

Guideline: Coaching and Performance Planning, 2026

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 provide a consistent approach that is culturally inclusive.

As a bicultural partner to Te Tiriti o Waitangi, NZNO affirms its commitment to Te Tiriti and upholds its obligation of active protection for Māori. This commitment is embedded through inclusive and equitable approaches to workforce development that recognise diversity, address structural inequities, and support fair and culturally safe performance and appraisal practices for all health workforce members. NZNO is committed to improving the health and wellbeing of all peoples in Aotearoa New Zealand, with a particular focus on achieving equitable outcomes for Māori. NZNO aligns with and upholds the Ministry of Health's definition of equity. This equity lens is applied across all NZNO professional, industrial, and member-related activities to ensure that avoidable, unfair, and unjust differences in health outcomes are identified, addressed, and eliminated.

Introduction

Nurses are expected to maintain and be able to demonstrate continuing clinical competence (NCNZ, nd). Nursing Council of New Zealand (NCNZ) information about continuing competence can be found [here](#). Ensuring patient safety and the provision of health care services are key priorities in the health sector and can be achieved through workforce knowledge, skills and motivation. To achieve this it is crucial to have processes that support clinical staff (Madlabana, Mashamba-Thompson & Petersen, 2020).

Implementation of an effective performance management system that includes the following will mitigate many competency issues and should be the primary approach in addressing competency issues in all organisations:

- Regular appraisal and nurse development plans.
- Development of core practice standards in association with core competencies in each area of practice.
- Documented expectations of which all staff are aware.

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 the nurse and the 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.

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. It is ongoing, as opposed to performance appraisal which is a singular annual event. Performance management 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, also called a performance review, nursing development plan is an opportunity to review a nurses' performance in the work context. Performance appraisal/review should be planned, constructive and supportive and be used to develop skills and knowledge, identify educational opportunities for career development, enhance work performance, and cultivate workplace relationships between staff and management (ANMF, 2023).

Good performance appraisals/nursing development plans assist nurses to:

- Learn about their strengths as well as their weaknesses.
- Ensure they are 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).

Strategies for good competence management

Preceptorship, Mentoring, Coaching and Supervision

Preceptorship: Is defined by Richardson et al., (2025) as "a teaching model used in the nursing profession which involves the pairing of an experienced nurse with a nursing student or a new nurse to develop clinical knowledge and skills in clinical practice" (p. 152). Preceptors should be appropriately trained. Health New Zealand/Te Whatu Ora provide guidelines for preceptor training (Health New Zealand/Te Whatu Ora, 2026).

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: Mentoring is defined by Lysfjord & Skarstein (2024) as “a relationship between a senior and a junior person with the purpose of providing experience-based discussions, reflection, emotional support, and other assistance for career development for both beginners and leaders” (p. 445).

Mentoring involves an experienced person sharing their knowledge and experience with someone with less experience. 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 standards of 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 is defined by Richardson et al., (2023) as “an empowering partnership that is thought-provoking and creative in process, inspiring individuals to maximise their personal and professional potential, with a positive performance outcome, that is time-limited and focused on specific areas of development through action-oriented goals” (p. 6636). Coaching helps individuals improve their performance and skills and tends to be shorter term than mentoring.

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

Style	Approach
CLEAR Coaching Model (created by Peter Hawkins)	<p>This is an interactive approach to coaching that explores the coachee’s situation. The process highlights open communication, thorough exploration, and proactive actions. It is particularly effective in creating long-term strategies and addressing complex issues.</p> <p>Contracting – Establish the coaching relationship’s terms, expectations, and framework.</p> <p>Listening – The coach listens attentively to the coachee’s situation to understand it fully.</p> <p>Exploring – Delve deeper into the coachee’s situation, challenges, and aspirations.</p> <p>Action – The coachee commits to particular actions to achieve their goal.</p> <p>Review – Reflection and evaluation of the coachee’s progress and any changes in their situation.</p> <p>(Universal Coach Institute, 2025)</p>
GO-PASS Coaching Model	The GO-PASS Coaching Model covers the entire journey, from goal setting to action and eventual success, providing a clear pathway

