Nurses’ Expectation and Nurses’ Perception Regarding Nurse Supervisors’ Coaching in Southern Bangladesh

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ABSTRACT

Coaching is the process of helping people to enhance their performance and apply a specific knowledge and skill into practice. The study aimed to identify the level of nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching. Data were collected from 174 nurses recruited by systematic random sampling at one medical college hospital, Bangladesh. The questionnaires were developed by the researchers using a 5-point Likert scale. In this study, the content validity index (CVI) was .89. The Cronbach’s alpha coefficients of the Nurse Supervisors’ Coaching Questionnaire were .90 and .92 for nurses’ expectation and nurses’ perception, respectively.

The study findings showed that the nurses’ expectation regarding nurse supervisors’ coaching was at high level (M=3.84, SD=0.30). The nurses’ perception regarding nurse supervisors’ coaching was at moderate level (M=1.76, SD=0.32). The nurses’ expectation score was significantly higher than nurses’ perception (z =-11.44, p < .001).

The finding showed that nurses in this study perceived coaching ability of their supervisors lower than what they expected. It offers implication for administrators to improve nurse supervisors’ coaching in the future.

Keyword: expectation, perception, coaching, and nurse supervisors

Background and Significance of the Study

Coaching is a powerful strategy for the 21st century in work place (Wright, 2005). It is the process of helping people to enhance their performance through sustaining reflective practice in promoting personal and professional power and to apply a specific knowledge and skill into practice (Launer, 2006; Martha & Thomas, 2007; Thorpe & Clifford, 2003). Coaching is an important method to help managers to recognize their responsibilities and encourage better balance to professional work life (Beecham, Dammers, & Zwanenberg, 2004).
Coaching is a challenging issue and greater concern for nurse supervisors to help nurses recognize caring responsibility and develop skills in order to make self-directed decisions for improvement of performance (Rampersad, 2003; Robbins & Coulter, 2005). It can be a significant developmental tool used by nurse supervisors in providing the work environment to build personal and professional improvement of nurses (Aviram et al. as cited in Kushnir, Enrenfeld, & Shalish, 2008; Jones & Murphy, 2007; Wright, 2005). Nurse supervisors have an important role in coaching in clinical setting for enhancing nurses' knowledge and skills to perform new nursing procedures, manage critical patients in critical condition, provide quality of patients care and make decision in emergency situation (Paraprofessional Health Care Institute, 2001). According to Paraprofessional Health Care Institute (2005), nurse supervisors need to maintain positive relationships with the nurses and give value of nurses as a person by creating and modeling effective coaching. In addition, nurse supervisors can provide physical and mental support to address decisional need of nurses when they handle the critical patient in serious condition in their shift work (Stacey et al., 2008).

However, the researchers did not find any study related to nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching in Bangladesh and other countries. The results from this study would be benefited to nurse administrators in order to improve coaching skills of nurse supervisors in Bangladesh.

Objectives

1. To identify the level of nurses expectation regarding nurse supervisors’ coaching
2. To identify the level of nurses perception regarding nurse supervisors’ coaching
3. To compare between nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching

Technical Terms

Nurses’ expectation regarding nurse supervisors’ coaching refers to the level of nurses’ perception towards ideal coaching of their nurse supervisors. Ideal perception indicates nurses’ hope and anticipation that their nurse supervisors will be role model in demonstrating coaching in clinical setting. It was measured by the questionnaire developed by the researchers based on the work of Thorpe and Clifford (2003). It included six stages of coaching process: (1) clarifying coaching needs and goals, (2) agreeing specific development needs, (3) making a detailed plan for coaching, (4) doing a task or activity, (5) reviewing
activities and planning to improve performance, and (6) ending the coaching relationship. The higher scores indicated the higher expectation of coaching, whereas, the lower scores indicated the lower expectation of coaching.

Nurses’ perception regarding nurse supervisors’ coaching refers to the level of nurses’ perception towards actual coaching of nurse supervisors. Nurses’ perception regarding nurse supervisors’ coaching was measured by the questionnaire identical to the expectation questionnaire. The higher scores indicated the higher perception of coaching, whereas, the lower scores indicated the lower perception of coaching.

