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Effect of Coaching Educational Program for Head Nurses on Nurses' Self-Efficacy

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Abstract:
Coaching as a leadership approach can be used by head nurses in advancing their professional carrier and help nurses to identify their unique set of strength and weakness to improve their performance. The aim of study was to investigate effect of coaching educational program for head nurses on nurses' self- efficacy. Subjects and method: Quasi- experimental research design was used. The study was conducted at El Menshawy General Hospital and data collected from all available (27) head nurses and 245 of nurses selected randomly from total number (675) working at all departments in aforementioned setting. Three tools were used: Head nurses' knowledge questionnaire, coaching skills questionnaire, nurses' self-efficacy questionnaire. Results: Preprogram, majority (96.3%) and all (100%) head nurses had poor level of total knowledge and total coaching skills respectively. While post program, more than seventy percent (70.4%)of head nurses had good level of total knowledge and more than ninety percent (96.3%) had moderate coaching skills levels in total. There was statistical significance improvement in total and in all items of nurses' self- efficacy post program than preprogram. Conclusion: preprogram implementation, head nurses' knowledge and skills about coaching were low as well as nurses' self-efficacy. After program implementation, there was significant improvement in head nurses' knowledge, skills for coaching and improvement in nurses' self-efficacy. Recommendation: hospital's administration needs to focus on follow up to reinforce head nurses' skills in coaching and keep the progress of nurses' self-efficacy. Also reforms hospital's policies to emphasize on using coaching as an effective approach to support head nurses in a variety of positions.

Keywords: *Coaching, head nurses, self-efficacy.*

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I. INTRODUCTION

Head nurses' role is one of the most important part in health care organization that inimitable in its characteristics. Head nurses have a direct and daily contact with nursing staff as they influence nurses' moral, motivation, productivity and service levels by creating the needed climate for innovation and performance **(Cole, 2018)**. But due to instability, uncertainty, complexity that become the characters of health care organizations, their role expanded and expected to do more than planning, organizing, and directing health services in their units (**Escobeda,2015; Dyess et al ,2017; Wang et al,2016)**. As a result, head nurses found themselves unable to perform their roles effectively in this challenging environment **(Westcott, 2016**). Within this context health care organization moved today toward their nurse managers to ensure their competency through presence of necessities knowledge and skills that can support and develop their staff **(Bainbridge, 2015; Steelman& Wolfeld, 2018)**

Coaching in clinical setting can be used to support head nurses in a variety of situations. It helps head nurses in providing feedback, setting goals, and checking progress toward goals**(Kabeel, 2016)**.Coaching is defined as a dual relationship between the head nurse and nurses intended to improve nurses' abilities and knowledge as they relate to expected job performance**(Batson& Yoder,2012).**It considered a key behavior that health care organizations have to encourage for head nurses to develop their nursing staff and reach to high level of enactment**(Pousa , 2014; Steelman& Wolfeld, 2018).** Exercising coaching in practice remains vital not only for development of head nurses and nurses but also important for organization (**Bleich, 2016 & Billings, etal , 2014).**

Head nurses pass through three stages during coaching their staff: assessment, active coaching and follow up stage. In assessment stage, head nurses establish trust and rapport, determine competences and needs, and explain purpose of coaching. In this stage it is important that both head nurses and nurses agree on need for change. During active coaching phase, head nurses use techniques to generate insight from nurses such as active listening and questioning (**Baxter, 2013)**. Head nurses explore alternate behaviors, clarify performance expectations and nurses need to commit to working on changing their behavior. It is necessary to document coaching when changing behavior by written plan and formalized with dates, times, and activities. Finally

follow-up stage, head nurses monitor progress and give timely and specific performance feedback. Passing these three phases successfully require head nurses to have coaching skills to benefit nurses to succeed in their work and reach to their goals(**Sherman, 2016; Beauvais, 2019; Sherman, 2018)**

Coaching skills consisted of five dimensions including: open communication, team approach, value people, accept ambiguity, and facilitate and empower development of the nursing staff **(Romiko & Jumpamool, 2016).** Open communication is the core coaching skill in which head nurses uses conversation to build comfortable environment that facilitate both parties to understand each other. They listen carefully to nurses, paraphrasing what said and uses open-ended reflective questions (**Sherman, 2016; Smith &Carpenter, 2015).** At team approach head nurses prefer to work in group, direct staff activities and act as a facilitator. In value people dimension coach focus on nurses' needs and respecting nurses' opinions when making decisions.

