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USING A COACH APPROACH IN REGULATORY PRACTICE: ONE TECHNIQUE ON
THE ENFORCEMENT SPECTRUM

By

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A DISSERTATION

Presented to the Faculty of

The Department of Education at the University of New England

In Partial Fulfillment of Requirements

For the degree of Doctor of Education

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ABSTRACT

This qualitative action research explored the use of a coach approach in the field of human care licensing. The Community Care Facilities Licensing program (CCFL) in Island Health strategically employed a 6-year coach training program between 2009 and 2015. This study specifically looked at how licensing officers in Island Health, who adopted a coach approach, influenced licensees to be partners in compliance. Seventeen individuals participated, including six child care licensing officers, one licensing supervisor, five members of the CCFL management team, and seven licensees. Interviews, a focus group, and an electronic survey were utilized to obtain data on the phenomenon. An inductive analysis methodology (Creswell, 2013) was exercised to analyze the data. Each method was coded and reduced into multiple categories and themed by the use of word and phrase analysis and electronic cutting and pasting in context to the questions. It was then further explored through Dickson and Tholl's (2014) LEADS in a Caring Environment framework and Kouzes and Posner's (2012) five leadership practices. Five key themes emerged from the consistently reported responses. A coach approach (a) builds on the foundation of licensing leadership, (b) contributes to a culture of collaboration, (c) is a new enforcement practice, (d) is a powerful technique to transform practice and people, and (e) has organizational implications. When licensing officers use a coach approach in the field of human care licensing, licensees become partners in compliance, and vulnerable populations in licensed care are better protected.

Key words: *coach approach, enforcement, leadership, regulatory practice, transformative*

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DEDICATION

I dedicate this dissertation to my husband, Brian McClure, the love of my life. I fell in love with you when I was 13 years old, and at 52, I love you even more. Your constant support and unconditional love continue to encourage and uplift me in all of my journeys. You are my compass when I am lost, my rest when I am tired, and my strength when I am weak. You are my cheerleader and my dream maker—you are simply my best friend and life partner. “I love you the most, and I will never change my mind” (Arden, 2014).

To my beautiful daughter, Alyxandra McClure, you are remarkable. I am blessed every day with you in my life. You inspire me as you navigate your own life adventures with determination and an unwavering commitment to blend excellence with fun. “You are everything that’s good about this universe” (Arden, 2009). I love and respect you.

To Dr. Sherman McClure, my father in law, while you traversed this world, you were a force. From the first day I met you in grade seven, I too wanted to be Dr. S. McClure. Thank you for modeling persistence and an attitude of “getting it done”; and

To my father, Morris Kozicki, the first person I loved with all my heart. Your faith that I could do anything has never left me. Your spirit has fueled every day of this expedition. *Hawse będzie Twoja dziewczyna i kocham cię na zawsze* (I will forever be your girl, and I will love you for always).

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Thank you to the licensees who volunteered your time and wisdom to complete the survey. Your contributions helped to reinforce why a coach approach, a transformative tool, has the ability to change regulatory practice. More importantly, because you are engaging differently in the regulatory process, the lives of children and families in Island Health are positively impacted.

I extend my deepest gratitude to Dr. Marylin Newell, my Committee Chair. Thank you unequivocally, Dr. Newell, for giving me the autonomy to be myself, for sharing your knowledge and wisdom masterfully, and for being accessible almost 24/7. Your unwavering guidance and patience were exceptional.

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CHAPTER 1

INTRODUCTION

Coaching in the work place has the capability to transform—to completely change the constitution, form, and even the spirit of one thing into another (Aguilar, 2013, p. xiii). According to Bennett and Bush (2014), “All coaching is coaching for change” (p. 3). Advocates of change have recently insisted that transforming individuals, systems, communities, and society requires new mental models and modern practices (Bianchi & Steele, 2014; Dickson & Tholl, 2014; Shields, 2013). Workplace coaching is described as one of the fastest growing practices in the 21st Century (Aguilar, 2013; Grant, Curtayne, & Burton, 2009; Morissette, 2014). In the last decade, it has been adopted by many industries such as business, education, government, and health, as it is a relational-based model that synchronizes well with client-centered practices (Brock, 2008; Chernoff, 2008; Dickson & Tholl, 2014; Grant, 2010; Martiz, 2013).

