

# Coaching and Performance Planning, 2021

The purpose of this document is to provide a guideline for nurse managers and others involved in developing and providing coaching and performance plans for nurses who need support in addressing practice competency issues. It is designed to bring provide a consistent approach that is culturally inclusive.

## Introduction

NZNO as a bicultural partner to Te Tiriti o Waitangi upholds the obligation of active protection. Through engaging inclusive approaches of development, that adopt a diverse and equity approach to enhancing the performance and appraisal management of our health workforce members. Further, as an organisation that seeks to improve the health status of all peoples in Aotearoa New Zealand through participation in health and social policy development. We share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

Principle guidelines of NZNO is to work with our members to provide fundamental advice and support to enable them to work collaboratively and effectively. The inclusion of equity in definitions of quality improvement and excellent performance is a core principle in supporting members and staff to become competent and confident in their field of expertise when supporting communities with health and wellbeing outcomes. Subsequently, ensuring understandings of health inequities are being met with optimizing a diverse performance appraisal.

Implementation of effective performance appraisal and management systems that include:

- > regular appraisal and nurse development plans;
- > development of core practice standards in association with core competencies in each area of practice;
- > and documented expectations that all staff are made aware of

will mitigate many competency issues and should be the primary approach in addressing competency issues in all organisations. However, individual nurses may still need further support to address identified competence issues. Managing competence issues is a part of performance management for nurse managers and must be managed effectively and safely for both nurse and manager.

Nurses facing competence review processes require structured support to meet their competence goals and appropriately skilled nurse managers, peers, and other health professionals have a responsibility to provide a supportive process for nurses to achieve competence in their practice. Ensuring patient safety is a key priority in the health sector and can be achieved through improving health systems, however the area in which the most impact can be made is in supporting clinical staff (Manning, Palmer & Yonekura, 2003).

This guideline outlines a process and provides a template to assist nurses and their managers proactively address competence issues in a supportive and consistent manner.

## Performance Management

Performance management is defined as a continuous process of identifying, measuring, and developing the performance of individuals and teams in a way that aligns performance with the strategic goals of the organisation. Performance management is ongoing as opposed to performance appraisal which is a singular annual event. It involves a continuous process of setting goals and objectives, observing performance, and giving and receiving ongoing coaching and feedback. (Aguinis, 2013).

A system for performance management can lead to increased motivation to perform, increased self-esteem, enhanced self-insight and development, more clearly defined job definitions and criteria, administrative processes that are fair and appropriate, greater ability to speak out about issues, and enhanced employee engagement. Managers can gain more insight into individual team members', differentiate more easily between good and poor performers and communicate their views on performance more clearly (Aguinis, 2013).

## Performance Appraisal/Nursing Development Plan

A performance appraisal or nursing development plan is an opportunity to review a nurses' performance in the work context. The process is between the nurse and the nurses' manager, or someone appointed by the manager performing the appraisal or developing the plan and in which time and effort are put into setting new goals and objectives for the coming year. Any emerging concerns can also be identified, and a plan developed to mitigate concerns (Falcone & Sachs, 2007; Duncan, 2007). Good performance appraisals/nursing development plans assist nurses:

- > to learn about their strengths as well as their weaknesses,
- > ensure the nurse is an active participant in the process,
- > identify agreed goals and objectives,
- > enable work teams to be deployed in a manner that builds on each member's individual strengths,
- > recognise that people are a valuable resource for an organisation and ensure nurses' voices are heard in workplace planning (Falcone & Sachs, 2007).

Performance appraisals/nursing development plans are usually annual, may require external feedback or peer review, and may be linked to additional pay or responsibilities (Duncan, 2007). Many authors argue that performance appraisal should be more than an annual occurrence, should be part of an ongoing process, and that it contributes substantially to effective organisations (Leggat, 2009; Falcone & Sachs, 2007; Boyte, 2005).

## Managing Competency Issues

The initiation of individual competence management processes may be as a result of identified needs following a performance management or appraisal, the result of a complaint about a nurse's practice, or where there have been concerns expressed regarding the competency of a nurse to practice. Competency concerns are indicated when a nurse makes continuous and/or frequent errors (either recurring errors over time, and/or a significant one-off error) or demonstrates inadequate practice – e.g. lack of skill or knowledge, inadequate understanding of concepts and procedures, or poor judgement (District Health Boards New Zealand Future

Workforce, 2010). Competence management should assist the nurse to address identified problems (Duncan, 2007). Managing competency issues must also avoid blame. There are many reasons a nurse may not be performing to an expected level of competency in both the professional and personal contexts and an effective competence management process will facilitate a nurse to achieve competency without assigning blame. Competence management must be fair, consistent, transparent and well documented.

