Coaching of Nurse Supervisors: Expectation and Perception of Nurses in a Medical College Hospital, Southern Bangladesh

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ABSTRACT

This descriptive study aimed to identify the levels of nurses' expectation and perception of nurse supervisors' coaching and to compare the differences between these expectations and perceptions in southern Bangladesh. A total number of 174 nurses were recruited by systematic random sampling. The instrument consisted of 2 parts: 1) the Demographic Data Questionnaire; and 2) the Nurse Supervisors' Coaching Questionnaire (NSCQ). The instrument was developed by the researcher and based on Thorpe & Clifford's conceptual framework (2003). The validity of the instrument was verified by three experts; the content validity index (CVI) of NSCQ was .89. The reliability of the Nurse Supervisors' Coaching Questionnaire was examined and revealed Cronbach alpha coefficients of a value of .90 for expectation and .92 for perception respectively. The data were analyzed using descriptive statistics and a Wilcoxon Signed Ranks test.

The results showed that the mean score of nurses' expectation of nurse supervisors' coaching was at a high level (M = 3.83, SD = 0.30). The mean score of nurses' perception of nurse supervisors' coaching was at a moderate level (M =1.76, SD = 0.32). Furthermore, the mean rank of nurses' expectation was significantly

higher than the mean rank of nurses' perception of nurse supervisors' coaching (Mean rank = 87.50, z = -11.44, $p < .001$).

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

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Coaching is a powerful strategy for the 21st century in every work place (Wright, 2005). It is the process of helping people to enhance their performance through supporting reflective practice in promoting personal and professional power and it is useful to apply specific skill and knowledge into practice (Launer, 2006; Martha & Thomas, 2007; Thorpe & Clifford, 2003). Coaching is an important practice that helps managers to recognize their responsibilities and encourages better balance in professional work and life (Beecham, Dammers, & Zwanenberg, 2004). It can be also used as a resource for exchanging good performance, increasing knowledge, setting goals, taking action, making change, increasing competence and commitment, and reforming employee's lives (Hudson, as cited in Kushnir, Enrenfeld, & Shalish, 2008).

In the nursing profession, coaching originated from the Crimean War when Nightingale established modern nursing in her job which was based on caring and coaching. As a first nurse, she started caring and coaching sick people as well as healthy people (Cooper, 2005). In this way, coaching entered the nursing profession and massively increased opportunities for nurses to meet the challenges of retention, professional development and quality of patient care (Adams, 2009). Moreover, coaching helps employees and nurses to recognize caring responsibility and develop skills in order to make self-directed decisions for improvement of their performances (Rampersad, 2003; Robbins & Coulter, 2005). It also helps nurses to maintain their

plans and career paths, move into a new role and clear their approach to deal with unusual situations in new work (Gracey, 2001). In clinical settings, coaching can be a significant developmental tool for nurse supervisors in providing a work environment to build nurses' personal and professional improvement (Aviram et. al., as cited in Kushnir, Enrenfeld, & Shalish, 2008; Jones & Murphy, 2007; Wright, 2005).

Nurse supervisors have an important role in coaching through enhancing nurses' knowledge and skills to perform new nursing procedures, managing patients in critical condition, providing quality of patients care, and making decision during emergency situation. Nurse supervisors are responsible to provide coaching for nurses periodically and to ensure nurses' performances during their routine work and advise them to do a better job (Paraprofessional Health Care Institute, 2001). Coaching can be most effective when supervisors understand that their role in coaching is to help and motivate nurses to learn. Nurse supervisors should be aware about the nurses' present level of knowledge, skills and behavior that needs to be improved for their satisfactory work performance (Armstrong, 2006). Furthermore, successful coaching of nurse supervisors is determined when team of employees and nurses can perform their task better and better in order to make independent decisions for performance development (Rampersad, 2003).

According to the Paraprofessional Health Care Institute (2005), nurse supervisors need to maintain positive relationships with the nurses and recognize the value of nurses as persons by creating and modeling effective coaching. When nurse supervisors have these skills, nurses feel better and improve their ability to solve their problems independently and successfully. During coaching sessions, nurses may expect that nurse supervisors will give sufficient support, guidance, supervise, and

stay with them when providing care for complicated patients in their workplace. In addition, nurse supervisors can provide physical and mental support to address the decisional needs of nurses when they handle critically ill patients in a serious condition in their working shift (Stacey et al., 2008).

In Bangladesh, there are 20,000 nurses working in different levels of hospitals and 876 nurse supervisors who are supervising and coaching these nurses to improve their knowledge and skills in providing quality of patients care (Ministry of Health and Family Welfare, Bangladesh, 2009). Nurse supervisors try to give support and proper guidance to nurses according to their traditional coaching knowledge and skills to improve the quality of patients' care. However, these traditional knowledge and skills of nurse supervisors may not be able to meet the nurses' expectation and perception at a satisfactory level. In Bangladesh most of the nurse supervisors' educational level is only a diploma in nursing, and they lack of competence and training in that area (Jamal, 2006). Therefore, nurse supervisors really do need coaching knowledge and skills to perform effective coaching for the nurses.

Literature related to nurse supervisors' coaching from 1999 – 2009 was reviewed from the PubMed, CINAHL, Science Direct, Proquest, Blackwell, and Ovid. This did not show any studies addressing nurses' expectations and nurses' perceptions of nurse supervisors' coaching in Bangladesh and other countries. However, some studies were found. These related to: coaching and reflection on coaching executives (Walker, 2005); workplace coaching (Wright, 2005); supervision of introductory skills for supervisors in home and residential care (Paraprofessional Health Care Institute, 2005*);* and coaching skills for advanced practice nursing (Gracey, 2001). Therefore, the researcher was interested in exploring the nurses' expectation and

perception and to compare the difference between nurses' expectation and perception of nurse supervisors' coaching in southern Bangladesh. In addition, the study results would be beneficial to nurse administrators in order to improve coaching of nurse supervisors in Bangladesh.

Objectives of the Study

1. To identify the level of nurses' expectation of nurse supervisors' coaching in southern Bangladesh
2. To identify the level of nurses' perception of nurse supervisors' coaching in southern Bangladesh
3. To compare the differences between nurses' expectation and nurses' perception of nurse supervisors' coaching in southern Bangladesh

Research Questions

1. What are the levels of nurses' expectation of nurse supervisors' coaching in southern Bangladesh?
2. What are the levels of nurses' perception of nurse supervisors' coaching in southern Bangladesh?
3. Are there any differences of nurses' expectation and perception of nurse supervisors' coaching in southern Bangladesh?

Hypothesis

Nurses' expectation is significantly higher than nurses' perception of nurse supervisors' coaching

Conceptual Framework of the Study

The conceptual framework of this study was based on the six stages of coaching process proposed by Thorpe and Clifford (2003). These are: 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.

1. Clarifying coaching needs and goals

Clarifying coaching needs and goals is the first stage of the coaching process. In this stage, coach and coachee establish a real need for coaching and discuss the overall goals of the coaching process. The coach clearly explains the purpose of coaching sessions to achieve the overall coaching goal and takes initiatives to meet the coachee's learning needs.

2. Agreeing specific development needs

Agreeing specific development needs is the second stage of the coaching process. The main activities of the coach are going to be to discover the current position of the coachee and identify the gaps and areas which need to be improved. Furthermore, coach and coachee will agree to achieve the identified needs.

3. Making a detailed plan for coaching

Making a detailed plan for coaching is the third stage of the coaching process. In this stage the main action of the coach is to prepare a detailed plan for coaching after discussions with the coachee. The general plan for the coaching session includes organizing the coaching objectives, time, place, person, equipment, preliminary tasks, and involvement of other people for coaching.

4. Doing a task or activity

Doing a task or activity is the fourth stage of the coaching process. The principal action of the coach is to implement coaching. This involves main three categories: 1) application and practicing the job or task that the coachee wants to improve; 2) collecting data and evidence about how well the coachee has done during that practice; 3) arranging a simulation or real life situation to demonstrate the activities. These may include demonstrations such as: how to care for critical patients; how to give intravenous fluids; how to take care of geriatric patients; how to prepare the patient for surgery; how to care of post operative patients; how to prepare the patients for chemotherapy or other investigation. Furthermore, coaches can arrange re-demonstrations of coaching sessions which can be looked at by the coachee. In this situation the coach will observe the coachee's performance, understand and listen to her or his explanation carefully and decide what the coachee has learned from the session. In addition, the coach will work on the specific areas that need to be changed in order to improve the overall performance and not simply blame the coachee.

5. Reviewing activities and planning to improve performance

Reviewing activities and planning to improve performance is the fifth stage of the coaching process. The main activities of the coach are reviewing all the coaching activities after the end of the coaching session. The coach then discusses with the coachee which areas have to improve and how to prepare a plan of activities to improve in the next coaching session. Therefore, the coach and coachee will meet together and share their experiences in order to improve the coachees' performance. The coach will evaluate and give feedback to the coachee and will compare the output of the activities. In addition, the coach helps to develop the review discussion to

encourage the coachee to evaluate his or her performance for further improvement and re-examine the original purposes of the coaching. These are then reviewed against the objectives.

6. *Ending the coaching relationship*

Ending the coaching relationship is the sixth stage of the coaching process. In this stage, the coach may continue a relationship with the coachee up to end of the coaching session. It is important to highlight the end of the coaching session and interact with coachee. Therefore, the coach will evaluate the objectives and end the relationship with the coachee when all learning objectives have been met.

Definition of Terms

Nurses' expectation of nurse supervisors coaching refer to the nurses' perception towards the *ideal* coaching behavior of their nurse supervisors. Ideal perception indicates the nurses' hopes and anticipation that their nurse supervisors will be role models in demonstrating coaching in the clinical setting. This was measured by the questionnaire developed by the researcher 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 of nurse supervisors' coaching refer to the level of nurses' perception towards the *actual* coaching behavior of nurse supervisors. Nurses'

perception of their nurse supervisors' coaching was measured by a 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.

Significance of the Study

The results of this study should be beneficial to nursing administration, nursing education, and nursing research.

1. The results could be beneficial to nurse administrators in order to improve coaching knowledge and skills of nurse supervisors in Bangladesh for providing effective coaching to the nurses and improvement of their performance.

2. The results could be helpful to nurse educators in order to adapt the nursing curriculum and training towards an appropriate body of knowledge and practice about the coaching of nurse supervisors in the clinical setting.

3. The findings offer baseline data for further study related to nurse supervisors' coaching.

CHAPTER 2

LITERATURE REVIEW

In this study, a number of related articles and research studies were reviewed and grouped as follows:

1. Coaching
    1.1 Definition of coaching
    1.2 Importance of coaching
    1.3 Coaching Process
    1.4 Coaching skills
2. Roles and responsibilities of nurse supervisors
    2.1 Definition of nurse supervisor
    2.2 Roles and responsibilities of nurse supervisors
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3. Coaching of nurse supervisors
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1. Coaching

1.1 Definition of coaching

Coaching is the process of helping people to improve their performance through reflecting on how they can apply specific knowledge and skills in practice (Thorpe & Clifford, 2003). It is a highly interactive process of helping, facilitating, and development of an employee by applying advice, encouragement, education, and supporting the employees for better performance (Pierce & Noland, 2002).

Coaching is an interpersonal process that supports the employee for continuing personal and professional career development through the gaining of appropriate skills, to set goals and develop plans. Coaching is also a collaborative relationship between a coach and coachee (Adams, 2009; Williamson, 2009).

1.2 Importance of coaching

Coaching is essential in every workplace, including nursing institutions, to help employees and nurses to progress in their self-awareness through positive contact in relationships with other colleagues. Nursing is practice oriented therefore coaching helps nurses to improve their skills in nursing practice. It is also helpful to change their attitudes and behaviors in order to achieve desired outcomes (Beecham, Dammers, & Zwanenberg, 2004). Walker (2005) reported that coaching improves employees' commitment and rights and increases the interpersonal relationships, trust, self-sufficiency and self-confidence of a team. Therefore it develops strategic thinking at different levels to avoid unhelpful behaviors.

According to Jones and Murphy (2007), the world around and the environment of health care services are changing. Health care services need to be flexible and capable of rising to new challenges and taking on new tasks. There are

changes in the structuring of work. Information and knowledge revolutions have occurred. Technologies demand new skills and new kinds of workplaces with complementary structures. All these developments are very stressful. Managing stress and getting work-life in balance are essential in health care settings. Coaching can help with all of these. It also assists in ensuring that positive attitudes are held in the workplace. In the health care environment coaching helps nurses increase their skills for providing smooth care for patients (Gracey, 2001; Kowalak, 2003). In addition, coaching improves nurses' job performance, job satisfaction, and increases pro-activity, recruitment and retention rates. It therefore strengthens the new knowledge, eliminates the stress of nurses, and creates a healthy and healing working environment. Walker (2005) explained that coaching help nurse supervisors and managers to improve coaching skills and change the situation to accept the new requirements for success.

In summary, coaching can be more beneficial to employees and nurses in health care teams. It is an essential factor in the ongoing development of employees and nurses performance because it focuses on guiding them in a positive and encouraging environment to achieve better performance.

1.3 Coaching Process

The coaching process mainly focuses on carefully understanding the current situation and creating a well-constructed vision for the future. In addition, the coaching process should, ideally, be performed in real time as the team performs its day-to-day functions. It should also consider the past for understanding, learning and giving suggestions and actions to create a more attractive future (Hohenhaus, 2009; Walker, 2005).

