What is the perceived contribution of coaching to leaders transitioning to more senior roles in the NHS?

Anne Gill, Northampton, UK.

Contact: anne.gill@kinisi.co.uk

Abstract

This case study explores the contribution of coaching in addressing the adaptive challenges of senior leadership transitions from the perspective of leaders who have recently transitioned to more senior roles in the NHS. The findings reveal a clear perception from participants that coaching helped them through the critical phases of their transition journey, enabling them to develop the confidence, resilience and capacities to take hold of their new role. The opportunity of a supportive and reflective space where they could step away from the intensity of their job demands and engage in thoughtful reflection on their experience was significantly valued.

Key Words: role transitions, leadership transitions, coaching, senior leaders, NHS

Introduction

Having worked in the NHS coaching newly appointed senior leaders, I have an appreciation of the adaptive challenges they face including the pressure to hit the ground running, deliver high quality patient care within strict financial constraints, drive transformational change and meet the increasing demands on their services. The NHS Chief Executive has the daunting task of responding to these competing demands from within a fragmented and highly regulated healthcare landscape, an environment of constant change, burgeoning bureaucracy and intense scrutiny from the public, the media and the regulators (Timmins, 2016; Rose, 2015; Hunter Healthcare/HSJ, 2015; Janjua, 2014). Getting things wrong 'can mean the difference between life and death on a systematic basis and there aren't many organisational leaders who directly bear that responsibility', as Chris Hopson, Chief Executive of NHS Providers points out (Hunter Healthcare/HSJ, 2015, p.6). It has been described as a job that is tougher than a leader of a FTSE100 company and has often been compared to the manager of a top-level football team due to the relentless focus on delivering results and a tenure that is 'often brutally cut short' (Hunter Healthcare/HSJ, 2015 p.4).

It is widely accepted that these short tenures and a 'heads will roll' attitude of the regulators (Timmins, 2016; Hunter Healthcare/HSJ, 2015; Janjua, 2014) have contributed to a leadership crisis in the NHS, reflected in the constant churn of senior leaders and 'worryingly high levels of board-level vacancies' (Janjua, 2014, p.3) at a time when the NHS is facing its worst financial crisis in a generation and the biggest performance challenges in its history (Timmins, 2016; Hunter Healthcare/HSJ, 2015; The Kings Fund, 2011). These challenges have produced a 'leadership tipping point' (Rose 2015, p.45) with 7% of chief executive positions remaining unfilled (Timmins, 2016; Barnes, 2015; HSJ, 2015; Janjua, 2014). It is becoming increasingly difficult to recruit directors (Timmins, 2016) with a vacancy rate of 20 per cent for Finance Directors and Chief Operating Officers (HSJ, 2015) and with Nursing

Director positions in the UK remaining vacant for 9.1 months of the year (Janjua, 2014). Persuading people to step up from director positions to the role of chief executive, particularly clinicians (HSJ, 2015; Janjua, 2014) is also becoming more difficult at a time when the number of the longest serving chief executives, with over 20 years experience in the role, retired in 2015 (Timmins, 2016).

A key factor in deterring the next generation of chief executives (Hunter Healthcare/HSJ, 2015) is a lack of support for senior leaders and chief executives, a theme echoed in much of the research into NHS leadership (Timmins 2016; Alcock *et al*., 2015; Janjua, 2014). Rose (2015, p.20) describes the support for senior accountable officers in the NHS as 'woefully inadequate' with many chief executives acknowledging that provision of greater support and mentoring was an area where the NHS could improve (Timmins, 2016; Hunter Healthcare/HSJ, 2015).

In summary, the challenges confronting chief executives and senior leaders in the NHS are daunting even for the best and more experienced leaders, who manage to succeed despite the system but for new leaders without the available support, this can be problematic and drain morale (Rose, 2015). This is an area where coaching could potentially make a significant contribution by supporting and facilitating the development of newly appointed senior leaders in the NHS, helping to retain the leaders needed to deliver transformational change and to enable them to rise to the challenges (Rose, 2015; The Kings Fund, 2011).

In the next section I provide an overview of the insights gained from a review of the literature on leadership transitions. This is followed by a description of the research methodology and data collection processes used in the study. I then present the main research findings followed by a conclusion of the study and potential implications for coaching and future research.

Leadership transition challenges
The scale and complexity of senior leadership transitions are well documented in both the coaching and leadership literature (Watkins, 2013; Freedman, 2011; Hogan *et al.*, 2009; Manderscheid and Ardichvili, 2008; Witherspoon and Cannon, 2004; Charan *et al.,* 2001*;* Van Velsor and Leslie, 1995). Several authors in the leadership literature acknowledge that leadership transitions are times of uncertainty, stress (Manderschied and Freeman, 2012), and great vulnerability (Garnsey and Roberts, 1996; Betof and Harwood, 1992), as leaders are confronted with unprecedented pressures and demands (Freedman, 2011; Garten 2001), generating feelings of isolation and loneliness (Bridges, 2003) as they personally strive to successfully operate at the new level (CIPD/DDI, 2007).