Accept ambiguity skill of coaching require head nurses to inspire, motivate nurses to do more than they are expected to do. They stimulate nurses to find new ideas and search with them for multiple solutions. As a result, nurses feel they are competent and have confidence to influence their work **(Afsar , 2018).**The final dimension of coaching skills is facilitate and empower development of the nursing staff where head nurses encourage nurses to continuously find and develop new skills and provides them with regular feedback**(Park, 2007).** So when head nurses add coaching skills into their routine work, nurses will gain self-assurance, job satisfaction, role clarity and high levels of self-efficacy **(Kim et al, 2013).**

Self-efficacy is defined as nurses' confidence in their abilities to achieve both routine and difficult tasks. Nurses with increased self-efficacy are able to overcome any obstacles they face and work confidently **(Batson &Yoder, 2011).** Self-efficacy is dynamic construct which changes over time in response to new experiences, such as education and clinical experiences **(Soudagar, 2015).** Head nurses need to be aware that training, constructive feedback, coaching and rewarding for gradual improvement all increase level of self-efficacy **(Daly, 2015).** However, head nurses still haven't any opportunity to practice coaching in their environment due to many barriers such as their dual role as a coaching manager, time constraints, organizational barriers and lack of coaching skills by head nurses **(Ellinger et al., 2014; McCarthy& Milner, 2019)**. Therefore, educational program is needed for helping the head nurses keep up to date with new concepts, increasing knowledge and training for specific coaching skills to cope with the rapidly changing world around them. Training covers necessary expertise for coaching, benefits, challenges that head nurses can face during coaching and the suitable actions to overcome **(Milner& McCarthy, 2014).**

Significance of study

Head nurses manage very complex settings especially ICUs and it is important for them to develop their leadership skills to provide high standards of care **(Westcott, 2016)**. Coaching as a leadership approach can be used by head nurses in advancing their professional career **(Patton, 2015).** Coaching support professional resiliency development, leadership effectiveness, enhance team performance and improve coping mechanisms for head nurses **(Westcott, 2016; Alvinius,2017).** Furthermore, develop head nurses' abilities to assist nurses to identify their unique set of strength and weakness to improve their performance, solve their problems, increase their energy for their work and improve their self-efficacy **(Ladyshewsky & Taplin, 2018).**

I.1. The study aim

This study aimed to investigate the effect of coaching educational program for head nurses on nurses' self-efficacy.

I.2. Research hypothesis

Implementing coaching educational program for head nurses will enhance nurses' self- efficacy.

II. SUBJECTS AND METHOD

II. 1. SUBJECTS

Research design: quasi- experimental research design was used.

Setting: the study was conducted at El Menshawy General Hospital, affiliated to Ministry of Health and Population at El-Gharbia Governorate.

Subjects: Two types of subject were included in this study

1- All available (27) head nurses working at El Menshawy General Hospital.
2- 245 of nurses selected randomly from total number (675) working at all departments in previous mentioned setting with 95% confidence limit and 5% margin of error.

Tools: Three tools were used to achieve aim of the study

Tool I: Head nurses' coaching skills questionnaire

This tool based on tool developed by **Romiko and Jumpamool, (2016)** and **McLean et al, (2005)**. It was used to assess head nurses' coaching skills from their point of view. It consisted of two parts:

Part I: Head nurses' demographic characteristics such as age, department, marital status, level of education, years of experience and previous attending educational program about coaching.
Part 2: Head nurses' coaching skills questionnaire. It consisted of 32 items classified into five dimensions (1) open communication (10 items), (2) team approach (5 items), (3) value people (5 items), (4) accept ambiguity (5 items), and **(**5**)** staff development (7 items). Head nurses' response was measured by 5 points Likert Scale ranging from (1) never to (5) always. Levels of head nurses' coaching skills represented statistically based on cut of value into ≥75% as high level; < 75% -60% as moderate level and; < 60% as low coaching skills level.