Like many health organizations in British Columbia (BC), Island Health (2015a) has implemented a new community-based health care model that is designed to support the collaboration of people within communities. The intent of the contemporary model is to transform the existing structures and services to better support the population and needs of patients, clients, and residents in geographical areas and community centers in the Vancouver Island Health Region (Island Health, 2015a). In 2015, Dr. Brandon Carr, President and Chief Executive Officer of Island Health, suggested, “To change the system, we need to change how we work” (as cited in Island Health, 2015b, para. 1). For one program in Island Health, the

Community Care Facilities Licensing program, its change mechanism was to develop workplace coaching competencies.

Island Health's Community Care Facilities Licensing program (CCFL) is one service under Portfolio M, Mental Health, Family and Public Health Services (Island Health, 2013b). The program is mandated to protect and promote the health, safety, and well-being of children, youth, and adults in licensed care facilities (Government of BC, Ministry of Health [BC Ministry of Health], 2012). Not unlike other regulatory programs in health care, CCFL is constantly evolving to reflect current legislation and to provide public assurance that persons in care are provided for in a healthy and safe environment (BC Ministry of Health, 2012). Presently, licensing officers and licensing nutritionists in Island Health inspect, license, and monitor approximately 1,300 licensed child care and residential care facilities (Island Health, 2013b).

The process for regulating licensed facilities is complex—one that requires licensing officers to incorporate progressive enforcement techniques (Baldwin, Cave, & Lodge, 2012; Dowdy, 2011; McClure, 2008). In the last 10 years, BC's care facilities' regulatory framework has been replaced with statutes and regulations that are more modernized and reflective of elements that must be followed for an effective, fair, and enabling system (Baldwin et al., 2012; BC Ministry of Health, 2012; Braithwaite, 2012; Dowdy, 2011). The existing legislation in BC encompasses outcome-based and prescriptive standards, allowing for some licensee flexibility and discretion when operating a licensed care facility (BC Ministry of Health, 2012). While the modern paradigm has shifted to encompass a more “innovative approach to balancing the dual responsibilities of ensuring appropriate oversight and ensuring the health and safety of individuals in licensed care” (Dowdy, 2011, p. 6), public

regulation continues to have established a baseline of protection from which neither licensees nor licensing officers can deviate (Baldwin et al., 2012; BC Ministry of Health, 2012; Colbert, 2005; McClure, 2008; National Association for Regulatory Administration, 2009a).

In 2012, the BC Ministry of Health produced a document that outlined the regulatory framework of CCFL programs, which included the roles, responsibilities, and relationships of licensing officers and licensees. In that document, the Ministry encouraged licensing officers and licensees to work collaboratively to better meet compliance and quality care goals (p. 45). Specifically, the BC Ministry of Health stated, “Diversity in inspection style and approach is acceptable and in many cases may be beneficial, provided that basic principles are followed” (p. 45). This approach reinforced for Island Health CCFL regulators, who proactively integrate industry best practices, that a coach approach could possibly enable licensing officers to build collaborative relationships with licensees, empowering licensees to be solution builders as they operate their own licensed care facilities. This belief, “coupled with the perspective that licensing officers can create cooperative relationships with licensees” (p. 45), dovetails with health care reform practices, which continually look to construct paths for prevention, best practices, and cost effectiveness (Dickson & Tholl, 2014; Lefebvre, Baker, Seven, & Chaufournier, 2010).

Increasingly, organizations have come to recognize the value of relationships. In particular, progressive organizations recognize coaching relationships as an important source of learning and development for both employees and their clients (Bennett & Bush, 2014; Dickson & Tholl, 2014; Grant, 2010; Martiz, 2013). These relationships can be informal or formal and can take various forms, including peer, team, leadership, strength-based, and workplace coaching. As a developmental relationship, workplace coaching is often described as a short- or

long-term relationship between a peer, superior, and/or community partner that is created to positively impact goal attainment (Grant, 2010; Lofthouse & Leat, 2013; Wolfe, 2014). This perspective weaves well with both prescriptive and outcome-based legislation, as licensing officers must work intentionally with licensees to ensure that each standard is implemented and meets the intent of the legislation, while acknowledging that all licensees and their respective facilities are unique (BC Ministry of Health, 2012; Dowdy, 2011; McClure, 2008).

