relations with other categories, within the scope of practice and structure, expanding or reducing the scope of action. The results of these negotiations are evident in the location of the service in the hierarchy, in the Nursing organization chart, in the mission, vision, values, expressed in manuals and regulations, which serve as a guideline

for their performance, with the leaders being responsible for directing and controlling the results.

In addition, a paradigm of transferring a model based on strict Nursing management to a care management model must be considered. Thus, the constant development of nurses is essential for quality.<sup>10</sup> For this, coaching proved to be favorable and develops key skills such as setting goals, time management, communication<sup>23</sup> supervision and organization of a set of skills (conflict resolution, administrative process, delegation, leadership, team work, decision making and continuing education). It should not be considered a universal solution though.<sup>3</sup>

## CONCLUSION

To maximize the reach of the desired states, it was initially assumed that performance coaching was configured as the best alternative to favor Nursing work, as it would improve important skills in a context of transition and new organizational moment. This consideration was partially translated into more productivity at work, according to the coachees. However, coaching for development was the main aspect for raising awareness and behavioral changes, extrapolating to issues of life.

The results suggest that, regardless of whether objective and subjective data prove the development of competences, classifying them as absent, partial or integral, the awakening of consciousness, the conduct of accountability and the process of reflection of the experience are individual advances and, consequently, organizational.

It is emphasized that the development of skills and the implementation of changes are possible with coaching. The process changed the nurses' perception, motivated and was positive, even in an adverse scenario.

For further research, it is recommended that coaching should be applied at other levels of the organization.

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