Tool II: Head nurses' coaching knowledge questionnaire
This tool was established by researchers directed by **Sherman, (2016), Mannion, (2015)** to assess head nurses knowledge about coaching. It consisted of 30 questions in the form of true and false and multiple choices. These questions were classified into 5 categories as follows; basic concepts (5 questions), benefits (5 questions), barriers to implement coaching (5 questions), coaching stages (5 questions), and coaching practice requirements (10 questions).
Scoring system
Each question was allotted a score of one for correct answer and zero for wrong answer. Head nurses' level of knowledge based on cut of value was good at > 75%, fair at 60-75%and low <60%.

Tool III: Nurses' self-efficacy questionnaire
This tool consisted of two parts:
Part I: Nurses' demographical data such as age, gender, department, marital status, level of education and years of experience.
Part II: General self-efficacy scale. It was established by **Schwarzer and Jerusalem (1995).** It consisted of 10 items to assess general self- efficacy of nurses. Nurses' response was measured by 4 points Likert scale ranging from (1) not at all true to (4) exactly true. Nurses' self-efficacy was interpreted statistically based on cut of value into three levels≥75% as high level; <75%-60% as moderate level; <60% as low level of self- efficacy.

II. 2. METHOD

Ethical considerations
Ethical approval was obtained from authoritative personnel at El-Menshawy hospital before initiating the data collection. The participants got conceivable clarifications about the study's aim; their involvement was by their willing. Informed consent was gotten from head nurses and nurses before data gathering and assured that the data is confidential and used only for research purposes.

Validity and reliability
Tool I, III were submitted to five experts in nursing administration specialty for reviewing its items to measure validity and reliability. Based on this revision, necessary modifications were done and a pilot study was conducted on 10% of each subject to check and ensures the clarity of tools and estimate time needed to fill. Reliability of the tools was tested using Cronbach's alpha coefficient test. Its value was 0.832 for tool I and 0.754 for tool III. All study tools were used before and after implementation of the program.

Data collection
1-Assessment phase: Prior to implementation of coaching program, head nurses' skills and knowledge about coaching were assessed through using (tool 1,II) and nurses self-efficacy was assessed by tool III. The time needed for filling the questionnaire sheet by head nurses was approximately 15-20 minutes for tool (1) and 20 minutes for (tool 2). For nurses the time needed was approximately 15 minutes for filling tool III.
2- Intervention phase: Coaching educational program was designed by researchers and head nurses were informed about objectives of the program. This program aimed to improve skills and knowledge of head nurses about coaching through focusing on coaching basic concepts, benefits, barriers in implementing coaching, coaching stages and coaching practice requirements. The program was done for 27 head nurses divided into five groups. The program consisted of 3 sessions lasted ten hours for each group and one session every day for 3 days. The researchers held sessions in conference room using different teaching and learning methods including lecture and group discussion with aids of data show and flow sheet. The program sessions were carried out from first of February 2019 to end of March 2019.
3- Evaluation phase: The program was evaluated using (tool II) to assess the changes in the head nurse's level of knowledge immediately after the program. Tools (I and III) were utilized one month later post program implementation to assess head nurses' coaching skills and nurse's self-efficacy post program.

Data analysis:
Data was systematized, tabularized and statistically investigated using statistical package for social sciences (SPSS/version 20) software. For quantitative data, mean and standard deviation were used. While for

qualitative data, number, percentage and chi-square test was used to determine any significant differences between variable. Pearson coefficient was used to determine correlation between variables.

III. RESULTS

Table (1): Demographic characteristics of study subjects.