Based on years of experience in the field of human care licensing, Wood (2011), a National Association for Regulatory Administration Trainer and Consultant, suggested that the human side of licensing goes beyond regulatory checklists. It includes personal interactions, emotions, behaviors, and attitudes as well as expectations that licensing officers and licensees have for one another. These are congruent with workplace coaching techniques that embrace the *human side*, which require the coach to listen, observe, ask questions, provide feedback, and champion an individual's progress leading to transformational change (Dickson & Tholl, 2014; Fenwick, 2015; Scott, 2004). Research further suggested that the quality of CCFL programs is largely determined by the education and training of regulatory practitioners (Koch, 2011; McClure, 2008; National Association for Regulatory Administration, 2000). As such, developing coaching competencies in licensing officers is an issue with broad implications for policy and practice.

With this in mind, in 2009 the Island Health CCFL program looked for ways to fulfill their mandate and innovate as they carried out their responsibility to ensure compliance with statutory law. They did this by instituting a coach training strategy: an approach they believed would enable licensing officers to be more successful in their role to protect vulnerable populations (K. Bruce, personal communication, September 15, 2015). This was an anomaly, for

while the past decade has brought an explosion of interest in workplace coaching, integrating coaching skills and/or a coach approach in the field of human care licensing is a new phenomenon.

Background of the Study

The Island Health CCFL program integrated a leadership program in the field of human care licensing in 2006 to address its vision to become a transformational licensing program in Canada (Vancouver Island Health Authority, 2006; McClure, 2008). A 5-year training plan was enacted, uniting the BC Ministry of Health's occupational competencies for licensing officers with seven leadership capabilities generated from literature on transformational leadership (Vancouver Island Health Authority, 2008; McClure, 2008). The goals of the professional development plan at that time were to:

- strengthen the CCFL program culture;
- align individual efforts with Ministry objectives and direction;
- clarify practice expectations for all staff;
- provide a clear direction for professional development;
- promote a focus on continuous improvement within the workplace;
- ensure accountability and responsibility for regulatory practice and licensing leadership. (Vancouver Island Health Authority, 2008, p. 1)

As the program evolved, the management team took action to maximize the education, training, and development for licensing officers. In 2008, the CCFL program added three new goals to the professional development plan, which identified that training would be voluntary, individual learning plans would be instituted, and licensing officers would self-select learning partners

(p. 1). These objectives continue to guide the education and development framework today, which is based on a transformative learning model, with the intent for ongoing change and innovation (Grant, Green, & Rynsaardt, 2010; Kane, 2014; McClure, 2008; Vancouver Island Health Authority, 2008).

In 2007, parallel to the CCFL program enacting the 5-year training and development strategy, this researcher conducted a qualitative action research study on personal mastery with Vancouver Island Health Authority licensing officers as part of the requirements for a Master of Arts in Leadership and Training at Royal Roads University. Study results supported a recommendation to incorporate a coach approach as a tool for regulatory practitioners (McClure, 2008, p. 143). The management team, under the direction of the Regional Manager, adopted the recommendation, and in September 2009, the first in-house coach training was offered. Between 2006 and 2009, Island Health regulatory practitioners built a licensing leadership foundation on personal mastery, clear leadership, systems thinking, and enacting a vision (McClure, 2008). This enabled the CCFL program, in 2009, to continue to construct a framework of innovation and change, beginning with coach training as the next level.

In an effort to unite regulatory technical competencies with licensing leadership capabilities, a coach approach skill set became one of the primary leadership practices for CCFL regulatory practitioners. As such, the program adopted Kimsey-House, Kimsey-House, Sandhahl, and Withworth's (2011) perception that "coaching is not so much a methodology as it is a relationship. The real art of effective coaching comes from a [licensing officer's] ability to work within the context of a relationship" (p. 15). Between 2009 and 2015, five in-house coach training opportunities were provided for licensing officers and the management team. The training programs were founded on experiential research, with a sound theoretical base, which

informed the curriculum content and practice schedule (Chernoff, 2008; Grant, 2010; Martiz, 2013). Additionally, the development of coaching competencies involved constructing and promoting learning activities and materials that could immediately be applied in the workplace (Grant & Hartley, 2013). However, as with all licensing leadership education after 2008, participation in any or all of the training was voluntary, “with the exception of ministry training, learning teleconferences, and practice meetings” (Kane, 2009a, p. 1). This meant that regulatory practitioners in the Island Health CCFL program had the choice to participate; approximately 75% of the licensing team partook in the licensing leadership training, which included the coaching instruction (C. Kane, personal communication, October 27, 2015).

