

# Structured Coaching Programs to Develop Staff

Susan MacLeod Dyess, PhD, RN, AHN-BC, NE-BC, HWNC-BC;

Rose Sherman, EdD, RN, NEA-BC, FAAN; Andra Opalinski, PhD, ARNP, CPNP-PC;

and Terry Eggenberger, PhD, RN, CNE, CNL, NEA-BC

## abstract

Health care environments are complex and chaotic, therein challenging patients and professionals to attain satisfaction, well-being, and exceptional outcomes. These chaotic environments increase the stress and burnout of professionals and reduce the likelihood of optimizing success in many dimensions. Coaching is evolving as a professional skill that may influence the optimization of the health care environment. This article reflects on three coaching programs: Gallup Strengths-Based Coaching, Dartmouth Microsystem Coaching, and Health and Wellness Nurse Coaching. Each approach is presented, processes and outcomes are considered, and implications for educators are offered. Continuing education departments may recognize various coaching approaches as opportunities to support staff professionals achieve not only the triple aim, but also the quadruple aim.

*J Contin Educ Nurs.* 2017;48(8):373-378.

The current health care environment is described as a VUCA world, meaning characterized by Volatility, Uncertainty, Complexity and Ambiguity (Escobeda, 2015). VUCA creates stress, can lead to professional burnout, and reduces the accomplishment of excellence in health care. The focus for most organizations when navigating in these unstable times is on the triple aim of reducing costs, improving quality, and providing patient-centered care (Institute for Healthcare Improvement, 2015). Recommendations now call for expanding the triple aim to a quadruple aim that would include improving the work experience of all professionals, including clinical staff, by building practice environments that promote joy and meaning in work (Bodenheimer & Sinsky, 2014). This expansion to a quadruple aim is an outcome of growing concerns about declining employee

engagement, clinician burnout, and work environment challenges (Advisory Board, 2014; Gallup, 2016b; Moss, Good, Gorzal, Kleinpell, & Sessler, 2016).

Creating a practice setting “that ensures joy and meaning” (Sikka, Morath, & Leape, 2015, p. 2) for frontline care providers and improving quality and safety for recipients of care is crucial. Dedicated leadership, staff development, and more intentional workplace initiatives are needed to build healthy work environments that enhance professional caring, promote quality patient outcomes, and encourage stronger teamwork (Glembocki & Dunn, 2010). To accomplish the quadruple aim, professional staff need to be empowered to believe that they can lead and make change from wherever they are in the organization. This empowerment could be supported through coaching.

Coaching for change and development is a strategy that has been demonstrated to both improve staff or team engagement and ultimately result in better patient outcomes (Gallup, 2016b; Godfrey, Andersson-Gare, Nelson, Nilson, & Ahlstrom, 2014). The purpose of this article is to present three structured coaching programs: Gallup Strengths-Based Coaching, Dartmouth microsys-

---

*Dr. Dyess is Professor of Nursing, Associate Dean for Graduate Studies, and Board Certified Nurse Coach, College of Nursing, Texas A&M University, Corpus Christi, Texas; Dr. Sherman is Professor of Nursing, Program Coordinator for Nursing Administration and Financial Leadership, and Certified Gallup Strengths Coach, Dr. Opalinski is Assistant Professor and Board Certified Nurse Coach, and Dr. Eggenberger is Associate Professor and Credentialed Microsystem Coach, Level 1, Dartmouth Microsystem Academy, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida.*

*The authors have disclosed no potential conflicts of interest, financial or otherwise.*

*Address correspondence to Susan MacLeod Dyess, PhD, RN, AHN-BC, NE-BC, HWNC-BC, Professor of Nursing, Associate Dean for Graduate Studies, and Board Certified Nurse Coach, College of Nursing, Texas A&M University, 6300 Ocean Drive, Corpus Christi, TX 78412; e-mail: Susan.dyess@tamucc.edu.*

*Received: December 14, 2016; Accepted: March 20, 2017*

*doi:10.3928/00220124-20170712-10*

tem health care improvement team coaching, and Health and Wellness Nurse Coaching. Although these coaching programs each have a different focus, they all support the goals of the quadruple aim and offer the potential to build practice settings into environments where caring patients and professionals flourish.

