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Note

While many cases, scenarios, and practical situations described in this book draw on our own experiences, none are based on a real person. All names are fictitious.

Acknowledgements

This is for all of our clients, who have taught us so much. Thanks also to Louise Wilder for all her help in preparing the manuscript.

Foreword

I'm delighted to have this opportunity to share my enthusiasm for coaching, and confident that readers from health and social care backgrounds will recognise the opportunities for development for themselves and their organisations through coaching.

It's interesting that coaching has not yet been adopted by health and social care professionals in the same way that it has been in the commercial sector. I wonder if the concept of professionalism might be part of the problem, where professionalism is understood to mean self-reliance, and where the need to look for help with making decisions feels like inadequate mastery of the profession. The scientific framework I learned at medical school has gradually evolved into a much more complex landscape of possibilities and probabilities, and yet it's a paradox that we expect ourselves to be self-sufficient even outside our vocational training expertise.

My personal experience of coaching has been literally exhilarating. When the possibility of coaching arose in preparation for a job interview, I suffered pangs of conscience about gaining unfair advantage and lack of self-reliance. However, I have never felt so energised and singularly focused as I did at the time of the interview. I felt confident because I had prepared for almost any question, and I felt comfortable because I had evaluated work and life priorities and brought to the interview an unprecedented sense of purpose and balance in my life. Do note that 'I' prepared for the questions, and that 'I' evaluated my priorities, my coach was so skilful that I cannot even remember what she did – she just seemed to give me a nudge in this direction or that and everything seemed possible.

It's normal for senior managers in industry to have access to coaching, but it's the exception in the public services. Put a doctor, with professional identity built upon notions of self-reliance, in a senior managerial position and there is almost inevitable potential for isolation and stress. By the

time I realised I needed help from outside my organisation, I had become weighed down and almost paralysed with the complexity of various important decisions – the trouble was that I could see everything from too many points of view and anticipate too many consequences – basically I could not see the wood for the trees. I still cannot quite understand why the solution of further coaching sessions took me so long, when the experience had previously been so overwhelmingly positive, but somehow I had not felt ‘entitled’. When I left that first session, I felt a sense of purpose and relief that I had not enjoyed since the interview. The skilful exploration of the issues had helped me to put them in perspective, and the brainstorming of options had not only identified possibilities, but actually given me the insight that I actually knew what I wanted to do already, but needed another one of those nudges. In one week I initiated ways forward for my organisation that had eluded me for months. I remember telling my coach that it felt so energising it was as though I had been at the top of a ski slope needing a nudge, and that ever since I had actually been skiing (and just to clarify, in control, and without wanting to complicate the analogy further, I can’t actually ski!).

My own definition of professionalism now includes the maturity to look for help with personal development and constantly remind myself that self-reliance is limiting and unsustainable. I am proud to be associated with the Career Development Unit in my Deanery, which has developed a network of professional coaches to support doctors and dentists with performance problems, and I am determined that the coaching approach should be extended throughout the Deanery as ‘the way we do things in our organisation’.

I hope that my colleagues in the health and social care professions will enjoy this book, and maybe they will recognise in themselves some of the resistance I experienced, but will see the opportunity and allow themselves and their organisations to feel ‘entitled’. Even more importantly, I hope that readers will recognise within themselves the capacity to help other colleagues through coaching and realise their potential.

Dr Simon Plint

Director of GP Postgraduate Education at the University of Oxford

Chapter One: Introduction

This chapter

- sets out the perspective adopted within the manual
 - sets out the main points covered by the manual, and in each chapter
 - sets out the current context in respect of coaching as an important and effective tool for the development of staff
 - locates coaching as one approach to be used among others, within the line manager's role
 - defines coaching
 - identifies the broad functions of coaching
 - sets out a scenario to explain how best to use the manual.
-

Coaching provides an effective approach in the development of individuals and organisations. It can also help in the development of leadership, of problem solving, of shortening the learning curve and is helpful in many other ways. This manual sets out how coaching can be used in the health and social care sectors, what skills and knowledge are required, what models and frameworks to use, and how to evaluate these in terms of outcomes and return on investment. It is a book for line managers and coaches who work in the health and social care sectors. It sets out to show how they can use the coaching approach as a powerful tool within their repertoire and how it can be used on a daily basis.