Framework of the study

Conceptual framework of this study was based on six stages of coaching process proposed by Thorpe and Clifford (2003). There were six stages of coaching process. The first stage is clarifying coaching needs and goals. During this stage, coach and coachee establish a real need for coaching and discuss the overall goals of the coaching process. The second stage is agreeing specific development needs. The main activities of coach in this stage are to discover the current position of coachee and identify the gap which area is needed to improve. Eventually, they agree how to achieve identified needs. Next is making a detailed plan for coaching. Coach prepares a detail plan for coaching after discussion with coachee. Generally, the plan may include organize coaching objectives, time, place, person, equipments, preliminary tasks, and involvement of other people for coaching.

Doing a task or activity is the fourth stage of coaching process. In this stage coach applies the coaching plan according to coachees’ needs, followed by evaluating coachees’ performance. In some instance, the coach arranges a simulation or real life situation to demonstrate nursing activities such as caring of critical patients, giving intravenous fluid, taking care of geriatric patients and so on. They can also arrange redemonstration of coaching session if necessary. Next, reviewing activities and planning to improve performance is the end of coaching session that the coach will discuss with the coachee which areas will need to improve and how to prepare the plan of activities to improve next coaching session. Lastly, the coach ends the coaching relationship. The coach evaluates the objectives and ends the relationship with the coachee when all learning objectives have been met.

Research Methodology

This descriptive study was conducted at one medical college hospital in southern Bangladesh. A total number of 174 nurses were estimated and drawn from this hospital by
systematic random sampling. The sample size was considered adequate as it was estimated by power analysis (alpha .05, power .80, and effect size .30).

The Nurse Supervisors’ Coaching Questionnaire is a 48-item, 6-dimension questionnaire. Each item has two separate rating columns; one is for “expectation,” another is for “perception.” Subjects were asked to rate on each item for their “expectation” and “perception” regarding nurse supervisors’ coaching on a 5-point Likert scale (0-4; 0= not at all to 4= very much). The levels of nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching were categorized into 3 levels: 0.00-1.33=low, 1.34-2.66= moderate and 2.67-4.00 = high. The questionnaire was content validated by three experts and the content validity index (CVI) was computed, yielding a value of 0.89. The internal consistency reliability was tested. Cronbach’s alpha coefficients of nurses’ expectation and nurses’ perception regarding Nurse Supervisors’ Coaching Questionnaire were .90 and .92, respectively. Translation of the questionnaire in this study was conducted with a back translation method (Sperder & Devellis, 1994).

The study was approved by the Research Ethics Committee of Faculty of Nursing, Prince of Songkla University and permission for data collection was granted by the study hospital. The questionnaires were distributed to potential subjects through the help of nurse in-charge. Data were analyzed by using descriptive statistics and inferential statistics. The statistical assumptions were tested. The normality assumption was violated. Therefore, non-parametric statistics, Wilcoxon Signed Rank Test, to compare nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching was used.

Results

Nearly all subjects in this study were female (98%). The subjects’ age ranged from 29 to 56 years with a mean of 40 years (SD =6.39). Most of the subjects were married (95%). The majority had Diploma in Nursing (87%). About two-thirds of the subjects were Muslim (62%). The duration of nursing service experience ranged from 6 to 35 years with an average of 16 years (SD = 7.35).

Nurses’ Expectation Regarding Nurse Supervisors’ Coaching

The total mean score of nurses expectation regarding nurse supervisors’ coaching was at the high level (M = 3.83, SD = 0.30). Identifying the dimensions of expectation, it was found that all dimensions were in the high level, with the mean scores ranged from 3.81 to 3.86 (Table 1).
Table 1

Means, Standard Deviations, Medians and Levels of Nurses’ Expectation Regarding Nurse Supervisors’ Coaching for the Total Score and the Dimension Scores (N = 174)

<table>
<thead>
<tr>
<th>Coaching of Nurse Supervisors</th>
<th>Nurses’ Expectation</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Total nurses’ expectation</td>
<td>3.83</td>
</tr>
<tr>
<td>1. Ending the coaching relation</td>
<td>3.86</td>
</tr>
<tr>
<td>2. Agreeing specific development needs</td>
<td>3.85</td>
</tr>
<tr>
<td>3. Clarifying coaching needs and goals</td>
<td>3.84</td>
</tr>
<tr>
<td>4. Doing a task or activity</td>
<td>3.84</td>
</tr>
<tr>
<td>5. Reviewing activities and planning improve performance</td>
<td>3.82</td>
</tr>
<tr>
<td>6. Making a detailed plan for coaching</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Nurses’ Perception Regarding Nurse Supervisors’ Coaching

The total mean score of nurses’ perception regarding nurse supervisors’ coaching was at the moderate level (M =1.76, SD = 0.32). The mean scores of six dimensions were at the moderate level, ranged from 1.66 to 1.88 (Table 2).