There is much debate in the leadership literature on the factors that contribute to a successful transition, including, making a good first impression, establishing and aligning expectations of stakeholders and obtaining their feedback, (Neff and Citrin, 2005; Ybarra, 2001; Ciampa and Watkins, 1999). Others argue that the most significant challenges are the capabilities required to succeed in a senior leadership role, including the ability to take a strategic perspective, build coalitions, negotiate, delegate, empower, and use a more participative decision making style in order to achieve goals (Hogan *et al.*, 2009; Charan *et al.,* 2001). Conger (2004) describes the transition to a chief executive role as 'a radical leap', (p.138) with many leaders incapable of dealing with the level of complexity demanded by the role.

In contrast, a review of the literature on change and transition describes leadership transitions as a psychological journey of adaptation to a new role (Bridges, 2003; Peltier,

2002). Bridges views transition as an ongoing psychological process consisting of three stages, an ending, a neutral zone and a new beginning, with the neutral zone being the most challenging part of the transition where many leaders struggle with letting go of the familiar, which can undermine their transition.

Freedman (2011) argues that leaders who transition to a higher level job face 'significant adaptive challenges' (p.144) and that most leaders struggle in making this transition due to a difficulty in determining which aspects of their previous role they need to retain or let go. This inability to adapt or an unwillingness to change is identified as a significant problem for leaders in transition (De Meuse *et al.,* 2010, p.121; Hogan *et al.*, 2009; McCall and Lombardo, 1983).

Leadership transition derailment and failure

Difficulty in making a transition was the biggest predictor of executive derailment (McCall and Lombardo, 1983). The leadership literature acknowledges the challenge of upward transitions, with most derailments occurring during the transition from middle management to the executive level (Freedman, 2011; Hogan *et al*., 2009; Hollander, 1991). This reflects the views of McCall and Lombardo (1983) who noted that derailment is connected 'to the fact that situations change as one ascends the hierarchy' (p.11), a view shared by others who observed that most derailment occurs following a transition to a more senior job (Martin and Gentry, 2011; Watkins, 2003; Kovach, 1986).

Much of the literature relating to leadership transitions refers to the high failure rate for new leaders, with between 40-50% failing in their first 18 months (Capretta *et al.,* 2008; Challenger *et al*., 2006; Watkins, 2003). Research literature in the NHS, shows a strong association between poor Trust performance and CEO turnover (Ballentine *et al.,* 2008 cited in Janjua, 2014).

There are differing views in the literature as to the reasons for executive derailment and failure. Watkins (2009) suggests that culture and politics are the biggest reasons for executive failure on joining a new company, whilst others argue that 'derailment is mostly fuelled by a lack of emotional intelligence and learning agility' (Eichinger, Dai, and Tang, 2009, p.25 cited in Hogan *et al.*, 2009, p.6). There is also evidence to suggest that failed executives are less self-aware and have inflated self-evaluations (Lombardo and Eichinger, 2006; Shipper and Dillard, 2000; McCall and Lombardo, 1983). Dunning (2006) calls this self-delusion, reflecting an inability to recognise that they are over-or underrating themselves. Kegan (1994) argues that the complexity of demands and uncertainty that characterise senior level roles can be at odds with an individual's capacity to meet these demands, resulting in leaders being 'in over their heads' (1994).

Other research points to patterns of executive derailment that appear consistent across time, cultures and gender (Van Velsor and Leslie, 1995) including problems with interpersonal relationships, characterized by aloofness, arrogance, and insensitivity to others and an abrasive intimidating style (Lombardo *et al*., 1998), difficulty in leading a team, failure to meet business objectives, too narrow a functional orientation and failure to adapt (Freedman, 2011; Charan *et al*., 2001; Van Velsor and Leslie, 1995).

According to Freedman (2011), leaders in transition face a triple challenge as they have to decide at each career crossroads, which elements of their former role they need to *'let go'*, or 'do less', *preserve* or continue to use, *add on* or do more or better (p.147). These processes represent the 'psychological demands' that leaders in transition face when adapting to a higher organizational level.

Leadership transitions and coaching

The management and psychology literature point to the role of coaching in helping to facilitate leadership transitions and to minimise the risk of derailment (Freedman, 2011; Hogan *et al.*, 2009; Conger and Fishel, 2007). Achieving the level of self- reflective awareness needed to successfully navigate an upward transition is difficult for a leader to achieve on their own and an executive coach can provide the necessary supportive challenge required to facilitate critical reflection and awareness of invalid assumptions and mental models that are derived from past experience but are no longer helpful in the new role (Freedman, 2011; Witherspoon and Cannon, 2004). The upward transition journey can be emotionally tough, resulting in self- doubt, distress and a loss of focus, requiring courage and resilience (De Meuse, 2010). An executive coach can help the leader to cope by normalising their responses, and by providing a 'respectful, supportive context in which distressed managers in transition can figure out their own solutions', (Freedman, 2011, p.157) and use stress as a positive driver for change and growth (CIPD/DDI, 2007). Providing support through coaching is described as 'scaffold building' by Garvey-Berger (2013, p.145), reflecting the need for leaders to be supported over time so they can 'do the jobs they are promoted into' (p.139).

