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The Challenge of Grassyhills: A Health Care Coaching Case Study and Four Responses

Sue Drinnan

with David Drake, Pdraig O’Sullivan, Thomas Hellwig,
and Sue Drinnan

Is your organization working with a professional whose behavior and perceptions are negatively impacting the team? Do you have multiple professional cultures trying to collaborate where each holds different perceptions and behavioral expectations of themselves and others? What are the elements that come into play when you need to coach a professional who feels they are being completely reasonable, yet the sponsor disagrees?

Coaches who work in large organizations come across the dilemma of whether it is the coach’s job to call attention to or address the (bigger) root problem, or to just deal with the smaller presenting problem (symptom) as agreed. The coach can see that issues will resurface again soon unless the patterns in the system are addressed, but sometimes the organization (decision maker) is not capable of dealing with it now.

When the coaching sponsor is the coachee’s opponent, the ability to just coach the client successfully is deeply compromised. Best practice dictates that it is the manager who is responsible for addressing working climate, and therefore identifying from where the source of the friction arises. He or she needs to develop the understanding and skills required to address the situation if it involves a sub-optimal climate. It may be to strengthen their basic conflict resolution or mediation skills, but the ability to face it and get help to change the real problem is what makes a professional especially valuable to an institution.

Here are four responses to the story about a physician named Alex who is the director of the Research and Development team at Grassyhills Hospital. How would you handle being brought in as the coach?

THE GRASSYHILLS COACHING CASE STUDY

Cathy is the new Senior Director of a specialized service at Grassyhills, an older health care institution with a trusted reputation. She was recruited from the electrical industry for her experience in bringing greater efficiencies to work processes and dealing with challenging organizational situations. She has been on board for

a year. While she has made some progress, she is realizing that change is very different in this environment. In particular, she has had difficulty with one of the key players in her area.

Alex is a young physician and has directed one of the research and development teams in this department for the past seven years. He reports to both Cathy and Dr. Wong, the head of the institution's research and development division. Alex was brought in from a local medical school (where he had worked since graduation) because his expertise was seen as central for a growth area the institution had identified.

While there had been some hesitation because he lacked management experience, he was seen as one of the best in his specialty. Cathy believes that Alex's reputation, expertise, and research funds are pivotal to Grassyhill's ongoing stability and viability. She is afraid he may take his program (and grants) elsewhere if the current issues are not resolved. She knows that their competitors have been wooing him with their deeper pockets.

The problem is that while Grassyhills needs him and his expertise, his behavior is problematic. He's been increasingly abrupt and defensive, often won't make eye contact with her, has stomped out of meetings recently, and (according to the grapevine) has started badmouthing the department to others in the facility. He has been so harsh and edgy lately that even the people who report to him seem to be less loyal. The final straw for her was on Monday when he announced to Cathy during their weekly meeting that not only is he against the cuts and changes she wants to make—but he's not going to talk to her anymore. The tension is palpable.

Cathy knows she needs to do something before things get worse, but she is skeptical that Alex will accept any of her offers. She has tried tentatively raising some of these issues with him, but he shrugs her off. He doesn't seem to want anything to do with senior management, in spite of the fact that they have protected his program from budget cuts for the past three years. The institution and her service area, in particular, are facing significant financial challenges brought on by decreasing reimbursements and increasing costs. It doesn't help that audits by federal accreditation agents are coming up in two months, and this discord is distracting people from their preparation and jeopardizing the outcome.

Cathy isn't sure what has happened for Alex. He had reasonable performance reviews and peer feedback last year. He managed his multi-million dollar department well until now, even though he is micromanaging and working long hours. It's too bad that he lost control with the senior management team on Friday, shouting how they don't understand that the changes will have a severe negative impact on his department and will sabotage his most important project.

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He clearly believes his program should not have to make cuts, and she heard that he promised his team none of them would lose their job. He seems to be feeling embattled and isolated—apparently believing that senior management is out to get him. For example, during their last conversation he rather sarcastically brought up the long meetings Cathy and the CEO have been having all of a sudden about the future of their department—as if he believed that Cathy was leading a charge to make him leave.