The manual is practical in its focus, and can be used as an aid to helping those new to coaching to begin using this approach. It is illustrated throughout with cases, scenarios and practical situations. It also sets out ways in which you can set up an organisation-wide coaching approach, and other uses of coaching.

Context

The coaching approach can be very effective and can lead to impressive results. It is not an approach in its own right but is an adjunct to a number of other tools and approaches. It is best seen in the organisational context and as a way of approaching a wide range of tasks including:

- appraisals
- motivating people
- shortening the learning curve
- supporting the development and implementation of new skills.

Many of these are line manager tasks. The line manager will find that the delivery of these can be made very much more effective by taking a coaching approach. It is a highly positive vehicle in assisting the personal development of the people whom they line manage.

Coaching can be carried out:

- in-house by a line manager or
- in-house by another colleague trained in coaching skills
- by coaches who are contracted in from outside the organisation.

At any one time in a given situation, one of these approaches may have more to offer than another, and it is important to be able to assess which is the best way forward in a particular situation. For example, there may at times be a conflict of interest for a line manager if the area where the coachee requires coaching relates to relationship difficulties with the line manager. It may be more appropriate for a colleague to provide coaching in this instance. Additionally, there may be times when outside help is required for an in depth piece of coaching or for a highly specialised piece of work, or for where using an internal coach may be contra-indicated because there is a conflict of interest.

Coaching is no longer viewed as a 'soft skill' that may or may not provide benefits. It is seen as an effective management tool. Throughout this manual we refer to the available evidence, as well as highlighting areas where more research is required. As an approach, coaching is used widely within the commercial sector and increasingly so in the public sector.

'The way we do things around here'

Line managers might best regard the coaching approach as *'the way that we do things around here'* and in terms of the volume of coaching carried out within an organisation it is line managers who might best provide the majority. It is important that a coaching approach is seen as a way of motivating and developing people on an everyday basis. This is as much a state of mind or an attitude towards the value that employees represent to the organisation and to coachees and patients, also the importance of their development.

Coaching is one of the best ways to develop good performance, for the benefit of the person concerned and for the organisation. Line managers are responsible for ensuring that those whom they line manage perform optimally, but they must be supported in this key attitude by the organisation leaders and senior managers. This support must be overt and transparent, and must come from the top of the organisation.

The organisation culture relating to work–life balance is important for a number of reasons in this respect including:

- maintaining high morale
- improving stress levels (the 2004 Healthcare Commission NHS staff survey found that 35% of the NHS workforce had experienced work-related stress in the previous year)
- retaining staff
- job satisfaction
- improving absenteeism (30–40% of all absence in the NHS is stress-related according to research by the Health and Safety Executive).

Employees may find it difficult to discuss their stress levels with others, as it can be challenging to find solutions. We know from research by Aston Business School (Borrill *et al*, 2005) that the relationship of the employee with the line manager is associated with job satisfaction, and also decisions by staff about whether to leave the NHS or not. All line managers need to be aware of the legal framework in respect of stress and work–life balance, as well as have a good knowledge of interventions and approaches so as to prevent and reduce stress. These are areas that are covered in this manual. It is for all the reasons above that the manual is written for line managers.

Work–life balance as a concept has been with us for a number of years and is widely recognised as being important. If the following areas are not in balance:

- work activity
- physical fitness and health
- mental health
- social/family and friends
- spirituality, values and beliefs

we become vulnerable to stress, burnout and illness. Chapter Five ‘How can coaching help individuals’ covers work–life balance and the relationship with coaching in greater detail.

