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Transformative Action Coaching in Healthcare Leadership

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Abstract

The context of this study focuses on the collaborative interest of three organizations devoted to the development of Healthcare leadership in the United Kingdom, namely the National Health Service (NHS), Army Medical Service (AMS), and the University of Cumbria (UoC). Each organization acknowledges the challenges facing healthcare leaders in their pursuit of effect organizational, personal, and professional learning and have come together and bring into play their own organizational learning to collectively design this pilot programme of leadership development that facilitates deep transformative critical self-reflection, reflexivity and learning. The authors have used the theoretical and practical integration of autoethnographic storytelling and arts-based action learning approaches to facilitate such transformative learning in the group setting of professional leadership development programmes. The aim of this study is to add to the growing discourses in the fields of Transformative Learning, Action Learning, Coaching and Autoethnography by critically evaluating the application of this approach when designing and delivering a combined military, university and NHS leadership development program to a cohort of 24 senior leaders within an NHS hospital.

Keywords: Transformative Learning, Action Learning, Coaching, Arts-based Reflection, Autoethnography

Background Literature

Transformative Learning in leadership development is a deep structural shift in basic premises of thoughts, feelings and actions of the leaders themselves. As Mezirow (2000) states, this involves a re-examination of our presuppositions, perspectives and beliefs, fostering a deep form of critical self-reflection on behaviours, and assumptions. However, such deep reflective and reflexive learning can prove challenging for senior leaders working in the context of healthcare leadership. With high demands from professional and organisational standards with equally high levels of expectation and accountability from multiple stakeholders, the healthcare leader can find themselves operating within a level of "organizational noise" that may drown out the more traditional experiential and reflective learning models used in the sector. Recognising the reflective learning challenges at such high levels of organization noise, O'Neil, and Marsick (2007 p.18) propose a Critical Reflection School of Action Learning (CRSAL) that builds upon a hierarchy of tacit, scientific, and experiential learning goals to include those of personal, organizational and cultural transformation. They go on to suggest the intervention of a learning coach to facilitate a suitable learning environment where the participants feel comfortable

critically examining their beliefs, practices and cultural norms and giving time for individual and collective reflection focused upon the roots of their presenting problems (p.20).

Whilst such deeply personal transformative change work can be effectively coached on a one-to-one basis within healthcare leadership (Corrie and Lawson 2017) where the leader explores their presenting problems and issues in a storied dialogic coaching approach (Swart 2013), the authors believe adopting and adapting CRSAL to include an exploration of multiple storied perspectives and using an arts-based autoethnographic methodology in a group setting can facilitate work-based group reflexivity (Lawson et al, 2013) and create a suitable learning environment for personal and organizational transformation. The foundations of this belief are reviewed in the following sections.

Action Learning

Action learning has become a preferred method of leadership development for many organisations in recent years (Conger and Benjamin, 1999). It was developed in the 1940's by Reginald Revans through his work with the coal mines and hospitals of England, when he came to realise that the knowledge needed by these workers to solve their problems lay not in the study of books, but as a product of their action (O'Neil and Marsick, 2014). Revans described Action Learning as being: "A means of development, intellectual, emotional or physical that requires its subjects, through responsible involvement in some real, complex, and stressful problem, to achieve intended change to improve his observable behaviour henceforth in the problem field." Revans (1982).

Building on such theories as Action Learning, Self-Directed Learning, Experiential Learning, and Transformative Learning, O'Neil and Marsick (2007 p.18) introduced a four-level pyramid shaped model of Action Learning specifically addressing learning goals in organizational settings and applicable to higher and lower levels of complexity, which they describe as "Organizational Noise." (see Figure 1 below).