Gracy (2001) stated that there are six steps in the coaching process. These include: *1) definition of goal*: in this step the coach and coachee will agree what the coaching goals are. Goals need to be specific, measurable, achievable, relevant, and timed; *2) analysis*: in this step the coach assists the coachee to examine the present reality where the coachee is now with regard to the coaching goal; *3) exploration:* in this step the coach and coachee explore the different options available to achieve goals; 4) *action:* in this step the coach and coachee identify what tasks need to be done for accomplishing the goal and commit to a course of action; *5) learning*: in this step, the coachee begins the implementation of the agreed action to reach the desired goals with the support of the coach; and *6) feedback:* in this step the coach and coachee hold a feedback session and consider what has been learned and how the learning can be further built.

Sullivan and Decker (2001; 2005) described the six steps of the coaching process. These include: *1) state the target performance*: in this step, the coach identifies the target performance for coaching; *2) tie the problem*: in this step the coach needs to identify the actual problem that will need to improve; *3) explore the reasons of problem*: in this step, the coach will listen carefully and openly when the coachee describes the causes of problems. If the problem was caused by a lack of familiarity with the standard of care on performing and documenting assessment the coach simply informs the coachee about appropriate behaviors and ends the coaching session; *4) solve the problem*: in this step the coach encourages the coachee to solve the problem and help the coachee how to solve the problem and give suggestions for improvement; *5) plan of action*: in this step the coach will identified the problem and whether it is minor or major. If the problem is minor and a first time occurrence, the

coach may simply state what actions will be taken to solve the problem and end the coaching session. In most cases, the coach and coachee should agree on the specific behavioral steps needed to solve the problem and take initiative for further action; and *6) follow up and feedback* : in this step the coach will arrange a follow up coaching session and provide effective feedback for the coachee about how to improve the coachee's performance.

According to Glasgow, Weinstock, Lachman, Suplee, and Dreher (2009), there are four steps in the coaching process. These include: *1) assessment*: in this step the coach assesses the coachee's or employee's strengths and weaknesses; *2) development*: in this step the coach takes the initiative to improve the employee's or coachee's strengths and weaknesses; *3) identify the coaching goals*: in this step the coach identifies the coaching goals and structuring the coaching session. Coach and coachee will discuss and identify developmental needs and agreed-upon goals; and *4) design the coaching session:* in this step the coach will be prepare plans for coaching after discussion with coachee.

According to Thorpe and Clifford (2003), six stages or steps of the coaching process were identified: clarifying coaching needs and goals; agreeing specific development needs; making a detailed plan for coaching; doing task or activity; reviewing activities and planning to improve performance; ending the coaching relationship. In this study the researcher used the Thorpe and Clifford (2003) framework. They give the details of each stage as follows:

1. Clarifying coaching needs and goals: Clarifying coaching needs and goals is the first stage of the coaching process. In this stage the coach and coachee will establish coaching needs and overall goals for the coaching session. The coach

clearly states the goals to the coachee of coaching program to achieve the overall coaching goal and take initiatives to meet the coachee's learning needs. The important tasks of the coach are to establishing working relationships and explain the concepts of coaching, the concept of continuous development and the nature of the coaching process. In this stage, the coach must demonstrate verbal and written communication skills with the coachee to clarify coaching needs and goals.

2. Agreeing specific development needs: Agreeing specific development needs is the second stage of coaching process. In this stage the coach is going to evaluate the outcomes and target and the coach works together with coachee. The purpose of this process is to discover the current position of coachee and identify the areas where there is need to improve. This process will take place through rapport building and discussion with the coachee. During this process the coach needs to establish working relationships, show respect, identify where the coachee could do better and help them towards the identified targets. Therefore, the coach should establish the overall development needs and decides that coaching is the right solution. Before agreement, the coach will be focus on the specific behavior that the coachee will demonstrate using 'SMART' objectives. An objective is a specific statement of something the coachee will be able to do at the end of the coaching process.

SMART objectives have the following characteristics:

S = Specific- Focus on a particular aspect of the individual's performance or on the job.

M = Measurable - Achievement can be assessed and there will be a visible and measurable outcome when they are achieved.

A = Agree - This is particularly pertinent to the coaching situation where it is crucial that the coach, coachee and, where applicable, the third party have all agreed on the objectives for the coaching program.

R = Realistic - This is vital in the coaching process. If the objective is not realistic, then coaching will fail. This will be result in the de-motivation of both coach and coachee and losing faith in the coaching process.

T = Time - There is a period set for the achievement of the coaching program.

In conclusion, at this point the coach and coachee need to be achieving SMART objectives, which will meet the identified needs for present and future development. During this stage the coach must demonstrate analytical and negotiation skills by questioning, listening, presenting information and establishing rapport building with the coachee.

3. Making a detailed plan for coaching: This is the third stage of the coaching process. In this stage the coach will work with the coachee as she or he develops strategies to achieve the goals. The coach includes action steps, resources, time, place, person, and indicators of success for each goal that has been identified and will prepare a plan. However, in the process the main activity of the coach needs to be shown by action in the plan. The role of the coach is to provide the coachee with tools to help them reflect upon the experience and start to draw out some learning from coaching. Therefore, it will involve thinking and discussing the experience, what

happens, the outcomes of it and how people feel. Successful planning involves: identifying the overall goals of coaching; written outcomes or success statements of coaching; identifying the action the coach needs to take during coaching; prioritizing the actions during coaching; and reviewing the plan based on the needs of the coaching process.

Formulating a plan for conducting the coaching program includes choosing the most productive location for conducting the coaching session. After that the coachees must be informed about the time, place and goals of coaching session. Coaches should try to be relaxed and cordial, and attempt to alleviate any perceived anxiety of the coachee during coaching. The coach has a responsibility to create a positive and supportive coaching environment to eliminate the stress and nervousness of the coachee.

In conclusion, in this stage of the coaching process, the coach prepares a plan before coaching and emphasizes the planning. This involves: identify the overall goals, written outcome or success statements; identify the action and prioritize the action; set the time, place, money, materials, and people to conduct the session properly. During this stage the coach must demonstrate planning, decision-making and problem solving skills.

4. Doing a task or activity: Doing a task or activity is the fourth stage of the coaching process. This process is the starting of the implementing of an agreed plan and focusing on carry out the planned coaching activities within a time. However, a coaching plan will involve action under two main categories: 1) application and practicing the job or task that the coachee wants to be improved in; and 2) collecting data and evidence about how well the coachee has done during that

practice. In this process, the coach arranges a real task or simulation to show the coachee activities that helps the coachee by applying knowledge and skills in the practice. Therefore, the coach is observing, monitoring, reporting and explaining the activities of the coachee and gives effective feedback on the area that needs to be improved. In this stage the coach must demonstrate observation and listening skills by performing coaching activities properly.

In conclusion, in going through these stages the coach is always careful that the coachee is provided with information, given support and proper guidance, and the achievement of coaching goals is monitored.

5. *Reviewing activities and planning to improve performance*: Reviewing activities and planning to improve performance is the fifth stage of the coaching process. In this process the coach, discusses with the coachee about the coaching session and how to run the activities to improve it. In addition, the coach and coachee will meet together and give effective feedback to the coachee, prepare plans and share their experience that can be used by the coachee in real life for improvement of performance. During this process, the role of the coach is to help the coachee to review all activities and encourage the coachees to evaluate their own performance. Finally, the coach and coachee will again sit together, review all activities after conducting the coaching session, and decide the plan of activities to improve the coachee's performance for the next coaching session. In doing these tasks the coach must demonstrate verbal communication skills by facilitating, questioning, presenting ideas, preparing plans and analyzing plans for coaching.

In summary, during this stage the coach needs to review all activities after coaching and identify the gaps that will need to be improved. After that, the coach

discusses with the coachee by asking questions to get feedback and prepare a plan for improving the coachee's performance.

6. Ending the coaching relationship: Ending the coaching relationship is the sixth stage of the coaching process. In this stage, the coach and coachee establish a relationship at the start and end of the coaching session. However, the coach may continue a relationship with the coachee to highlight the end of the coaching session. The main goal of ending a relationship will be achieved when the coachee performs his or her activities confidently up to that point and continues the activity themselves. The coach can help the coachee with specific action plans, give feedback or solutions and keep the follow-up commitment to build trust and respect. A coaching session will not be complete until successful commitment and evaluation has been achieved. In this stage the coach must demonstrate interpersonal communication skills and verbal communication by using assertive behavior with the coachee.

In conclusion, at the end of the coaching session the coach and coachee create a relationship. This relationship is very important for working together and building trust between the coach and coachee.

1.4 Coaching skills

Coaching skills are an essential asset for coaching the employees and coachees effectively. A successful coach needs several skills for coaching. The coaching skills reviewed in the literature are as follows (Cunningham & Mcnally, 2003; Daft, 2005; Gracey, 2001; Hersey, Blanchard & Johnson, 1996; Hudson, 2009; Hohenhaus, 2009; Lyth, 2000; Mcguffin, 1999; Martha & Thomas, 2007; Robbins &

Coulter, 2005*;* Swansburge & Swansburge, 2002; Stacey et al., 2008; Thorpe & Clifford, 2003; Vestal, 2007; Williamson, 2009):

Communication skill: Communication skill refers to the ability of the coach to transfer information and understanding of meaning between the coach and coachee through verbal and written means. The communication skill is the key skill of the coach to communicate effectively with the coachee during coaching sessions. An effective coach communicator maintains strong, regular and two-way communication with the coachee to clarify the coaching goals and manage the coachee's learning needs. The purpose of communication is the exchange of ideas, thoughts and perceptions ensuing in common understanding between both the coach and coachee to achieve the coaching goals.

Having good listening and analytical skills: Listening skill refers to the ability of the coach to receive and understand the message. The coach must have the ability to identify the situation and take action according to the situation. Listening skills and analytical skills are essential for asking questions, analyzing situations and, ideas during coaching sessions. A skillful coach listens more than talks, listens empathetically, actively, and without discrimination about the outcomes. Listening is one of the most powerful tools in the coach's toolbox. Therefore, a good listener listens carefully and understands the meaning of a coachee's explanation. Furthermore, the coach analyzes the meaning of the coachee's opinion and gives effective feedback.

Observation skill: This refers to the ability to observe a coachee's action honestly. The coach carefully observes the coachee's knowledge, skills, and

attitudes when performing direct care of patients and gives positive feedback to coachees if any mistake occurs during the caring of patients.

Leadership skill: Leadership skill refers to the ability of the coach to influence relationships between the coach and coachee. This is when real changes and outcomes are intended that reflect their common purpose or achievement of goals. Leadership is an essential skill of the coach to help the coachee to achieve the coaching goals. A successful coach leader will be able to demonstrate, reinforce desired behavior, and accept successful achievement. The coach should provide quick feedback and reinforcement for the coachee thus helping to bring about successful change for improving personal and professional development. A skillful the coach leader can lead to change in the health care environment by motivating, supporting, inspiring and facilitating the employee or coachee to improvement the delivery of the health care service.

Negotiation skill: Negotiation skill refers to the ability to bargain when two or more parties who have different performances must make a joint decision and come to an agreement. Negotiation skills are important skills of coaches in negotiating with coachees. During coaching, if any conflicts and bargaining occur among the coachee or third party, the coach can apply negotiation skill to minimize the conflict effectively and bring about agreement between both parties.

Trustful and supportive climate skill: The trustful and supportive environment skills refer to the ability to create a calm quiet and reliable environment for coaching sessions. It is a coach's responsibility to reduce barriers to development and facilitate a trusting and fully supportive environment during coaching. The coach can create a climate that contributes to a free, open and trusting exchange of ideas

between coach and coachee. The coach can offer help and assistance for coachees. A successful coach gives guidance and advice to coachees and focuses on mistakes as learning opportunities. The coach reduces obstacles to the coachee and contributes to the unit's goals. They take personal responsibility for outcomes and validate the coachee's efforts when he or she succeeds. The coach never blames the coachee for poor results.

Planning skill: Planning skill refers involve defining the organization's goals, establishing an overall strategy for achieving those goals and developing a comprehensive set of plans to integrate and coordinate organizational work. Planning skills are most important skills for a coach when preparing good plans for conducting effective coaching programs. A successful plan includes: organizing coaching objective; selecting a place, time and personnel; choosing action and strategy; and selecting coaching equipments.

Time management skill: The time management skill refers to the ability of the coach to manage time properly and effectively. Time management is very important in successful coaching.

Delegation skill: The delegation skill refers to the ability to delegate some actions to other persons. An effective coach can delegate coaching activities with the coachee and can take decisions at different levels during coaching sessions.

Decision making skill: Decision making skill refers to the ability to choose from two or more alternatives to make a decision. Decision making skills reduce decisional conflict, improve knowledge, and enhance the coachee's participation in decision making successfully for implementing clinical practice in the clinical setting

Problem solving skill: Problem solving skill refers to the ability of the coach to identify problem and to solve a specific problem. The coach can deal with only those decisions requiring his or her level of expertise and make decisions in emergency situation for solving the problem

In summary, selective delegation and decision-making increases the support of the coach and raises his/her self-esteem. A successful coach is a good delegator and decision maker who is skilled and knowledgeable in delegating, decision-making and problem solving and thus serves as a role model for others.

Interpersonal relationship skill: Interpersonal relationship skill refers to the ability of the coach to create good relationship with the coachee for successful coaching. A key interpersonal relationship skill includes relationship with a team and teamwork, mutual understanding between the coach and coachee and the ability to write and speak clearly and practically. Additionally, the interpersonal relationship skills of the coach in coaching are increasingly important as the coachee continues to specialize.

Evaluation skill: Evaluation skill refers to the informal day-to-day performance in giving feedback as well as formal periodic review. An effective coach evaluator evaluates the coachee's performance after coaching and gives effective feedback for improvement of performance.