The intentional in-house coach training began with a generic coaching model adapted for the field of human care licensing. It was facilitated by Julia Menard, a Master Certified Coach, and integrated coaching principles from the Co-Active Coaching™ model as well as from the Royal Roads Executive Coaching program (Kane, 2009a, p. 1). The following year, Fierce Conversations was offered (Kane, 2010, p. 2), which incorporated a coaching model that harmonized with organizational change (Scott, 2004). In 2013, Coaching Out of the Box, a coach training program adopted by all five BC health authorities for executives, was presented, with a follow-up session in 2014 (Kane, 2013, p. 2). Mel McLeod, an Organizational Development Consultant and a Myers Briggs Certified Practitioner, facilitated an all-day session in 2015 called Coaching in MBTI and Personal Mastery (Kane, 2014, p. 2). This training was a primer for a 6-week coaching program titled, Using a Coach Approach in Regulatory Practice with LEADS, which was offered between April and June 2015 in partnership with Royal Roads University (Kane, 2014). These sessions provided the instruction for regulatory practitioners in Island Health to develop coaching capabilities specific to a regulatory environment.

According to Kane (2014), in the past six years, 60 hours of in-house coach training and 60 hours of scheduled practice have been provided for licensing officers and the management team. As a result of the coach, licensing leadership, and technical competency training for licensing officers, the CCFL program met or exceeded the minimal 40 hours of training per employee advocated by the American Society for Training and Development (Heathfield, 2015). A commitment to meeting and/or exceeding the program mandate and providing superior education and training opportunities has made the CCFL program a frontrunner in regulatory practice (K. Bruce, personal communication, September 9, 2015).

Integrating coaching as a competency for licensing leadership development has been a priority in the construction of education, training, and development plans in the Island Health CCFL program since 2009. Anderson, Gisborne, and Holliday (2006), experts in the field of public safety, positioned coaching as a skill that can be used “in police, justice, security and public safety environments, for individuals, teams, organizations and communities” (p. 110). As a past full-time employee and a current consultant with CCFL, this researcher has been instrumental in championing a licensing leadership training stream and a coach approach in the field of human care licensing. This researcher’s interest in regulatory practice began in 1998 and was intrinsically woven to the act of coaching in 2009. Uniting the researcher’s passion, experience, and understanding of regulatory practice, leadership, and coaching enabled the germination of this study.

Researcher Role

The primary question for this research study was developed from the researcher’s own experience as a regulatory practitioner for Island Health: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance? This

researcher spent eight years as a Child Care Licensing Officer, five years as the Licensing Training Officer, and two years as the Supervisor of Licensing. Currently, the researcher is a casual practice consultant for the Island Health CCFL program and a sessional instructor in regulatory practice for the Justice Institute of British Columbia. This researcher has a strong commitment to modeling characteristics of a coach approach in all her relationships and interactions with regulatory practitioners, licensees, students aspiring to be licensing officers, and community partners. Current literature on coaching, leadership, and licensing has influenced this researcher's perception of the importance of a coach approach in the field of human care licensing.

Statement of the Problem

Workplace coaching has become a popular process in business, education, government, and health as a strategy for enhancing learning and development (Brock, 2008; Chernoff, 2008; Dickson & Tholl, 2014; Fielden, 2005; Grant, 2010). Licensing officers must monitor, inspect, and educate licensees to ensure that they understand their obligations in operating a licensed care facility (BC Ministry of Health, 2012). A common scenario depicts licensing officers enforcing from a checklist, with no specific attention spent on relationships, learning, and/or development outside of technical competencies.

A comprehensive review of the literature identified several gaps in knowledge related to integrating a coach approach in the field of human care licensing. More evidence was needed to better understand:

- the application of workplace coaching in the field of human care licensing;
- the degree to which licensing officers integrate a coach approach into their practice;

- the process for applying a coach approach in the field of human care licensing;
- how the process of learning and development in workplace coaching relates to empowering licensees to be solution builders; and
- the collaboration between perspectives and actions of licensing officers and licensees.