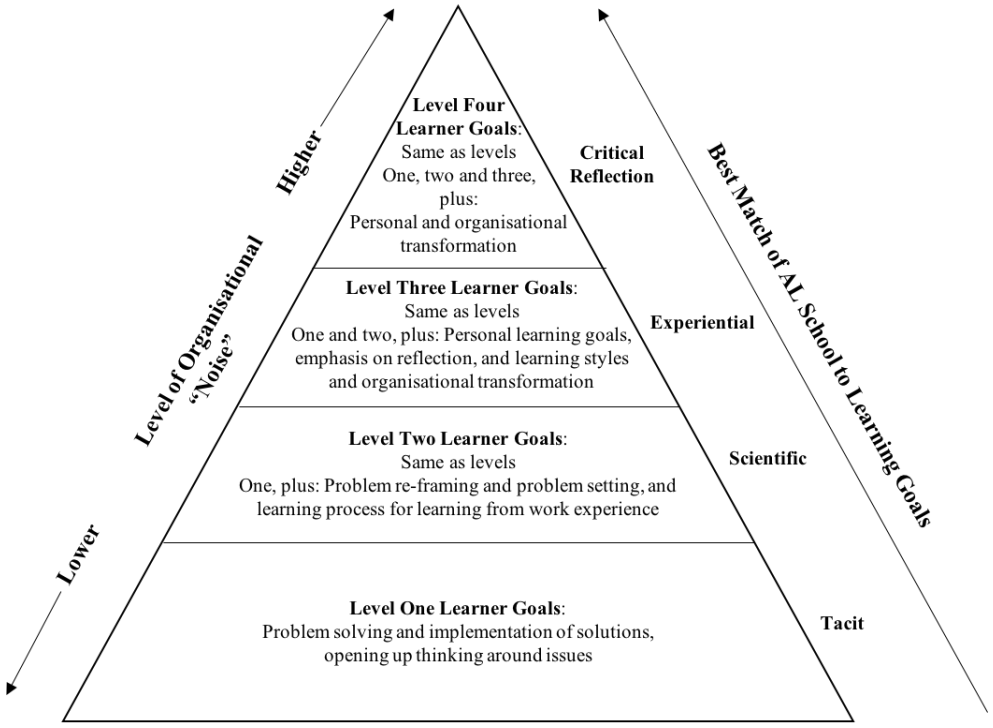


Figure 1. Action Learning Pyramid O'Neil, Yorks and Marsick (2007).

The high level of "noise" experienced within the senior leadership of the NHS hospital and indeed within the theatre of military clinical practice, would require the forth and highest level of action learning, which involves the participants to, firstly, at a "tacit" level, focus on problem solving and the implementation of solutions, opening up to thinking around issues. Secondly, on a "scientific" level, use problem re-framing, problem setting, and learn a process for learning from work experience. Thirdly, at an "experiential" level, incorporate personal learning goals with an emphasis on reflection and learning styles. Fourthly, and finally, at a "critical reflection" level build on the first three levels adding the ultimate learning goals of personal and organisational transformation. In recognising the challenges and organisational noise facing the NHS hospital, it would be appropriate, in line with these recent theoretical developments in action learning, to reintroduce it in the sector in which it was originally conceived and trialled by Revans to add currency to the developmental story of both.

Action Learning Coaching and Dialogic Coaching for Organizational Development.

According to Bushe and Marshak (2015), there are two organisational development mind sets. The first is a traditional diagnostic mind set in which the organization can be diagnosed as being fit and well in its environment or indeed not, in which case it requires treatment, a step change, re-structure, or new leadership. The second mind set sees dialogic organization development as a compelling alternative to the classical diagnostic approach to planned change in which organisations are seen as fluid, socially constructed realities that are continuously created through conversations and images. Bushe and Marshak go on to suggest that leaders within their organisations can help foster change by encouraging disruptions to taken-for-granted ways of thinking and acting and the use of generative images to stimulate new organisational conversations and narratives. However, in an organizational cultural environment that still fosters diagnostic approaches it can be challenging for leaders to transition to a dialogic perspective on change. Dialogic and narrative coaching can, however, create a space and support for such individuals to reconnect the rich knowledge, values, passions, and hopes in their relationship to the story of work and work-communities, in which they become the authors and co-authors in writing the story of the companies they represent (Swart, 2013).

The dialogic coaching and supervision of leaders helps them develop their critical professionalism (Appleby and Pilkington, 2014) by fully understanding the stories of their own professional identity, values, beliefs, and capital that they can effectively invest and apply in the organisational setting for their own development, the development of the organisation, and that of their particular profession. Appleby and Pilkington correctly identify that a key precursor for such critical professionalism is critical reflective practice, a practice that can facilitated in one-to-one transformative coaching (Corrie and Lawson. 2017) and be expanded in a group setting via action learning coaching (O'Neil and Marsick. 2007).