Table 2

Means, Standard Deviations, Medians and Levels of Nurses’ Perception regarding Nurse Supervisors’ Coaching for the Total Scores and the Dimension Scores (N = 174)

<table>
<thead>
<tr>
<th>Coaching of Nurse Supervisors</th>
<th>Nurses’ Perception</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Total nurses’ perception</td>
<td>1.76</td>
</tr>
<tr>
<td>1. Agreeing specific development needs</td>
<td>1.88</td>
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<tr>
<td>2. Ending the coaching relationship</td>
<td>1.86</td>
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<td>3. Making a detailed plan for coaching</td>
<td>1.82</td>
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<tr>
<td>4. Doing a task or activity</td>
<td>1.81</td>
</tr>
<tr>
<td>5. Reviewing activities and planning improve performance</td>
<td>1.77</td>
</tr>
<tr>
<td>6. Clarifying coaching needs and goals</td>
<td>1.66</td>
</tr>
</tbody>
</table>
Comparison between Nurses’ Expectation and Nurses’ Perception Regarding Nurse Supervisors’ Coaching (N = 174)

The comparison between nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching was analyzed. It was revealed that the expectation score was significantly higher than the perception score (Mean ranks = 87.50 VS 0.00, z = -11.44, p<.001 (Table 3).

Table 3
Wilcoxon Signed Rank Test for Comparison between Nurses’ Expectation and Nurses’ Perception Regarding Nurse Supervisors’ Coaching (N=174)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Rank</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total per of nur &lt; Total exp of nur</td>
<td>174</td>
<td>87.50</td>
<td>15225.00</td>
<td>-11.44**</td>
</tr>
<tr>
<td>Total per of nur &gt; Total exp of nur</td>
<td>0</td>
<td>.00</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Total per of nur = Total exp of nur</td>
<td>0</td>
<td>.00</td>
<td>.00</td>
<td></td>
</tr>
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</table>

** p < .001

Per = Perception, Exp = Expectation, Nur = Nurse

Discussion

The majority of the subjects were female (98%). In Bangladesh, more female nurses are currently working in the hospitals, which is similar to many other countries. According to Cooper (2005), during the Crimean War, Florence Nightingale established modern nursing in her work based on caring and coaching. In that time most of the sick people were recovered and benefited from her caring and coaching. From that period, the largest part of women has been entering in the nursing profession and serving, caring and coaching of sick people in hospitals all over the world.

About two-thirds of the subjects were Muslim. They were middle adults who had been working for more than 10 years. With this regards, they had observed how the nurse supervisors had coached them. The majority of nurses had only basic nursing education, Diploma in nursing (87%). This level of education would make them need more coaching.

Nurses’ Expectation regarding Nurse Supervisors’ Coaching

Overall, the subjects in this study expected that their nurse supervisors provided them coaching at the high level (M=3.83, SD=0.30). This was also true for all dimensions of
coaching. The mean scores of the top three out of six dimensions, ‘ending the coaching relationship’ ‘agreeing specific development needs’ and ‘clarifying coaching needs and goals’ were 3.86, 3.85, and 3.84, respectively (Table 2).

‘Ending the coaching relationship’ was obtained highest expectation score regarding nurse supervisors’ coaching by nurses. It is the most important performance of nurse supervisors to end the coaching session with nurses through coaching for evaluating their performance and goals. Thorpe and Clifford (2003) stated that main goal of ending the coaching relationship is evaluating the nurses’ performance and give positive feedback when nurses perform their activities with confidently. Further more, nurses expected that their supervisors evaluated their performance and provided coaching to meet their goals at the satisfactory level.

‘Agreeing specific development needs’ was achieved the second highest score of nurses’ expectation regarding nurse supervisors’ coaching. Agreeing specific development need is the most crucial role of nurse supervisors to develop agreement with nurses during and after coaching. Thorpe and Clifford (2003) reported that nurses expect their supervisors had agree with them to accept their opinions and to offer suggestions for developing overall nurses need during coaching.