In conclusion, a successful coach must demonstrate these skills during coaching sessions in order to improve their knowledge, skills, and ability to provide successful coaching.

2. Roles and responsibilities of nurse supervisors

2.1 Definition of nurse supervisor

A nurse supervisor is defined as an individual in authority and a position to provide direction and supervision to clinical staff on planning individual care for patients. They have to review the appraisal of each staff in a timely manner. A nurse supervisor provides case management for assigned caseloads and facilitates care in accord with the regulations and organizational policy (Nursing supervisor, 2006). In addition, supervision is a formal action taken by nurse supervisors for providing professional support for learning. This enables the individual person to develop knowledge and competence, take responsibility for their own practice and enhances the employee's protection and safety in difficult clinical situations (Department of Health as cited in Lyth, 2000).

2.2 Roles and responsibilities of nurse supervisors

Nurse supervisors have many important roles and responsibilities in the overall supervision of nurses' performance in the health care setting. Their positions are also responsible and accountable for the management and direction of nursing services during their work shifts. Roles and responsibilities include: supervising direct and indirect patient care; collaborating in the development, initiation, monitoring, and evaluation of programs that assure quality of patient care; appropriate staffing; compliance with state labor contractual agreements and departmental policy and procedures; the management of, responsibility and accountability for all nursing employees assigned to the department of nursing services; assigning shifts; and the cost effective utilization of staff, equipment and other resources assigned to the department of nursing.

Nurse supervisors act as middle level managers, and are responsible for taking care of the nurses and motivating them in the clinical setting for providing quality care to the patients. They are also responsible for communicating between upper level managers and lower level managers. The roles and responsibilities of nurse supervisors are dealt with in the literature (Marquis & Huston, 2000; Plunkett, Attener & Allen, 2005; Robbins & Coulter, 2005; Practical nurse supervisor, 2009; Nursing supervisor, n.d.). They are organized according to managerial functions such as planning, organizing, leading and controlling. These are described as follows:

2.2.1 Planning

Planning is a basic function of management. Planning is the continuous process of analyzing a system or defining a problem, and assessing the extent to which the problem exists. It involves determining objectives and strategic programs, procedures and rules to accomplish objectives. In nursing, planning helps nurse supervisors to ensure that clients or patients will receive nursing services from the nursing personnel at a satisfactory level. They also want to expect satisfied nursing workers to deliver these services. Therefore, nurse supervisors plan according to nurses' and patients' needs (Swansburge & Swansburge, 2002). The following roles and responsibilities of nurse supervisors under planning are given below:

1) Demonstrates knowledge and uses appropriate techniques in both personal and hospital planning.

2) Periodically assesses unit constraints and assets to determine available resources for planning.

3) Develops and articulate a unit philosophy that matches the hospital philosophy.

4) Develops and articulates units' policies, procedures, and rules that fulfill the units' objectives.

5) Recognizes and periodically reviews unit philosophy, goals, objectives, policies, procedures, and rules and reviews them to meet the unit's needs.

6) Actively participates in organizational strategic planning, defining and carrying out such plans in the unit.

7) Organizes unit level planning which should be matched with hospital goals.

8) Assists in maintaining the rules and regulations of the organization /hospital.

2.2.2 Organizing

Organizing is the management function of nurse supervisors that establishes relationship between the nurses and supervisors or managers and their activities. The result of the organizing process in an organization consists of combined the parts and acting in harmony to perform tasks that achieve goals effectively and efficiently and accomplish the organization's mission. The following are the responsibilities of nurse supervisors under organizing:

1) Provides sound orientation program for the new nurses and orientation for returning and regular nurses.

2) Provides the nurses with an accurate unit organizational chart and assists with interpretation.

3) Relays and explains the mission, vision, and goals of each unit as well as the organization and makes sure that nurses understand their contributions to mission of the hospital.

4) Explains policies, rules, regulations and procedures associated with the nurses' job, and ensure each nurse fully understands them.

5) Reviews each nurse's work schedule with him or her along with reporting procedures.

6) Provides each nurse with current and accurate job descriptions and with current performance expectation.

7) Assists and guides in planning and implementing the daily duties of nursing health personnel.

8) Assigns the nursing personnel and demonstrates new nursing procedures for providing quality of patients care and to meet the requirements of the wards under her supervision.

9) Clarifies unity of command when there will be confusion.

10) Follows up appropriate subordinate complaints upward through chain of command.

11) Establishes an appropriate means of control.

12) Uses committee structures to increase the quality and quantity of work accomplished.

2.2.3 Leading

Leading is an essential function of nurse supervisors in carrying out the effective supervision of nurses activities. Therefore, nurse supervisors or managers should have the ability to perform many activities with the nurses. The main

principles for the foundation of leading are communication, decision-making, and motivation. The important roles and responsibilities of nurse supervisors under leading are as follows:

1) Defines a mission of hospital.

2) Identifies core competencies of each nurse.

3) Provides positive working environment for staff.

4) Creates a vision for future development.

5) Enlists cooperation and support for that vision to the hospital.

6) Keeps people and processes focused on satisfying various customers.

7) Unleashes full potential in and soliciting contributions from all organization's human resources through training, development, and empowerment and provides professional development opportunities.

8) Ensures adequate communication and coordination among different departments of the hospital.

9) Acts as a liaison officer between the hospital administrators and employed nursing health personnel.

10) Acts as a role model to improve the professional nursing image and act as an advocate or coach for patients and nurses.

11) Holds regular staff meeting and involves employees in decision-making and problem solving discussions as appropriate.

2.2.4 Controlling

Controlling is the process of monitoring activities to ensure those of the manager or nurse supervisors are being accomplished as planned, and correcting

any significant deviations in nurses' activities. All nurse supervisors should be involved in the control function, even if their units are performing as planned. An effective control system of nurse supervisors over the activities of each unit should be in place. This leads to the accomplishment of the organization's goals. The following are the responsibilities of nurse supervisors under controlling:

1) Establishes measurable standard of care and determines the most appropriate method for measuring those standards in conjunction with other health personnel in the hospital.

2) Selects and use process, outcome, and structure audits appropriately as quality control tools.

3) Determines discrepancy between care provided and unit standards and seek further information regarding failure of standards.

4) Uses quality control findings as a measure of nurses' performance and rewards, coaches, counsels, or disciplines nurses accordingly.

5) Keeps recent knowledge of government and licensing regulations that affect quality control.

6) Observes nurses' performance and provide positive and constructive feedback regularly.

7) Reports to the nursing superintendent/physician/surgeon and concerned any delayed on the part of medical officer on duty in answering a call. This report will be in written form and signed by the nurse.

8) Assists and keeps statistical records of a patient's admission, discharge, absconding and death.

9) Ensures enlistment of patients' records and dispatching them signed by designated officers against receipts.

10) Evaluates and verifies employee performance through the review of completed work assignments and work techniques.

11) Maintains records, prepares reports, and composes correspondence relative to the work.

12) Monitors and ensures that treatment is carried out in accordance with developed and established programs.

13) Maintains records, reports, and accounts of patient behaviors, symptoms, reactions, and changes in mental, physical, or social conditions.

In conclusion, nurse supervisors have essential responsibilities in the fields of planning, organizing, leading and controlling. Therefore, nurse supervisors can implement all their responsibilities in the health care setting by walking, talking, monitoring the nurses' activities and taking corrective action. In addition, nurse supervisors give effective feedback to nurses for improving nurses' knowledge, competency and professional proficiency to carry out the care of patients effectively.

2.3 Competencies of nurse supervisors

According to the review of literature, the nurse supervisors must have the following competencies for performing effective supervision in clinical setting to guide the nurses' activities successfully (Slaffingtor, 2005; Practical nurse supervisor, 2009; Nursing supervisor, n.d.).

2.3.1 Technical knowledge

Nurse supervisors must have considerable knowledge of professional nursing theory, techniques, practices and procedures. They must also

have appropriate knowledge of medical terminology, disease processes and body systems, current clinical diagnostic procedures, treatments, and skills to apply all this knowledge in practice. Supervisors should have general knowledge of state and national rules and regulations governing financial compensation. They should have general knowledge of professional nursing care practices and principles across the nursing continuum.

2.3.2 Critical thinking

Nurse supervisors must have competency in critical thinking including questioning, analysis, synthesis, interpretation, implying, inductive and deductive reasoning, institutional thinking, application and creativity. They must have the ability to assess and interpret medical and clinical information from a patient's chart. They should be able to evaluate a plan of nursing intervention to meet the needs of individual patients, and to make accurate decisions based upon the review of medical records and to make recommendations for improvements in nursing services.

2.3.3 Consulting or Advising

Nurse supervisors should have the ability to advise and counsel nurses and patients during critical situations. They must have the ability to understand client programs, nurses' attitudes, behavior and organizational culture.

2.3.4 Clients/Customer service

They should have the ability to develop and maintain professional relationship with patients, their families and nurses by listening, understanding and responding to identified needs.

2.3.5 Communication

Nurse supervisors establish and maintain effective communications and work relationships with physician, nurses, other health care personnel, patients and their families. They must have the ability to convey information clearly and concisely either verbally or in writing regarding the disease process, level of care and services being rendered. This must be done to ensure that the intended audience understands the information and message. They must be able to listen and respond appropriately to others.

2.3.6 Supervision

Nurse supervisors need to provide clear direction for groups of nurses and other clinical or supportive staff to meet the goals and objectives of ongoing work. They have to motivate and engage nurses through effective communication. They require knowledge of appropriate policies and procedures for recruiting, selecting, develop counseling, disciplining and evaluating performance of nurses to retain a diverse workforce. They need to observe and assess work to ensure quality care of patients. They have to provide feedback and the technical supervision of staff. They must develop plans for nurses' to gain necessary knowledge and skills to perform their duties successfully. They have to support employees for their career development opportunities. They assign work and to establish work rules with acceptable levels of quality and quantity. They must have the ability to review work and evaluate the performance of others and to develop individual competence.

In summary, nurse supervisors must have the above competencies to manage the nurses and their work. Therefore, nurse supervisors' competencies in technical knowledge, critical thinking, consulting, communication, customer services,

and supervision are very important. They help in supporting, guiding, and instructing nurses for their individual as well as organizational development.

3. Coaching of nurse supervisors

According to the Paraprofessional Health Care Institute (2001; 2005) a coaching approach is very important for nurse supervisors as it is used in long term care as well as short term care in the home, residential and clinical setting. Coaching training is designed to develop coaching skills and knowledge in nurse supervisors to provide coaching of direct care workers and nurses who assist people in home care, residential care and clinical care. Nurse supervisors face challenging work situations every day at all times. Their job requires independent thinking and decision making along with the ability to manage competing priorities and to respond to the urgent needs of consumers and patients and the workers and nurses who support them.

The coaching approach is an innovative and highly effective approach by nurse supervisors for the supervising and coaching of direct care staff. This approach is central to supervision for building relationships with supervisees, addressing the problems fruitfully, and helping workers and nurses' problem solving skills. Nurse supervisors can use coaching to change knowledge into practice properly. Therefore, they can improve their ability to solve problems, see the consequences of their action, communicate effectively, deal with the demands of working, and handle the complexity of their lives dramatically. In addition, an effective coaching approach can increases worker satisfaction and improve the quality of care.

3.1 Core competencies of coach

According to Hudson (2009), Williamson (2009), and Wright (2005), coaching is a key competency for a coach. Coaching helps coaches engage in conversations and relationships that are critical for enhancing professional development, career commitment and practice. The following core competencies of coaches are needed in coaching.

3.1.1 Meeting ethical guidelines and professional standards: Coaches should have high standards of qualification and professional experience.

3.1.2 Establishing coaching agreements: This is the ability to understand what is necessary in the specific coaching situation and come to agreement with new staff about the coaching process and relationship.

3.1.3 Establishing trust and intimacy with the employee or staff: This helps to create a safe, supportive environment that produces respect and trust between coach and coachee.

3.1.4 Coaching: Coaches should have the ability to create fully conscious and spontaneous relationships with the coachees. They should utilize a coaching style that is open, flexible and confident.

3.1.5 Active listening: Coaches should listen carefully to what the coachee wants to explain and understand the meaning of what is said in the context of the coachee's desires, and support a coachee's self expression.

3.1.6 Powerful questioning: This is the ability to ask questions, which expresses the information needed for maximum benefit to the coaching relationship with the coachee.

3.1.7 Direct communicating: Coaches should use verbal communication with the coachee for positive and successful contact during coaching sessions.

3.1.8 Creating awareness: This is the ability to incorporate and correctly appraise several sources of information and to make interpretations that help the coachee to be responsive and accomplish actions based upon awareness.

3.1.9 Designing Action: This is generating opportunities for coachees to continue education, and to take new actions that will most effectively lead to decisions about coaching results.

3.1.10 Planning and goal setting: This is developing and maintaining an effective coaching plan with the coachee for the setting of effective goals.

3.1.11 Managing process and accountability: Coaches should look for the betterment of the coachee and take responsibility and accountability for the coachee for positive action.

3.2 Responsibilities of nurse supervisors in Bangladesh

According to the Directorate of Nursing Services (DNS) and the Ministry of Health and Family Welfare, Bangladesh (2007), nurse supervisors' responsibilities are as follows:

The nurse supervisor shall be responsible for the general supervision of nursing and health personnel in the Wards, Units and Departments assigned to her, the nursing superintendent of the hospital. She shall coordinate the nursing and health activities of the various wards, unit or departments at morning, evening and night by rotation. In the setting of this present study, there are 23 nurse supervisors supervising, the monitoring, coaching, and teaching of nurses in 46 units. Each nurse supervisor is working in hospital with at least 6 units per shift, thus ensuring the

smooth implementation of adequate nursing care throughout the hospital (Personal communication with nurse superintendent on 12 December, 2009).