There is evidence to suggest that executive coaching can help leaders cope with the adaptive challenges of senior leadership transitions, enabling them to 'quickly and effectively take charge' of their new position (Witherspoon and Cannon, 2004, p. 203). The executive coaching literature points to the positive outcomes of coaching on building resilience (Grant *et al.,* cited in Lawton-Smith, 2015), self-confidence (Brouwers and Tomic, 2006 cited in Bond and Naughton, 2011), on developing new skills, abilities and perspectives (Jones *et al.*, 2006) and increasing self-awareness (Passmore, 2010). There is evidence that coaching can add value to the development demands of the six leadership passages, from first line manager through to CEO (Freedman, 2011; Charan *et al*., 2001;) and management surveys seem to suggest the important role that coaches play in supporting transitions, for example the 2007 CIPD leadership survey reported that 43 per cent of senior leaders identified the value of coaching (CIPD/DDI, 2007) and Bradford (1995) found that 41% of respondents who were transitioning to senior leadership roles cited coaching and mentoring as their preferred style of support, with half reporting they would have contributed more quickly if a role change programme had been provided. Witherspoon and Cannon, 2004, argue that transition coaching can reduce the failure rate of leaders and the time needed to adjust to a new job. This is supported by Kombarakaran *et al*., (2008), who contends that coaching can help to develop the attitudes, skills and behaviours required to cope with both the transition and the demands of the new role.

In summary, a review of the literature suggests that transitioning to a senior leadership role presents significant adaptive challenges for the new leader, demanding a high level of learning agility and development in order to successfully take hold of their new role. Whilst there is a wealth of literature on the general benefits of executive coaching, there appears to be little attention paid to the topic of executive coaching for leaders in transition (Bond, 2011; Witherspoon and Cannon, 2004). There is also limited direct evidence from leaders transitioning to more senior roles in the NHS on the potential value of coaching to them at this critical time, with only a few studies focusing on the client perspective of the coaching experience (De-Haan *et al.,* 2010; Turner, 2006). The purpose of this study is to examine these potential gaps in the literature by researching the contribution of coaching from the perspective of newly appointed senior leaders in the NHS. In the next section, I set out how this research was conducted in the NHS.

Methodology

A constructivist interpretivist paradigm was adopted for this study and this is reflected in the selection of a qualitative approach to the research in an attempt to 'provide a holistic understanding of research participants' views and actions' (Ritchie, 2014, p.13). As the research would take place in a single organisation, the NHS, and in order to capture a diversity of perspectives, for example clinicians and non-clinicians, who have moved to more senior roles, a case study method seemed appropriate. Conducting research of a phenomenon in a real life context, within a bounded system, with the researcher having no control over the events, (Yin, 1994) is consistent with my constructivist paradigm and confirmed my choice of adopting a case study approach. A key advantage of conducting a case study 'lies in its capacity to provide insights and resonance for the reader' (Fisher, 2010, p.70), and in its flexibility in accommodating a wide range of research designs, data analysis and epistemologies (Simons, 2009), important factors that influenced my selection of a case study methodology.

Selection of Research Participants

In selecting the research participants, I wanted to obtain perspectives from a range of senior leaders in the NHS. Seven senior NHS leaders participated in the research, including four males and three females. The seven participants consisted of three chief executives of an acute trust, a chief executive of an ambulance trust, a director of nursing and two medical directors. All of the participants had been appointed to their senior role within the last eighteen months and had experienced at least six coaching sessions with an external coach during that period.

Data Collection Method

Case study research offers flexibility in the method of data collection, although the use of interviews is identified as 'one of the most important sources of case study information' (Yin, 2003, p.89). It is also 'through interviews that researchers can best access case participants' views and interpretations of actions and events' (Walsham, 1995 cited in Darke *et al*., 1998, p. 283).

I was interested in gaining the senior leaders' perspective on coaching and selected a semi-structured interview approach to the data collection as I was very conscious of the limited time I may have with them and I wanted to give them 'the opportunity to present their individual understandings and experience' (King and Horrocks, 2010, p.16). This supports the advice from Yin (2003, p.89), that interviews should be 'guided conversations rather than structured queries'. The use of semi-structured interviews also fits well with my constructivist research paradigm, 'as knowledge is brought into being through the conversation' (Rorty, 1979 cited in King and Horrocks, p.17). The research participants agreed to face-to-face interviews of 60-90 minutes.