According to O'Neil and Marsick (p.106) there are four stages of interaction between the action learning coach and the team participants and in the context of CRSAL the first would be the framing of the encounter by the learning coach when he or she helps the team focus on the deep values and beliefs in the individuals and their wider organizational system. The second would be the intervention of the coach before the action learning team meeting at which time the coach helps the team probe organizational assumptions; encourage questioning regarding empowerment; plan and role play. In the third interaction during the meeting, the coach does not intervene as one of the participants will be facilitating, however, the coach will help raise difficult issues and questions about the system and share views. The final interaction between the coach and the team and / or the system is after the meeting, when there will be some group analysis of forces shaping their own behaviour and the system's culture; reframing problems and looking to the next steps. The underlying objective of the action learning coach, when operating in the context of CRSAL, is to look for opportunities to help participants to think differently (p.114) and from different perspectives.

Arts-based Transformative Reflection and Reflexivity

Professor Edward Taylor co-edited with Jack Mezirow "Transformative Learning in Practice" (Mezirow et al, 2009). In this work, Taylor extracted several core elements from insights gained in transformative learning research in community, workplace, and higher education. He states that these elements are "the essential components that frame a transformative approach to teaching" (p. 4). The core elements are: Individual experience, critical reflection, dialogue, holistic orientation, awareness of context, and authentic relationships. In general, Taylor finds that transformative learning in education requires the teacher to be both an initiator and a facilitator in a learner-centred approach (Illeris, 2014, p.10). This stance was taken by Lawson et al. (2014) when coaching and facilitating reflective and reflexive practices in the work-based education of police officers, to foster transformative learning, reflection, and reflexivity. In a similar environment of high levels of organizational noise, some officers were experiencing internal resistance to the reflection stage of Kolb's cycle (1984). To help resolve the issue a further cycle was extended from the reflective observation stage, in which Taylor's core elements of transformative learning could be incorporated (see Figure 2 below).

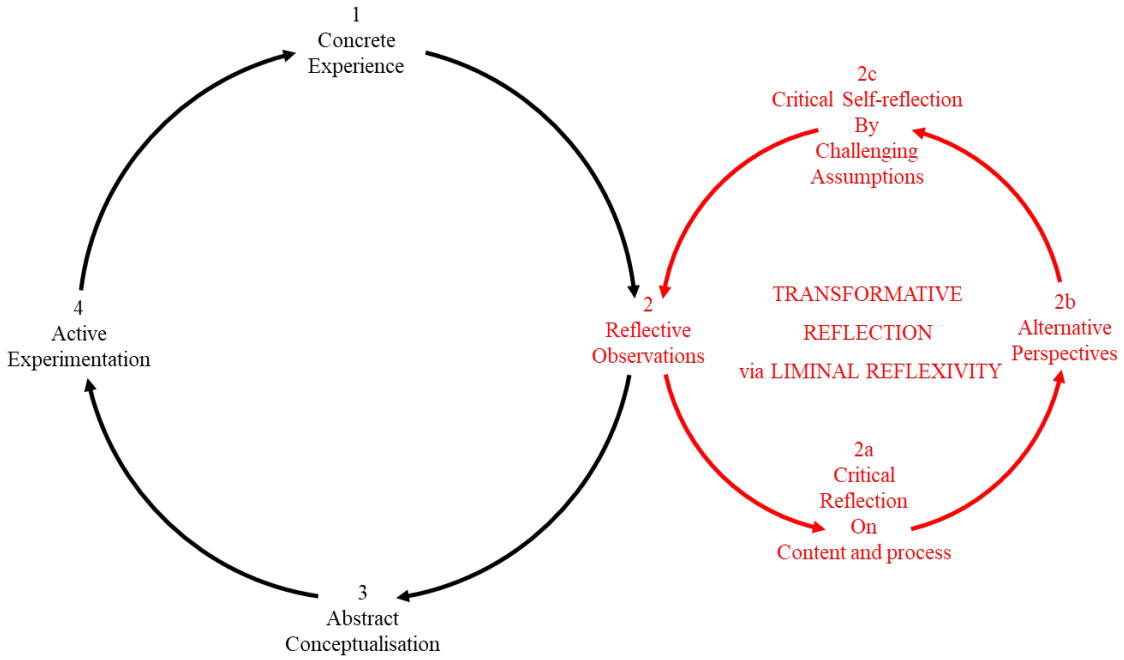


Figure 2. Transformative Reflection Model (Lawson et al. 2014)

The facilitated extended cycle in effect creates a liminal learning space, in which the content and process of the experience could be critically reflected upon, using a storied approach to explore their individual experience, starting a critical examination of their normative assumptions that underpin their emotions, value judgements, and normative expectations (Mezirow, 2000, p.31). The facilitated process then extended the officers' critical reflections into an imagining phase to include the alternative perspectives of others involved, fully contextualising the experience in another story, and then to retell that story in an artistic media of their choice, to gain a further alternative perspective to reflect upon. After creating these alternative perspective stories in an imagining and liminal learning space, the delegates return to review with others in the group each other's reflections, engaging in a professional dialogue and communicative learning phase before re-engaging in the experiential learning cycle.