There is a risk that implementing competence management may be construed as bullying or harassment and there is the potential for implementation to result in conflict between nurse and manager. When managed well, performance management can be a rewarding experience for both. Where a nurse progresses to individual competence management, it is likely there has been some failure in the existing system of performance management, e.g. ineffective mentoring or preceptoring. Competency issues should be identified and addressed as part of the performance management and performance appraisal/nurse development plan. Identification of factors contributing to a nurse not meeting competency requirements is important and will assist in preventing further issues in the future.

## Strategies for good competence management

### Preceptorship, Mentoring, Coaching and Supervision

*Preceptorship*: defined as “a short-term relationship between a student as novice and an experienced staff person (such as a professional nurse) as the preceptor who provides individual attention to the student’s learning needs and feedback regarding performance; students experience relative independence in making decisions, setting priorities, management of time, and patient care activities” (The Free Dictionary.com, 2021)().

Appropriate use of trained preceptors stimulates nurses’ critical thinking skills (Forneris & Peden-McAlpine, 2009) and is most successful when preceptor and preceptee are rostered on the same shifts, have workloads that enable the preceptor relationship to be formed and maintained, and enable time away from the clinical environment to undertake reflection and teaching (Adlam, Dotchin & Haywards, 2009).

Establishing a preceptor – preceptee relationship between the nurse needing support and a skilled and experienced preceptor should be one of the first steps in supporting a nurse to meet competence requirements. Compatibility between preceptee and preceptor is important, and both should feel the relationship will be a productive one. Reviewing the preceptee-preceptor relationship at regular intervals should be part of the performance plan.

*Mentoring*: Is defined as “a process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of his or her own ideas, learning, and personal and professional development. The mentor, who often (but not necessarily always) works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee” (The Free Dictionary.com, 2021).

Mentoring involves an experienced person sharing their knowledge and experience with someone less experienced. A mentor provides support and serves as a role model, may provide useful introductions and networking opportunities, may help the mentee navigate the culture, politics and unwritten rules of an organisation, and may advocate on behalf of the mentee (Williams, 2009). Mentorship may occur within a structured setting but can often be informal. The relationship between mentor and

mentee is different from the preceptorship relationship and the mentor should have no line management responsibility for the mentee.

Nurses needing support to meet competency requirements may benefit significantly from a mentorship relationship with a trusted colleague in addition to support from a preceptor. A formal preceptorship relationship may develop into an informal mentorship relationship once the nurse no longer requires preceptorship.

*Coaching:* Coaching involves partnering with an individual in a thought-provoking creative process which enables them to maximise their personal and professional potential. In contrast to mentoring a coach focuses on determining the needs of the individual they are supporting and designing a customised approach to those specific needs (Thompson, Wolf, Sabatime, 2012). Coaching helps individuals improve their performance and skills and tends to be shorter term than mentoring.

### Cultural support and supervision

Enhancing cultural mentorship and support requires a diverse approach to emerging models of health workforce initiatives. Supporting existing cultural mentor programmes is an appropriate action to expanding current mechanisms. Provisions of coaching and mentoring would require an integrated response to determine what particular support and resources are available to individuals and their communities.

Internally NZNO as a bicultural partner should seek advice from internal boards and committees such as Te Runanga and Pacific committees, colleges, and sections to guide managers to seeking cultural appropriate options for staff. Operationally ensuring people have access to their culture and external referral culturally specific mechanisms, ensures people feel valued, appreciated, and supported in an environment that prides itself on partnership, equity, and inclusiveness.

Providing cultural considerations of mentoring ensures NZNO upholds obligations of Te Tiriti through protecting cultural safety. Particularly as individuals may likely seek external cultural supervision that is specific to their identity. Cultural supervision enables kaimahi to maintain proficiency that can be best reflected in their work within the context of an organisation that is not exclusively driven by the values of one culture. It ensures cultural integrity and identity is upheld and honoured. Particularly for Maori as tangata whenua. Valuing Maori cultural identity, concepts of wellbeing and worldview, as well as understanding the historical relationships embedded in Te Tiriti o Waitangi, supports authenticity, integrity and dignity in relationships with both the individual and their whakapapa, which can lead to mana-enhancing practices and outcomes.