People are an important resource, if not the most important, in health and social care

Health and social care providers rely on people to deliver the services. They are the most important asset of the organisation. The most successful organisations have recognised this and have invested in their employees’ development. They have taken a proactive approach to their personal development. Coaching can be used very successfully in this context as it is designed to develop the skills and expertise of individuals. Coaching within organisations is for the benefit of both the employee and the organisation, and this has to be recognised and understood. The relationship is actually three-way, between the coach, coachee and the organisation. The employee benefits from assistance in personal development. The organisation benefits from having employees who are more skilled, more confident, better supported and better able to do their jobs.

Coaching can be a powerful development tool for normal healthy people in the work environment. In many ways the word ‘coaching’ is a misnomer. The Oxford English Dictionary defines coach, as in the verb to coach as *‘to tutor, train, especially individually or intensively (for an examination, competition etc); give hints to; prime with facts’*. The process applied most successfully is concerned with assisting the coachee to develop by finding out about him or herself, by trying new and more successful approaches, by facilitating the coachee in finding

solutions and supporting the coachee while doing so, and while the coachee implements agreed changes.

Tuition tends to be concerned with the provision of answers, but coaching as a process is not didactic. Coaching assists the coachee in the identification of solutions for the coachee and by the coachee. Coaching takes into account the unique characteristics of an individual and enables the coachee to build on strengths and personal development areas.

A definition of coaching

'An outcomes-led process established to help the coachee with business problems and challenges – it aims to help them identify issues, develop goals and action plans, and provides support while they implement the plans, and finally, review progress.'

Barriers

In the health and social care sectors, services are highly focused (quite rightly) on the needs of patients and clients. This can be to the extent that it is difficult for practitioners and managers to create the time to reflect on their own needs and, indeed, feel guilty if they do. Common questions include:

- How can personal coaching for me help my patients/clients?
- Why aren't the attention and resources being applied to these groups?

The reality is that the most effective services are provided by people who feel confident in what they are doing, who feel valued, who feel supported and are continually growing and developing their performance and skills. By not providing enough time and attention for their own needs, individual practitioners may become less effective, tired or even 'burnt out', thus being far less able to provide effective services for patients and clients. Coaching provides an effective vehicle for addressing these issues.

Coaching can become confused with clinical supervision, counselling, therapy, psychological and psychiatric help. While it is none of these, there are some similarities and it is very important to identify these as well as the different circumstances in which coaching would be used (see Chapter Two).

Managing change

The health and social care sectors have undergone and continue to undergo considerable change. This continues to be the pattern and will be so for the foreseeable future. At all levels, practitioners and managers have to extend personal capacity, develop new skills and manage the new demands made of them. In order to achieve this, new approaches are being developed within organisations, including the use of coaching. Many organisations have found that the development of a coaching culture within an organisation, led from the top as the preferred management style, has been shown to be very productive.

The world around is changing and employees, whether in the health service or elsewhere, need to be flexible and capable of rising to new challenges and taking on new tasks. There are changes in the structuring of work. There is an information and knowledge revolution, changing

technologies, a demand for new skills, new kinds of workplaces with 'flatter' structures, all of which can be very stressful. Managing stress and getting work–life balance right is essential. Coaching can help with all of these. It can assist in ensuring that positive attitudes are in place.

Coaching is a powerful tool to assist personal development. All clinicians, professionals and managers working in the health care sector need to be at their best in order to provide the best care to patients, both technical and otherwise.

The following chapters

There has been a considerable uptake of coaching in the private sector and there is an accumulating volume of evidence that shows positive outcomes (see Chapter Six). Kellogg's, Boots and many Fortune 500 companies have good stories to tell about implementing cross-organisation coaching approaches. This manual also outlines how coaching is starting to be used more in the public sector and how its benefits can be measured. Whereas a number of private sector studies on coaching have demonstrated that there is positive return on investment, it can be more difficult to demonstrate the benefits in the public sector where profit is not the bottom line. However, there is an excellent business case to be made based on financial, resource and other issues. The bottom line relates to achieving effective use of resources, and negating waste. Chapter Seven outlines the possible ways to develop outcomes in the health and social care sectors and these include examining:

- employee self-evaluation of coaching
- peer review pre- and post-coaching interventions
- behavioural changes within the organisation post coaching
- staff retention rates
- levels of sickness absence
- organisation performance measures
- levels of morale
- levels of staff satisfaction
- client and patient satisfaction.