Demographic Characteristics	Head nurses (n = 27)		Nurses (n = 245)	
	No.	%	No.	%
Age				
20-	0	0.0	151	61.6
30-	24	88.9	83	33.9
40+	3	11.1	11	4.5
Min. – Max.	32.0 – 41.0		21.0 – 54.0	
Mean ± SD.	36.15 ± 2.54		29.01 ± 5.36	
Gender				
Male	0	0.0	15	6.1
Female	27	100.0	230	93.9
Department				
Medical departments	13	48.1	97	39.6
Surgical departments	14	51.9	148	60.4
Marital status				
Single	0	0.0	16	6.5
Married	27	100.0	229	93.5
Education level				
Diploma degree	0	0.0	44	18.0
Associate degree	0	0.0	96	39.2
Baccalaureate degree	20	74.1	104	42.4
Master degree	7	25.9	1	0.4
Years of experience				
<10	4	14.8	165	67.3
10-15	18	66.7	50	20.4
≥15	5	18.5	30	12.2
Min. – Max.	8.0 – 18.0		1.0 – 37.0	
Mean ± SD.	12.81 ± 2.90		7.96 ± 5.80	
Previous training in coaching	Yes	0	0.0	
	No	27	100.0	

Table (1), shows demographic characteristics of study subjects. Regarding to head nurses, nearly ninety percent (88.9%) of them at age 30 years with mean age 36.15 ± 2.54. All of them were female and married. More than half (51.9%) of head nurses worked in surgical departments. Nearly three quarters (74.1%) of them had baccalaureate degree and the quarter (25.9%) had master degree. More than sixty percent (66.7%) of them had 10-15 years of experience and none of them attained any training program about coaching.

In relation to nurses, more than sixty percent (61. 6%) of nurse at age 20 years with mean age 29.01 ± 5.36. More than ninety percent (93.9%, 93.5 %) were female and married respectively. 60.4 % worked at surgical departments and more than one third (39.6%) worked at medical departments. More than forty percent (42.4%) had baccalaureate degree and more than one third (39.2%) had associate degree. The highest percent (67.3%) of them had <10 years of experience.

Table (2): Levels of head nurses' knowledge pre and post program implementation.

Coaching Knowledge	Pre						Post						t& p
	Good		Fair		Poor		Good		Fair		Poor		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Basic concepts	1	3.7	4	14.8	22	81.5	17	63.0	6	22.2	4	14.8	7.171 **<0.001***
Benefits	1	3.7	4	14.8	22	81.5	23	85.2	4	14.8	0	0.0	12.516 **<0.001***
Barriers	1	3.7	8	29.6	18	66.7	19	70.4	8	29.6	0	0.0	10.020 **<0.001***
Stages	2	7.4	7	25.9	18	66.7	23	85.2	4	14.8	0	0.0	11.245 **<0.001***
Coaching practice requirement	0	0.0	0	0.0	27	100.0	19	70.4	8	29.6	0	0.0	10.036 **<0.001***

Total	0	0.0	1	3.7	26	96.3	19	70.4	8	29.6	0	0.0	22.933 **<0.001***

t: Paired t-test
p: p value for comparing between pre and post periods
*: Statistically significant at $p \leq 0.05$

As evidenced in table (2) a statistical significant difference found between head nurses' levels of knowledge pre and post program implementation at $p \leq 0.05$. Preprogram, majority (96.3%) of head nurses had poor level of total knowledge, all of them had poor level regarding coaching practice requirement and more than eighty percent (81.5%) had poor level to basic concepts and benefits. While, post program, more than seventy percent (70.4%) of head nurses had good level of total knowledge and 29.6% had fair level.

Table (3): Levels of head nurses' coaching skills pre and post program implementation.