### Identifying a Kaupapa Māori supervisor

Kaupapa Māori supervision is named according to the value and principles pertaining to the individual's cultural whanau, hapu, and iwi whakapapa. The supervision is based on building notions of kawa and tikanga practices of te ao Māori (Walsh-Tapiata & Webber, 2004, p9). Models developed by the esteemed Ta (Sir) Mason Durie and Dr Rangimarie Rose Pere, created such models to support culturally specific mentorships. Maori health models in particular include Te Pae Mahutonga, Te Wheke, and Whare Tapawha and others. All models provide objectives to support cultural competencies and development, support for kamahi health and wellbeing, ensure appropriate agreement is made collaboratively between supervisee and supervisor, and promotes self-reflection, critical thinking and personal awareness and growth.

Other particular cultural tikanga models that work from the bases of whanaungatanga (relationships) and the dimensions of reality and the role and function of mana includes the 'tuakana – teina' (Ruwhiu, 2008) mentoring approach which has been adopted across education and ensure relationships build first with the intention to support each other through different values and concepts of learning and engaging. The tukana – teina approach places priority on notions of reciprocity, role reversal, shared mana-enhancing learning, advocacy, planning, guiding and whakapapa responsibilities' (Walsh-Tapiata & Webster; Webber-Dreadon; Bradley et al. as cited in Ruwhiu et al. 2008). The 'tuakana – teina' approach increases the following:

- > competent health workforce to best support whanau needs.
- > Increases networks and collaborations between Maori health professionals across all areas of health
- > Adopts a whanaungatanga community approach to support and caring for each other and the surrounding environment
- > Enhances leadership development, therefore increasing a community of Māori specialists who share similar interest or have similar aspirations to improve the health and wellbeing of whanau.

Providing a culturally specific supervision mentor/coach experience will assure that the foundations for upskilling and learning will be underpinned by te Ao Māori concepts and principles. Therefore, creating a strength-based approach to enabling better understanding and support for Māori and other ethnic health workforce.

There are a range of different coaching styles a nurse manager may use with a nurse requiring support to meet competency requirements. The following table outlines some of these:

_Style	Approach
Checklist	Coach gives guidance on what the nurse needs to do to improve their performance. The nurse is accountable for achieving the agreed actions.
Skill/will matrix	Based on original work by Paul Hershey and Ken Blanchard. 'Skill' is the experience, training and understanding of the nurse and 'will' refers to their motivation, confidence or desire to do it. The manager is guided on the best approach to take with the nurse by using the matrix.
GROW	A model sequence to follow when coaching:  Goal – the questions the manager asks to establish short – medium and long-term aims;  Reality – exploring the current situation and discussing obstacles.  Options – where possible solutions are explored;  What – is to be done next? Where coach and coached agree to the action and make a commitment to following through with it. The GROW model is based on work by John

Co-active	Based on the belief that the nurse has the answers, and the coach facilitates the nurse finding these (Williams, 2009).
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(Mind Tools, nd) [https://www.mindtools.com/pages/article/newLDR\\_89.htm](https://www.mindtools.com/pages/article/newLDR_89.htm)

*Professional and clinical supervision:* Professional and clinical supervision is a practice-focused professional relationship that enables reflection on practice with the support of a skilled and qualified supervisor (New Zealand Nurses Organisation [NZNO], 2015). Professional and clinical supervision facilitate professional growth by allowing safe and supported exploration of clinical practice. The benefits of undertaking professional and clinical supervision are well-recognised within mental health, palliative care, Plunket and public health nursing and other professional groups in which supervision is consistently practiced (NZNO, 2015).

NZNO believes professional and clinical supervision is essential for *all* nurses and midwives. Implementing a structured professional and clinical supervision programme in the workplace is likely to assist in the identification and mitigation of a number of practice challenges including competency issues for nurses and midwives. All organisations employing nurses need to consider effective means of establishing such a programme.

## Coaching Plans

Coaching plans (also known as *performance improvement plans*, *performance management plans* or *performance plans*) are designed to facilitate constructive discussion between the nurse and their manager and to clarify and document the issues that are to be addressed. The plan is developed collaboratively with nurse and manager and is designed to help the nurse attain the expected level of competency.

The coaching plan differs in detail from the professional development plan that the nurse may be participating in. The format and the expectations associated with the coaching plan should enable the nurse and their manager to communicate with a higher degree of clarity about specific expectations.