Data Analysis Strategy

Thematic analysis, defined as 'a method for identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke, 2006, p.79) was used in the analysis of the data. Thematic analysis was deemed an appropriate approach for a case study because it is 'not wedded to any pre-existing theoretical framework' (Braun and Clarke, 2006, p.81) and is both flexible and accessible (p.79). In conducting the thematic analysis, I followed the step-by-step guide provided by Braun and Clarke (2006). As part of the familiarisation phase, I read through each of the interview transcripts twice, listened to the interview recordings and captured the data on a mind-map for each interview. I then reviewed all the maps and identified clusters of repeated themes that related to my research question and objectives. This helped to provide a big picture, top down overview of the common patterns in the data. This approach reflected my natural, intuitive style. However, I wanted to ensure that I remained

close to the data so I devised a series of colour codes related to my research question, research objectives and the key themes from the literature review. A code was used to capture miscellaneous themes that might provide some additional insights into the research questions. I then reviewed each interview transcript and applied the coding system to comments that demonstrated that code.

Findings

Three overlapping themes emerged from the data analysis, as shown in figure 4.1:
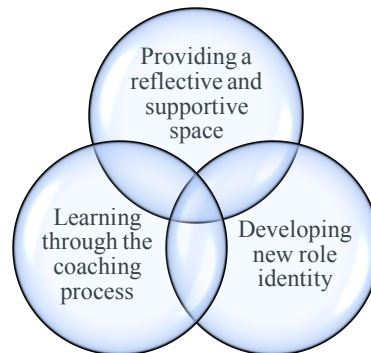
Figure 4.2   Contribution of coaching – three themes

These themes reflect the transition journey of the participants as they navigate their way through the adaptive challenges of moving to a more senior role. The first theme, providing a supportive and reflective space, captures their first few weeks in the role, where they discover the need to let go of the approaches that served them well in their previous role but are no longer appropriate to the new situation and develop new skills and capacities to lead effectively in their senior leadership role. The second theme, developing a new role identity, signals the end of the old work identity and the formation of the new identity triggered by the demands of the new role. It's a journey into the 'neutral zone' (Bridges, 2003), characterised by confusion and self doubt, as the leader, through a combination of support, challenge and non-judgmental questioning from their coach, becomes more self aware, and learns the importance of self reflection to gain distance and perspective on their situation, emerging with their own solutions and a new energy. The third theme focuses on how participants have learned through the coaching process, highlighting the elements of coaching they have found most helpful, including self reflection, critical thinking, exploring alternatives and trying out new ways of doing things with the support of their coach. Through this experiential learning, the participants grow in confidence, develop as leaders and use the techniques acquired through their experience of coaching, to develop others within their team. This reflects the 'new beginnings' (Bridges, 2003) and 'taking hold' (Gabarro, 1987), phase of their transition journey. Whilst all three themes are overlapping, the theme that held the most significance and value for the leaders, was theme one, 'providing a reflective and supportive space', which is the main focus of this paper.

This theme captures the senior leaders' first few weeks in the role as they struggle to get to grips with the magnitude of their new accountabilities, their early encounters with their coach, where they surface their anxieties and worries at the weight of expectations to deliver results, manage competing demands and deal with powerful stakeholders in a complex healthcare landscape:

Oh my God, what have I done! running this organization which is under such pressure, is in the news every day almost, the politicians are crawling all over it, it's failing massively and I'm about to walk in there. (P1)

These experiences are consistent with the second phase of Nicholson's (1994) role transition cycle, where people encounter 'shock' during their first few weeks in their new role, as they suddenly realize the disparity between their old and new role.

Sub-theme 1: *Developing new capacities*

It is within the supportive and reflective space of the coaching environment that participants could explore how their new leadership role would be different:

So I had that conversation with my coach and she'd say, what's the difference between a chief executive and a director, what do you feel differently, what's the difference in accountability? How are you going to manage that, all of that stuff? (P1)

Participants describe the responsibility of being a public figure, as one their biggest challenges and source of stress, *"the extent to which you are a public figure is 'scary"* (P3), a role for which they seem ill prepared, *"recognizing that a big part of the role is managing the external environment and those relationships, was a particular challenge for me" (P2).*

Through the supportive and reflective space provided by coaching they develop new skills and capacities, including relationship building, managing expectations and decision-making, identified in the leadership transition literature as being key to a successful transition (Van Velsor and Leslie, 1995; Morrison *et al.,*1987; McCall & Lombardo, 1983).

All the participants seem to recognize the importance of building relationships with key stakeholders as being critical to their success and describe how coaching has contributed to helping them with this task:

we've got a medical director who was absolutely awful, like a bull in a china shop, and you had to go and clear things up afterwards. Through coaching I came up with a way of thinking, right, I'm in a position where I have to work with you, so what do I have to do to enable myself to work with you. (P6)

It seems that for the participants, coaching helps them to develop a new mindset by learning how to frame interaction with their peers in a different way.

This reflects the findings from research conducted with NHS chief executives, that 'most senior people can deliver the tangibles; it's the ability of CEO's to deliver on relationships that separates the more successful leaders from the rest and, of course, if you get that right, the other deliverables fall into place' (Acute Trust Chief executive in Alcock *et al.,* 2015, p.11). The findings support the view that coaching can support leaders in developing their capacity for relationship building, 'coaches and mentors can help managers in transition who experience extreme distress during their acclimation to their new position by improving their capacity to work effectively with their team member and other stakeholders' (Freedman, 2011, p.154).