Coaching Skills	Pre						Post						t and p
	High		Moderate		low		High		moderate		low		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Communication	0	0.0	2	7.4	25	92.6	4	14.8	19	70.4	4	14.8	26.317 **<0.001***
Team approach	0	0.0	2	7.4	25	92.6	4	14.8	19	70.4	4	14.8	10.410 **<0.001***
Value people	0	0.0	0	0.0	27	100.0	14	51.9	13	48.1	0	0.0	23.000 **<0.001***
Accept ambiguity	0	0.0	0	0.0	27	100.0	5	18.5	16	59.3	6	22.2	17.464 **<0.001***
Staff development	0	0.0	0	0.0	27	100.0	2	7.4	18	66.7	7	25.9	17.295 **<0.001***
Total	**0**	**0.0**	**0**	**0.0**	**27**	**100.0**	**1**	**3.7**	**26**	**96.3**	**0**	**0.0**	45.828 **<0.001***

As illustrated in table (3) preprogram, all (100%) head nurses had low coaching skill level in total and in all dimensions except 92.6% had low level regarding communication and team approach. While post program, more than ninety-five percent (96.3%) of head nurses had moderate coaching levels in total.

Table (4): Mean score and standard deviation of nurses' self-efficacy pre and post implementing coaching program.

Self-efficacy items	Pre	Post		
	Mean SD	Mean SD	t	P
always manage to solve difficult problems if I try hard enough	2.49± 0.76	3.44± 0.0	47.794	**<0.001***
If someone opposes me, I can find the means and ways to get what I want.	2.00± 0.70	3.36± 0.61	23.476	**<0.001***
It is easy for me to stick to my aims and accomplish my goals	2.19± 0.71	3.43± 0.60	22.198	**<0.001***
I am confident that I could deal efficiently with unexpected events	1.92± 0.80	3.31± 0.0	40.731	**<0.001***
Thanks to my resourcefulness, I know how to handle unforeseen situations.	2.03± 0.70	3.01± 0.77	13.841	**<0.001***
I can solve most problems if I invest the necessary effort.	2.16± 0.66	3.08± 0.80	14.218	**<0.001***
I can remain calm when facing difficulties because I can rely on my coping abilities.	1.95± 0.67	3.34± 0.57	16.359	**<0.001***
When I am confronted with a problem, I can usually find several solutions	2.19± 0.69	3.38± 0.66	20.304	**<0.001***
If I am in trouble, I can usually think of a solution	2.21± 0.72	3.16± 0.80	13.764	**<0.001***
I can usually handle whatever comes my way.	1.84± 0.73	4.0± 0.06	46.161	**<0.001***
Total mean	20.98± 4.06	34.86± 2.03	48.333	**<0.001***

Table (4) revealed a statistical significance improvement in total and in all items of self- efficacy post program than preprogram at $p \leq 0.05$. preprogram the lowest mean scores (1.84±0.73), (1.92±0.80), (1.95±0.67) were for nurses can handle whatever comes their way, they confident that they deal efficiently with unexpected

event and they remain calm when facing difficulties respectively. Post program, the highest mean scores (4.0±0.06), (3.44±0.0), (3.43±0.60) were for nurses can usually handle whatever comes their way, always manage to solve difficult problems if they try hard enough and It is easy for them to stick to their aims and accomplish their goals.

Table (5): Correlation between dimensions of head nurses' coaching knowledge and skills post program.

Coaching Knowledge	Coaching skills dimensions											
	Open communication		Team approach		Value people		Accept ambiguity		Staff development		Total coaching skills	
	r	p	r	p	r	p	r	p	r	p	R	p
Basic concepts	0.155	0.440	0.051	0.800	-0.118	0.558	-0.062	0.759	0.072	0.720	0.012	0.953
Benefits	0.210	0.294	0.206	0.303	0.025	0.902	0.254	0.202	0.068	0.738	0.245	0.219
Barriers	0.073	0.717	0.126	0.531	0.161	0.423	0.272	0.170	-0.084	0.678	0.200	0.316
Stages	0.132	0.513	0.206	0.303	0.189	0.445	0.304	0.123	0.120	0.552	0.283	0.153
Coaching practice requirement	0.416	0.031*	-0.040	0.842	0.455	0.017*	0.407	0.035*	0.053	0.791	0.522	0.005*
Total know	**0.292**	**0.140**	**0.151**	**0.452**	**0.287**	**0.146**	**0.373**	**0.055**	**0.016**	**0.938**	**0.430**	**0.025***

r: Pearson coefficient
***: Statistically significant at p ≤ 0.05**

As uncovered in table (5), head nurses' total coaching knowledge and total skills presented statistical significance positive correlation post program. Positive correlation was found between head nurse knowledge about coaching practice requirement and their skills in open communication, value people, and accept ambiguity.