Chapter Two: What is coaching?

Coaching is an approach that has developed over many years. It undoubtedly has some of its roots in sports coaching and also from other areas. Chapter Two explores the roots and history of coaching, definitions and 'what coaching is not'. It includes an examination of the evidence including conclusions of literature reviews available on coaching. Of interest is how coaching and its processes also have their roots firmly in health care. Neuro-linguistic programming (NLP), which is further discussed in Chapter Two, has its roots in the work of child and adolescent psychotherapy in California.

There are similarities between coaching, counselling, therapy, psychiatry, psychology, supervision, cognitive therapy and mentoring. This chapter explores in detail the similarities and the differences, giving some practical examples to demonstrate. Nonetheless, critics of coaching point to the similarities and say that coaching is merely another word for therapy. But we advocate coaching as a way of helping healthy people to develop effectively in the workplace. In an ideal world everybody would have a coach, someone who can act as a reflective mirror and who can be 'on their side', to work in a focused way on developing new skills, addressing challenges and generally assisting with performance issues. Coaching is no more complicated than that.

There is a tendency in some texts to perpetuate the view that coaching can help anybody to do anything. This is a view that can be challenged; coaching can be a powerful tool that can benefit many people and organisations, and the following also applies:

- Not everybody wants to be coached.
- Not everybody would benefit from coaching.
- Coaching is only one tool in the manager's toolkit.
- The individual concerned may actually benefit more from other approaches at a particular time in their lives eg. counselling, therapy, learning set etc. Any coach making an assessment needs to be aware of this and to make the distinction as well as to effect an appropriate referral or to suggest an alternative approach.
- There may be other barriers to progress eg. physical health that need to be considered.

This chapter also examines some of the issues in relation to emotional intelligence and work–life balance.

Chapter Three: Tools, skills and interventions

The content of the coaching process relies on the value and the quality of the tools, skills and interventions applied during the coaching process, as well as the skills of the coach. Chapter Three covers the skills and attitudes:

- listening skills
- rapport-building
- communication
- asking questions
- acting as a reflective mirror
- motivating
- challenging limiting beliefs
- giving constructive feedback
- helping to define and set tasks.

Some of the tools that can be used:

- coaching cycle flow chart
- assessment interview
- Myers Briggs Type Indicator
- FIRO-B
- 360 degree feedback
- other
- keeping a log.

Some of the interventions:

- brainstorming
- force field analysis
- relaxation
- swish/anchoring
- stress-reduction
- thought stopping
- conflict resolution
- skill development
- giving constructive feedback.

Chapter Four: The coaching process

Chapter Four sets out the main considerations of the coaching process, for line managers and for specialist coaches. It sets out how to decide with an individual/team whether coaching would be of benefit to them. It covers the models that can be used and:

- the coaching cycle
- assessment
- contract between coach and coachee
- development of objectives and action plan
- implementing objectives
- support during implementation
- iteration and amendment of objectives, if necessary
- outcomes and measuring outcomes
- completing the coaching cycle.

People who have received coaching often go on to become coaches themselves. Coaching can be for teams and groups, as well as for individuals. Examples are set out in the chapter.

Chapter Five: How can coaching help individuals?

Chapter Five describes the way in which coaching can help individuals in the workplace. These include:

- developing skills and insight
- helping to improve performance
- mediation and conflict resolution
- developing talent
- transition into a new post, such as 'acting-up posts'
- interpersonal skills
- leadership skills
- teamworking
- shortening the learning curve.

There are a number of cases and scenarios used to illustrate these. Underpinning the success or otherwise of the approach is consideration of work–life balance and development of emotional intelligence, referred to initially in Chapter Two.