Given this lack of trust and the perception by Alex that she is not up to her role and she is a threat to him, Cathy feels that he would flat out reject the suggestion of coaching. She can imagine him saying, “Cathy doesn’t understand clinical issues, and who does she think she is anyway implying I need help? I’m the one who knows medicine and the one with opportunities to grow this department. I’m on the verge of some big breakthroughs; I shouldn’t have to make sacrifices just because the institution is facing financial problems. Just because her ‘hack’ changes worked in the electrical industry doesn’t mean they’ll work here. I’m not the one who needs coaching!” Cathy also knows that she will have to make a good case for her boss to get the coaching funded. At this point, budgets are tight, coaching is not widely used in their area, and patient programs are getting cut.

Cathy must take action to mitigate the growing impact on her department. With these thoughts swirling in her head, she picks up the phone to Human Resources to get a referral for a coach. As she does so, some questions come to mind: (1) How does she describe the situation so that it doesn’t sound like it is all his fault? (2) What would enable Alex to willingly accept being coached? (3) Is this even a coaching issue? She wonders if she is missing something that might help frame the whole picture. . .

Being new in her role, she knows that all eyes are on her to prove that she can successfully make the shift into health care leadership. She needs to get this sorted out fast. What would you do if you were called to provide coaching for Alex?

RESPONSE NUMBER ONE

David B. Drake

I am reminded of the observation by famed American naturalist John Muir: “When we try to pick anything out by itself, we find it hitched to everything else in the Universe.” The beauty of coaching is that, when it is done well, it provides people with a transformative experience. A challenge for coaching is that it tends to focus only on the individual and overlooks the social ecology in which he/she lives and works. One of the values I find in taking a narrative approach in situations like the case presented here is that it enables us to address the client’s personal and organizational issues in a more holistic fashion.

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To this end, I use the *Thrice Upon a Time* (Drake, 2008) frame based on the application of a narrative structure to presenting issues in developing plans with new clients. It consists of three phases—Situation, Search, and Shift—with a fourth S (Sustain) added from a consulting perspective to help the shifts stick. This is a spiral process, not a linear one; the intervention is underway once the assessment begins, and the resolutions are already forming in the process itself. I find that stories are helpful because they reveal the dynamics in the system (in how they are told) and provide a language (in what is told/not told) for the core issues that need to be addressed. This approach fits well with this scenario because the players seem stuck in the grip of a narrative that is making it difficult to move forward.

To help Cathy address her first question, “How does she describe the situation?” I would begin with co-developing a better understanding of the Situation (*Once upon a time*). In particular, I would work with her and her leadership team to create a narrative timeline that depicts the key events in the life of their specialized service until over the past five to ten years. The timeline would track both internal and external events, as well as their sense about the highs and lows. The purpose would be to facilitate a group coaching conversation about how and why they have ended up where they are, what they see as the larger trajectory they are on (and where it is headed), and how they currently frame that narrative (as the basis for the changes that need to occur).

Of particular interest in this phase is the identification of any disruptions in the *status quo* that have upset the balance of forces in the systems in which they operate and the stories that have emerged in an attempt to address the resulting gaps. In doing so, they can see more of the context for their current issues and invite curious exploration rather than assume causal blame. As a follow-up to the team session, I would have a separate one-on-one session with Cathy and with Alex to do their personal timeline over the same period, overlay it with the team’s timeline, and coach them on what has changed for them. The aim is to give them each the space to discover more about what ‘is’ rather than feeling a need to defend themselves. Out of this process, I would develop a coaching plan with each of them that would likely include sessions on their own, with each other, and with the team.