1) Assisting and guiding in planning and implementing the daily duties of various categories of nursing personnel.

2) Assigning nursing personnel for adequate nursing care of patients according to the requirements of the ward under her supervision.

3) Handling problems brought to her attention or referring these problems to the nursing superintendent through the deputy-nursing superintendent for necessary action.

4) Assigning priorities in health needs among different departments under her supervision.

5) Ensuring adequate communication and coordination among different departments of the Hospital.

6) Acting as liaison officer between the Hospital Administrator and the employed nursing health personnel.

7) Assisting in maintaining rules and regulations of the Hospital.

8) Keeping statistical records of patients' admission, discharge, and death.

9) Leaving in writing, when going off duty, full instructions to her successor regarding serious cases under her care in the book provided.

10) Ensuring the proper disposal of contaminated linen and clothing of communicable disease patients and terminal disinfection.

11) Helping the nurses for providing quality of patients care based on nursing process

12) Ascertaining the cleanliness and orderliness of the wards under her supervision to include bed linen and clothing connected with contagious of infectious disease.

13) Ascertaining that the nurse incharge of each ward maintains an inventory of all ward equipment and that all additions or alterations in equipment are duly and properly entered in such inventory.

14) Sending for the officer on duty whenever a patient develops new symptoms/is getting worse or in case of any unforeseen accident or occurrence in the ward.

15) Submitting the annual confidential reports of all nurses to the nursing superintendent.

16) Conducting planned clinical teaching for staff nurses/student nurses and auxiliary health workers for improving standards of nursing care.

17) Reviewing, signing and dating the recorded clinical teaching being done by the staff nurses under her supervision.

3.3 Coaching of nurse supervisors in Bangladesh

Coaching of nurse supervisors is essential in the clinical setting to coach the nurses for improving their knowledge skills and attitude in providing quality of care for patients. Nursing is a significant part of quality health care and is essential to the national health system of a nation. However, the nursing profession is facing a crisis today all over the world. The nursing services are very important for attaining health and development. They are the backbone of health care. Health care in Bangladesh is in a sad state with too few nurses and nurse supervisors to serve the people (Uddin, Islam, & Ullah, 2006). In that situation, coaching skills are essential

for nurse supervisors for the coaching of nurses to improve their performance. Coaching can be a useful strategy for nurse supervisors to help nurses to achieve their goals and improve their performance in providing excellent care to patients. Nurse supervisors are providing coaching to nurses in a number of ways.

In Bangladesh, nurse supervisors supervise and monitor the nurses' activities effectively. During supervision and monitoring nurse supervisors communicate with nurses and ask them about their needs in each unit. They assign the nursing personnel to give adequate nursing care to the patients according to the requirements of the ward under her supervision. Over the supervisor considers priorities in health needs among different units under her supervision and tries to coaching of nurses according to their needs and those of units. During their supervision nurse supervisors ascertain personally the actual nursing care received by the patients, particularly the seriously ill. In addition, nurse supervisors try to clarify needs and goals in each unit. Furthermore, before coaching, nurse supervisors try to set a goal and identify the actual needs of each unit for providing the coaching of nurses to meet their learning needs.

In the clinical setting, nurse supervisors have the same opinions as nurses to achieve unit goals. Nurse supervisors should identify unit needs before agreeing with nurses. Supervisors and nurses should discuss together and share each other's knowledge and set the objectives and goals of each unit accordingly. In addition, nurse supervisors try to emphasize achieving the unit's objectives and goals for improving the nurses' knowledge and skill in order to provide good standards of patient care.

On the other hand, the nurse supervisor is a responsible person who maintains and guides planning and implementing the daily duties of various categories of nursing personnel and formulating a detailed plan for coaching. Nurse supervisor try to prepare formal plans for coaching for each unit. However, in real situations that plan should be prepared with informal approaches. In addition, nurse supervisors try to implement and demonstrate new nursing procedures using real life situations. They demonstrate activities such as: how to given intravenous fluids; how to take care of elderly patients; how to prepare the patient for surgery; how to care for post-operative patients; how to prepare the patients for investigation; and how to care for critical patients in intensive care units. Furthermore, nurse supervisors try to arrange re-demonstration sessions shown by the nurses. In this situation nurse supervisors observe the nurses performance, understands and listens to her or his explanation carefully, and identify which action nurses have learned from that session. In addition, supervisors work on the specific areas that need to be changed in order to improve the overall performance. Supervisors also ascertain that the nurse in charge of each ward or unit maintains an inventory of all ward equipment. However, they act as a reflective mirror to achieve the future goals thus ensuring good standards of nursing care in each unit.

Finally, the nurse supervisors review all activities before and after the coaching of nurses, and discuss with nurses regarding activities that need to be improved. They review, sign and date the recorded clinical coaching being done by the staff nurses under her supervision. After review, the nurse supervisors should formulate a plan to improve nurses' performance. In addition, they try to create a

relationship with the nurses up to the end of each session. They try to keep this relationship by demonstrating trust, respect, and commitment to the nurses.

In summary, nurse supervisors give coaching to nurses in routine work during her supervision time in each unit of the clinical setting. Ultimately, the aim of supervision is to improve nurses' knowledge, skills and self-awareness in specialty areas. In the context of Bangladesh, nurse supervisors have less education, lack of training, and lack of competency. There is a shortage of nurse supervisors and they have a high workload and limited time (Jamal, 2006). Therefore, nurse supervisors limited knowledge, skills and drawbacks mean they cannot meet the nurses' expectation and perception at a satisfactory level.

Summary of the Literature Review

In summing up the literature review, coaching is the process of helping people to enhance their performance through supporting it by thoughtful practice. Coaching is important in promoting personal and professional staying power, confidence, improving knowledge and skills in specific areas, and building relationships with staff. Nurse supervisors have a major role in identifying nurses' learning needs and providing appropriate coaching. Therefore, coaching is an essential for nurse supervisors to improve nurses' knowledge and competencies based on the coaching process. This process includes: clarifying coaching needs and goals; agreeing specific developmental needs; making detailed plans for coaching; doing tasks or activities**,** reviewing activities and planning to improve performance, and ending the coaching relationship.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter consists of research design, population and setting, sample and sampling, instruments, ethical considerations, data collection and data analysis.

Research Design

This descriptive study aimed to: 1) identify the level of nurses' expectation of nurse supervisors' coaching; 2) identify the level of nurses' perception of nurse supervisors' coaching; and 3) compare the differences between nurses' expectation and perception of nurse supervisors' coaching.

Population and Setting

Population

The population in this study was all nurses in southern Bangladesh. The target population was approximately 311 nurses working in Shere- E- Bangla Medical College Hospital, Barisal, Bangladesh.

Setting

The setting of this study was selected for its convenience. The name of the setting is Sher-E- Bangla Medical College Hospital (SBMCH). This hospital consists of 750 beds and 46 units. It is the biggest referral and tertiary level Medical College Hospital in southern Bangladesh. As a referral hospital, it provides modern technology and services that are only available in this hospital. Most critically patients

are referred from all district hospitals of the southern part of Bangladesh to this hospital which also provides all categories of health facilities for people.

This hospital consists of in-patient and out-patient departments. In-patient-department consist of 8 medical units (male and female), 8 surgical units (male and female), 4 gynecological and labor units, 4 ENT units, 4 pediatric units, 4 coronary care units, 1 intensive care unit, 5 operation theaters, 2 cancer units, 1 psychiatric unit, 1 isolation unit, 2 special cabin units, and 2 urological units. The out-patient department consists of all units including dental, antenatal and post-natal care units, an immunization program unit and a family planning unit.

Nursing is one of the most important activities in the departments in this hospital. There is one nursing superintendent, two deputy nursing superintendents, and 23 nurse supervisors. In the nursing departments, nurse supervisors' act as middle level mangers and they occupy higher position than nurses. This is based on their nursing service experience and not their education. In addition, the main functions of nurse supervisors in the clinical setting are: administrative functions; supervisory functions, educational functions, and general functions for dealing with professional or community activities. In this setting, one nurse supervisor workings by rotation at least six units or wards per shift (Morning, evening and night) and provides supervision, coaching, and teaching and monitors the nurses' performance (Personal communication with nurse superintendent on 12 December, 2009). As a referral hospital all nurses provide care to patients with complications who are referred from other district hospitals. Therefore, nurses need coaching to improve their performance in providing quality care and nurse supervisors have an important role in providing effective coaching for them.

Sample and Sampling

Sample

The sample in this study consisted of the nurses of Shere-E-Bangla Medical College Hospital who met the following inclusion criteria:

1. An educational background that consisted of at least a diploma in nursing.
2. Had at least one year's working experience in the hospital.

Sample size

The sample size was estimated by using power analysis. The estimated sample size was calculated for an accepted minimum level of significance (α) of 0.05, an expected power of 0.80 (1-β) and an estimated population effect size of 0.30 (γ). The effect size can be calculates from previous studies. The researcher did not find any study related to the nurses' expectation and perception of nurse supervisors' coaching. Therefore, the medium effect size was used to estimate the sample. The number of subjects was 174 (Polit & Beck, 2008).

Sampling technique

Subjects were recruited by systematic random sampling from all nurses at the Shere-E-Bangla Medical College Hospital who met the inclusion criteria. The nurses were selected according to the list of names of registered nurses from the nursing superintendent office.

Instrument

A questionnaire developed by the researcher was used. It consisted of 2 parts as follows:

Part I: The Demographic Data Questionnaire (DDQ)

The Demographic Data Questionnaire was developed by the researcher and consisted of 6 items including gender, age, marital status, religion, level of education and duration of nursing service experience (Appendix C).

Part II: The Nurse Supervisors' Coaching Questionnaire (NSCQ)

The Nurse Supervisors' Coaching Questionnaire was developed by the researcher. It was based on the six stages of the coaching process proposed by Thorpe and Clifford (2003) and related literature regarding nurse supervisory roles and responsibilities. This NSCQ consisted of 48 items, and followed the six stages of coaching process (Appendix C). These included:

1. Clarifying coaching needs and goals (8 items: number 1-8).
2. Agreeing specific development needs (7 items: 9 -15).
3. Making a detailed plan for coaching (9 items: 16- 24).
4. Doing a task or activity (12 items: 25- 36).
5. Reviewing activities and planning to improve performance (8 items: 37-44).
6. Ending the coaching relationship (4 items: 45-48).

Each item was rated by using a 5-point Likert scale, in which for expectation were rated

0 = Not at all = Nurses do not expect nurse supervisors to perform the coaching indicated.

1 = A little = Nurses have some expectations that nurse supervisors will perform the coaching indicated.

2 = To some extent = Nurses have expectations that nurse supervisors will perform the coaching indicated.

3 = Much = Nurses have expectations that nurse supervisors will frequently perform the coaching indicated.

4 = Very much = Nurses have expectations that nurse supervisors will always perform the coaching indicated.

Each item was rated by using a 5-point Likert scale for perception.

0 = Not at all = Nurses perceive that nurse supervisors do not perform the coaching indicated

1 = A little = Nurses perceive that nurse supervisors perform some of the coaching indicated

2 = To some extent =Nurses perceive that nurse supervisors will perform the coaching indicated.

3 = Much = Nurses perceive that nurse supervisors frequently perform the coaching indicated.

4 = Very much = Nurses perceive that nurse supervisors always perform the coaching indicated.

The possible ranges of total mean scores were divided into three levels for expectation:

0.00 -1.33 = nurse supervisors coaching was at a low level

1.34 -2.66 = nurse supervisors coaching was at a moderate level

2.67- 4.00 = nurse supervisors coaching was at a high level

The possible ranges of total mean scores were divided into three levels for perception:

0.00 -1.33 = nurse supervisors coaching was at a low level

1.34 -2.66 = nurse supervisors coaching was at a moderate level

2.67- 4.00 = nurse supervisors coaching was at a high level

Validity and Reliability of the Instrument

Validity

Three experts examined the Nurse Supervisors' Coaching Questionnaire (NSCQ): 1) a nurse educator in Nursing Administration Department, Faculty of Nursing, PSU, Thailand; 2) a head nurse in Songklanagarind Hospital, Faculty of Medicine, PSU, Thailand; and 3) a nurse superintendent with a master's degree in nursing in Bangladesh. The experts were asked to check the relevancy and whether the items represented the nurse supervisors' coaching. A content validity index (CVI) was performed to assess the content validity. The content validity index (CVI) is acceptable when at least 0.80 (Waltz, Strickland & Lenz, 2005). In this study, the actual content validity index (CVI) was 0.89.

Reliability

The reliability of the Nurse Supervisors' Coaching Questionnaire (NSCQ) was tested with 20 nurses from Shere-E-Bangla medical college hospital who were not in the sample of the actual study. The acceptable internal consistency reliability tested by using Cronbach's alpha coefficient for new instrument is at least .70 (Polit & Beck, 2008). In this study, the Cronbach's alpha coefficient reliability of the Nurse Supervisors' Coaching Questionnaire expectation and perception of nurses were .90 and .92 respectively.

Translation of the Instrument

Translations of the instruments in this study were conducted by the back translation method (Sperber & Devellis, 1994). This method was processed in three steps:

Step 1: The first bilingual translator translated the English version of this instrument into Bengali.

Step 2: The second bilingual translator back translated Bengali version into English.

Step 3: An English expert evaluated both the original English version and the English back translated version for discrepancies to ensure the equivalence of these two versions. It was established that there was no discrepancy. The translated version was then used without any modification.