Integrating a coach approach into the field of human care licensing builds on the empirical research conducted on workplace coaching (Brock, 2008; Chernoff, 2008; Dickson & Tholl, 2014; Grant, 2010; Martiz, 2013). Missing from the literature was the lack of research into the application of workplace coaching amongst licensing officers in the field of human care licensing. In fact, utilizing a coach approach in regulatory practice appears to have never been formally done in the field of human care licensing in BC; however, building partnerships founded in conversation has been the focus of study, particularly in the United States (Dowdy, 2011; National Association for Regulatory Administration, 2000; Wood, 2011). Because coaching conversations are the backbone of dialogue, licensing officers “must have conversations that interrogate reality, provoke learning, tackle tough challenges and enrich relationships” (Scott, 2004, p. xix). Therefore, this researcher hypothesized that when licensing officers utilize coaching skills with licensees, they may engage individuals in discussions that “increase clarity, improve understanding, and provide impetus for change” (p. xx).

As a transformative tool and a solution-focused technique, a coach approach is congruent with the BC Ministry of Health’s (2012) mandate for CCFL programs, current legislation, and innovative regulatory practices. According to Dowdy (2011), compliance practices usually involve suspending judgement, getting curious, and providing consultation, as well as sharing best practice information with licensees. These practices weave synchronistically with coaching

skills (Gibson, 2009; Scott, 2004). Gibson (2009) reminded practitioners that relationships are at the heart of effective leadership, learning, and growth. Bianchi and Steele (2014) went further when they suggested coaching is a leadership practice, and “no matter what your professional capacity is, you can benefit from incorporating coaching skills into your way of doing things and thus play your part in the innovation process” (p. xv).

Therefore, this study provided an additional opportunity to observe how the concepts of transformative learning and transformative leadership are manifested in the field of human care licensing. Transformative learning, as described by Kegan (2000), alters how one knows something as opposed to informative learning that modifies what one knows. This was consistent with Mezirow’s (1991) definition of transformative learning that suggested adults can change their beliefs and perceptions, which, in turn, influences their decisions and actions through a shared learning process, grounded in respect and hope. Without a doubt, the act of transforming something from what was to what could be requires a commitment to change through respectful engagement (Illeris, 2014).

Complementary to transformative learning is transformative leadership, as reflected by a leader’s genuine desire to serve others through his/her guidance. Greene (1998) and Shields (2013) championed that transformative professionals blend genuine, value-centered leadership qualities with distributed, dialogic, and sovereign leadership characteristics. They embrace a transformative style, focusing on the cognitive development of others, while concurrently advocating for a just, sustainable, and equitable world.

United, transformative learning and transformative leadership have the potential to create sustainable change through a commitment of fostering courage, connection, and purposeful engagement with individuals in the workplace and in the community. While this may be

optional for some organizations, in Island Health, transformative learning and transformative leadership dove tail with the “Triple Aim for Populations—Applying integrated approaches to simultaneously improve care, improve population health, and reduce costs per capita” (Institute for Healthcare Improvement, 2015, para. 1). This study was founded on the belief that integrating a coach approach is an innovative practice for 21st-century regulatory practitioners.

Purpose of the Study

The goal of this action research was to investigate the application of coaching competencies by licensing officers in regulatory practice through the “lead self” and “engage others” domains of the LEADS in a Caring Environment framework (LEADS; Dickson & Tholl, 2014). For the purpose of this study, the integration of coaching skills into regulatory practice by licensing officers will be generally defined as a coach approach in the field of human care licensing. It was anticipated that the experience from the licensing officers, management team participants, and licensees, framed within the construct of their roles, would provide valuable information for understanding the knowledge, skills, and experience necessary for integrating a coach approach into regulatory practice.

This study was intentionally designed to identify whether coaching skills in licensing officers would enhance transformative learning opportunities for licensees as well as extend transformative licensing leadership capabilities in regulatory practitioners. The LEADS framework (Dickson & Tholl, 2014) was operationalized specifically within the study design as part of the conceptual framework and as an analysis tool. The LEADS framework is founded on transformative leadership and transformative learning theories. As described by Dickson and Tholl (2014), “Transformative leadership is the collective capacity of an individual or group to influence people to work together to achieve a common purpose: the health and wellness of the

population we serve” (p. vii). Additionally, Dickson, Lindstrom, Black, and Van der Gucht (2012) recommended that learning strategies need to be developed that integrate curricula for health leaders and decision makers that work effectively in modern, complex health care systems. For many Island Health CCFL regulatory practitioners, this entailed adopting a coach approach.