## BACKGROUND

The value of coaching as part of the development of nurse leaders, individual staff, and teams is recognized as a best practice in nursing (Bleich, 2016; Billings, Kowalski, & Serio, 2014; Donner & Wheeler, 2009). With the Millennial generation as a growing percentage of the nursing workforce, incorporating varied coaching strategies may become a critical success factor for organizations, as Millennials will often choose to stay if they have opportunities for personal and professional development (Gallup, 2016a; Mueller, 2016). Coaching is a way to promote self-discovery, allow for the expression of wisdom, increase clinical effectiveness, and encourage innovative thinking (Schaub, Luck, & Dosssey, 2012). It also helps those being coached to build personal mastery and the ability to effect change in themselves or in their organizations (Godfrey et al., 2014).

Sigma Theta Tau International and the International Council of Nursing collaboratively developed a white paper on coaching in nursing (Donner & Wheeler, 2009). *Coaching*, in the white paper, is defined as collaborative, time limited, and a relationship based process focused on conversational discourse to support goal achievement. There is a science and an art to good coaching. The science relies on critical thinking, evidence, and theory (Hess et al., 2013). The art involves creating the space for coaching to occur through asking open-ended reflective questions and listening actively. Most coaching models have similar steps in common (Donner & Wheeler, 2009; Hess et al., 2013; Kowalski & Casper, 2007). These steps include:

- A pre-coaching phase, in which the focus is on relationship building and an assessment of needs and opportunities.
- An active coaching stage, in which the purpose and goals for coaching are clarified, and a plan is mutually developed with a commitment to act.
- A follow-up phase, in which the plan or new behaviors are enacted, and coaching feedback is provided.

The investment that a nurse leader or educator makes in becoming a skilled coach, as well as sharing these skills with a team, can have a profound influence on the engagement and performance of staff (Billings et al., 2014; Gallup, 2016a). In addition, efforts associated with coaching support an intentional proactive focus on well-being for all involved (Hess et al., 2013). Coaching should be person

centered and change or performance focused. The quality of coaching conversations is crucial to good outcomes. Simpson (2014) noted that a significant challenge for many coaches is their own deeply held views that frame their thinking about situations. Coaching used as a strategy may be helpful in providing organizations with specific staff development tools and frameworks that, when implemented, yield optimal outcomes for accomplishing the quadruple aim. Each of the three structured coaching programs presented in this article could easily support the accomplishments of aspects of the quadruple aim. For example, Gallup Strengths-Based Coaching and Dartmouth Microsystems Coaching support leaders and frontline staff to remain patient centered, focusing on quality, safety, and satisfaction, while concurrently adhering to cost-effectiveness. Health and Wellness Nurse Coaching supports leaders and frontline staff to actualize their personal and professional goals, thereby maximizing life joy and meaning. The three coaching programs are presented in the following sections.

## GALLUP STRENGTHS-BASED COACHING

Gallup Strengths-Based Coaching is focused on personal and professional career development. Strengths-based coaching is built on a positive psychology model directed toward helping others discover and capitalize on their strengths and talents rather than on fixing weaknesses (Gallup, 2012b). The coaching can be done with leaders, individual staff, and teams. This strengths-based approach has been found to be especially appealing to the Millennial workforce, who place a high value on their own personal and professional career development (Gallup, 2016a).

Prior to the initiation of the coaching relationship, the nurse or other health professional being coached takes the Gallup Clifton Strengths Finder, a 177-question online assessment. The assessment was developed by Dr. Donald Clifton, who is considered to be the father of positive psychology (Rath, 2007). It is grounded in more than four decades of research on individual performance and human development. Along with researchers at Gallup, Dr. Clifton discovered through his work that an individual's greatest opportunity for success is building on what are described as your natural talents or strengths (Rath & Conchie, 2008).