Developing their relationship building capacity also helps participants to manage and align the expectations of multiple stakeholders, a critical factor in successful leader transitions (Neff and Citrin, 2005; Watkins 2003; Gabarro, 1987). Many of the participants describe the

weight of expectation they feel to get up to speed quickly, turnaround their organization and deliver results, "*there's a real pressure to get rapidly up to speed*" remarked P2*, with P4 commenting, "*you really have to hit the ground running*", a view echoed by a newly appointed clinical leader:

> *so from never having done anything like this at all and to being a clinical leader for an enormous chunk of the hospital with a £100m budget, I was very much in at the deep end. (P6)*.

This feeling of being overwhelmed by the complexity and scale of what they have to deliver, is articulated by one participant, who describes the conversation she had with her coach on being appointed to the chief executive role:

> *this is all on me, everyone thinks I'm a hero that's arrived to turnaround this organization in ten minutes, the expectations are huge, everybody wants me to succeed but the demands are just crazy, the politicians keep pressurizing me, when are you going to achieve this, when are you going to achieve that? (P1)*.

This confirms the views from the leadership literature that 'promotion brings more responsibility and scrutiny, more ambiguous performance expectations, and more complex politics' (Hogan *et al*, 2009 p.19; Zaccaro, 2001).

Sub theme 2: Dealing with self-doubt and confidence building

The early phases of their transition journey appear to be the most troublesome for the participants as they convey feelings of anxiety and self-doubt and as they struggle to get to grips with their new situation and responsibilities:

> *when I made a statement like, 'I'm not sure I'm good enough to be a chief executive', he would just say, 'why not? what is it that you don't have? what skills do you not possess to be a chief executive?', so he was very challenging in terms of my own thought processes and of my own confidence. (P2)*

The transition literature recognises that feelings of self-doubt and anxiety are often responses expressed by leaders when confronted with the demands of their new role (Freedman, 2011). This can lead to distress, resulting in a lack of focus and difficulty with prioritising, which can increase the risk of performance deterioration. P1 recounts their experience with their coach, "*they will let me talk non-stop, usually for about 20 minutes, to get it all out, and then they'll try and make sense of it, make some structure of it, establish priorities*".

It seems that one of the ways in which coaching can help the distressed leader-in-transition is by allowing them to offload their worries, concerns and then through questioning, help them to get clarity of focus. This supports the findings by Kombarakan *et al., (*2008), that the coach can 'assist executives to organize their thinking' (P7). This also reflects the research from the Hunter Healthcare/HSJ survey (2015*)* that new chief executives need a 'safe and secure sounding board, someone who they are comfortable to talk to and admit at times they don't know what they're doing' and should be provided with a coach and mentor. In one chief executive's words:

> *it's having a safe place in which to talk about these things and reflect on them yourself, it's an opportunity to spill your guts out on the table and hear yourself saying things. (P3)*

Participants describe the contribution of coaching in helping them to develop the skills and confidence they believed they needed to be successful in their roles:

> *she's been really helpful in terms of my own personal skills, I didn't hold the room, it's that confidence thing again, so I had to do some rapid work on that and she was really challenging with that in regard to working on those skills. (P2)*

P5 describes how her coach picked up on an underlying fear regarding a particular skill deficiency that was blocking her development:

> *the other thing we talked about that was a block in my portfolio, not unusual for someone who's been a nurse, was around business and finance, so he really explored the root cause of it and helped me to overcome my fear.*

Skill gaps can create individual barriers to role transitions so uncovering these, exploring the fears surrounding them and helping find ways to overcome these barriers through coaching, seem to be appreciated by the participants.

Participants describe the personal struggle of letting go of old ways of acting, thinking and behaving that are no longer helpful in their new role:

> *that was a coaching conversation, how do you let go when your career is at risk and the stakes are high, patient's lives are essentially in your hands, all of that makes you want to hold on, drag everything in, control, whilst trying to create a culture that is the opposite. (P1)*

This reflects the view that to become an effective senior leader, a significant change in leadership style is required, from a quick and directive style, to one that is slower, more inclusive and empowering (Brouseau *et al.*, 2006; Kaiser and Kaplan, 2009; Zaccaro and Klimoski, 2002; all cited in Kaiser and Craig, 2011).

Sub-theme 3: Discovering authentic self

All the participants speak powerfully of the role of coaching in helping them to discover their 'authentic self'. According to Heidegger, being authentic happens in the moment of the lived experience, where the individual recognises they have unique possibilities and makes informed, committed choices. This is illustrated through the experience of P5:

> *I've always been very very open, but when you're under that level of pressure and scrutiny, it's quite hard to be your authentic self because people are trying to push you to do something else.*

For participants, being authentic in a culture of compliance and relentless inspection (Rose, 2015), where the result of an inspection "*is a mark of your success or failure*" *(P5)* was both important and stressful, "*being open and transparent is the right thing to do but causes more questions and pressure*" *(P5)*. It seems that through the supportive and reflective space provided by coaching, they learned how to be authentic in a challenging environment. P1 recalls how a coaching conversation helped her to realise that she had choices in how she managed a difficult working relationship with her boss:

> *that was a really powerful coaching session because what it did for me was putting me in a position of almost I'm not trapped, because ultimately, I can leave, you forget that you can leave.*

In Heideggerian terms, 'you no longer feel like a prisoner, with no choices, which is the fate of the inauthentic way of being' (Cox, 2013, p.55). It seems that the coaching process helps participants to develop the strength and courage to be resolute in the face of significant pressures from others in their working environment. Being resolute, according to Heidegger, requires courage and tenacity and is a characteristic of authenticity.