Significance of Study

The CCFL program in Island Health is one of five licensing programs in BC and the only licensing program in BC to integrate a coach approach (K. Bruce, personal communication, August 24, 2013). After six years of licensing officers developing coaching competencies, the Island Health CCFL management team, including this researcher, was curious to learn if a coach approach is appropriate in regulatory practice. The objective of the inquiry was to explore collaboratively with CCFL licensing officers, the licensing management team, and licensees:

- how the acquisition of coaching competencies in licensing officers influenced their interactions with licensees;
- how and where a coach approach falls within the enforcement spectrum;
- how transformative learning could influence licensee compliance;
- who and/or what contributes to the development of leadership capacity among licensing officers in the CCFL program; and
- ways to encourage licensing officers and licensees to work collectively as proactive partners in compliance.

Grant (2003) defined coaching as a “results-oriented, systematic process in which the coach facilitates the enhancement of life experiences and goal-attainment in the personal and/or

professional lives of normal, nonclinical clients” (p. 254). Congruent with this definition was Bennett and Bush’s (2014) outlook that skilled “coaching facilitates an individual or groups movement from one state of understanding, behavior, and performance to the next” (p. xvi). A coach approach in regulatory practice met this intent through the application of coaching skills, while enhancing workplace outcomes for both licensing officers and licensees as it encompasses people, process, and results.

All licensing officers are leaders; however, the mandatory education for regulatory practitioners is primarily in administrative law and technical competencies. This research investigated how coach training and practice integration has enabled licensing officers to be transformative leaders (Anderson, 2000; Koch, 2005; Stottlemire, 2006). Dr. Terry Lake, BC Minister of Health, (as cited in Justice Institute of British Columbia, 2013) summarized the importance of educating licensing officers by stating,

Community care licensing officers are an important part of our overall health care system, and play a key role in helping to ensure that our loved ones are safe—whether they are our children in a day care facility or our parents in long-term care. (para. 8)

Coaching competence in regulatory practitioners may enable licensing officers to become transformative leaders—leaders who are able to use the continuum of enforcement to ensure that risk is minimized and individuals in care are further protected. It may also encourage licensees to become transformative learners—learners who are solution builders and self-regulators in their facilities.

Workplace coaching has had a profound impact on development, performance, and change enhancement in workplace sectors (Bennett & Bush, 2014; Brock, 2008; Dickson & Tholl, 2014;

Grant, 2014; Grant & Stober, 2006; Institute of Leadership & Management, 2011). Most recently, the International Coach Federation, Vancouver Island Charter Chapter (n.d.) suggested that there is a correlation between coaching and employee engagement and performance. This study queried whether the principles and practices of workplace coaching could change the trajectory of how licensing officers engage with licensees. “Coaching is designed to change aspects of performance, development, and even transformation of individuals and groups, which can then impact changes in organizations and systems” (Bennett & Bush, 2014, p. 3).

Research Questions

Guiding this study was the primary question: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance? To answer this question, four sub questions were included to steer exploration of the principle query:

1. How do the skills of workplace coaching contribute to the relationship between licensing officers and licensees?
2. How does a coach approach unite with enforcement practices?
3. How do licensing officers build the internal strength to lead others with confidence, purpose, and conviction?
4. What do licensing officers say, plan, decide, or promote that influences others to exercise new skills, create new relationships, or master new knowledge?

Conceptual Framework

The literature on workplace coaching supported an emerging framework that conceptualizes workplace coaching within an appreciative environment (Grant, 2010; Martiz, 2013). This study was guided by the strengths of a conceptual framework that wove together

concepts, perspectives, and theories from literature on workplace coaching, transformational and transformative leadership, and transformative learning theories. In addition, it integrated the LEADS framework as well as information about enforcement in regulatory practice (Dickson & Tholl, 2014). Each concept, topic, and theory was purposefully selected, as they synchronize with the field of coaching, leadership, and regulatory practice.