The use of storytelling was introduced as a tool to assist the delegates in the understanding and development of their critical self-reflection. The starting point begins with the identification of a "critical incident." Summarised by Tripp (1993), critical incident technique asks learners to identify an event they

consider to be of significance in their career, from which they hope to gain better understanding of and eventually reframe their assumptions around the incident.

In the first instance the story is “found” when delegates are asked to identify an occasion in their current role or development that caused them a disorienting dilemma. This is the “critical incident,” which is then considered objectively, analysed, and evaluated. As a period of time may have already passed between the incident taking place and the facilitated exploration of the story in the classroom, we propose that this “space” offers the students the period as described by Van Gennep (1960) as “separation,” where the student is separated from their previous social environment (away from the workplace in the workshop setting). Normality is suspended in this conceptual liminal space.

In critical reflection at (2a), the delegates tell their version of the story, making sense of it in self-examination. The delegates are asked to write a short narrative from their professional perspective around the content and process of the chosen incident.

At (2b), directly related to their exploration of the impact on their professional identity, the delegates are asked to subjectively explore alternative perspectives of the incident, considering the feeling and rationales of the other characters in the story by writing a second narrative from the perspective of a selected other. The delegates are then asked to further broaden their perspectives by expanding their story, retelling it using an artistic medium of their choice. Their creative artefact, whether it is a painting, poem, an installation sculpture, lyric, or collage, together with the two narrative stories are created in their own space over the period of around one month. On returning to the workshop at (2c), their artefacts and stories are presented to the rest of the group where they are discussed in terms of underlying assumptions that shaped the meaning perspectives before during and after the experience.

The alternative perspectives are used to encourage the delegates to challenge their assumptions critically reflect, and take them to the threshold of Van Gennep's (1960) transition or "sacred time and place". This period of liminality continues through phases (3) abstract conceptualisation and (4) active experimentation (Kolb, 1984) of the transformative reflection cycle, this extended period of self-awareness work in which stories are processed in ways to work with meaning. The final stage of the transformative reflection process begins with a new story, reconstructed from the old forming a new professional identity, what Van Gennep calls “incorporation” (1960). This continues as they build confidence in their new roles and relationships by “investing” the time, space, and learning spent in the liminal phase until they have reintegrated themselves into their new life. It is argued that the delegates’ old professional identity has been “stripped” to make way for the new. The process of reconstruction or transformation of identity allows the delegates to then move into a new cycle of both “being” and “doing” (Ibarra, 2003), thereby impacting on their personal, professional, and organizational lives.

In summary the literature indicates some synergies in the fields of personal and organizational transformative learning, dialogic coaching, action learning, and the development of reflection and reflexivity in practice. In the context of this research, the theoretical integration of these synergies forms the structure of a facilitated and coached workshop in which the NHS delegates were encouraged to play with narratives and artistic techniques to enable them to challenge their assumptions in a critical self-reflective way.

Research Study Design

The context of this research study focuses on the collaborative interest of three organizations devoted to the development of Healthcare leadership in the United Kingdom, namely the National Health Service (NHS), Army Medical Service (AMS) and the University of Cumbria (UoC). Each acknowledge the challenges facing healthcare leaders in their pursuit of effective, organizational, personal, and professional learning and have come together and bring into play their own organizational learning to collectively design this pilot programme of leadership development that facilitates deep transformative critical self-reflection, reflexivity, and learning. The authors have built upon the work of Lawson et al. (2014) and Corrie and Lawson (2017), detailed above, to design a pilot NHS/Military healthcare leadership development programme, delivered to a cohort of 24 senior leaders within an NHS hospital.