To help Cathy address her second question, “What would enable Alex to willingly be coached?”, I would engage Cathy and Alex in a deeper Search (*Twice upon a time*). The goal is to identify what they each believe will put things back into balance if it is achieved; this search is what forms the spine of their new story. The key for Cathy may be to use her timeline to talk about what is different from her previous roles and what she needs to learn now in her current one. The key for Alex will be to position coaching as a way to help him create enough safety to share more of his story, enough awareness

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to see this story in a broader context, enough confidence to take on board the impacts he is having on others, and enough courage to understand and attain more of what he truly wants.

To help Cathy address her third question, “What else could she be doing (and with what aim in mind)?”, I would engage both Cathy and Alex in identifying the Shift (*Thrice upon a time*) they need to make in creating new ways of working together. Depending on the insights and results of the work so far, these shifts may include actions like courses on effective management, structural and political negotiations about roles and budgets, and facilitated conversations with the team to support the embedding of new behaviors. The aim here is to help them increase their ability and accountability to move out of old stories and patterns and to sustain what they have begun and weave it into the very fabric of how business is done in their unit.

RESPONSE NUMBER TWO

Padraig O’Sullivan

Health care is a unique industry. Idealism meets pragmatism. Science meets business. Medicine meets spreadsheets. Government stakeholders meet commercial shareholders. In years gone by, hospitals were run by senior clinicians. In some cases clinicians held demi-god status because of their joint responsibilities. Modern institutions are managed differently as societal demands have changed and greater financial accountability is demanded of health care providers.

Many clinicians feel that this transfer of power to ‘managers’ has been the wrong approach and believe that clinicians know best when it comes to health care management. This leads to a ‘polite undercurrent’ when things are going well and overt resistance when difficult decisions are needed such as what Cathy is facing today.

Change, as an overall process, has distinct fundamentals irrespective of the industry to which it is being applied. What makes change difficult are the human dimensions and personalities which react to the changes being thrust upon them. Medicine and health care attracts some distinct personality types.

Clinicians and scientists join these professions with a strong intellectual capacity, an ability to analyse and problem solve, albeit often linearly as opposed to abstractly. They also hold a desire to help people, and medicine is the preferred vehicle. The status conferred upon clinicians in their role as healers often leads to deference to their opinions and confidence in their ability to make the best decision on all problems faced. This creates a power and authority dynamic.

The beauty of coaching is that, when it is done well, it provides people with a transformative experience. A challenge for coaching is that it tends to focus only on the individual and overlooks the social ecology in which he/she lives and works.

Within the health care framework, research scientists hold a degree of power as sources of immediate revenue through grants and potential revenue through patented breakthroughs. From an organizational and systemic perspective, health care settings are unusual beasts. From the outside they appear quite orderly with a clear sense of hierarchy, similar to what would be expected in a corporate setting. Yet there are a number of distinct structures within an overall institution that often work against each other.

The strongest hierarchies are within the nursing and support infrastructures such as orderlies, catering, and allied health care. They operate with clear levels of management and role clarity. Alternatively, the medical staff have layers of hierarchy ranging from medical students to Consultant or Professor of Medicine status. What makes the hierarchy interesting is when Medical Consultants start taking in private paying patients. This subtle action moves the hierarchy from a traditional management hierarchy to one that is more akin to a partnership structure in a professional service firm. By default this often puts them into competition with other internal hierarchies.

A health care system with internal competing subsystems will suffer redundant and ambiguous lines of authority as it tries to hold polarities between competing internal agendas. Rivaling perceptions and priorities generate competition for resources and differing expectations, such as balancing the desires for quality, high touch health care with efficiency, and cost containment with innovation. In the main this is subtle and polite, but nonetheless very much alive.

My experience suggests the person who would benefit the most from a coaching intervention is Cathy. Whilst experienced in change management, externally she seems to be struggling to understand the system in which she now finds herself. She is struggling to effectively translate her capabilities into an appropriate approach in this very different environment.