Through the enactment of coaching competencies grounded in transformational and transformative leadership as well as transformative learning, licensing officers may move from a transactional style of leadership and enforcement to a more transformative and collaborative form of engagement. As described by McClure (2008),

Negative enforcement methods are more transactional, based on contingency as opposed to positive enforcement strategies [that] are designed to prevent and guide licensees toward compliance with the regulations and standards of practice. They are methods that encompass a shared transformational perspective. (p. 46)

Developing a collaborative approach may enable licensees to be active solution builders as they integrate legislative requirements that ensure the health, safety, and well-being of individuals in licensed care facilities. “The Licensing officer and licensee relationship should be based on mutual learning, education and collaboration rather than focused on rule-based enforcement” (BC Ministry of Health, 2008, p. 4). This point of view complemented Shields’s (2013) message that professionals need to reframe their mental models and create solutions that constructively impact humanity as a whole (p. 63). Transformative learning and transformative leadership unite learning with unlearning, stewardship with service, and reform with diversity. Both transformative leadership and learning unify people, illuminate accountability, foster

opportunities for inquiries, and create a just and democratic society through a systems view (Shields, 2013).

The conceptual framework, as illustrated in Figure 1, creates a holistic picture, similar to coaching (Martiz, 2013). The framework exemplifies the interconnectedness that is formed from relevant concepts and theoretical perspectives as well as from perceptions and knowledge from prior research and/or practice, informing the connection between the research question and the action research cycle (Kumar & Antonenko, 2014; Maxwell, 2013; Ravitch & Riggan, 2012). The conceptual framework is a fluid framework that was influenced from the literature collection, methodology, analysis, and recommendations, as it was the heart of this study (Bordage, 2009).

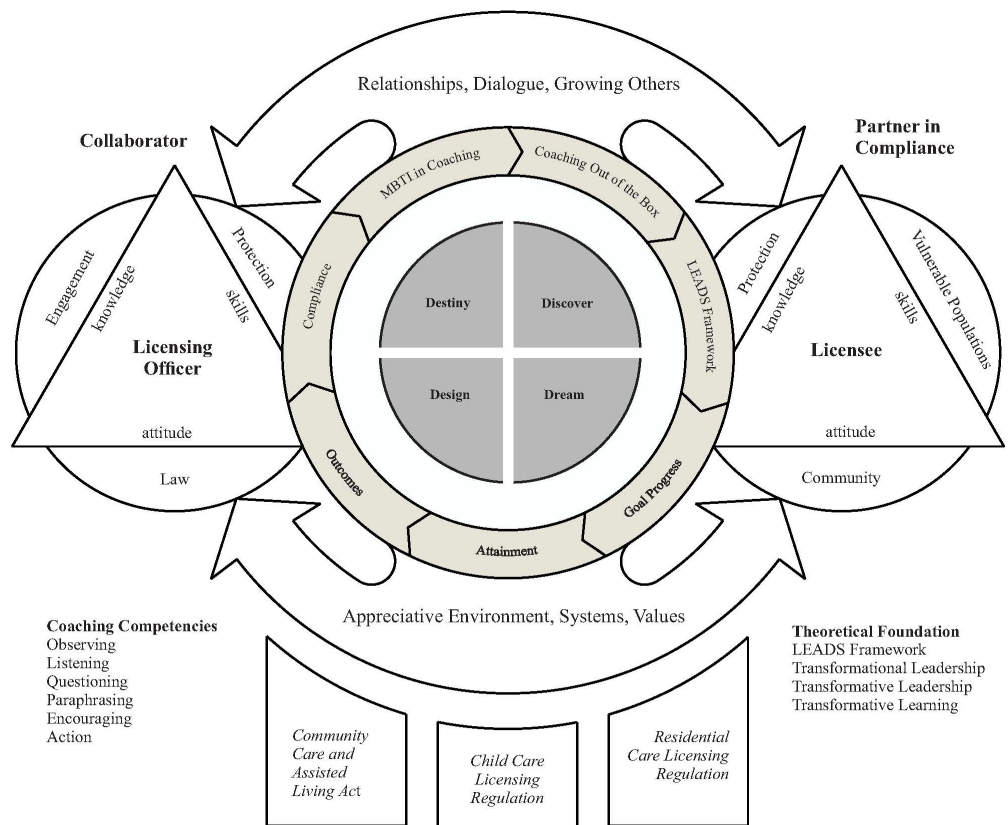


Figure 1. Conceptual framework.

Note. Adapted from “Taming the Wild West of Business Coaching Training: An Emerging Conceptual Framework,” by J. Martiz, 2013, *Acta Commercii*, 13(1), p. 7. Copyright 2013 by J. Martiz. Used with permission.