Sub-theme 4: Developing resilience and well-being

It is within the supportive and reflective space provided by coaching that participants seem to develop their resilience and sense of well-being, in the face of difficult transition challenges:

> we'd talk about me and my own resilience, because you've got to be so resilient in these jobs if you work and work 24/7 in these jobs and don't do anything else, you'll fail, no doubt. (P1)

Resilience is described as 'the capacity to rebound or bounce back from adversity, conflict, failure, or even positive events, progress and increased responsibility' (Lawton-Smith, 2015, p.1). P6 reports how coaching gave her the courage and strength to cope with the magnitude of her responsibilities as a chief executive:

> it gave me the strength to go back into the organization and keep doing what I believe is the right thing to do because I've already talked through the outcomes, it gives you the strength and resilience to get to it.

What emerges from the participants, is the part coaching plays in helping them deal with the pressures of the role and helping them to build their resilience:

> What I get out of coaching is about how I can continue to develop my resilience, what skills, approaches or tools can I use to protect the focus on the improvements, because the regulators won't change. (P5)

Developing resilience is essential for leaders because it helps them to stay strong in the face of difficult challenges associated with their role and has been identified as one of four essential psychological capabilities for any successful leader (Luthans, 2002, p.702 cited in Lawton-Smith, 2015), along with hope, optimism and confidence. It is also an important factor in the learning process when adapting to a higher-level position, as De-Meuse *et al.*, (2010, p.121) point out, *'the journey can be unpleasant. Learners have to be resilient and non-defensive'*. These findings suggest that coaching contributes to the development of resilience.

Sub-theme 5: Taking time out for reflection and thinking

All the participants seem to appreciate the headspace that coaching provides:

> there's something about just having the headspace, the time out to do some of that thinking is really important, it re-energises you, you come back refreshed with all these great ideas. (P6)

This echoes comments by P1, "*it was just for me the space to have that conversation, space to think about what I am going to do and how I'm going to do it, and I would always come out feeling stronger*".

Providing a reflective space through coaching seems to have a positive effect on the participants, generating feelings of being re-energised, and refreshed. It is possible that these feelings are a response to the realization that they have the capacity to change things, so they become 'charged with excitement' and self- confidence, which can be liberating (Brookfield, 1987, cited in Cox, 2013, p.101). This reflects the experience of P6:

> *the main thing I really learned from her (coach) was the importance of creating headroom, the space to think, because it proved to myself that if I think about things I can come up with solutions that are valid.*

Given the space to reflect and think, the participants can develop solutions to their particular dilemma. This supports Freedman's (2011) view that creating a respective and supportive environment can help leaders in transition to 'figure out their own solutions' (p.157).

It seems that within the supportive and reflective space of the coaching environment, participants welcome feedback and challenge, P7 reports "*it was a chance to have an outside conversation with someone that was prepared to give you an objective view of how things were and to challenge",* a view shared by P1, "*she challenged and push-backed to me to answer my own question".*

Some of the participants express disappointment at the lack of challenge from their coach:

> *if I had one criticism of his, there were moments when he could have challenged more and he didn't. He could have challenged me more about the choice I was about to make; I wish he'd challenged me more. (P3)*

a view shared by P4 *"I've been disappointed at the lack of challenge for example, where were we last time, have we moved on?"* The findings suggest that participants appreciate challenge as a way of helping them to step back to reflect, think and explore alternatives. In actively challenging the participants' beliefs and assumptions within the safety of the coaching environment, the coach appears to play an important role in facilitating reflection and self-awareness. Cox (2013, p.103) argues that challenging the 'original perceptions' of the client is fundamental to coaching and is part of the transformation journey that leads to new perspectives and actions.

Providing the headspace to think within a supportive and reflective environment appears to be a critical element of the coaching process for the participants.

Limitations and future research

This single case study was conducted amongst a small number of participants and the findings may benefit from a larger and more ethnically diverse sample. The findings are limited to the perceptions of a range of leaders interviewed for the study and future research might focus on gaining the views of the leaders' manager, team members and other important stakeholders, as to the impact of transition coaching on the executive's development and performance.

Conclusion

The findings of this case study show that leaders in the NHS perceive coaching to be a valuable intervention in helping them to cope with the challenges associated with moving to a more senior role and in helping them to develop the capacities that are needed to make a

successful upward transition. They seem to value the opportunity of a supportive and reflective space where they could express their feelings of anxiety and self-doubt at the weight of expectation to quickly deliver results under the intense scrutiny of the external regulators, to manage competing demands and deal with powerful stakeholders. These concerns and anxieties seem to provide the catalyst for reflection on their leadership task, and a realization that, aspects of their thinking and behaviour needed to change in order to perform effectively in their new role.