Ethical Considerations

The thesis proposal was approved by the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University, Thailand. Permission for data collection was obtained from the Director and Nursing Superintendent of Shere-E-Bangla medical college hospital, Bangladesh. The subjects were informed by letter that participation in this study was voluntary; they had freedom to withdrawn at any time with no negative consequences. Subjects were assured of anonymity and the confidentiality of all information given, and that such information would be used only for the purpose of this study (Appendix A).

Data Collection

Data were collected from November 2009 to January 2010, at the Shere-E-Bangla Medical College Hospital Barisal, Bangladesh. The data collection was divided into two phases. They were as follows:

Preparation phase:

1. The researcher contacted the Dean of Faculty of Nursing, Prince of Songkla University, Thailand, and asked for a letter to collect data in Shere-E- Bangla Medical College Hospital Barisal, Bangladesh.

2. The researcher asked for permission to collect data from hospital director and nursing superintendent of Shere-E-Bangla Medical College Hospital Barisal. She informed them about the research objectives, methods and benefits of the study and requested for a list of nurses' name from the nursing superintendent's office.

3. The researcher selected the sample by systematic random sampling using the list of names of the subjects. In this study setting, the total population was 311. The researcher conducted a pilot study with 20 nurses of the total population. In line with the inclusion criteria, the researcher rejected 17 subjects from the total population. Later the rest of the 274 subjects were selected by systematic random sampling using the following formula: total number of population / sample size (total population was 274/ sample size was 174 = sample interval was 1). After that the first case was selected randomly and then every case selected based on sample intervals.

4. The researcher introduced herself to the nurse in charge of each unit, explained the purpose of the study and asked for permission to collect data from the subjects in the morning shift.

Implementation phase

1. The researcher met and introduced herself to nurses in charge and distributed a set of Bengali version questionnaires including the Demographic Data Questionnaire (DDQ), the Nurse Supervisors' Coaching Questionnaire (NSCQ) and a covering letter with the informed consent form. The nurse in charge of each unit helped in this process.

2. The researcher distributed the questionnaire to the subjects for the pilot study with the help of the nurse in charge and provided one week for the subjects to answer the questionnaire. She requested them to return the filled questionnaire to the nurse in charge.

3. The researcher collected the data from the nurse in charge after one week.

4. After the pilot study the research distributed the questionnaires among the subjects with the help of the nurse- in charge in each unit within 4 weeks in the morning and evening shift.

5. The researcher provided one week for the subjects to answer the questionnaires and asked them to return the filled questionnaires to the nurse in charge.

6. The researcher collected the answered questionnaires after a one week interval from the nurse in charge of each unit and spent time for collecting the data over least 4 weeks. She asked the nurses in charge to check the questionnaires for missing items. There were no missing data or items.

Data Analysis

Data were computed using a computer program. Data were analyzed by using descriptive statistics and inferential statistics.

1. Demographic data were analyzed by using frequencies, percentages, means, and standard deviations.

2. Nurses' expectation and perception of nurse supervisors' coaching were analyzed by using means and standard deviations.

3. The assumptions of parametric statistics were tested. It was found that the expectations and its subscale scores were not normally distributed. Even though transformation techniques with log10 and square root were used, the data sets were still not normally distributed. As a result the researcher decided to use non-parametric statistics, the Wilcoxon Signed Ranks Test, to compare the differences between nurses' expectation and perception of nurse supervisors' coaching.

CHAPTER 4

RESULTS AND DISCUSSION

This descriptive study was conducted to identify the levels of nurses' expectation and perception of nurse supervisors' coaching in southern Bangladesh. In addition, a comparison of nurses' expectations and perceptions of nurse supervisors' coaching was conducted. A discussion and the results of this study follow.

1. Demographic characteristics of the subjects
2. Nurses expectation and perception of nurse supervisors coaching
3. Comparison the nurses' expectation and perception of nurse supervisors coaching

Results

1. Demographic Characteristics of the Subjects

The subjects in this study were 174 nurses. Nearly all subjects were female (97.7%). The subjects' age ranged from 29 to 56 years with a mean of 40.14 years (SD = 6.39). Most of the subjects were married (95.4%). The majority had a diploma in nursing (87.4%). Approximately two-thirds of the subjects were Muslim (62.1%). The duration of nursing service experience ranged from 6 to 35 years with a mean of 15.83 years (SD = 7.35) (Table 1).

Table 1

Frequency and Percentage of Demographic Characteristics of the Subjects (N=174)

Characteristics	Frequency	Percentage
1. Gender		
Male	4	2.3
Female	170	97.7
2. Age (years) (M = 40.14, SD = 6.39, Min = 29, Max =56)		
29- 38	81	46.6
39- 48	67	38.5
49-56	26	14.9
3. Marital status		
Married	166	95.4
Single	5	2.9
Divorced	2	1.1
Widowed	1	0.6
4. Religion		
Muslim	108	62.1
Hindu	62	35.6
Christian	4	2.3
5. Education		
Diploma in Nursing	152	87.4
Bachelor in Nursing	20	11.5
Master in Nursing	2	1.1
6. Duration of nursing service experience (years) (M = 15.83, SD = 7.35, Min = 6, Max = 35)		
6 - 15	105	60.3
16 - 24	29	16.7
25 - 35	40	23.0

2. Nurses' Expectation and Perception of Nurse Supervisors Coaching

The total mean score of nurses' expectation of nurse supervisors' coaching was at a high level (M = 3.83, SD = 0.30). In addition, every dimension of nurse supervisors' coaching had a mean score at a high level with the mean scores ranged from 3.81-3.86. The three dimensions with highest mean scores were 'ending the coaching relationship' (M = 3.86, SD = 0.31), 'agreeing specific development needs' (M = 3.85, SD = 0.31), and 'clarifying coaching needs and goals' (M = 3.84, SD = 0.31) respectively (Table 2).

The total mean score of nurses' perception of nurse supervisors' coaching was at a moderate level (M =1.76, SD = 0.32). In addition, each dimension of nurse supervisors' coaching mean score was at a moderate level with the mean scores ranged from 1.66-1.88. Three dimensions with highest mean scores were 'agreeing specific development needs' (M = 1.88, SD = 0.47), 'ending the coaching relationship' (M = 1.86, SD = 0.62), and 'making a detailed plan for coaching (M =1.82, SD = 0.52) respectively. However, the two lowest mean scores were 'clarifying coaching needs and goals' (M = 1.66, SD = 0.45), and 'reviewing activities and planning improve performance' (M = 1.77, SD = 0.45) (Table 2).

Table 2

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching (N =174)

Coaching of Nurse Supervisors	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. Ending the coaching relationship	3.86	0.31	High	1.86	0.62	Moderate
2. Agreeing specific development needs	3.85	0.31	High	1.88	0.47	Moderate

Table 2 (continued)

Coaching of Nurse Supervisors	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
3. Clarifying coaching needs and goals	3.84	0.31	High	1.66	0.45	Moderate
4. Doing a task or activity	3.84	0.31	High	1.81	0.42	Moderate
5. Reviewing activities and planning improve performance	3.82	0.35	High	1.77	0.45	Moderate
6. Making a detailed plan for coaching	3.81	0.38	High	1.82	0.52	Moderate
Total	3.83	0.30	High	1.76	0.32	Moderate

Nurses' expectation and perception of nurse supervisors coaching categorized on each dimension including all items of each dimension as follows:

2.1 Nurses' Expectation and Perception of Nurse Supervisors Coaching on Ending the Coaching Relationship

The mean scores of all items of nurses' expectation of nurse supervisors coaching on ending the coaching relationship were at a high level with the mean scores ranged from 3.83 - 3.91. Three items with the highest mean scores were 'my supervisor assesses me that I have capability to work by myself' (M = 3.91, SD = 0.34), 'my supervisor informs me when the coaching session will be ended' (M=3.87, SD = 0.37), and 'my supervisor continuously maintains good relationship with me' (M = 3.86, SD =0.43) respectively (Table 3).

The mean scores of all items of nurses' perception of nurse supervisors coaching on ending the coaching relationship were at a moderate level with the mean scores ranged from 1.78 - 1.94. Three items with the highest mean scores were 'my supervisor assesses me that I have capability to working by myself' (M = 1.94, SD =0.85), 'my supervisor continuously maintains good relationship with me' (M =1.87,

SD = 0.89), and 'my supervisor informs about her commitment to follow up my performance' (M= 1.85, SD = 0.89) respectively. One item with the lowest mean score was 'my supervisor informs me when the coaching session will be ended' (M =1.78, SD = 0.77) (Table 3).

Table 3

Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Ending the Coaching Relationship (N =174)

Ending the Coaching Relationship	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor assesses me that I have capability to working by myself	3.91	0.34	High	1.94	0.85	Moderate
2. My supervisor informs me when the coaching session will be ended.	3.87	0.37	High	1.78	0.77	Moderate
3. My supervisor continuously maintains good relationship with me	3.86	0.43	High	1.87	0.89	Moderate
4. My supervisor informs about her commitment to follow up my performance	3.83	0.41	High	1.85	0.89	Moderate

2.2 Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Agreeing Specific Development Needs

The mean scores of all items of nurses' expectation of nurse supervisors' coaching on agreeing specific development needs were at a high level with the mean scores ranged from 3.82 - 3.89. Three items with the highest mean scores were 'my supervisors develops relationship with me before coaching' (M = 3.89, SD = 0.40),

'my supervisor and I develop expectation of coaching' (M = 3.89, SD = 0.37) and 'my supervisor and me set mutual goals and objectives of coaching' (M= 3.86, SD = 0.41) respectively (Table 4).

The mean scores of all items of nurses' perception of nurse supervisors coaching on agreeing specific development needs were at a moderate level with the mean scores ranged from 1.72 - 2.05. Three items with the highest mean scores were 'my supervisor and I develop expectation of coaching' (M = 2.05, SD = 0.87), 'my supervisor and I set mutual goals and objectives of coaching' (M = 1.94, SD = 0.77), 'my supervisor accepts my ideas/ opinions toward coaching' (M =1.94, SD = 0.71), and 'my supervisor develops relationship with me before coaching' (M=1.88, SD = 0.75) respectively. One item with the lowest mean scores was 'my supervisor and I identify my caring behavior needed to be developed through coaching' (M = 1.72, SD = 0.75) (Table 4).

Table 4

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Agreeing Specific Development Needs (N=174)

Agreeing Specific Development Needs	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor develops relationship with me before coaching	3.89	0.40	High	1.88	0.75	Moderate
2. My supervisor and I develop expectation of coaching	3.89	0.37	High	2.05	0.87	Moderate
3. My supervisor and I set mutual goals and objectives of coaching	3.86	0.41	High	1.94	0.77	Moderate

Table 4 (continued)

Agreeing Specific Development Needs	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
4. My supervisor and I identify my knowledge needed to be developed through coaching	3.85	0.43	High	1.84	0.78	Moderate
5. My supervisor and I identify my caring behavior needed to be developed through coaching	3.84	0.47	High	1.72	0.75	Moderate
6. My supervisor and I identify my skills needed to be developed through coaching	3.83	0.41	High	1.85	0.78	Moderate
7. My supervisor accepts my ideas/ opinions toward coaching	3.82	0.48	High	1.94	0.71	Moderate

2.3 Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Clarifying Coaching Needs and Goals

The mean scores of all items of nurses' expectation of nurse supervisors' coaching on clarifying coaching needs and goals were at a high level with the mean scores ranged from 3.78 - 3.92. Three items with the highest mean scores were 'my supervisor assesses my needs of coaching' (M = 3.92, SD = 0.37), 'my supervisor assesses my skills needed in providing quality care' (M = 3.90, SD = 0.48), and 'my supervisor assesses my knowledge needed in providing quality care' (M = 3.88, SD = 0.43) respectively (Table 5).

The mean scores of all items of nurses' perception of nurse supervisors coaching on clarifying coaching needs and goals were at a moderate level with the mean scores ranged from 1.55 - 1.78. In addition, three items with the highest mean

scores were 'my supervisor assess my skills needed in providing quality care' (M = 1.78, SD = 0.60), 'my supervisor gathers useful and relevant information for coaching from various resources' (M =1. 71, SD = 0.73) and' my supervisor assesses my knowledge needed in providing quality care' (M= 1.69, SD = 0.71) respectively. One item with the lowest mean score was 'my supervisor explores importance/benefits of coaching' (M= 1.55, SD = 0.80) (Table 5)

Table 5

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Clarifying Coaching Needs and Goals (N = 174)

Clarifying Coaching Needs and Goals	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor assesses my needs of coaching	3.92	0.37	High	1.67	0.69	Moderate
2. My supervisor assesses my skills needed in providing quality care	3.90	0.48	High	1.78	0.60	Moderate
3. My supervisor assesses my knowledge needed in providing quality care	3.88	0.43	High	1.69	0.71	Moderate
4. My supervisor examines goal and objectives of coaching	3.86	0.41	High	1.57	0.79	Moderate
5. My supervisor explores importance/ benefits of coaching.	3.82	0.42	High	1.55	0.80	Moderate
6. My supervisor gathers useful and relevant information for coaching from various resources	3.81	0.49	High	1.71	0.73	Moderate
7. My supervisor describes me the steps of conducting coaching	3.78	0.55	High	1.66	0.85	Moderate

Table 5 (continued)

Clarifying Coaching Needs and Goals	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
8. My supervisor document clear. simple and achievable coaching goal and objectives.	3.78	0.50	High	1.67	0.76	Moderate

2.4 Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Doing a Task or Activity

The mean scores of all items of nurses' expectation of nurse supervisors' coaching on doing a task or activity were at a high level with the mean scores ranged from 3.76 - 3.91. In addition, the three items with the highest mean scores were 'my supervisor demonstrates tasks/ activities that I need to improve' (M = 3.91, SD = 0.35), 'my supervisor advises/ suggests me in providing quality of patients care' (M = 3.91, SD = 0.43), 'my supervisor explains/ teaches what I need to learn' (M =3.91, SD = 0.30) respectively (Table 6).