Coaching plans should:

- > focus on supporting the nurse, not on disciplinary measures;
- > set fair, reasonable and achievable goals for the nurse that are clear and well-explained;
- > follow workplace policies;
- > ensure a reasonable and agreed timeframe for achieving improvements;
- > ensure training, mentoring and clinical/professional supervision is provided to the nurse;
- > be collaborative – ensuring the nurse is involved in developing the coaching plan;
- > be fair and ensure impartial assessment of the nurse's performance by a nurse sufficiently skilled and senior to assess the relevant competencies;
- > ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound; and
- > ensure subjective performance criteria have clear descriptions and examples of the type of behaviour expected and can therefore be assessed fairly (Duncan, 2007; Boyte, 2005)

Any coaching plan that seeks to address nursing competencies should be based around the Nursing Council's specific competencies for the scope of practice of the

nurse (Nursing Council of New Zealand, 2007; 2012; 2017). There are numerous formats that can be used, and a coaching plan template designed as an example of the type of content that should be included in the plan can be found in Appendix 1. This template is based on one developed at the Counties Manukau District Health Board. The nurse manager will need to modify any template to ensure information relevant to the individual nurse and the organisation is present in the plan.

Assessing the nurse's learning style and developing resources and approaches to teaching and learning that are appropriate to the identified style are important. Nurse managers and educators may have very different learning styles from the nurse they are precepting or coaching, and unless the needs of the nurse are assessed, little or ineffectual learning with no change in practice may be the result.

Consideration must be given to reducing the current workload of the nurse while there are requirements for additional learning and actions to demonstrate are in place. Alternatively, scheduled time away from usual work may achieve this. Completing competency requirements must be achievable for the nurse and placing additional learning criteria on top of existing workload will disadvantage the nurse significantly, and undermine processes designed to support the nurse achieve competency.

## Practice Competency

Evidence of safety to practice occurs when a registered or enrolled nurse or nurse practitioner meets the competencies required by the Nursing Council of New Zealand (NCNZ) (NCNZ, 2007; 2012; 2017). Nurses are expected to evidence continuing competency on an annual basis either through a performance appraisal process or Performance Development and Recognition Programme (PDRP). Competence assessment is used by the NCNZ to ensure both initial and continuing competence to practice. The following people may be assessed for competence:

- > student nurses on completion of a New Zealand-based nursing programme;
- > overseas nurses seeking to practise in New Zealand who have completed a competency assessment programme;
- > nurses who wish to return to the workforce after five or more years away and who have completed a competency assessment programme;
- > nurses who hold a practising certificate but do not meet continuing competency requirements;
- > nurses who are selected for individual audit of their competence;
- > nurses required to demonstrate competence under a competence review process; and
- > nurse practitioners chosen for re-certification audit (Nursing Council of New Zealand, 2021)

The NCNZ has released a guideline for competence assessment, designed to guide nurses through the competency assessment process (NCNZ, 2019). Its purpose is to guide people assessing the competence of nurses and to guide the nurse being assessed. The guideline, along with the Nursing Council Continuous Competence Fact Sheet (Nursing Council, 2020), should be referred to by any nurse involved in a Nursing Council competence assessment process. District Health Boards New Zealand Future Workforce has developed guidelines to assist those working in DHBs to make decisions regarding competency referral (District Health Boards New Zealand Future Workforce, 2010) that may be of assistance. Competence to practice is not limited to Nursing Council processes however, and effective performance appraisal

processes will identify nurses needing assistance to meet competence requirements prior to initiation of any Nursing Council processes.

## NZNO

NZNO recommends any member involved in a competence review process seek guidance from their workplace delegate in the first instance. The delegate will be able to provide support and advice on whether further assistance from NZNO's professional or industrial team is required.

All literature referred to in this guideline is available from the NZNO library: [library@nzno.org.nz](mailto:library@nzno.org.nz)

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#### **Mission statement**

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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## **Appendix 1: Coaching Plan Template**

(Based on a template developed by Bev McClelland at Counties Manukau DHB)

**Employee Name:**

**Title:**

**Department:**

**Coaching plan effective from:**

**Dates to review progress by the nurse and manager:**

**Support for achieving the outcomes listed in the plan will be provided by the following people:**

<b>Name:</b>	<b>Position:</b>	<b>Dates and Times for formal meetings;</b>
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Practice Concern	Domain 1 Professional	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 2 Professional	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 3 Professional	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.

Practice Concern	Domain 4 Professional	Supports and Resources	Measurement	Outcome
Outline concerns specific to the nurse's practice	List specific competencies under the domain, as per scope of practice. Use a separate page for each competency.	Outline available support and resources, eg name of person who will assist specifically with this competency, dates and times when the person will meet with the nurse – this should be a minimum of weekly for one hour. Other resources may include library access, release time to complete activities (document clearly dates and times of release time and activity to be undertaken)	Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound. Ensure subjective performance criteria have clear descriptions and example of the type of behaviour expected and can therefore be assessed fairly.	Note time, date, description of how competency demonstrated and feedback, name and signature of person assessing competency.