Gallup created a language of the 34 most common strengths (Gallup, 2012b). An individual's strength represents his or her innate power and potential if that individual is invested in using them successfully in everyday work. Gallup stated that some, but not all, behaviors can be learned. Using one's strengths, many different ways of successfully achieving the same goal exist. The likelihood that any two individuals would have the top five strengths in the same order is 1 in 33 million, which provides evidence of our uniqueness (Gallup, 2012b). This is

where the work of the coach then begins using the staff member's own self-assessment of their strengths. Either the staff member or organization purchases the code that gives the employee access to their top five signature strengths or most dominant talents (Rath, 2007). From the Gallup (2013) Web site, the report of the top five strengths along with an insight guide on how to use them can be downloaded.

### Coaching Process

Effective coaches are performance focused and help their staff to understand how these strengths can be used to achieve specific goals and outcomes that are established in the coaching relationship (Gallup, 2012a). A coach is an accountability partner, and it is the expectations within the partnership that move the coaching relationship forward.

There are four steps in the Gallup (2014) coaching process:

- **Build Trust:** Effective coaching begins with building a solid relationship. Gallup research indicates that it is important in coaching to stop and suspend judgment, with a staff member taking the time to listen and learn. The most effective coaches use the 80/20 rule, listening 80% of the time (Gallup, 2012a).
- **Name It:** The coach reviews with the top five signature themes asking what the staff member's reaction was to the report. The staff members should be asked which words and phrases about the themes resonate most with them. Coaches point out that the signature strength themes are neutral and all strengths are to be valued.
- **Claim It:** In the claim it stage, the coach helps the staff member to appreciate the power and opportunities that his or her dominant strengths give them. This often comes by the staff member reflecting on how their strengths have already helped them to be successful or in some cases have made certain jobs more difficult. We filter the world through our strengths either knowingly or unknowingly so this is another aspect of strengths that coaches discuss.
- **Aim It:** The last step in the coaching process is to help establish staff goals and determine how the staff member will invest in the development of their talents and strengths by using them more effectively in their work. Coaches help staff see how their strengths can be used to achieve their career goals by investing in activities that build on their strengths.

### Coaching Outcomes

Globally, more than 14 million people have taken the strengths-finder assessment. Many companies have made strengths-based coaching part of the foundation of their talent development because of strong return on invest-

ment findings (Gallup, 2016b). Gallup research indicates that people who know their strengths are six times more likely to be engaged in their jobs (Gallup, 2014). Staff who are able to use their strengths in their work are three times more likely to report an excellent quality of life (Gallup, 2014). Employees who use their strengths every day have 7.8% higher productivity (Gallup, 2014). Teams that are strengths based have 12.5% higher productivity and 65% lower turnover (Gallup, 2014). As an educator or leader, you can conduct strengths coaching without the Gallup certification, but Gallup is working to formalize the training needed to coach. To become certified, you need to take an accelerated strengths training program, pass a certification examination, and successfully coach at least six individuals who evaluate your effectiveness.

### DARTMOUTH MICROSYSTEM COACHING

Coaching using the Dartmouth Microsystem Improvement Curriculum focuses on engaging frontline interprofessional clinical teams to lead quality health improvement efforts (Nelson, Batalden, & Godfrey, 2009). In the process, individual leaders develop coaching knowledge, skills, and abilities to provide support for the teams and to increase awareness of team accomplishments. Microsystem coaching combines the use of effective communication, helping, and technical support with improvement science to achieve desired outcomes (Schlein, 2009). Coaches facilitate team processes to build on strengths, develop action plans, maintain focus, reinforce processes, and celebrate successes. Also, recipients of this coaching benefit from participating in a coaching network where they can learn from and with each other (Godfrey et al., 2014).

Microsystem coaches facilitate the development of effective meeting skills and communication processes that enhance team performance. Forums are created for fostering honest and open dialogue clarifying, as well as reframing, feedback (Godfrey et al, 2014). The process of learning about collaborative quality improvement promotes the building of healthy team relationships.