She needs to use her positional influence and external experience to get buy-in to the required change and to bring Alex on board. Her message to him is two-fold. He needs to understand that whilst his scientific breakthroughs may be imminent, future funding may be lost without prudent financial management. He also needs to understand that his research is part of a bigger system that has protected him in the past. Being new to management and having only worked in one employment, he is inexperienced in these matters.

A coach experienced in change management and health care can help steer Cathy through the subtleties of health care while managing resistance and underperformance of key stakeholders, such as Alex and Dr. Wong, who appears ambiguous in the case study description.

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While undoubtedly talented in his area, Alex is young and inexperienced in management. His behaviour is naïve, and risks alienating his closest supporters, and damaging the institution by distracting colleagues who should be focusing on maximizing the outcomes of upcoming federal accreditation audits. He appears to not understand his role as a leader and how to behave in an organizational setting that is bigger than his function. As a leader, he has responsibility to his employer, which is well regarded, not just to his research.

If Alex is open to the idea of coaching, as opposed to it being thrust upon him, it could help him understand the impact of his past actions and how they can hinder his progress in the long term. For Alex, a coach will need to be an intellectual match but also proficient in change and organizational dynamics. Coaching sessions will need to be set up to offer self-awareness and organizational insight, such as a wider understanding of how he and his work fit together with Grassyhills. However, the coach needs to hold the line on his destructive behaviours so he understands them and is motivated to change them.

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RESPONSE NUMBER THREE

Thomas Hellwig

ASSUMPTIONS

The given case study at Grassyhill sounds like a common scenario in health care organizations: Non-medical executive (“blue blazer”) struggles to handle a manager with a medical background (“white coat”) heading an R&D department. As the short story line does not give the full picture, I have to base the possible options on how to coach Alex on certain assumptions: First, the “offer of coaching” for Alex has been attractively introduced to Alex for his development and not by threatening that he would lose his job otherwise (exit coaching). Secondly, Alex decided positively for the coaching engagement and had a choice regarding with whom to undergo this experience. Thirdly, senior management still believes in the future of Alex in the organization and has not given up completely after his recent outburst. Furthermore, I assume that the coaching engagement is limited in time (a period of six months) with at least some face-to-face contacts, and that he has not yet had any coaching at Grassyhills.

STRATEGY

When being assigned to a job as the one described in the case study, the *initial meeting* is crucial for defining the setting and ways of interactions. As gaining Alex’s trust is one of the key issues and I anticipate some reservation to coaching and coaches, I would perhaps suggest an informal lunch to get to know each other. During this lunch I would focus on giving him an idea about myself and about my clear commitment to confidentiality and commitment to him and his development. On the other hand, I

would like to explore with him his own view on what this coaching relationship is like and what he wants to achieve. As the result of a first meeting, I would like to achieve a clear commitment to start something substantial with me as a coach and to get a pretty clear idea of what a good outcome would look like to him.

Following such a first contact, I would request as *preparation for the first coaching session* some form of confidential data (e.g., bio or resume, some recent performance reviews, development plan, and if possible any self-assessment tools or 360 feedback) in order get a better idea of the person I will be coaching. At the same time, that request would demand some preparation from Alex, which means getting himself into the mindset of coaching.

During the first coaching session, I would spend time *understanding his view* on certain issues (who he is, what his background is, and what he wants to achieve in the short and long term in his job and his life), helped by questions and if possible some of the material mentioned above. I would be most interested to hear his answers to these questions, perhaps also covered in the background data. Within the first session I would also *challenge Alex* by exploring with him what happened in the recent meeting with senior management when he lost his composure. After hearing his view of the story, I would offer my observations and share with him where potential risks and threats are in his current situation. As an outcome of the first session, I would like Alex to commit to some goals for our coaching engagement and evaluate the different items on a scale of importance.

In the *following sessions* I would focus on a review of the process to see whether any chances occur and how to *redefine the action strategy* he uses. As always in individual coaching, I would explain and identify my role as being responsible for the process. I would guarantee confidentiality and approach Alex with a mix of support and challenge to achieve his objectives. However, I would also remind him that he is responsible for determining and achieving his coaching outcomes.