The mean scores of all items of nuses' perception of nurse supervisors' coaching on doing a task or activity were at a moderate level with the mean scores ranged from 1.61-1.98. Three items with the highest mean scores were 'my supervisor always follows coaching plan' (M = 1.98, SD = 0.70), 'my supervisor guides me to handle stress during coaching' (M= 1.95, SD = 0.86), and 'my supervisor gives feedback to me during coaching' (M =1.87, SD = 0.78). In addition, one item with the lowest mean score was 'my supervisor facilitates me during coaching' (M = 1.61, SD = 0.82) (Table 6).

Table 6

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Doing a Task or Activity (N =174)

Doing a Task or Activity	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor demonstrates tasks/ activities that I need to improve.	3.91	0.35	High	1.75	0.81	Moderate
2. My supervisor advises / suggests me in providing quality of patients care.	3.91	0.43	High	1.91	0. 96	Moderate
3. My supervisor explains/ teaches what I need to learn.	3.91	0.30	High	1.78	0.88	Moderate
4. My supervisor guides me to handle stress during coaching	3.88	0.39	High	1.95	0.86	Moderate
5. My supervisor records data/ incidents occur during coaching	3.84	0.42	High	1.85	0.69	Moderate
6. My supervisor facilitates me during coaching	3.84	0.51	High	1.61	0.82	Moderate
7. My supervisor demonstrates how to apply knowledge and skills into practice	3.84	0.42	High	1.83	0.71	Moderate
8. My supervisor reinforces me in performing clinical practice	3.84	0.42	High	1.84	0.75	Moderate
9. My supervisor gives feedback to me during coaching	3.83	0.40	High	1.87	0.78	Moderate
10. My supervisor helps me is solving problems during coaching	3.82	0.44	High	1.75	0.68	Moderate
11. My supervisor always follows coaching plan	3.81	0.54	High	1.98	0.70	Moderate

Table 6 (continued)

Doing a Task or Activity	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
12. My supervisor observes my activities during clinical practice	3.76	0.48	High	1.71	0.84	Moderate

2.5 Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Reviewing Activities and Planning to Improve Performance

The mean scores of all items of nurses' expectation of nurse supervisors' coaching on reviewing activities and planning to improve performance were at a high level with the mean scores ranged from 3.79 to 3.85. Three items with the highest mean scores were 'my supervisor encourages me to evaluate my own performance' (M = 3.85, SD = 0.43), 'my supervisor discuss with nurses to evaluate overall activities after coaching session' (M = 3.84, SD = 0.43), and 'my supervisor reviews objective with me about coaching session' (M = 3.83, SD = 0.47) respectively (Table 7).

The mean scores of all items of nurses' perception of nurse supervisors' coaching on reviewing activities and planning to improve performance were at a moderate level with the mean scores ranged from 1.50 to 1.94. Three items with the highest mean scores were 'my supervisor encourages me to evaluate my own performance' with the mean score (M = 1.94 (SD = 0.84), and 'my supervisor and I evaluate the effectiveness of coaching strategies' (M = 1.87, SD = 0.71), and 'my supervisor reviews objective with me about coaching session' (M = 1.84, SD = 0.83) respectively. However, one item with the lowest mean score was 'my supervisor meets with me to evaluate my overall performance' (M = 1.50, SD = 1.03) (Table 7).

Table 7

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Reviewing Activities and Planning Improve to Performance (N =174)

Reviewing Activities and Planning to Improve Performance	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor encourages me to evaluate my own performance	3.85	0.43	High	1.94	0.84	Moderate
2. My supervisor discuss with me to evaluate overall activities after coaching session	3.84	0.43	High	1.80	0.78	Moderate
3. My supervisor reviews objective with me about coaching session	3.83	0.47	High	1.84	0.83	Moderate
4. My supervisor and I identify my gap of knowledge/ skills needed to be improved	3.83	0.49	High	1.80	0.80	Moderate
5. My supervisor and I evaluate the effectiveness of coaching strategies	3.82	0.44	High	1.87	0.71	Moderate
6. My supervisor gathers data opinion/suggestions of coaching from health team/ persons involved	3.81	0.49	High	1.72	0.73	Moderate
7. My supervisor and I revise a plan to improve my performance for the next session	3.80	0.51	High	1.77	0.71	Moderate
8. My supervisor meets with me to evaluate my overall performance	3.79	0.51	High	1.50	1.03	Moderate

2.6 Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Making a Detailed Plan for Coaching

The mean scores of all items of nurses' expectation of nurse supervisors' coaching on making a detailed plan for coaching were at a high level with the mean scores ranged from 3.78 - 3.87. Three items with the highest mean scores were 'my supervisor collaborates with me in developing a coaching plan' (M= 3.87, SD = 0.40), and 'my supervisor prepares task/ facilities to support coachee learning' (M = 3.85, SD = 0.48), and 'my supervisor works with me to identify strategies in achieving goals' (M = 3.83, SD = 0.47) respectively (Table 8).

The mean scores of all items of nurses' perception of nurse supervisors' coaching on making a detailed plan for coaching was at a moderate level with the mean scores ranged from 1.50 - 2.46. Three items with the highest mean scores were 'my supervisor collaborates with me in developing a coaching plan' (Mean = 2.46, SD = 1.30), 'my supervisor and I prepare coaching plan, which includes actions steps, resources, time, place, person and indicators of success for each goal' (M = 1.89, SD = 0.76), and 'my supervisor proposes activities of coach and coachee during coaching' (M = 1.82, SD = 0.85) respectively. In addition, one item with the lowest mean score was 'my supervisor document clear and completed coaching plan' (M = 1.50, SD = 0.95) (Table 8).

Table 8

Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Nurse Supervisors' Coaching on Making a Detailed Plan for Coaching (N =174)

Making a Detailed Plan for Coaching	Nurses' Expectation			Nurses' Perception		
	M	SD	Level	M	SD	Level
1. My supervisor collaborates with me in developing a coaching plan	3.87	0.40	High	2.46	1.30	Moderate
2. My supervisor prepares task/ facilities to support coachee learning	3.85	0.48	High	1.82	0.74	Moderate
3. My supervisor works with me to identify strategies in achieving goals	3.83	0.47	High	1.81	0.81	Moderate
4. My supervisor and I prepares coaching plan, which includes actions steps, resources, time, place, person and indicators of success for each goal	3.83	0.48	High	1.89	0.76	Moderate
5. My supervisor document clear and completed coaching plan	3.82	0.58	High	1.50	0.95	Moderate
6. My supervisor proposes activities of coach and coachee during coaching	3.80	0.48	High	1.82	0.85	Moderate
7. My supervisor identifies an expected outcome	3.80	0.49	High	1.77	0.86	Moderate
8. My supervisor analyzes the coaching tasks/ activities	3.78	0.53	High	1.68	0.82	Moderate
9. My supervisor identifies how to evaluate the coaching tasks continuously	3.78	0.56	High	1.67	0.73	Moderate

3. Comparison of Nurses' over all Expectation and over all Perception of Nurse Supervisors' Coaching

Comparison of nurses' expectations and perceptions of nurse supervisors' coaching was undertaken. The results revealed that a significant difference between mean rank of total expectation and mean rank of total perception of nurse supervisors' coaching. The Wilcoxon signed ranks test showed that the mean rank of expectation was significantly higher than the mean rank of perceptions (M = 87.50, z = -11.44, $p < .001$) (Table 9).

Table 9

Wilcoxon Signed Ranks Test for Comparison of Nurses' over all Expectation and over all Perception of Nurse Supervisors' Coaching (N=174)

Coaching of nurse supervisors	n	Mean Rank	Sum of Ranks	z
Perception < Expectation	174	87.50	15225.00	-11.44**
Perception > Expectation	0	.00	.00	
Perception = Expectation				

** $p < .001$

3.1 Comparison of Nurses' Expectation and Perception of Nurse Supervisors' Coaching in each dimension

Comparison of nurses' expectation and perception of nurse supervisors' coaching was analyzed in each dimension. Theses included; expected reviewing activities and planning to improve performance vs. perceived reviewing activities and planning to improve performance, expected clarifying coaching needs and goals vs. perceived clarifying coaching needs and goals, expected making a detailed plan for

coaching vs. perceived making a detailed plan for coaching, expected doing a task or activity vs. perceived doing a task or activity, expected ending the coaching relationship vs. perceived ending coaching relationship, expected agreeing specific development needs vs. perceived agreeing specific development needs. The study results showed that the significant difference of mean rank between each dimension of nurse supervisors' coaching expected and perceived by the nurses' with the perception mean rank scores were lower than the expectation mean rank (p <.001) (Table 10).

Table 10

Wilcoxon Signed Ranks Test for Comparison of Nurses' Expectation and Perception of Nurse Supervisors' Coaching in each Dimension (N=174)

Coaching of nurse supervisor		n	Mean Rank	Sum of Ranks	z
Review activities and Planning to improve performance	Perception < Expectation Perception > Expectation Perception = Expectation	173 1	88.00 1.50	15223.50 1.50	-11.45**
Clarifying coaching needs and goals	Perception < Expectation Perception > Expectation Perception = Expectation	174 0	87.50. .00	15225.00 .00	-11.45**
Making a detailed plan for coaching	Perception < Expectation Perception > Expectation Perception = Expectation	174 0	87.50 .00	15225.00 .00	-11.44**

Table 10 (continued)

Coaching of nurse supervisor		n	Mean Rank	Sum of Ranks	z
Doing a task or activity	Perception < Expectation	173	87.00	15051.00	-11.42**
	Perception > Expectation	1	.00	.00	
	Perception = Expectation				
Ending the coaching relationship	Perception < Expectation	174	87.50	15225.00	-11.46**
	Perception > Expectation	0	.00	.00	
	Perception = Expectation				
Agreeing specific development needs	Perception < Expectation	172	86.50	14878.00	-11.39**
	Perception > Expectation	0	.00	0	
	Perception = Expectation	2		.00	

Discussion

The study aimed at identifying the levels of nurses' expectation and perception of nurse supervisors' coaching and to compare the differences between nurses' expectation and perception of nurse supervisors' coaching in southern Bangladesh. The discussion of this study is in the following sequence:

1. Demographic characteristics of the subjects
2. Nurses' expectation of nurse supervisors' coaching
3. Nurses' perception of nurse supervisors' coaching
4. Comparison of nurses' expectation and perception of nurse supervisors' coaching

1. Demographic characteristics of the subjects

The majority of the subjects were female nurses (98.7%). In Bangladesh, more females are currently working in the hospitals, and this is similar to many other countries in the world. Most nurses are female. Cooper (2005) reported that during the Crimean War, Florence Nightingale established modern nursing in her work as a nurse based on caring. At that time most sick people who benefited from her caring recovered. From that period most entrants to the nursing profession have been females and they give care to the sick in a clinical setting.

Subjects in this study were of middle age (M =40.14, SD = 6.39). They had been working for more than 5 years (M = 15.83, SD = 7.35). They had observed how the nurse supervisors coached them. Most subjects had only a diploma in nursing (87.4%). This level of education would make them need more coaching. About two-thirds of the subjects were Muslim (62.1%). In Bangladesh, there are four religions

that recognized by government - Muslim, Hindu, Christian and Buddhist. Islam is the largest religion in Bangladesh (80%) and the rest are other religions.

2. Nurses' expectation of nurse supervisors' coaching

The study findings showed that the total mean score of nurses' expectation of nurse supervisors' coaching was at a high level (M = 3.83, SD = 0.30). This was also true for all dimensions of coaching (Table 2). The findings of this study indicated that the nurses had high expectation of their nurse supervisors' coaching. There were several reasons for nurses' high expectation of nurse supervisors' coaching such as:, level of education of the nurses; social demands for quality care; and the roles and responsibilities of nurse supervisors in the clinical setting.

The study results showed that the majority of nurses had only a diploma in nursing education (87.4%). Professional nursing education is a significant part of the development of nurses' knowledge, skills, and attitudes for providing quality health care (Uddin, Islam & Ullah, 2006). Nurse supervisors have longer experience than nurses and they can help nurses by providing appropriate coaching to improve nurses' nursing knowledge, performance, self-development and professional development (Wright, 2005; Jones & Murphy, 2007). From this perspective, nurses expected that their nurse supervisors would play an important role by providing effective coaching for them. The study results showed that nurses expectation of their nurse supervisors' coaching to be at a high level.

On the other hand, currently society expects that the health care providers must provide high quality care to the patients. Through effective health care services, the care providers will be able to meet social needs in the society. To meet societal

needs, nurses realize that they had to provide high quality care to the patients. In this situation, nurses need proper coaching from their supervisors. They expected that the nurse supervisors would have a major role in the coaching of nurses. This would be done to improve the quality of care and managing stress, meeting social needs in all their aspects and getting a balance between work and life in health care settings (Jones & Murphy, 2007).

The imperative roles and responsibilities of nurse supervisors in the hospital setting are to provide sound orientation programs for new nurses and orientation for returning and regular nurses. In Bangladesh, the nurse supervisors' responsibilities consist of administrative responsibilities, educational responsibilities, general responsibilities and supervisory responsibilities (Directorate of Nursing Services and Ministry of Health and Family Welfare, Bangladesh, 2007). Therefore, the study findings showed that the nurses expected that their supervisors would offer coaching at a high level in line with the nurse supervisors' roles and responsibilities.