As noted earlier, work–life balance is an essential prerequisite to excellent performance. The chapter examines work–life balance in more detail:

- consequences of poor work–life balance for the individual, organisation and society
- the legislation in this area and sanctions for non-compliance
- why there is now greater stress within the health and social care sectors
- key issues for the health and social care sectors
- the joint responsibility for implementing successful work–life balance approaches by employee and employer
- effective interventions and best practice in the area.

Goleman (1998) outlined the emotional competencies needed by managers in order to be successful within the workplace. There is accruing evidence that possessing these skills contributes significantly to the success of an individual, in career terms. One of the aims of coaching is to develop these skills in people. The emotional competencies include personal competencies

(including accurate self-assessment and self-control) and social competencies such as understanding others and being able to read emotional currents. There is increasing emphasis being placed on this – for example, the NHS Leadership Qualities Framework embraces these areas. Appraisal processes now include many of these areas and there is an increasing recognition that whereas intellectual intelligence (IQ) is fixed, the emotional competencies can be learned, developed and improved.

Chapter Six: Setting up coaching approaches within your organisation

Chapter Six examines how to set up coaching approaches within your own organisation and sets out examples of good practice such as the Oxford Postgraduate Medical and Dental Education Department, Boots and Kellogg's, Leicester Healthcare Workforce Deanery and others. This includes preliminary considerations, strategy, design and training, implementation, audit and development. A number of authors have described the stages involved in the establishment of a coaching culture. The chapter also outlines the benefits of the approach.

Chapter Seven: Measuring outcomes

Chapter Seven covers the measurement of outcomes in coaching. Coaching is a resource-intensive process involving time, financial resources and making use of office space etc. It is important for any organisation, whether in the public or private sector, to be able to identify the benefits or outcomes of investing such resources. It is important to be asked to identify the outcomes for the individual and the organisation. This chapter also discusses the types of outcome measures that can be used, particularly in the public sector.

Chapter Eight: Additional applications and interventions for the coaching process

Chapter Eight outlines further applications for the coaching process and examines how it can be used in the everyday working environment. This includes:

- 'buddying'
- the change cycle
- coaching
- upwards mentoring and coaching
- board level uses.

Chapter Nine: Contracting-in coaching services

Chapter Nine includes an account of the key issues to consider with respect to bringing in external coaches. These include:

- overview of coaching industry
- different types of coaching
- the business case for coaching
- the different interest groups
- matching and recruiting coaches
- relevant business/industry experience
- references
- membership of professional bodies
- qualifications
- training in coaching

- what psychometric tests are done
- relevant experience
- professional indemnity insurance
- formal supervision arrangements
- qualities and personal attributes
- evaluation tools.

The development of professional standards in coaching is very important and the chapter sets out the current position.

Chapter Ten: Coaching and the future – what next?

The final chapter draws together the implications and conclusions from the previous chapters including:

- potential impact of coaching on the health and social care sectors
- the need for more research
- accreditation and professional standards
- the development of new approaches
- the measurement of success.

The manual also includes a list of useful resources and references.

How to use this manual to greatest effect

Throughout the manual, cases, scenarios and practical situations are used. After each one, there are questions and discussion points. To illustrate the points in the text, such an example is set out below. Where there is further information in the manual relating to the case, a page or chapter reference will follow. For example, there is more information about the Myers Briggs Type Indicator, which features in this case, in Chapter Three. Any sources referred to in the chapter and any recommended reading are listed in the further reading section at the end of each chapter.

An example of coaching and leadership

Here is an example of the way in which coaching can help. Good leadership is one of the essential factors in the success of public sector organisations. It is essential for the development of individual and organisational performance. A range of public sector organisations are now drawing up frameworks outlining descriptions of the qualities required for leaders, often in considerable detail, relating to evidence and tailored to the particular part of the public sector eg. NHS Leadership Qualities Framework. Many of the leadership qualities relate to the emotional competencies as described by Goleman (1998). Emotional intelligence can be taught and so the 'EQ' of an individual can increase, unlike its counterpart intellectual intelligence or IQ. Executive coaching can be a powerful vehicle for providing the insights and personal development about EQ, and subsequent enhancement of performance as a leader. This is discussed further in Chapter Five.

