developing

# our managers and leaders

# Resilience Coaches Information

February 2015



our managers and leaders

### **Background**

## Leadership and Management Development

Leadership and Management Development within the Department of Health and Human Services (DHHS) aims to increase the capabilities of DHHS managers and leaders, 'enabling our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best'. All activities expand the core themes:

- Leads Self: Leaders are self-aware; seek out opportunities for personal development; have strength of character.
- **Engages Others:** Leaders value diversity and model cultural responsiveness; communicate with honesty and respect; strengthen consumers, colleagues and others.
- Achieves Outcomes: Leaders influence and communicate the direction; are focussed and goal oriented; evaluate progress and are accountable for results.
- Drives Innovation: Leaders champion the need for innovation and improvement; build support for change; and positively contribute to spreading innovative practice.
- Shapes Systems: Leaders understand and apply systems thinking; engage and partner with consumers and communities; build alliances.



#### What is resilience?

Resilience is the capacity to cope with change and challenge and bounce back during difficult times. Pesilience requires leaders to take care of business and themselves while taking action in new realities. Resilient leaders flexibly improvise in response to unexpected situations.

According to the Tasmanian State Service Senior Executive Leadership Capability Framework, a leader -

- Deals resiliently with work pressures and negative criticism by maintaining an optimistic outlook and developing and applying effective wellbeing strategies.
- Remains focused on the objectives even in difficult and uncertain circumstances and in a rapidly changing environment or changing priorities.
- After setbacks, remains positive, motivated and focussed.
- Maintains energy and willingly invests extra effort when required.

#### Why be a coach? -

There are many benefits from becoming a coach. Coaching provides an opportunity to:

- Develop and nurture your own communication and feedback skills
- Develop and inspire others
- Demonstrate your commitment to your colleagues and agency objectives
- Contribute to the learning and educational culture of the organisation.

## To access our resilience coaching and leadership resources:

Go to the DHHS intranet site:

http://www.dhhs.tas.gov.au/intranet/scwr/nursing/education\_and\_training\_unit/resilience\_leadership

Contact the Leadership and Management Development Unit at: <a href="mailto:mandlprogram@dhhs.tas.gov.au">mandlprogram@dhhs.tas.gov.au</a>

## Our approach to resilience



Tasmania's health system needs to change ... Hon Michael Ferguson MP Minister for Health

While valuable in and of itself, we see staff resilience as part of the bigger picture of change, and our contribution to making it successful and sustainable. Research indicates that this kind of change requires:

- Shaping behaviour: leadership team thought and action.
- Framing change: communication throughout the change journey – organisational change management.
- Creating capacity: building individual capability in order to ensure organisational change success.<sup>vi</sup>

We believe we can establish this kind of change through education (with providers like the University of Tasmania) and training (programs within the DHHS/THS).

The value proposition of education and training is that it can help develop and support these long-term, sustainable changes in three ways:

- First, it can inform policy leadership through policyoriented learning.<sup>vii</sup>
- Second, it can promote organisational change management and culture management.
- Third, it can control for the negative impacts of organisational change by supporting staff resilience.ix



Individual responses to organisational change are often complex and multi-faceted. During and after change that involves staff downsizing, employees are generally less motivated to contribute to organisational success and are less willing to apply discretionary effort to accomplishing tasks important to the organisation.\* This is related to a rise in employee stress, health issues and voluntary departures after downsizing.\* Addressing both the cognitive and affective elements of individuals' response to change is essential for the successful implementation of change.\* Specifically, building employee resilience has been shown to increase employee engagement and support for change.\*

#### Three Keys to Resilience

Human Capital Signature Strengths	Social Capital Building Bridges	Psychological Capital Self Matters
<ul> <li>Existing education, experience, knowledge, skills and abilities</li> <li>Refreshing career strengths with SMART personal goals</li> <li>Physical and mental fitness</li> </ul>	<ul> <li>Friends and family</li> <li>Professional networking and resilient role models</li> <li>Community and civic engagement</li> </ul>	Hope – the will and the way – expect the best and have a plan to achieve it  Efficacy – 'can do' – the confidence to succeed  Resiliency – bouncing back and beyond  Optimism – realistic and flexible