Table (6): Correlation between head nurses' coaching skills, knowledge and nurses' self – efficacy pre and post program implementation.

	Nurses self-efficacy			
	Pre		Post	
	r	p	r	p
Head nurses' knowledge	**0.725**	**<0.001***	**0.730**	**<0.001***
Head nurses' coaching skills	**0.740**	**<0.001***	**0.450**	**0.018***

r: Pearson coefficient
*: **Statistically significant at p ≤ 0.05**

Table (6) reveals correlation between head nurses' coaching skills, knowledge and nurses' self -efficacy pre and post program implementation**.** There was significance positive correlation between head nurses' coaching skills, knowledge and their nurses' self -efficacy pre and post program implementation at p ≤ 0.05.

IV. DISCUSSION

Nowadays, healthcare organizations designate pathways linked to variables in reference to the threats and opportunities in the existing market relationships. Coaching in nursing has been standard by health care organizations as an innovative approach to head nurses' advance that likely to patch the working attitude, work performance and self-efficacy of nursing staff and support clinical leaders to reach proficient and personal goals **Dossey et al (2013)**. So, this study aimed to assess head nurses' needs for practice coaching, implement and investigate the effect of coaching educational program for head nurses on nurses' self- efficacy.

Assessment of head nurses' levels of actual skills and knowledge about coaching revealed that preprogram, the majority of head nurses showed low level in coaching skills and poor level of knowledge about coaching. This result may be clarified by the fact that all head nurses not receive any coaching program from their organization to support their coaching role in order to meet expectations that they coach and train their nursing staff. Alongside head nurses facing time pressure to attend workshops due to various deadlines and work priorities which may find that the investment of time necessary for coaching is not possible. This result confirmed by **Govender (2014)** who indicated that performance coaching brings some challenges due to the complexity of the role. Also, **Beattie et al (2014) and Anderson et al (2009)** argued that requirement for all managers to fulfill a manager as coach role become problematic because coaching itself need support by time,

training and resources. **Howe (2008)** noted that coaching as an extra role expectation remains undesirable burden for leaders.

In specific, the result revealed that majority of head nurses had poor level of knowledge regarding coaching basic concepts and its benefits and the all had poor level regarding coaching practice requirement. It seems that they haven't a sense of what coaching is and how their nursing staff can be benefit from it and this can make nursing staff feel tied down and need to be freed, led, and encouraged. This could direct the attention to the necessity of head nurses to recognize the main head nurses' role in supporting, motivating and empowering their staff and demonstrate coaching skills into the routine of managing nursing staff. This result in agreement with Ellinger **et al (2011)** who caution that coaching programs is needed to help head nurses to comprehend the appropriate amount and situation of coaching and distinguish when use coaching and when not.

Currently, coaching in the management situation complements a new perspective to the role of head nurse **Kabeel (2016)**. **Kim et al (2013)** indicated that coaching style of leadership becomes obligatory to creates a balance between directive and sharing behaviors in interactions with staff member to support the learning and developmental process by inspiring nurses' performance and proficient abilities. This result is surprising because more than half of nurses were young and had fewer years of experience and it was anticipated that those nurses in this precariousness, intricacy and ambiguity healthcare environment particularly ICUs supported by their head nurses through coaching that make them lead and make change from wherever they are in the organization.

The same result was founded by **McCarthy and Milner (2019) and Sawbridge & Hewison (2011)** who discovered inadequate training in managerial coaching and lack of support given for nurse's skills development. In the same context, **Pousa and Mathieu (2015)** noted that despite the fact of the significant role of coaching as a form of improvement, the documents that should support the value of development coaching for staff members are unsatisfying. Conversely, **Cardoso et al (2014)** not support this finding and revealed that the staff has a positive view in applicability of coaching process in day-to-day work by their managers.