This study contributes to the literature on coaching outcomes and shows through qualitative data how coaching is playing a powerful part in supporting senior level leadership transitions in the NHS and in developing the leadership capacities required to succeed at a senior level. Considerable resources have been invested in the coaching literature and in organisations on examining the financial return on investment (ROI) of executive coaching, yet little attention seems to have been paid in the literature to the positive outcomes of leadership transition coaching on helping leaders transition into new roles.

Given that many newly appointed NHS senior leaders struggle to cope with the demands of their role, the high turnover and senior leadership vacancy rate, these findings help to make a compelling case for coaching as a transition support intervention and leadership development tool. Based on the findings from this study, this is an area where coaching could make a significant contribution.

References

Alcock, C., Dormon, F. & Taunt, R. (2015). *Constructive comfort: accelerating change in the NHS*. London: The Health Foundation.

Betof, E. & Harwood, F. (1992). *Just promoted!* New York: McGraw-Hill.

Bond, A. & Naughton, N. (2011). The role of coaching in managing leadership transitions. *International Coaching Psychology Review*, 6(2), 165-179.

Bradford, J. (1995). Role change: are you wasting talent? *Management Development Review*, 8(6), 9-12.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Bridges, W. (2003). *Managing transitions. Making the most of change* London: nb publishing

Brousseau, K., Driver, M., Hourihan, G. & Larsson, R. (2006). The seasoned executive's decision-making style. *Harvard Business Review*, 84, 110-121.

Capretta, C., Clark, L. & Dai, G. (2008). Executive derailment: Three cases in point and how to prevent it. *Global Business and Organizational Excellence*, 27(3), 48-56.

Cavanagh, M. and Palmer, S. (2007). Editorial. *International Coaching Psychology Review*, 2(2), 9-21.

Challenger, Gray, & Christmas., (2006). *Monthy CEO report*. Chicago: Challenger, Gray, and Christmas.

Charan, R., Drotter, S. & Noel, J. (2001). *The leadership pipeline*. San Francisco: Jossey-Bass.

Ciampa, D. & Watkins, M. (1999). *Right from the start*. Boston, Mass: Harvard Business School Press.

CIPD/DDI, (2007). Leadership Transitions: maximising HR's contribution. Research Insights. *Chartered Institute of Personnel and Development, 1-14.*

Conger, J. (2004). Developing leadership capability: What's inside the black box? *Academy of Management Executive*, 18(3), 136-2004.

Conger, J. & Fishel, B. (2007). Accelerating leadership performance at the top: Lessons from the Bank of America's executive on-boarding process. *Human Resource Management Review*, 17(4), 442-454.

Cox, E. (2013). *Coaching Understood*. London: SAGE.

Darke, P., Shanks, G. & Broadbent, M. (1998). Successfully completing case study research: combining rigour, relevance and pragmatism. *Information Systems Journal*, 8(4), 273-289.

De Haan, E., Bertie, C., Day, A. & Sills, C., 2010. Clients' critical moments of coaching: Toward a "client model" of executive coaching. *Academy of Management Learning & Education*, *9*(4), 607-621.

De Meuse, K., Dai, G. & Hallenbeck, G. (2010). Learning agility: A construct whose time has come. *Consulting Psychology Journal: Practice and Research*, 62(2), 119-130.

Dunning, D. (2006). Strangers to ourselves? *The Psychologist*, 19(10), 600-603.

Fisher, C. (2010). *Researching and writing a dissertation: An essential guide for business students*. 3rd ed. Harlow: Pearson Education Limited.

Freedman, A. (2011). Some implications of validation of the Leadership Pipeline concept: Guidelines for assisting managers-in-transition. *The Psychologist- Manager Journal*, 14(2), 140-159.

Gabarro, J. (1987). *The dynamics of taking charge*. Boston, Mass: Harvard Business School Press.

Garnsey, E. & Roberts, J. (1996). *Taking charge*. London: Saxton Bampfylde International.

Garten, J. (2001). *The mind of the CEO*. New York: Basic Books.

Garvey-Berger, J. (2013). *Changing on the job: Developing leaders for a complex world.* Stanford: Stanford University Press.

Health Service Journal (2015). *The future of NHS leadership: Ending the crisis in NHS Leadership. A plan for renewal.* London: Health Service Journal, 1-11.

Hogan, J., Hogan, R. & Kaiser, R. (2009). Management derailment: Personality assessment and mitigation. *American Psychological Association handbook of industrial psychology,* (3), 555-575.

Hunter Healthcare/Health Service Journal (2015). *What makes a top chief executive? Survey.* London: Hunter Healthcare/HSJ.

Janjua, A. (2014). Leadership vacancies in the NHS. What can be done about them? *The Kings Fund, London*.