Individual resilience can be conceptualised as being developed through the 'three capitals': human, social and psychological or identity.xiv **Human capital** is the experience and expertise that the individual brings to their working life.xv It can be developed through higher educationxvi and in-house training programs.xviii **Social capital** provides the networks and relationships that support individuals in their work, home and community.xviii Activities such as coaching develop peer professional networks and new professional role models and have been shown to increase social capital within the workplace.xix Developing the **psychological capital** of staff speaks to the links between individual psychological and physical health; organisational health and culture; and productivity.xix The HERO (hope, efficacy, resilience and optimism) attributes of identity or psychological capital are particularly valuable in times of change.xxi **Change resilience, developed through a focus on the three capitals, is a key element of successful, sustainable change.** 

# Our approach to coaching



Coaching is **interactive learning** – that is, learning through a relationship where you discuss things. These discussions help the person being coached to perceive, understand, and act on situations.

Coaching is affected by the context in which it occurs; the particularities of the individual learner and the particularities of the coach.

#### **Personnel requirements**

The coach does not need to have specialist knowledge or expertise in the field in which the person being coached operates.

Both members of the dyad need to be trust-worthy and reliable. Both need to be prepared for self-disclosure – willingness to be a person not a role.

The person being coached must commit to doing the relevant preparatory work.

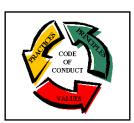
#### **Practical requirements**



The 'coaching dyad' (coach and person being coached) should identify a suitable time.

The coaching should occur in a quiet room where the dyad will not be interrupted for the agreed time period (up to an hour).

The person being coached should look at one of the resilience workbooks prior to the coaching session and pick out a *maximum of three* points to be covered or exercises to be discussed during one coaching session.



# Coaches Code of Practice

- ✓ Work to create a supportive and appropriately challenging environment.
- ✓ Respond by coaching not counselling.
- Recognise that the individual is in charge of his or her own destiny.
- ✓ Respect confidentiality at all times.
- Have the desire to want to model and challenge development.

#### Four steps to successful coaching

Coaching is a powerful tool. There are four things a coaching dyad can do to maximise their chance of success.

#### I. A climate of trust and supportxxiii



Coaching can only occur in a climate of acceptance and trust. The coach must be able to express empathic understanding. The dyad must provide a safe environment in which concerns can be put out for examination and analysis.

#### 2. Authenticityxxiv



Establishing trust requires both partners to be honest and open with each other and with themselves. They must be able to raise and express concerns and issues.

#### 3. Dialogue and reflection\*xv



The role of the coach is to listen, question, and promote clarification. Skillful questioning may challenge an individual's orientation and encourage alternatives to the specific way he or she looks at the world.

#### 4. Appropriate closurexxvi



Coaching is a finite, time-bound process. After an agreed-upon time, the coaching relationship will be completed. Identfying this point and handling it appropriately are important. There has to be a combination of reassurance, encouragement and inspiration to encourage the learner to move forward.

#### Limits of coachingxxvii

Coaching is also not suitable for people with serious mental or physical health problems. It is not a form of psychotherapy nor a substitute for it. Coaching is about mental development, not mental health.