### Coaching Process

The Dartmouth Institute's (TDI) (2016) coaching program takes place over a 5-month period and is called "e-coach-the coach." The curriculum is interactive, including four virtual sessions and a 3-day face-to-face meeting, during which participants identify an interdisciplinary frontline team to coach during the program. Baseline and postprogram assessment of participants' coaching ability occurs. In addition, fundamental skills for applying clinical microsystem theory are taught, a structured process for coaching health care improvement is modeled, and an individual coaching plan is developed.

TDI's Team Coaching Model includes a prephase, an action phase, and a transition phase (Godfrey, 2013). In the prephase, staff explore their history of quality improvement efforts, conduct a microsystem assessment, and clarify expectations of the team. Efforts focus on understanding both the system and the people prior to initiating improvement efforts. In the action phase, relationship building is fostered as improved technical skills are reviewed within the context of group dynamics. Finally, in the transition phase, participants reflect on their improvement journey and develop a sustainable coaching transition plan.

### **Coaching Outcomes**

As teams take ownership through the team coaching model (Godfrey, 2013), professional development, competence, pride, and joy in the workplace occurs for coaches and staff (TDI, 2016). The coach helps the team to use their collective knowledge and resources, develop interpersonal skills, and learn group processes that support quality improvement. Coaches experience increased confidence with communicating in conflict situations, giving negative feedback, using reflection, eliciting perspectives, listening, and recognizing barriers to team performance.

Godfrey, Melin, Muething, Batalden, and Nelson (2008) identified that coaching led to staff engagement, as well as the creation of conditions for successful quality improvement initiatives to occur. Staff involved believed that coaches inspired motivation and fostered the acquisition of quality improvement skills. In addition, team members developed humanistic competencies for facilitating group dynamics and reframing communication.

In another study (Godfrey, Nelson, Wasson, Mohr, & Batalden, 2013), supporting frontline teams with microsystem coaching resulted in the staff expressing feelings of value and increased feelings of self-worth. Godfrey et al. (2013) found that staff engaged in respectful and collaborative behaviors as they came to understand each other's role in the quality improvement process. Likewise, Hannux and Laperle (2016) noted increased staff engagement, team cohesiveness, and staff satisfaction. The staff also developed an appreciation of the importance of interdisciplinary collaboration in effective quality improvement processes. Improved systems performance and health professional development as the result of microsystem coaching can support the achievement of the goals of the quadruple aim (Bodenheimer & Sinsky, 2014).

### **HEALTH AND WELLNESS NURSE COACHING**

Health and Wellness Nurse Coaching uses a different approach than the two programs described above. It is gaining popularity and may be used to support the well-being and resiliency of professional staff. Although the

coaching modality is a seemingly natural extension of activities already occurring in professional nursing staff development practice, specialized skills warrant discussion, as well as a call for instruction on competencies, and requisite supervised practice to gain expertise.

The American Holistic Nurses Credentialing Corporation (AHNCC) currently recognizes nine educational organizations that offer didactic and or practicum programs addressing the eligibility qualifications for board certification of health and wellness nurse coaches. Beginning in January 2013, the AHNCC began offering the board certifying examinations for health and wellness coaching that establish knowledge competency for nurses. Since that time, more than 275 professionals successfully passed the examination and acquired their Health and Wellness Nurse Coaching credentials (AHNCC, 2016). Some professionals have entered private nurse coaching practice, whereas others have incorporated the modality within their practice setting. Potential exists to use health and wellness coaching for staff development.

### **Coaching Process**

Health and wellness coaching by nurses is described by Hess et al. (2013) as a purposeful results-oriented, relationship-centered interaction provided by a skilled professional RN to attain health-related goals. The goals are determined by the staff member, and achievement is facilitated through a cocreated relationship that recognizes the staff member as an expert. Within the staff development health and wellness coaching process, a nurse coach engages in coming to know a staff member through actually listening deeply to their story. From the story, the nurse coach explores with staff member any issues or concerns that can be noted as opportunities for change to enhance well-being and resiliency. Next, strengths and previous successes are reflected on and reinforced. Then, additional accomplishments for the staff member are pondered as the understanding one's readiness to change remains forefront for the nurse coach.