Nursing is a practice oriented profession and nurses take care of patients. Coaching is essential for nurses to improve their nursing practice in providing quality care to the patients. According to Gracy (2001), coaching help nurses to improve their attitudes and self-awareness. In addition, it helps nurses enhance their professional development, career commitment, interpersonal relationships and self-confidence (Gracy; Williamson, 2009; Rampersad, 2003; Walker, 2005). In addition, coaching is not only beneficial to the nurses but also beneficial to the nurse supervisors. Coaching can be used by nurse supervisors as a tool to help nurses to recognize their tasks, and bring a better sense of balance to their professional work and life (Beecham, Dammers, & Zwanenberg, 2004). It can motivate nurses to improve their performances

and to increase organizational productivity (Gracy 2001; Williamson, 2009; Rampersad, 2003; Walker, 2005). Coaching is a fundamental activity of nurse supervisors and is used for advising, assisting, developing self-direction and self-discipline, and developing individual responsibility. Coaching is a helping relationship involving direct care and standard care to the patients (Swansburge & Swansburge, 2002). As a result, nurses expected their supervisors' coaching at a high level. Several studies found that the overall nurses' expectation was at a high level (Mean = 3.47, SD = 0.41, Mean = 4.02, SD = 0.44) (Suwintharakorn, 2004; Lee, & Yom, 2006; Yoo, Ashworth, & Boore, 1993)

2.1 Nurses' expectation of nurse supervisors' coaching on ending the coaching relationship

The study results showed that the nurses' expectation of nurse supervisors' coaching on ending the coaching relationship achieved the highest mean score (M= 3.86, SD = 0.31) (Table 2). The three items with the highest mean scores were 'my supervisor assesses my performance that I have capability to work by myself' (M = 3.91, SD = 0.34), 'my supervisor informs me when the coaching will be ended' (M = 3.89, SD = 0.37), and 'my supervisor continuously maintains good relationship with me' (M = 3.86, SD = 0.43) respectively (Table 3). In this dimension, nurses expected that their nurse supervisors would assess their ability, let them know about the end of the coaching session and maintain a continuous relationship. Thorpe and Clifford (2003) stated that main goal of ending the coaching relationship is evaluating the nurses' performance and to give positive feedback when nurses perform their activities with confidence. In addition, coaching is a continuous process to help nurses to improve their performance. Nurse supervisors can help the nurses create coaching

relationships with the nurses at the end of the coaching sessions after evaluating the nurses' performance and overall coaching goals (Thorpe & Clifford, 2003). In addition, nurse supervisors have a significant role in being aware in their coaching session and to inform nurses about the time of completion of the coaching session. Nurse supervisors are also responsible for the coaching of nurses from time to time and ensuring nurses' performance during their work schedule and providing appropriate feedback (Paraprofessional Health Care Institute, 2001).

2.2 Nurses expectation of nurse supervisors' coaching on agreeing specific developmental needs

The study results showed that the nurses' expectation of nurse supervisors' coaching on agreeing specific developmental needs achieved the second highest mean score (M = 3.85, SD = 0.31) (Table 2). Agreeing specific developmental needs is the most crucial function of nurse supervisors in developing agreement with nurses during and after coaching and to clarify their own growth and mutual expectations. Wheatley (2009) mentioned that coaching agreements should include a shared understanding of the commitment of both the coach and the coachees to meet specific developmental needs. The study results showed that the three items with the highest mean scores were 'my supervisors develop relationship with me before coaching' (M = 3.89, SD = 0.40), 'my supervisor and I develop expectation of coaching' (M = 3.89, SD = 0.37), and 'my supervisor and I set mutual goals and objectives of coaching' (M = 3.86, SD = 0.41) respectively (Table 4).

The results showed that the nurses strongly expected that their nurse supervisors would develop relationships with them. They expected supervisors to agree, encourage, and engage with them to identify and develop specific needs and

give suggestions for the improvement of quality care. In the clinical setting, nurse supervisors and nurses work closely. Nurses need good relationships with their supervisors. A good relationship is essential because people cannot learn effectively without good relationships between the coach, mentor and teacher. Wheatley (2009) stated that a good relationship between coach and coachee brings about better outcomes, and identifies the additional needs of the coachee and provides feedback accordingly.

Registered nurses have different expectation about their learning needs. Therefore they want to learn according their needs. Furthermore, people can learn effectively if learning fits with their expectation and needs. According to Hill-Fournies (as cited in Yoder, 2007), transferring clear expectations to the nurses is an essential step in coaching whereby the coach ensures the understanding of the nurses' expected behavior and results.

For effective coaching nurse supervisors and nurses need to have the same mutual goals. If there is a difference in goals between nurse supervisors and nurses, it may cause conflict. Wheatley (2009) reported that goal setting is very important in coaching whereby the coach is required to set specific, realistic, relevant and time-framed goal for the coachees. Therefore, nurses expected that their supervisors provide coaching them through the effective setting of goals.

2.3 Nurses expectation of nurse supervisors' coaching on clarifying coaching needs and goals

The findings of this study show that the nurses' expectation of nurse supervisors' coaching on clarifying coaching needs and goals was the third highest mean score (M= 3.84, SD = 0.31) (Table 2). In this dimension the three highest mean

scores were ‘my supervisor assesses my needs of coaching’ (M = 3.92, SD = 0.37), ‘my supervisor assesses my skills needed in providing quality care’ (M= 3.90, SD = 0.48), and ‘my supervisor assesses my knowledge needed in providing quality care’ (M = 3.88, SD = 0.43) respectively (Table 5).

During coaching sessions coach have to assess the coachees’ needs. Nurses have different needs, skills and knowledge. They can learn better if coaching fits their needs. Therefore, they want their supervisors to assess the needs of coaching, the skills needed, and the knowledge needed. According to Thorpe and Clifford (2003), coaching becomes more effective for the coachees when it is given according to their needs. In addition, if supervisors can identify the nurses required skills and knowledge, then they can help nurses to improve skills and knowledge accordingly. Adams (2009) mentioned that coaching skills present great opportunities for nurses to meet the challenges of professional development and quality care. Therefore, nurses have high level expectation of their supervisors in evaluating their skills during coaching and the skills needed for providing excellent care.

3. Nurses’ perception of nurse supervisors’ coaching

The study results showed that the total score of nurses’ perception of nurse supervisors’ coaching was at a moderate level (M = 1.76, SD = 0.32). The mean scores of all dimensions were also were at a moderate level (Table 2). The two main reasons responsible for these results include nurse supervisors’ competencies, and their workloads.

In Bangladesh, there are positions that are vacant due to the lack of higher education (Uddin, Islam & Ullah, 2006). In Bangladesh, there is a lack of qualified

nursing personnel in the nursing profession (Uddin, Islam & Ullah). Most nurses and nurse supervisors hold diplomas in nursing because nurse supervisors are promoted on the basis of their seniority in service, not on their education or competence (Jamal, 2006). Because of the low level of education, nurse supervisors could not provide effective coaching to nurses for providing quality care to patients. Moreover, the continue education program or training for nurse supervisors in Bangladesh is limited (Chowdhury, 2002). Therefore, nurses perceived the nurse supervisors' coaching to be at a moderate level.

The high workload of nurse supervisors is also an important cause for providing ineffective coaching for nurses. In this study setting, there were 23 nurse supervisors providing coaching to 311 nurses in 46 units (Personal communication with nursing superintendent, November 27, 2009). In addition, nurse supervisors have many administrative, supervisory and general responsibilities .These include: reporting; recording; setting duty roster for all nurses; attending professional meetings; maintaining communication; coordinating among different department of the hospital; and assisting in maintaining the rules and regulations of the Hospital (Directorate of Nursing Services and Ministry of Health and Family Welfare, Bangladesh, 2007). The limited number of nurse supervisors plus the high workload might be important causes of the nurse supervisors' inability to provide proper coaching. They are unable to prepare and plan for the development of nurses' performance at a satisfactory level. Therefore, the study results showed that nurses total perception of nurse supervisors' coaching levels were at a moderate level.

3.1 Nurses' Perception of Nurse Supervisors' Coaching of Clarifying Coaching needs and Goals

This study findings showed that the lowest mean score of nurses perception of nurse supervisors' coaching was for clarifying coaching needs and goals (Mean = 1.66, SD =0.45) (Table 2). The mean scores of all items of nurses' perception of nurse supervisors' coaching on clarifying coaching needs and goals were at a moderate level and the mean scores ranged from 1.55 - 1.78. Clarifying the coaching needs and goals is an important function of nurse supervisors. They have to clarify with the nurses about their coaching need and goals before conducting coaching sessions. In this dimension nurse supervisors explain the nurses' needs and set the goals before coaching. This is because goal setting is important for successful coaching as it helps to achieve the overall coaching goals effectively and in a timely manner (Thorpe & Clifford, 2003). In regard to this dimension, the items with the three lowest mean scores were 'my supervisors explores importance and benefits of coaching' (M = 1.55 SD =0.80), 'my supervisor examine the goals and objective of coaching' (M = 1.57, SD = 57), and 'my supervisor describes to me the steps of conduction coaching' (M = 1.66, SD = 0.85) respectively (Table 5). Nurse supervisors have a vital role in explaining and exploring the benefits of coaching to the nurses. This is because coaching is an important approach to help nurses to improve their performance. In the health care environment coaching helps nurses increase their skills for providing patients care (Gracey, 2001; Kowalak, 2003). In addition, coaching improves nurses' professional performance, job satisfaction, and increases pro-activity, enrollment and retention rates. In addition, it also reinforces new information, eliminates the anxiety of nurses, and creates a vigorous and remedial

working environment. Nurse supervisors have an important function in examining the coaching goals and objectives at the end of coaching session and examining which goals are not achieved. Wheatley (2009) mentioned that nurse supervisors may need to re-examine and alter goals as they move their vision forward or they may change their goals as they are presented with new learning. Nurse supervisor need to describe the steps of coaching before starting the coaching session because during coaching nurse supervisors and nurses must follow each step systematically. According to Yoder (2007), 70% to 73% of staff nurses said they did not receive sufficient feedback after coaching to maximize their daily performance. In the context of Bangladesh, nurse supervisors cannot meet their nurses' perception at a high level. Perhaps the nurses' supervisors have some limitations and their lack of knowledge and experience does not help them to inform the nurses about the importance of coaching. Hence the study results found that the nurses' perception of nurse supervisors' coaching was at the lowest level.

4. Comparison between nurses' overall expectation and overall perception of nurse supervisors' coaching

According to this study, the hypothesis stated that nurses' expectation is significantly higher than nurses' perception of nurse supervisors' coaching. It was found that the nurses' expectation was significantly higher than their perception (Mean rank = 87.50, z = - 11.44, $p < .001$). Nurses expected that their supervisors undertook their administrative functions at a higher level than a nurses' position and they had high level responsibilities. Nurse supervisors have more experience, knowledge, and competencies in different areas. As a results, nurses also expected

that their supervisors' have a responsibility to encourage them towards higher education, thus maintaining societal demands for providing quality care from them as health care providers. Therefore, the study results showed that the mean rank of nurses' expectations was significantly higher than the mean rank of perceptions of nurse supervisors' coaching. This was determined by the Wilcoxon signed ranks test. This can be explained by noting that as human beings always have high expectation. Everybody hopes to do anything better: that is human nature. According to Vroom's expectancy theory (Robbins & Coulter 2005) an individual tends to act in a certain way based on the expectation that the act will be followed by a given outcome, and the outcome will be attractive to the individual.

On the other hand, the study results showed that the nurses' perception of nurse supervisors' coaching were lower than nurses' expectation. This might be caused by the low levels of education of nurse supervisors, lack of competency, lack of training, and high workloads. The study findings revealed that the nurses' perception was significantly lower than their expectation of nurse supervisors' coaching as shown by the Wilcoxon signed ranks test. Furthermore, the perception of each person is related to their practical behavior. There might be other factors (Robbins & Coulter 2005) which influence a person's expectation such as age, education, experience, socioeconomic factors, attitudes, personality, motives, interest, and their situation. These were not included in the study. According to Robbins and Coulter (2005) perception consistently demonstrates that individuals may look at the same item yet perceive them differently.

In summary, the findings of this study revealed that the nurses' expectation were at a high level in all dimension. However, the nurses' perception was at a moderate level of nurse supervisors' coaching in all dimensions. Overall, the nurses' expectation was significantly higher than their perception.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This descriptive study was designed to identify the level of nurses' expectation and perception of nurse supervisors' coaching in southern Bangladesh and to compare the differences between nurses' expectation and perception of nurse supervisors' coaching. Subjects were recruited using systematic random sampling from Shere-E-Bangla Medical College Hospital. One hundred and seventy four nurses participated in this study. Data were collected by using self- reporting questionnaires from November 2009 to January 2010. Subjects were asked to fill in two sets questionnaires including the Demographic Data Questionnaire (DDQ) and the Nurse supervisors' coaching Questionnaire (NSCQ). The data were analyzed by using descriptive statistics and inferential statistics.

In this chapter, the conclusion, strengths and limitations, implications and recommendations of this study are presented.

Conclusion

Most of the nurses were in the middle age group ranging from 29 to 56 years. The majority had a Diploma in nursing (87.4%). The duration of their nursing service experience ranged from 6 to 35 years. About two-thirds of the subjects were Muslim (62.1%).

1) The total mean score of nurses' expectation was at a high level (M = 3.83, SD = 0.30). Each dimension's mean score was at a high level, the three highest mean

scores being ‘ending the coaching relationship’ (M = 3.86, SD = 0.31), ‘agreeing specific development needs’ (M = 3.85, SD = 0.31), and ‘clarifying coaching needs and goals’ (M = 3.84, SD = 0.31) (Table 2).