## Further reading



- Department of Health and Human Services. (2009). Strategic Directions 09-12, Hobart: Department of Health and Human Services.
- Shannon, E.A. (2014). Operationalising Health LEADS Australia in a connected environment, Refereed presentation at the SHAPE Symposium, Sydney: 9-11 July.
- Health Workforce Australia. (2013). Australian Health Leadership Framework. Retrieved December 23, 2014, from <a href="http://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf">http://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf</a>
- Avolio, B. J., Luthans, F. and Youssef, C. M. (2006). *Psychological Capital: Developing the Human Competitive Edge*. Oxford University Press. Kindle Edition.
- Department of Premier and Cabinet. (2013). *Tasmanian State Service Senior Executive Leadership Capability Framework*. Hobart: Tasmanian Government.
- Higgs, M. and Rowland, D. (2005). All changes great and small: Exploring approaches to change and its leadership. Journal of Change Management, 5, 121-151.
- Sabatier, P. (1987). Knowledge, policy-oriented learning and policy change: an advocacy coalition framework. Knowledge: Creation, Diffusion, Utilization, 8, 649-692.
- Wallace, M., O'reilly, D., Morris, J. and Deem, R. (2011). Public service leaders as 'change agents' for whom? *Public Management Review*, 13, 65-93.
- Shin, J., M.s. Taylor, and Seo, M.-G. (2012). Resources for change: The relationships of organizational inducements and psychological resilience to employees' attitudes and behaviors toward organizational change. *Academy of Management Journal*, 55(3): 727-748.
- × Mishra, A., K. Mishra, and Spreitzer, K. (2009). Downsizing the company without downsizing morale MIT Sloan Management Review, Spring: 39-44.
- Noer, D.M. (2009). Healing the Wounds: Overcoming the Trauma of Layoffs and Revitalizing Downsized Organizations. San Francisco: Jossey-Bass.
- Shute, R., Harrison, K., Forsyth, K., Melton, J., Thompson, S. and Fear, C. (2013). Supporting implementation of health service change. *British Journal of Healthcare Management*, 18: 638-643.
- Shin, J., M.s. Taylor, and Seo, M.-G. (2012). Resources for change: The relationships of organizational inducements and psychological resilience to employees' attitudes and behaviors toward organizational change.
- Schuller, T. (2004). Three capitals: a framework. *In*: Schuller, T., Preston, J., Hammond, C., Brassett-Grundy, A. & Bynner, J. (eds.) *The Benefits of Learning: The Impact of Education on Health, Family Life and Social Capital.* London: RoutledgeFalmer.
- ×v Avolio, B. J., Luthans, F. and Youssef, C. M. (2006). Psychological Capital: Developing the Human Competitive Edge.
- Gibbons, A. and Shannon, E. A. (2013). Tertiary study: barriers and benefits for health and human services professionals. *Australian Journal of Adult Learning*, 53: 436-456.
- Shannon, E. A., van Dam, P. and Stokes, H. (2012). Building resilience in a professional services community: the role of leadership development. *Conference Proceedings: 52nd Annual Adult Learning Australia Conference: Lifelong learning = resiliant communities.* Byron Bay, NSW: Adult Learning Australia Inc.
- xviii Avolio, B. J., Luthans, F. and Youssef, C. M. (2006). Psychological Capital: Developing the Human Competitive Edge.
- Shannon, E. A. and van Dam, P. J. (2013). Developing positive leadership in health and human services. South African Journal of Industrial Psychology, 39. <a href="http://www.sajip.co.za/index.php/sajip/article/download/1134/1440">http://www.sajip.co.za/index.php/sajip/article/download/1134/1440</a>
- European Expert Group on Health in Restructuring. (2009). Health in restructuring: innovative approaches and

policy recommendations. DG Employment, Social Affairs and Equal Opportunities, European Commission. University of Bremen.

- Avolio, B. J., Luthans, F. and Youssef, C. M. (2006). Psychological Capital: Developing the Human Competitive Edge.
- Parker, P. Hall, D. T. and Kram, K. (2008). Peer coaching: a relational process for accelerating career learning. Academy of Management Learning & Education, 7(4): 487-503.
- xxiv Ibid.
- xxv lbid.
- Thorne, K. (2004). Coaching for Change: Practical Strategies for Transforming Performance. London: Kogan Page.
- O'Connor, J. and Lages, A. (2007). How Coaching Works: The essential guide to the history and practice of effective coaching. United Kingdom: Bloomsbury Publishing.