The leadership development programme took the form of a facilitated/coached two-part, three-day workshop with 24 senior leaders from the NHS Trust. The authors delivered the first part of the workshop (days 1 and 2 together) sharing the concepts, theories, and techniques of healthcare leadership with delegates using a storied and experiential approach, incorporating stories of leadership success from peers in the military, who also serve in challenging "high level or organizational noise" clinical environments. Delegates were also introduced to the theories of transformative learning (Mezirow, 2000), critical professionalism (Appleby and Pilkington 2014), dialogic coaching in organisational development (Bushe and Marske 2014), and actively participated in group-coached action learning sets (Revans, 1982: O'Neil and Marsick, 2007). Between days 2 and 3, a period of four weeks, the delegates reflected on their learning and used the liminal reflexive space to write their narratives and create artefacts in media of their choice (Lawson et al 2014), which were presented back to the group on day 3 as an alternative perspective on their learning and development. Following the presentations, the delegates again used action learning and group coaching to critically self-reflect on and challenge assumptions around their personal, professional, and organisational transformation. Delegates were fully informed of the rationale and purpose of the research and all gave informed consent to participate.

Method Assemblage

John Law (2004), in his book *After Method: Mess in Social Science*, research suggests that research methods in social science are enacted within a set of nineteenth or even seventeenth-century Euro-American blinkers, misunderstanding, and misrepresenting itself. He argues that method is not a set of procedures for reporting on a given reality; rather it is performative and helps to produce realities (p.143). He comments that in practice "bright ideas are very far from realities," and the key is in the word "practice." If new realities are to be created, then "practices that can cope with a hinterland (an area lying beyond what is visible and known) of pre-existing social and material realities also have to be built up and sustained." Law calls the enactment of this hinterland and its bundle of ramifying relations a "method assemblage" (p.14). As a method for this research the authors have created an assemblage in three progressive categories of; cognitive frames for the inquiry; means to enact the inquiry and finally the means to investigate the inquiry.

The cognitive frames for the inquiry include personal and organizational transformative learning, dialogic coaching, action learning, and the development of reflection and reflexivity in practice. The means to enact the inquiry carries on the continuity of the above by taking an action learning approach. The means to investigate the inquiry is autoethnography.

Maréchal (2010), states "autoethnography is a form or method of research that involves self-observation and reflexive investigation in the context of ethnographic field work and writing" (p. 43). Charmaz and Mitchell (1997) also tell us that in ethnographic writing, the voice is the *animus* of storytelling, the manifestation of authors' will, intent, and feeling. Animus is not the content of the stories but the ways in which the authors present themselves within them and "One characteristic that binds all autoethnographies…" says leading autoethnographer Professor Carolyn Ellis (2013) "…is the use of personal experience to examine and/or critique cultural experience. Autoethnographers do this in work that ranges from including personal experience within an otherwise traditional social scientific analysis (Chang, 2008) to the presentation of aesthetic projects—poetry, prose, films, dance, photographic essays, and performance. In this research, the delegates take on the role of autoethnographers studying their own experiences through narrative and artefact creation.

The assemblage approach to data collection strategy and analysis in autoethnography encourages the consideration of how a collection of items that fit together to form rich multi-layered accounts of a particular time, place, or moment in the life of the autoethnographer, presented from alternative perspectives (Hughes and Pennington, 2017). The sense and meaning-making on the part of delegates as autoethnographers of their own experiences took the form of their presentation of artefacts, narratives, and critical self-reflection on the final day of the programme, a sample of which are included in the following section.

Artefacts and Reflections

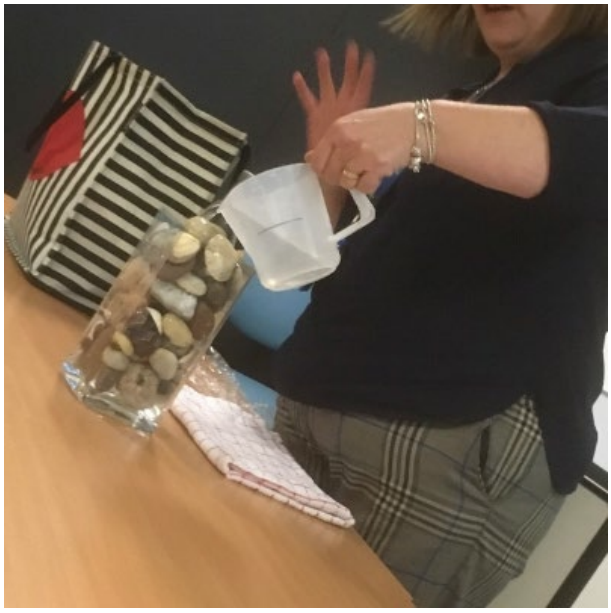
Artefact and Reflections (Paraphrased)