Case study – coaching and leadership

Jane is a 36-year-old who six months ago was promoted from senior manager to director of corporate services in an NHS trust. Jane has an extremely busy job and is widely regarded as very capable. However, she had begun to feel very isolated in her new role, and was also surprised to learn in the first appraisal in her new role that she was considered aloof and unapproachable, and that some of her colleagues found it difficult to elicit her view.

The chief executive, Ken, suggested that she work with an executive coach, and Jane took up this offer. An initial assessment included feeding back her Myers Briggs Type, which showed that she had a preference for introversion. This means that her natural style is to think through ideas internally before discussing her views, and Jane often prefers to communicate in writing rather than face-to-face. Because she has a need for solitude in order to think things through, she had been creating opportunities at work to do this, which had been interpreted as withdrawal, aloofness and distancing from them by her immediate team.

The coach and Jane also discussed her feeling of isolation. Jane needed a supportive network in her new post, including the possibility of a mentor.

Together, they drew up an action plan that included the following goals:

- team-building session, as Jane had identified that the team would benefit from this, particularly if all completed the Myers Briggs Type Indicator which would facilitate shared understanding
- agreement with immediate team about informal access and face-to-face meetings with them, and involving them in decision-making
- rehearsing views to articulate at meetings rather than sending them by email
- more time spent meeting other staff within the directorate
- establishment of a peer group network for Jane
- joining a learning set.

The action plan was implemented with the support of the coach, with six face-to-face meetings, together and email/phone support in between.

Jane also kept a log of her activities that she reviewed with the coach, along with her progress on goal achievement.

Questions

1. How could Jane build on the support network?
2. What is a learning set?
3. How could Jane measure her progress, with her coach?
4. Is the Myers Briggs Type Indicator (MBTI) something that can help many people?

Discussion

In respect of a support network, Jane could consider enlisting the assistance of a coach or mentor, as well as meeting up with colleagues who are in the same situation ie. making a transition into a leadership role.

A learning set is a more formalised version of the last of these three. It is a small, peer learning group, whose members provide support and interaction as they move through career paths or through shared projects.

In Jane's case, she decided to enlist the assistance of a coach. The action plan that she drew up with her coach had specific goals and outcomes. Together, they monitored progress by reviewing the achievement of goals, and measuring outcomes (see Chapter Seven). The Myers Briggs Type Indicator (MBTI) is a self-report questionnaire that has been used to help millions of healthy people understand:

- their strengths and personal development areas
- the impact that the individual has on others
- issues in relation to teambuilding, leadership, interpersonal relationships and the emotional competencies.

See page 30 in Chapter Three.

Coaching as an intervention for leaders includes addressing the following areas:

- development of knowledge about self, strengths and development areas
- developing leadership style
- developing communication skills, interpersonal skills, accountability and responsibility
- the management of conflict
- flexibility, persistence
- the ability to motivate and empower others
- developing a strategic vision and plan
- problem solving and political awareness.

It is essential that leaders are able to self-manage as well as to manage others effectively. New research has looked at the use of emotional intelligence in mitigating the negative emotional outcomes of hospital restructuring. A model of the different types of leadership styles was developed (resonant, dissonant and mixed). The nurses who worked for bosses with a resonant leadership style reported:

- significantly less emotional exhaustion and psychosomatic symptoms
- better emotional health
- better teamwork with doctors
- more satisfaction with supervision and their jobs
- fewer unmet patient care needs

than did nurses working for dissonant leaders. Resonant leaders were more empathetic and responsive and they listened more.

Dissonant leadership styles with negative emotional intelligence behaviours had the opposite effect. It is clearly important that at times of change there are positive work environments to ensure the emotional health and well-being of nurses as well as ensuring the best possible patient care outcomes.

Chapter One – further reading

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