Luck (2010) acknowledged "the concept of self-efficacy, stages of change and motivational enhancement are integrated into the nurse coach role" (p. 79). In addition, health and wellness coaching is completed from the context of a safe and trusted space. Establishing the space by the nurse is intentional, and as Dossey and Hess (2013) asserted, "the professional nurse coach works with the whole person using principles and modalities that integrate body, mind, emotion, spirit, and environment" (p. 10).

### **Coaching Outcomes**

Health and Wellness Nurse Coaching could address the needs of staff members and seek to improve their ex-

perience and practice environment. Previous work has expressed how this Health and Wellness Nurse Coaching may be addressed within staff development through two distinct means: (a) providing an avenue to support and augment staff member well-being and (b) seeking to affect the stressful aspects of the overall practice environment by supporting staff resiliency. First, Health and Wellness Nurse Coaching interventions show promising potential to support an enhanced well-being of staff members. Brinkert (2011) found Health and Wellness Nurse Coaching to be an effective means for equipping staff with conflict resolution skills, which in turn decreases stress and improves well-being. Rivers, Pesata, Beasley, and Dietrich (2011) found Health and Wellness Nurse Coaching to be effective for addressing compassion fatigue or stress, with the most helpful aspects noted as a consistent and nonjudgmental person available to process thoughts and feelings, the development a self-awareness through the process, and an improved retention of staff. The potential exists for enhanced well-being, which may in turn lead to increased job satisfaction, stress reduction, and improved overall health of staff members.

Second, Health and Wellness Nurse Coaching interventions demonstrate encouraging potential for the support of staff resilience and to improve the practice environment in creative ways. This framework of nurse coaching has shown potential to increase self-efficacy in new nursing roles and with certain specialized nursing skills (Ammentorp & Kofoed, 2010; DeCampli, Kirby, & Baldwin, 2010). Self-efficacy, one's belief in his or her ability to succeed in specific situations or accomplish a task, is a major contributor to how one approaches goals, tasks, and challenges. Believing one can be successful within a new nursing skill or role augments a resilient attitude, even in the face of many work stressors.

Engaging in Health and Wellness Nurse Coaching can directly improve the staff members' experience and practice environment. Health and Wellness Nurse Coaching provides a cadre of skills for staff developers to create a connection with staff members in an often chaotic work environment. These enhanced skills could potentially improve staff satisfaction with their work environment by influencing the taxing and demanding aspects of the practice setting, thus improving their overall experience.

## CONCLUSION AND IMPLICATIONS FOR NURSE EDUCATORS

To address the quadruple aim intentionally, health care environments will need to change, and professionals will need to be equipped with the knowledge, skills, and attitudes to accomplish the culture changes needed (Sexton & Baessler, 2016). Coaching may appear to be an easily

**TABLE**  
**SIMILARITIES AMONG THE THREE COACHING PROGRAMS: GALLUP STRENGTHS-BASED COACHING, DARTMOUTH MICROSYSTEM COACHING, AND HEALTH AND WELLNESS NURSE COACHING**

Continuing education for certification
Goal oriented
Facilitated through a cocreated relationship
Completed from a trusted and safe space

adapted intervening strategy, but the processes demand competence in the implementation of theoretically based approaches. These competencies are not self-evident. The aforementioned three coaching programs provide a promising avenue for staff developers to directly address all aspects of the quadruple aim to optimize health systems. All three coaching programs support the evolution of change as time passes. These programs can help build the resiliency of professionals and staff (inclusive of Millennials) to be successful in complex environments, enhance professional and patient experiences, and ultimately improve patient outcomes.