2) The total mean score of nurses’ perception was at a moderate level (M =1.76, SD = 0.32). Each dimension’s mean score also was at a moderate level. The three highest mean scores were ‘agreeing specific development needs’ (M = 1.88, SD = 0.47), ‘ending the coaching relationship’ (M = 1.86, SD = 0.62), and ‘making a detailed plan for coaching (M = 1.82, SD = 0.52) respectively (Table 2). The lowest mean scores were ‘clarifying coaching needs and goals’ (M = 1.66, SD = 0.45) (Table 2).

3) The Wilcoxon Signed Ranks test was used to compare the total expectations’ mean rank and total perceptions’ mean rank. The total mean rank of nurses’ expectation was significantly higher than the perception of the nurse supervisors’ coaching (Mean rank = 87.50, z = - 11.44, $p < .001$), and all dimensions of the mean rank of expectations were significantly higher than the mean rank of the perceptions.

Limitation of the Study

The main limitation was that only one referral Medical College Hospital in the southern part of Bangladesh was used in this study. Therefore, generalizations that can be made from the study are limited.

Implications and Recommendations

Nursing administration

The findings of this study show that the level of nurses' expectation was at a high level and the perception was at a moderate level. In addition, nurses' expectation was significantly higher than perception of nurse supervisors' coaching. The results of this study can be used by nursing administrators to offer suggestion to director of the nursing service to state the coaching roles and function of nurse supervisors clearly. Suggestion should be offered to hospital directors to draw up guidelines for nurse supervisors' coaching processes and roles. Furthermore, nurse administrator could develop training programs to improve nurse supervisors' competencies related to coaching.

Nursing research

This study could contribute to a greater understanding of nurse supervisors' coaching in clinical settings. The findings offer baseline data for further study including: 1) exploring factors related to coaching by nurse supervisors; 2) revising instruments to measure nurse supervisors' coaching perceived as by nurses in charge, 3) developing an instrument to explore nurses in charge's expectation and perception of nurse supervisors' coaching, and 4) to use different settings to assess nurse supervisors' coaching.

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APPENDICES

Appendix A

List of Experts

The following experts assisted the investigated in developing the instruments used in this study.

1. Assistant Professor Dr. Pratyanan Tiengechanya, Ph.D., RN. Nursing Administration Department, Faculty of Nursing, Prince of Songkla University, Hatyai, Thailand.

2. Mrs. Kasinee Petchsri, Head Nurse, Neurosurgical Unit, Songklanagarind Hospital, Prince of Songkla University, Hatyai, Thailand.

3. Mrs. Aleya Parvin, Nursing Superintendent, Shere-E-Bangla Medical College Hospital in Barisal, Bangladesh.

Appendix B

Informed Consent Form

Title: Coaching of Nurse Supervisors: Expectation and Perception of Nurses in a Medical College Hospital, Southern Bangladesh

Dear subjects,

My name is Mahmuda Sultana Sheuli. I am a Master student of the Faculty of Nursing, Prince of Songkla University, Thailand. I am also a senior staff nurse in the General hospital Patuakhali, Bangladesh. I am conducting a study to determine the coaching of nurse supervisors at the Shere-E -Bangla Barisal Medical college hospital (SBMCH), Bangladesh. This is one of the mandatory requirements of the master of nursing program at prince of Songkla University, Hat Yai, Songkhla, Thailand.

The study and its procedure have been approved by the appropriate persons and the Institutional Review Board (IRB) of the Prince of Songkla University, Thailand. The study procedures involved no forceable risks or harm to you or your organization. You are requested to respond to questions about your personal information and your coaching skills in clinical area of nurses. It will be take approximately 15-30 minutes to complete the questionnaire. A code number will be used for you candidature so that your identity will not be discovered.

The information gathered will be used to write research report. The information will help to enhance coaching knowledge and skills of nurse supervisors' for application of nurses' in clinical settings. It will also help to strengthen the

coaching, teaching program for the nursing administration and coaching nursing curriculum.

All information and your responses in connection with this study will remain be confidential. Only the researcher and the advisors are eligible to access the data. Neither your name nor any identifying information will be used in the report of the study. The questionnaire will be destroyed after completion of the study.

Your participation in this study will be voluntary. You have the right to participate or not to participate. You also have the right to withdraw your candidature at any time. You are free to ask any question about the study or being a subject.

(Name of Researcher) (Signature of Researcher) Date:

If you have any inquiries, please contact:

1) Mahmuda Sultana Sheuli
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Appendix C

Instrument

Code ……..
Date……

Part I: Demographic Data Questionnaire

Instructions:

The information you provide for this study will be keep confidential. Please do not mention your name on this question and give information accurately and clearly. Please mark "√'' your answers and fill in the blank according to your opinions.

1. Gender ☐ Female ☐ Male

2. Age ……. years

3. Marital status ☐ Married ☐ Single
☐ Divorced ☐ Widow

4. Education ☐ Diploma in Nursing
☐ Bachelor in nursing
☐ Master in Nursing

5. Religion ☐ Muslim ☐ Hindus
☐ Christian ☐ Buddhist

6. Duration of nursing service experience …….. years

Part II: Nurse Supervisors' Coaching Questionnaire (NSCQ).

Instructions

Please read the following statements related to nurse supervisors' coaching. After that give ○(circle) on the number that most closely measures your opinion how much you expect and how much you perceive of nurse supervisors coaching with point scale from 0 to 4. Point 0 indicates lower level of expectation or perception of nurse supervisors' coaching and point 4 indicate higher level of your expectation or perception scores.

0 = Not at all = Nurses do not expect that nurse supervisors to perform indicated coaching at all/Nurses perceive that nurse supervisors not to perform the actual indicated coaching at all.

1 = A little = Nurses have some expectation that nurse supervisors will perform the actual indicated coaching/Nurses perceive that nurse supervisors a little perform actual indicated coaching.

2 = To some extent = Nurses have expectation that nurse supervisors will perform the actual indicated coaching. /Nurses perceive that nurse supervisors perform the actual indicated coaching.

3 = Much = Nurses have expectation that nurse supervisors will frequently perform the actual indicated coaching /Nurses perceive that nurse supervisors will frequently perform the actual indicated coaching.

4 = Very much = Nurses have a expectation that nurse supervisors always perform actual indicated coaching /Nurses perceive that nurse supervisors always perform the actual indicated coaching.

Example.

Coaching of nurse supervisors	Expectation					Perception				
1. Supervisors help nurses in clinical decision making during critical care.	0	1	2	3	(4)	0	1	2	(3)	4

For the above example, if you give circle on number 4 for expectation and number 3 for perception. This means that you expect nurse supervisors always perform coaching under item 1, and you perceive actual coaching of nurse supervisors that they perform frequently coaching action under item 1.

No	Coaching of nurse supervisors	Expectation					Perception				
	Stage 1: Clarifying coaching needs and goals										
1	My supervisor assesses my needs of coaching.	0	1	2	3	4	0	1	2	3	4
2	My supervisor assesses my knowledge needed in providing quality care.	0	1	2	3	4	0	1	2	3	4
3	My supervisor assesses my skills needed in providing quality care.	0	1	2	3	4	0	1	2	3	4
4	My supervisor gathers useful and relevant information for coaching from various resources.	0	1	2	3	4	0	1	2	3	4
5	My supervisor examines goal and objectives of coaching.	0	1	2	3	4	0	1	2	3	4
6	My supervisor describes me the steps of conducting coaching.	0	1	2	3	4	0	1	2	3	4
7	My supervisor explores importance/ benefits of coaching.	0	1	2	3	4	0	1	2	3	4

8	My supervisor document clear, simple and achievable coaching goal and objectives.	0	1	2	3	4	0	1	2	3	4

No	**Coaching of nurse supervisors**	**Expectation**					**Perception**				
	Stage2: Agreeing specific development needs										
9	My supervisor and I set mutual goals and objectives of coaching.	0	1	2	3	4	0	1	2	3	4
10	My supervisor develops relationship with me before coaching.	0	1	2	3	4	0	1	2	3	4
11	My supervisor accepts my ideas/ opinions toward coaching.	0	1	2	3	4	0	1	2	3	4
12	My supervisor and I identify my knowledge needed to be developed through coaching.	0	1	2	3	4	0	1	2	3	4
13	My supervisor and I identify my skills needed to be developed through coaching.	0	1	2	3	4	0	1	2	3	4
14	My supervisor and I identify my caring behavior needed to be developed through coaching.	0	1	2	3	4	0	1	2	3	4
15	My supervisor and I develop expectation of coaching.	0	1	2	3	4	0	1	2	3	4
	Stage 3: Making a detailed plan for coaching										
16	My supervisor collaborates with me in developing a coaching plan.	0	1	2	3	4	0	1	2	3	4
17	My supervisor works with me to identify strategies in achieving goals.	0	1	2	3	4	0	1	2	3	4

18	My supervisor and I prepares coaching plan which includes actions steps, resources, time, place, person and indicators of success for each goal.	0	1	2	3	4	0	1	2	3	4

No	**Coaching of nurse supervisors**	**Expectation**					**Perception**				
19	My supervisor proposes activities of coach and coachee during coaching	0	1	2	3	4	0	1	2	3	4
20	My supervisor analyzes the coaching tasks/ activities.	0	1	2	3	4	0	1	2	3	4
21	My supervisor identifies an expected outcome.	0	1	2	3	4	0	1	2	3	4
22	My supervisor identifies how to evaluate the coaching tasks continuously.	0	1	2	3	4	0	1	2	3	4
23	My supervisor document clear and completed coaching plan.	0	1	2	3	4	0	1	2	3	4
24	My supervisor prepares task/ facilities to support coachee learning.	0	1	2	3	4	0	1	2	3	4
	4. Doing a task or activity										
25	My supervisor always follows coaching plan.	0	1	2	3	4	0	1	2	3	4
26	My supervisor demonstrates tasks/ activities that I need to improve.										
27	My supervisor advises / suggests me in providing quality of patients care.	0	1	2	3	4	0	1	2	3	4
28	My supervisor guides me to handle stress during coaching.	0	1	2	3	4	0	1	2	3	4
29	My supervisor explains/ teaches what I need to learn.	0	1	2	3	4	0	1	2	3	4

30	My supervisor facilitates me during coaching.	0	1	2	3	4	0	1	2	3	4
31	My supervisor observes my activities during clinical practice.	0	1	2	3	4	0	1	2	3	4
32	My supervisor helps me in solving problems during coaching.	0	1	2	3	4	0	1	2	3	4

No	**Coaching of nurse supervisors**	**Expectation**					**Perception**				
33	My supervisor records data/ incidents occur during coaching.	0	1	2	3	4	0	1	2	3	4
34	My supervisor demonstrates how to apply knowledge and skills into practice.	0	1	2	3	4	0	1	2	3	4
35	My supervisor gives feedback to me during coaching.	0	1	2	3	4	0	1	2	3	4
36	My supervisor reinforces me in performing clinical practice.	0	1	2	3	4	0	1	2	3	4
	5. Reviewing activities and planning to improve performance										
37	My supervisor reviews objective with me about coaching session.	0	1	2	3	4	0	1	2	3	4
38	My supervisor meets with me to evaluate my overall performance.	0	1	2	3	4	0	1	2	3	4
39	My supervisor and I evaluate the effectiveness of coaching strategies.	0	1	2	3	4	0	1	2	3	4
40	My supervisor gathers data / opinion/suggestions of coaching from health team/ persons involved.	0	1	2	3	4	0	1	2	3	4
41	My supervisor and I revise a plan to improve my performance for the next session.	0	1	2	3	4	0	1	2	3	4

42	My supervisor and I identify my gap of knowledge/ skills needed to be improved.	0	1	2	3	4	0	1	2	3	4
43	My supervisor encourages me to evaluate my own performance.	0	1	2	3	4	0	1	2	3	4
44	My supervisor discuss with me to evaluate overall activities after coaching session.	0	1	2	3	4	0	1	2	3	4

No	**Coaching of nurse supervisors**	**Expectation**					**Perception**				
	Stage 6 : Ending the coaching relationship										
45	My supervisor informs me when the coaching session will be ended.	0	1	2	3	4	0	1	2	3	4
46	My supervisor continuously maintains good relationship with me.	0	1	2	3	4	0	1	2	3	4
47	My supervisor informs about her commitment to follow up my performance.	0	1	2	3	4	0	1	2	3	4
48	My supervisor assesses me that I have capability to work by myself.	0	1	2	3	4	0	1	2	3	4

VITAE

Name Mrs. Mahmuda Sheuli

Student ID 5110420071

Educational Attainment

Degree	Name of Institution	Year of Graduation
Diploma in Nursing	Bangladesh Nursing Council.	1991
Diploma in Midwifery	Bangladesh Nursing Council.	1992
Master in Arts	National University, Bangladesh.	2001
Bachelor in Nursing Science	Dhaka University, Bangladesh.	2004
Master in Nursing Science	Prince of Songkla University, Thailand.	2010

Scholarship Awards during Enrolment

Ministry of Health and Family Welfare, Government of People's Republic of Bangladesh (2008-2010).

Work – Position and Address

Working as a Senior Staff Nurse (RN) at General Hospital, Patuakhali, Bangladesh from June 17, 1998 to till now.

List of Publication and Proceedings

Sheuli, M., Nasae, T., & Chaowalit, A. (2010, April). Nurses' Expectation and Nurses'Perception Regarding Nurse Supervisors' Coaching in Southern Bangladesh. Paper Presented at the Second International Conference on Humanities and Social Sciences, Faculty of Liberal Arts, Hat Yai, Thailand.