Jones, R., Rafferty, A. & Griffin, M. (2006). The executive coaching trend: towards more flexible executives. *Leadership & Organization Development Journal*, 27(7), 584-596.

Kaiser, R. & Craig, S. (2011). Do the behaviors related to managerial effectiveness really change with organizational level? An empirical test. *The Psychologist-Manager Journal*, 14(2), 92-119.

Kegan, R. (1994). *In over our heads*. Cambridge, Mass: Harvard University Press.

King, N. & Horrocks, C. (2010). *Interviews in qualitative research*. Los Angeles: SAGE.

Kombarakaran, F., Yang, J., Baker, M. &Fernandes, P. (2008). Executive coaching: It works!. *Consulting Psychology Journal: Practice and Research*, 60(1), 78-90.

Kovach, B. (1986). The derailment of fast-track managers. *Organizational Dynamics*, 15(2), 41-48.

Lawton-Smith, C. (2015). How coaching helps leadership resilience: The leadership perspective. *International Coaching Psychology Review*, 10 (1), 6-19.

Lombardo, M. M., & Eichinger, R. W. (2006). The leadership machine (3rd Ed.). Minneapolis: Lominger Limited, Inc.

Lombardo, M. & Eichinger, R. (1991). *Preventing derailment*. Greensboro, N.C: Center for Creative Leadership.

Lombardo, M., Ruderman, M. and McCauley, C. (1988). Explanations of success and derailment in upper-level management positions. *Journal of Business Psychology*, 2(3), 199- 216.

Manderscheid, S. & Ardichvili, A. (2008). A conceptual model for leadership transition. *Performance Improvement Quarterly*, 20(3-4), 113-129.

Manderscheid, S. & Freeman, P. (2012). Managing polarity, paradox, and dilemma during leader transition. *European Journal of Training and Development,* 36(9), 856-872.

Martin, J. & Gentry, W. (2011). Derailment signs across generations: More in common than expected. *The Psychologist-Manager Journal*, 14(3), 177-195.

McCall, M., & Lombardo, M, (1983). *Off the track: why and how successful executives get derailed.* USA: Centre for Creative Leadership (21).

Morrison, A., White, R. & Van Velsor, E. (1987). *Breaking the glass ceiling*. Reading, Mass: Addison-Wesley Pub. Co.

Neff, T., Citrin, J. and Fredman, C. (2005). *You're in charge, now what?* New York: Crown Business.

NHS England (2014) *Five Year Forward View*, *pp.1-41*. London: NHS England.

Nicholson, N. (1984). A theory of work role transitions. *Administrative Science Quarterly*, 29(2), 172.

Passmore, J. (2010). *Leadership coaching. Working with leaders to develop elite performance*. London: Association for Coaching.

Peltier, B. (2002). *The psychology of executive coaching*. Philadelphia: Routledge.

Ritchie, J., Lewis, J. & McNaughton Nicholls, C. (2013). *Qualitative research practice*. London: SAGE Publications Ltd.

Rose, L. (2015). *Better leadership for tomorrow, NHS Leadership Review*. London: Department of Health.

Simons, H. (2009). *Case study research in practice.* Los Angeles: SAGE.

Shipper, F. & Dillard Jr., J. (2000). A study of impending derailment and recovery of middle managers across career stages. *Human Resource Management*, 39(4), 331-345.

The Kings Fund. (2011). *The future of management and leadership in the NHS: No more heroes*. (2011) 1-47. London: The Kings Fund.

Timmins, N. (2016). *The Chief Executive's Tale, views from the front line of the NHS*. London: The Kings Fund.

Turner, C. (2006). Ungagged: Executives on executive coaching. *Ivy Business Journal*

Van, E. & Leslie, J. (1995). Why executives derail: perspectives across time and cultures. *Academy of Management Perspectives*, 9(4), pp.62-72.

Watkins, M.D. (2013). *The first 90 days, updated, expanded: Proven strategies for getting up to speed faster and smarter.* USA: HBR press

Watkins, M.D., 2009. Picking the right transition strategy. *Harvard business review*, 87(1), 46-53.

Watkins, M. (2003). *The first 90 days*, Boston, MA: Harvard Business School Press.

Witherspoon, R. & Cannon, M. (2004). Coaching leaders in transition.   In *Creative Consulting: Innovative Perspectives on Management Consulting*. Greenwich, USA: IAP, 201-227.

Ybarra, O. (2001). When first impressions don't last: The role of isolation and adaptation processes in the revision of evaluative impressions. *Social Cognition*, 19(5), 491-520.

Yin, R. (2003). *Case study research.* Thousand Oaks, Calif: SAGE.

Zaccaro, S. (2001). *The nature of executive leadership*. Washington, D.C: American Psychological Association.

Anne Gill (FCIPD) is a Senior HR Executive with over 20 years experience at Board level and is currently Director of Kinisi Ltd, an HR Consultancy specialising in leadership coaching and organisation development. She has an MA in Coaching and Mentoring Practice from Oxford University, is a non-executive director for her local NHS hospital Trust.