‘Clarifying coaching needs and goals’ is an important function of nurse supervisors to explain to nurses in clinical setting before and during coaching. The findings showed that the nurses’ expectation score was high regarding clarifying coaching needs and goals. According to Sullivan and Decker (2005) nurse supervisors require explaining nurses’ coaching need and their coaching goals to improve nurses’ knowledge, skills and practice for providing standard of patients care in clinical setting. They also expected high level to their supervisors that they would be able to provide proper coaching, supervision, guidance and help them in clinical setting for better care.

Nurses’ Perception Regarding Nurse Supervisors’ Coaching

The results of this study showed that nurses perceived nurse supervisors provided coaching them at moderate level (M =1.76, SD = 0.32). The lowest mean scores of two dimensions among six dimensions: ‘clarifying coaching needs and goals’ and ‘reviewing activities and planning improve performance’ were 1.66 and 1.77, respectively (Table 3). ‘Clarifying coaching needs and goals’ mean score was the lowest among six dimensions. The additional item is ‘explores the importance of coaching’ revealed that before coaching of nurses nurse supervisors would be give clear information about the importance of coaching and nurses’ need for providing quality care. According to Swansburge and Swansburge...
coaching is the advising, assisting, developing self direction, self discipline, and developing individual responsibility. Coaching is a helping relationship involving direct care and standard of care to the patients.

This study result showed that the nurses’ perception level was lowest score because nurse supervisors may not be able to try to give proper coaching, inform the benefit of coaching. On the other hand, several reason were responsible to provide proper coaching of nurses such as, level of education, level of qualification, shortage of nursing personnel, work load, lack of training regarding coaching etc.

One study was conducted by Uddin, Islam and Ullah (2006), they addressed that in Bangladesh, there are positions lying unoccupied due to lack of higher education, lack of qualified person, lack of training, shortage of nursing personnel workload, service experience of nurses, lack of conducive learning environment. Therefore, above all reasons were responsible to nurse supervisors unable to explain importance of coaching and explore their need that may affect the quality of care to the patients and nurses perception level at the lowest level.

Reviewing activities and planning improve performance is the second lowest perception level of nurses’ regarding nurse supervisors’ coaching. With this regards nurse supervisors would be prepare plan of action for coaching and reviewing all activities and check which activities not met yet. The study finding observed that nurses perceived regarding reviewing activities and planning improve performance was the second lowest level among six dimension. The major causes were responsible for perception level of nurses’ at lowest level that reasons also explain on the above.

Comparison between Nurses’ Total Expectation and Total perception Regarding Nurse Supervisors’ Coaching.

This study results showed that nurses’ expectation and nurses’ perception were significantly difference regarding nurse supervisors’ coaching. The present study also suggests that the overall nurses’ expectation scores was significantly higher \( z = -11.44, p < .001 \) than nurses’ perception. According to Vroom’s expectancy theory (Robbins & Coulter, 2005) individual tends to act in a certain ways based on their expectation that act will be followed by a given outcome and on the attractiveness of that outcome to the individual. Further more, as a human being every one could expect at high level that is the human nature. As a results this study findings also presented that nurses’ expectation score was at a high.

On the other hand, the perception is the identity of practical behavior and there might be other factors (Robbins & Coulter 2005) which influenced with individual expectation such
as age, education, experience, socioeconomic factors, attitudes, personality, motives, interest, and situation.

According to Robbins and Coulter (2005) perception consistently demonstrates that individual may look at the same thing yet perceived differently. Therefore, the present study findings showed that nurses’ expectation were significantly higher than nurses’ perception (Table 3).

Conclusions and Recommendations

The study aimed to identify the level of nurses’ expectation and perception regarding nurse supervisors’ coaching in Bangladesh and to compare between nurses’ expectation and nurses’ perception regarding nurse supervisors’ coaching. The findings showed that nurses’ expectation regarding nurse supervisors’ coaching was at the high level. Where as, nurses’ perception regarding nurse supervisors’ coaching was at the moderate level. Moreover, there is a statistically significant higher between nurses’ expectation and perception.

The level of nurses perception regarding nurse supervisors; coaching was significantly lower than nurses’ expectation. The findings will be used in nursing administration to develop plan and policy to improve nurse supervisors’ coaching ability. Finally this finding will offer a baseline data for further study related to nurse supervisors’ coaching.
References


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