Coaching as an organizational strategy offers distinctive potential to influence numerous aims for environment transformation and staff well-being in health care practice settings. Caveats exist to every coaching model that should be included in continuing education programs prior to the launching of an initiative. Recently, researchers (Andreasson, Ericksson, & Dellve, 2016; Westcott, 2016) have examined coaching as an approach for addressing staff engagement, managerial development, and augmenting other interventions for chronic illness management; results are favorable, but more studies are warranted. Used as a strategy, coaching can aid in the accomplishment of the quadruple aim. The three programs highlighted display similarities (Table) in approaches and processes for coaching and differences in the coaching intent on individual or organizational change. The coaching programs offer best practices to be incorporated within organizations to support professional staff resiliency development, leadership effectiveness, and enhanced team performance.

## REFERENCES

- Advisory Board. (2014). *The national prescription for nurse engagement: Best practices for enfranchising frontline staff in organizational transformation*. Retrieved from <https://www.advisory.com/research/nursing-executive-center/studies/2014/national-prescription-for-nurse-engagement>
- American Holistic Nurses Credentialing Corporation. (2016). *Num-*

- ber of active certificants. Retrieved from <http://www.ahncc.org/number-of-certificants/>
- Ammentorp, J., & Kofoed, P.E. (2010). Coach training can improve the self-efficacy of neonatal nurses. A pilot study. *Patient Education and Counseling*, 79, 258-261.
- Andreasson, J., Ericksson, A., & Dellve, L. (2016). Health care managers' views on and approaches to implementing models for improving care processes. *Journal of Nursing Management*, 24, 219-227.
- Billings, D.M., Kowalski, K., & Serio, I.J. (2014). Using coaching to create empowered nursing leadership to change lives. *The Journal of Continuing Education in Nursing*, 45, 12-13.
- Bleich, M.R. (2016). A gift to self: Leadership coaching. *The Journal of Continuing Education in Nursing*, 47, 11-13.
- Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12, 573-576.
- Brinkert, R. (2011). Conflict coaching training for nurse managers: A case study of a two-hospital health system. *Journal of Nursing Management*, 19, 80-91.
- The Dartmouth Institute. (2016). *eCoach-the-coach*. Retrieved from <http://clinicalmicrosystem.org/ecoach-the-coach/>.
- DeCampli, P., Kirby, K.K., & Baldwin, C. (2010). Beyond the classroom to coaching: Preparing new nurse managers. *Critical Care Nursing Quarterly*, 33, 132-137.
- Donner, G., & Wheeler, M.M. (2009). *Coaching in nursing: An introduction*. Retrieved from <http://www.icn.ch/what-we-do/coaching-in-nursing-an-introduction/>
- Dossey, B.M., & Hess, D. (2013). Professional nurse coaching: Advances in national and global healthcare transformation. *Global Advances in Health and Medicine*, 2(4), 10-16.
- Escobeda, M. (December 3, 2015). *Leading change in a VUCA world*. Retrieved from <http://www.jhartfound.org/blog/leading-change-in-a-vuca-world/>
- Gallup. (2012a). *Fundamentals of coaching guide*. Retrieved from <https://dk9zyhfatdvcy.cloudfront.net/public/pdf/en-US/CoachingKit.pdf>
- Gallup. (2012b). *Introduction to strengths-based development*. Retrieved from <https://dk9zyhfatdvcy.cloudfront.net/public/pdf/en-US/CoachingKit.pdf>
- Gallup. (2013). *Strengths Finder 2.0*. Retrieved from <https://www.gallupstrengthscenter.com>
- Gallup. (2014). *Coaching strengths: Understand, guide, support, empower*. Retrieved from <https://www.gallupstrengthscenter.com/Purchase/en-US/Kits/>
- Gallup. (2016a). *First break all the rules: What the world's greatest managers do differently*. New York, NY: Gallup Press.
- Gallup. (2016b). *How millennials want to work and live: The six big changes leaders have to make*. Retrieved from <http://www.gallup.com/reports/189830/millennials-worklive.aspx>