In the last session (let's assume an engagement of six sessions), I would review where Alex is by that point, what has or has not been achieved, and explore why or why not progress has been made. I would also explore with him how he could follow up on the process started with the coaching and how to know whether any changes he made led to tangible results.

Opportunities and pitfalls

In my opinion, most health care managers who come from the medical world (“white coats”) have had little exposure to executive coaching. Alex might put up some *resistance* initially to buy into the process and may find it difficult to accept the help of a coach and to open up fully. However, once he accepted the coach as trustworthy

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Within the first session I would also challenge Alex by exploring with him what happened in the recent meeting with senior management when he lost his composure.

and competent, he would probably *engage in a very personal relationship*. Pitfalls of this coaching assignment in my view are Alex's possible resistance to the process, the lack of use of coaching by other executives at Grassyhill, some false expectation from Alex's side expecting advising rather than coaching, and the lack of time to keep the momentum over several months. One side issue might become that Alex (as a headstrong and determined executive) may at times unconsciously expect to take over the process and be in charge of the coaching (as opposed to his learning).

Outcome scenarios

In my opinion, there is a good chance that Alex would enjoy *working on behavioral changes* to become a more effective manager. I could also imagine that he would even openly discuss issues from his private life with the coach. However, he might discover in the process that this employer is no longer the best match, and he could look for another job. Given the information about him in the case study, I would rather assume that loyalty plays an important role for him, and that although he complains perhaps easily, he will at the end be determined to stay and continue to deliver positive results.

RESPONSE NUMBER FOUR

Sue Drinnan

Grassyhills is an institution dealing with a professional who feels "his" team is R&D and his opponent is whoever and whatever doesn't support his project. He needs help re-scoping his belief about whose team he is on and what is his mandate. While his personal purpose is to complete his project, it must be done in a bigger context where other needs are taken into consideration. Clarity with how these all fit together will go a long way in helping Alex adapt intellectually and emotionally. There are certain salient areas in need of exploring, which include

- his ultimate mandate in this role, such as his specific responsibilities at the strategic level;
- how he and his team contribute to, depend on, and interface with the other Grassyhills units;
- which decisions are his and which are negotiable (or not). It is his job to make a good case for his opinion, but once negotiations are done and the decision is made, he must adapt.
- Alex's leadership competencies. This prized specialist should be clear on the above, feel heard, and come out of this with stronger communication skills and better clarity regarding purpose and roles.

Since Alex is the director, that means he spends a lot of days in meetings rather than in his specialty. Is he the right person for

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the job? Is the system short-changing itself by putting him in the directorship and possibly losing a skilled technician in exchange for a poor manager? Does he even want to become a better manager and leader?

Can the sponsor assure the newly hired coach that Alex is not being read the riot act before documentation and rightful dismissal? While they may deny it, how do you unearth the possibility that this is remedial coaching, e.g., “See, we tried to fix you, but you didn’t change so now we can fire you”?

Only after the key questions are addressed—regarding how he defines and prioritizes his goals (do his R&D goals supersede Grassyhills’ corporate goals?)—can he begin to focus on defining coachable SMART goals. The later might include his style of expressing reasonable emotions (frustration, disappointment, and lack of trust), and what his style is costing him.

When you reflect on what is going on in your institution, here are a few questions which might generate dialogue and communication that will protect from future misunderstandings.

- When more than one party has ownership of a project, whose understanding or vision is adopted? Is the process explicit and evident to all stakeholders? Alex needed to know this so he could see that he had his priorities sideways.
- When each party feels that they are being entirely reasonable and fair, in what way can coaching be of greatest service? How would you decide if this is a case for conflict resolution?

Just like the others at the table, Alex needs to ask himself whether or not he wants this job if that means he can have his say, but may not get his way.

Just like the others at the table, Alex needs to ask himself whether or not he wants this job if that means he can have his say, but may not get his way.

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