Medical Doctor:

> My artefact consists of a large black box representing the "dark side" of working long hours and "being in the dark" in relation to not recognising my own symptoms of mental health, which is a little ironic (laughs). (Opening the black box and taking out a red box with a white stripe) This box represents this course and action learning coaching as a life buoy that helped me recognise the symptoms and offered some options as potential solutions. (Opening the red and white box and taking out the green box) This box is my first aid box that holds my solution "Marge Simpson," I need to find the Marge to my Homer, the help of others at home and work how I can rely upon to help … This has helped my personal journey … I found the group coaching/action learning very useful as a technique to sort business issues … I found the artefact presentations very thought provoking and the strength of the three days was held together by the storytelling vignettes … I need to escalate concerns and delegate duties and I need to focus on personal development rather than prioritising the other's needs.

Human Resource Professional:

> In my flower arrangement the triangle represents the learning models with me, the large flower at the centre of that learning. I took advice from my flower arranging tutor and factored in some contingency, which was just as well. I did have a mirrored vase to represent reflection, but it broke on arrival here today, but I had a back-up vase, which on reflection is a good metaphor in learning … The artefacts are a good visual means of learning and whilst giving a presentation can be daunting, when speaking about artefacts people forget they are speaking to a group … I've learned to ask questions and stop offering solutions.



Podiatry Team Lead:

> I collect shells and stones each time I go to the beach, I have quite a collection and here are some (collection of stones and shells in a glass jar). They have a natural beauty and remind me of my

material instincts. You can see that the jar is full, however there is room between the stones and shells, which I will fill with this water that represents my learning on this course. As well as adding knowledge to my instincts it also brings out and highlights the beauty in the stones … everyone has different learning styles and members of the team are different so I will appreciate more of the differences that they bring to the team … I found the MBTI session useful and the personal stories, artefacts and the army stories/vignettes very powerful.

Physiotherapy Team Lead:

I was very taken by the stories on day one from the army and I've written my own (reads a prepared personal story of challenge, trauma, and learning in which the key thread was that of helping each other with resilience). My artefact represents the many hands involved in overall achievement of our shared goals … I have found the personal stories of the trainers, course participants about their artefacts, and the group action learning coaching invaluable … I need to embrace the "differences" in others and see things from their perspective and remind myself that leaders and managers are part of the team too … I will be incorporating the group coaching and action learning in my team meetings.

Senior Charge Nurse:

> Life is a cardigan in progress, it needs a pattern, process and be a little soft and woolly … Group coaching made me think differently about asking questions and being questioned … I don't have to do it all myself … I am more controlling than I thought, and I need to be able to hand over control … I found the stories from the army thought provoking.

Senior Dietician:

> Not surprisingly as a dietician I have taken food, and in particular the baking of a cake as a metaphor for my learning on this course. Here's my cake, which I expect will be fully consumed by the end of the day. The ingredients include people, tools for learning, building blocks, development approaches like coaching and action learning, all delivered with copious amounts of sugar (laughs) … I feel I now have a greater understanding of myself, my own qualities and how they can be used in a leadership role … the thing I will do differently as a result of this course

will definitely use transformative coaching to facilitate change and resolution of issues within my team.

Conclusions

The aim of this short pilot study was to add to the growing discourses in the fields of Transformative Learning, Action Learning, Coaching, and Storied Arts-based-Autoethnography, by critically evaluating the application of this approach when designing and delivering a combined military, university and NHS leadership development programme to a cohort of 24 senior leaders within an NHS hospital. It can be seen in the autoethnographic artefacts and reflections above that the participants certainly embraced this coached action learning approach. The individual personalities of the participants influenced the metaphors used to illustrate and tell their stories. Many acknowledged it was a challenging approach, with one participant commenting in class that the course wasn't a three-day workshop, it was a one-month and three-day course of challenging reflection.

The general feedback collated at the end of the program indicated a very high degree of satisfaction and the participants felt able to apply coaching, action learning and critical self-reflection in their workplaces. However, the authors, whilst heartened by this early positive response, do acknowledge that the proof of the pudding, or in this case the cake, will be in the longer-term critical analyse of sustained use of these reflective and reflexive learning techniques in the workplace. A three-month follow up research study with the participants using a case study approach is planned to assess the causality, if any, of the specific elements and variables of the approach taken in this pilot.

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