- Glebocki, M., & Dunn, K. (2010). Building an organizational culture of caring: Caring perceptions enhanced with education. *The Journal of Continuing Education in Nursing*, 41, 565-570.
- Godfrey, M.M. (2013). Improvement capability at the front lines of healthcare helping through leading and coaching (Doctoral dissertation, Jönköping University). Retrieved from <http://hj.diva-portal.org/smash/record.jsf?pid=diva2%3A640804&dsid=8245>
- Godfrey, M.M., Andersson-Gare, B., Nelson, E.C., Nilson, M., & Ahlstrom, G. (2014). Coaching interprofessional health care improvement teams: The coachee, the coach and the leader perspectives. *Journal of Nursing Management*, 22, 452-464.
- Godfrey, M.M., Melin, C.N., Muething, S.E., Batalden, P.B., & Nelson, E.C. (2008). Clinical microsystems, part 3. Transformation of two hospitals using microsystem, mesosystem and macrosystem strategies. *Joint Commission Journal of Quality and Patient Safety*, 34, 591-603.
- Godfrey, M.M., Nelson, E.C., Wasson, J.H., Mohr, J.J., & Batalden, P.B. (2013). Microsystems in health care: Part 3. Planning patient-centered services. *Joint Commission Journal of Quality and Safety*, 29(4), 159-170.
- Hannux, J., & Laperle, J. (2016, September). *Evolution and implementation of leadership after cross-microsystem coach development*. Poster session presented at the meeting of the Dartmouth Institute Microsystem Academy Fall Retreat, Hanover, New Hampshire.
- Hess, D., Dossey, B.M., Southard, M.E., Luck, S., Schaub, B.G., & Bark, L. (2013). *The art and science of nurse coaching: The providers guide to coaching scope and competencies*. Silver Spring, MD: American Nurses Association.
- Institute for Healthcare Improvement. (2015). *IHI triple aim initiative: Better care for individuals, better health for populations, and lower per capita costs*. Retrieved from <http://www.ihio.org/engage/initiatives/tripleaim/Pages/default.aspx>
- Kowalski, K., & Casper, C. (2007). The coaching process: An effective tool for professional development. *Nursing Administration Quarterly*, 31(2), 171-179.
- Luck, S. (2010). Changing the health of our nation: The role of nurse coaches. *Alternative Therapies*, 16(5), 78-80.
- Moss, M., Good, V.S., Gorzal, D., Kleinpell, R., & Sessler, C.N. (2016). An official critical care societies collaborative statement: Burnout syndrome in critical care health professionals: A call for action. *American Journal of Critical Care*, 25, 368-376.
- Mueller, S. (2016). Coaching millennials: Effective leadership for the participation trophy generation. *Choice*, 14(13): 34-36.
- Nelson, E.C., Batalden, P.B., & Godfrey, M.M. (2009). *Quality by design*. San Francisco, CA: Jossey-Bass.
- Rath, T. (2007). *StrengthsFinder 2.0*. New York, NY: Gallup Press.
- Rath, T., & Conchie, B. (2008). *Strengths based leadership*. New York, NY: Gallup Press.
- Rivers, R., Pesata, V., Beasley, M., & Dietrich, M. (2011). Transformational leadership: Creating a prosperity-planning coaching model for RN retention. *Nurse Leader*, 9(5), 48-51.
- Schaub, B.G., Luck, S., & Dossey, B. (2012). Integrative nurse coaching for health and wellness. *Alternative and Complimentary Therapies*, 18, 14-20.
- Schlein, E.H. (2009). *Helping: How to offer, give and receive help*. San Francisco, CA: Berrett-Koehler.
- Sexton, M., & Baessler, M. (2016). Interprofessional collaborative practice. *The Journal of Continuing Education in Nursing*, 47, 156-157.
- Sikka, R., Morath, J.M., & Leape, L. (2015). The quadruple aim: Care, health, cost and meaning in work. *British Medical Journal of Quality and Safety*. Advance online publication. doi:10.1136/bmjqs-2015-004160
- Simpson, M.K. (2014). *Unlocking potential: 7 coaching skills that transform individuals, teams and organizations*. Grand Haven, MI: Grand Harbor Press.
- Westcott, L. (2016). How coaching can play a key role in the development of nurse managers. *Journal of Clinical Nursing*, 25(17-18), 2669-2677.

Reproduced with permission of copyright owner.  
Further reproduction prohibited without  
permission.