The current study results of poor head nurses' level of knowledge about coaching reflected on their coaching skills. Where, all head nurses showed low level in coaching skills regarding value people, accept ambiguity, and staff development and the majority had low level in communication and teamwork skills preprogram. This result indicated that those head nurses neither give chance to share views with nursing staff and listen to their opinions when making decisions nor emphasize to create a good partnership among all team members. They do not value the team member and focus on tasks at hand and give it the priority rather than the needs of the individuals. As well as, they are not open to new ideas and explore several solutions when working with nursing staff and not encourage the staff nurses to develop and perform well. These results are supported by **McCarthy & Milnerand (2019) and Romiko & Jumpamool (2016)** who highlighted the need for effective coaching skills of open communication, value staff member, collaboration, flexibility, structuring an inspiring and caring environment to become a real partner with one another.

Furthermore, **The Dartmouth Institute (2016)** stressed on the role of head nurse to practice coaching skills to increase confidence with communicating in conflict situations by using team approach, eliciting perspectives, listening, and recognizing barriers to team performance. This require the head nurses to see the staff nurses as an individual with unique beliefs, values, knowledge and skills and the innate ability to grow and learn that make nurses more innovative and ready for change **Batson and Yoder (2012)**. So, ongoing coaching by head nurses for improving the work environment, job satisfaction and retention come to be vital in clinical setting **Misiukonis (2011).**

Along with present study results **Fineman (2006)** indicated that nursing staff feel confidence in head nurses when accept ambiguity in work place which helps them to deal with rapidly changing environment and encourage staff nurses to embrace the opportunities offered by uncertainty. **David and Matu (2013)** stated that for practice coaching head nurses ought to create opportunities for staff development by encouraging the staff nurses to continuously develop new skills, offering feedback, giving suggestions and supporting throughout challenging new situations.

Healthcare organizations need effort to convert themselves into organizational learning systems that support coaching, in which team work is encouraged and nursing staff can acquire autonomy and self-actualization **Ellinger and Kim (2014)**. Organizational support for coaching affords the insight and motivation required to improve head nurses' competency that transferred into practice as indicated by **McCarthy and Milner (2019).** Accordingly, the staff feels obligation and responsibility to perform positive attitudes as well as behaviors for the benefit of organization in exchange of perceived coaching behaviors exhibited by their managers **Ali et al (2018)**.

Results of present study post program implementation revealed significant improvement in head nurses' level of skills and knowledge about coaching. Where, high percent of head nurses had good level of knowledge and the majority had moderate level of coaching skills. This could direct the attention that implementation of

current program was succeed as a mean for improving and maximizing the head nurses' knowledge and skills about coaching because it was the first educational program about coaching they attend in their employment which increase their interest and desire to gain needed principles and knowledge as well as try to apply it. Also, the years of experience that head nurses had increase the ability to integrate knowledge, reach to the reasoning level and prepare them to be able to "doing" as well as "knowing" the principles and importance of coaching in their practice.

Present study result is congruent with **Batson and Yoder (2012)** who concluded that theoretical definition for coaching helps to differentiate it from other types of career improvement relationships and gives a basis for head nurses to recognize what skills and qualities are necessary to establish an effective managerial coaching relationship with staff nurses. Additionally, **Kabeel (2016)** found the positive effect of the enhancement program and the increased level of head nurse's awareness after the coaching program implementation and noted that the head nurses who have been successfully coached, will in turn be able to excellently coach staff. A similar result was found by **Lucia et al (2015)** who revealed that post program head nurses become aware about why coaching applied and alert to outcomes following coaching. So, current head nurses' coaching skills upgrading require an extended organizational preparation and follow up, as each head nurse must be well prepared and developed.

Present study results discover statistical significance positive correlation between head nurses' coaching skills and knowledge post program. This confirms the positive effect of the program on head nurses' skills. **DeCampli et al. (2010)** support these results and revealed that coaching programs has an effect on improving skills, develop awareness in nurse leaders, maximize their motivation to perform well in their role and help them develop their confidence and self-worth in practice environment. Additionally, **Dossey and Hess (2013)** asserted that the coached head nurse works with the whole person using principles and modalities of coaching that incorporate mindfulness, emotion, spirit, and environment.