	<p>for the coachee. This model is for coachees who appreciate regular monitoring and structure in their coaching journey.</p> <p>Goal – The coachee clearly defines their personal or professional goals.</p> <p>Options – Guide the coachee to explore possible avenues to pursue to reach their defined goal.</p> <p>Plan – Assist the coachee in formulating a concrete plan detailing the steps they need to take.</p> <p>Action – With a plan in place, the coachee is encouraged to implement their plan. This step promotes initiative and responsibility in the coachee as they begin working towards their goal.</p> <p>Structure – Put a structure in place for monitoring and assessment. This can include regular check-ins, progress reports, and adjustment of plans as necessary.</p> <p>Success – The coachee is encouraged to reflect on the journey, recognize their achievement, and use this as motivation for future endeavours.</p> <p>(Universal Coach Institute, 2025)</p>
<p>GROW</p> <p>(created by John Whitmore)</p>	<p>This model effective when the coachee has a clear goal but needs guidance. It is useful where measurable objectives are common. It can be used for performance improvement, career development, or personal growth. It encourages self-reflection and action-oriented solutions:</p> <p>Goal – the questions the manager asks to establish short – medium and long-term aims.</p> <p>Reality – exploring the current situation and discussing obstacles.</p> <p>Obstacles/Options – where potential challenges and possible solutions are explored.</p> <p>What/way forward –Where coach and coached agree to the action and make a commitment to following through with it.</p> <p>(Universal Coach Institute, 2025)</p>
<p>TGROW Coaching Model</p>	<p>This is an expanded version of the GROW model. It is designed for situations when the coachee lacks a clear understanding of the issue. Starting with a 'Topic' sets the context before setting goals. It is helpful in personal coaching or counselling for complex issues.</p> <p>Topic – This model defines the topic or context before setting a goal. What is the broader issue or challenge that needs to be addressed?</p> <p>(Universal Coach Institute, 2025)</p>
<p>Co-active Coaching Model</p>	<p>The co-Active coaching is a holistic coaching model that focuses on the whole person in their environment. This model emphasises active listening and encourages clients to take ownership of their</p>

(created by Laura, Karen and Henry Kimsey House and Phillip Sandahl)	<p>own experiences, allowing them to address root causes instead of just dealing with surface-level problems. It is based on the belief that the nurse has the answers, and the coach facilitates the nurse to find them.</p> <p>A Co-Active coach works collaboratively with their client, building on existing skills and focusing on the future to create specific steps that will lead to success.</p> <p>Five Steps:</p> <ul style="list-style-type: none"> (1) Clarifying the structure of the coaching relationship (2) Creating a safe and trusting environment (3) Sharing power to develop autonomy (4) Balancing support with challenges to create positive change (5) Providing evaluation and feedback. <p style="text-align: right;">(Coach Foundation, 2025)</p>
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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], 2022). Professional and clinical supervision facilitate professional growth by allowing safe and supported exploration of clinical practice.

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/Performance Improvement Plans

Coaching plans/performance improvement plans (also known as performance management plans, performance plans or leaning 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 the nurse and manager and is designed to help the nurse attain the expected level of competence.

Ideally a learning plan should run over a period of four to six weeks, however this may vary depending on the contents of the plan. A nurse who is nonbiased should be selected to support the learning plan and this person should provide regular, timely feedback to the nurse who is completing the plan. Regular meetings between the nurse and the supporting nurse should be held at least weekly. The nurse should also have a person they can go to for support who is not part of the assessment of their practice.

A 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 standards of competence.
- Ensure performance criteria are objective, specific, measurable, agreed, realistic and time bound.
- 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 practice should be based around the Nursing Council's standards of competence for the scope of practice of the nurse (Nursing Council of New Zealand, 2017; 2024; 2025). While there are numerous formats that can be used, NZNO recommends the coaching plan template designed in Appendix 1. 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.

Plan development should include the following:

- Assessing the nurse's learning style and developing resources and approaches to teaching and learning that are appropriate to the identified style.
- Consideration must be given to reducing the current workload of the nurse while there are requirements for additional learning and actions to demonstrate learning are in place. Alternatively, scheduled time away from usual work may achieve this.
- Completing competence 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 competence.

Note: Notes should be taken of the contents of formal meetings and shared with the nurse so they can be checked for accuracy and agreed before being filed.

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 for 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.

Employers must ensure staff have meaningful access to their culture and to culturally specific support and referral pathways, both internally and externally. These mechanisms uphold kawa whakaruruhau/cultural safety and mana, and contribute to a workplace where people feel valued, respected, and supported. Providing cultural considerations for mentoring ensures obligations of Te Tiriti are upheld through protecting cultural safety particularly as individuals may seek external cultural supervision that is specific to their identity. NZNO also supports the

use of a well-being model such as the He Tāngata” Ara Poutama Wellbeing Model and Framework, developed for use within NZNO (Down, 2020).

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 in particular for Māori as tangata whenua. Valuing Māori 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 (Elkington, 2014). Models developed by Ta (Sir) Mason Durie and Dr Rangimarie Rose Pere support culturally specific mentorships. Māori health models including Te Pae Mahutonga, Te Wheke, and Te Whare Tapa Whā and others, provide objectives to support cultural competencies and development; support kaimahi health and wellbeing; ensure appropriate agreement is made collaboratively between supervisee and supervisor and promote self-reflection, critical thinking, personal awareness and growth.

Another particular tikanga model that works 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 approaching. It was adopted across education and ensures relationships build first with the intention to support each other through different values and concepts of learning and engaging. The tuakana – 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.
- Networks and collaborations between Māori health professionals across all areas of health.
- Adoption of whanaungatanga community approach to support and caring for each other and the surrounding environment.
- And 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 supervisor, 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.

Managing Clinical Practice Issues

The initiation of individual processes to manage clinical practice issues may be as a result of identified needs following a performance 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. There are many professional and personal reasons a nurse may not be performing to an expected level of practice. An effective performance improvement plan will facilitate a nurse to achieve competence without assigning blame.

There is a risk that implementing performance 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. Issues with clinical practice 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 continuing competence requirements is important and will assist in preventing further issues in the future.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO

NZNO recommends any member involved in a process to review their clinical competence seek guidance from their workplace delegate and the NZNO Membership Support Centre (MSC). The delegate and MSC will be able to provide support and advice on whether further assistance from NZNO's professional or industrial team is required. NZNO recommends that any member who receives a letter from NCNZ regarding their competence contact the Member Support Centre.

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Appendix 1:

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:

Name: Position: Dates and Times for formal meetings;

Practice Concern	Pou 1	Supports and Resources	Measurement	Outcome	Met Expectations Yes/No (signature)
Practice Concern	Pou 2	Supports and Resources	Measurement	Outcome	Met Expectations Yes/No (signature)

Practice Concern	Pou 3	Supports and Resources	Measurement	Outcome	Met Expectations Yes/No (signature)
Practice Concern	Pou 4	Supports and Resources	Measurement	Outcome	Met Expectations Yes/No (signature)
Practice Concern	Pou 5	Supports and Resources	Measurement	Outcome	Met Expectations Yes/No (signature)
Practice Concern	Pou 6	Supports and Resources	Measurement	Outcome	Met Expectations

					Yes/No (signature)

This plan has been discussed and agreed by:

Signed Employee

Signed Clinical Nurse Leader

Signed Charge Nurse

Date adopted: 2026

Review date: 2031

Reviewed by: Professional Nursing Advisors

Principle author: Professional Services Team

Correspondence to: nurses@nzno.org.nz

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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