In focus, positive correlation was found between head nurses' knowledge about coaching practice requirement and coaching skills. Actually the professional enrichment and learning during the program about the basic requirements for practice coaching had a positive impact on head nurses to apply the circular process of coaching skills (open communication, team approach, value people, accept ambiguity and staff development) effectively that in turns improves nurses' overall experience**. Dyess et al (2017)** support the result and revealed that coaching educational program provides a squad of skills for staff developers to create a connection with staff members by team approach and take risks in a chaotic uncertain work environment. In the same context, **Park et al. (2007)** pointed out that the interrelation of these five dimensions of coaching skills can ensure the effective managerial coaching of head nurses.

Current study results showed significance improvement in nurses' self- efficacy post program than preprogram**.** It was observed that preprogram nurses cannot handle whatever comes their way, they had not self-confidence to deal efficiently with unexpected event and cannot remain calm when facing difficulties in specific situation. While, post program it is become actually easy for nurses to handle whatever comes their way, manage and solve difficult problems and stick to their aims and accomplish their goals. This result means that staff nurses' self-efficacy improvement arises as a result of the acquired knowledge and skills that the head nurses attained in the educational program and this confirmed by the result which discovered a significance positive correlation between head nurses' coaching skills, knowledge and nurses' self -efficacy pre and post program implementation.

Crane (2007) supports the result and stated that the prime consequence of practicing coaching skills by head nurses is improvement in nurses' self-efficacy. Communication skills of head nurses during coaching process allows the head nurses to come near to the staff nurses with the intent of accepting the activities and values of each one, sharing ideas as well as to create interdependencies for the development of the staff members and the work as a whole by means of teams **Ali et al (2018)**. The same result found by **Ammentorp & Kofoed (2010)** who revealed that nurse' self-efficacy scores increased after coach training with statistically significant difference. In the same context, **Schaub et al (2012)** stated that head nurses' coaching skills promote nurses' self-discovery, allow for the expression of intelligence, increase nurses' clinical efficacy, and reassure innovative thinking to solve hard problems. The findings further support **Bond and Seneque's (2013)** view of coaching as increasing the individual/team's ability to identify and find solutions to their own problem situations in the context of the strategic intent and goals of the broader system.

V. CONCLUSION

Evaluating the efficacy of coaching educational program for head nurses on nurses' self- efficacy indicates that head nurses' were poor in knowledge about coaching and low in coaching skills as well as self-efficacy of nurses was low preprogram implementation. A carefully designed educational program on coaching was implemented for head nurses properly and revealed significant improvement in head nurses' knowledge

about coaching and moderately improves their skills for practice coaching well. As well, nurses' self-efficacy was improved after program execution.

VI. RECOMMENDATIONS

For hospital's administration:

- Prime importance for follow up to reinforce head nurses' skills in coaching and keep the progress of nurses' self-efficacy.
- Reforming hospital's policies to emphasize on using coaching as an effective approach to support head nurses in a variety of positions.
- Training program for head nurses regarding coaching leadership to improve their coaching skills.
- Encouraging learning systems in the hospital in which team work is facilitated and nurses can incorporate self-efficacy, autonomy and self-actualization.
- Supporting implementation of coaching by enough resource, preparation and time that help in building relationships and communicating effectively.

For head nurses:

- Building interpersonal relationship with nursing staff that can promote open exchange of culture, beliefs, and feelings which in turn increase nurses' self-efficacy.
- Reassuring team attitude that encourage cooperation, empowerment, participative decision making and learning.
- Facilitating and empowering nursing staff development by providing periodic feedback, resources, training and opportunities to solve problems and find new solutions.
- Attending training programs and workshops to support coaching skills which reflect on nurses' self-efficacy and improve patient care outcomes.
- Building culture of self-learning and self-professional improvement.

Further research is needed to identify the factors that inhibit head nurses from conducting successful performance of coaching within an organizational context.

- Specify new forms and models of coaching that can mainly effective within the head nurses-nursing staff relationship.

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