The core mandate of licensing is to promote the health and safety of individuals in licensed care facilities (BC Ministry of Health, 2012), which is expressed in the conceptual framework as legislation. The legislation provides the foundation upon which the entire conceptual framework rests. Legislation gives licensing officers the authority to monitor, inspect, and investigate activities in licensed care facilities. Relationships, conversations, and growing others are the touchstones that mirror with appreciative environments, systems, and values. All six touchstones join with both licensing officers and licensees, for it is their collaborative efforts that ensure the safety, health, and wellness of vulnerable populations.

At the center of the diagram is the appreciative inquiry model that radiates out to the licensing officer and the licensee (see Figure 1). A systems perspective suggests that each part must be connected (Senge, 2006; Wheatley, 2006). Adjacent to the legislation are coaching competencies on the left and theories on the right. Collectively, each part of the conceptual framework works in tandem to enable licensing officers to be transformative leaders as they support and challenge licensees to achieve facility requirements and individual objectives for operating a licensed care facility. As a communication strategy, a coach approach is significant for involving people and empowering them to be self-directed change agents (Dickson & Tholl, 2014; Grant, 2014; Scott, 2004). This conceptual framework illustrates an inclusive perception for meeting the needs of regulatory practitioners, licensees, and citizens.

Ravitch and Riggan (2012) postulated that a conceptual framework enables the researcher to craft a tapestry, weaving in past knowledge while constructing new information. The intent of this study was to illuminate new knowledge while exploring existing practices. It was crafted to

inquire how regulatory practitioners from Island Health have applied a coach approach with licensees who operate a licensed care facility on Vancouver Island, BC.

Assumption and Limitations

For this study, it was assumed that a coach approach in regulatory practice was grounded in the belief that licensing officers have a fundamental role to play with licensees in building relationships, providing learning and development opportunities, and integrating innovative practices when monitoring, inspecting, and investigating licensed care facilities in Island Health. If licensees are going to be partners in compliance, a more transformative approach to regulating must be enacted. If not, the field of human care licensing will miss an opportunity for licensees to become self-regulators and vulnerable populations in licensed care to be further protected.

Findings of this study were limited to the experiences of six licensing officers, a licensing supervisor, two practice consultants, two senior licensing officers, the regional manager licensing, and seven licensees, all of whom were female. Additionally, the findings were limited to the perceptions of licensing officers who had participated in two or more of the voluntary in-house coach training sessions offered through CCFL between 2009 and 2015 and to licensees who currently have a licensing officer employing a coach approach. While the research was not intended to be generalized to all regulatory programs in BC, the insights and the perceptions of the licensing officers, management team, and licensees are important to the field of human care licensing. Their contributions for understanding a practice that invites licensing officers to employ relational and developmental techniques that optimize, enhance, and collaborate with licensees may inform and inspire regulatory practitioners.

Definitions of Terms

Each term described in Chapter 1 is used throughout the text of this document. In the field of human care licensing, coaching, and leadership, there are many terms that are interchanged and/or are unique to regulatory practice. For the purpose of this study, clarity of each term is imperative. The 10 terms defined in this study are *coach approach*, *community care facilities licensing*, *casual employee*, *human care licensing*, *licensing officer*, *licensee*, *licensing leadership*, *legislation*, *regulatory practice*, and *relationships*. They are explained in context to regulatory practice and are conceptually and operationally defined for better understanding.

A *coach approach* is the act of an individual who employs coaching competencies in an organization. Birch (2012) suggested the approach is integrated into a coaching culture as a form of informal or formal leadership. “A coaching culture develops and strengthens leadership at every level. It enables leaders to see with greater clarity, act with more energetic purpose, and lead with more support and confidence” (para. 2).

Community Care Facilities Licensing (CCFL) “describes the system of legislation and policy that governs the provision of care and supervision in British Columbia’s licensed community care facilities” (BC Ministry of Health, 2012, p. 2). Licensing officers are the people delegated to ensure the legislation is met within the system. Licensees operate the facilities within the system.

Casual employee is a term used in British Columbia to describe employees who work without a permanent position, a fixed contract, and/or are not guaranteed 32 hours a week (MacPhail & Bowles, 2008).

Human care licensing is another term used in exchange for Community Care Facilities Licensing. It is the field of practice that is “dedicated to promoting excellence in human care

regulation and licensing through leadership, education, collaboration, and services” (National Association for Regulatory Administration, 2011, p. 2). Human care licensing entails people, processes, and prohibitions.

Licensing officer is a person who is delegated to enforce legislation in the Province of BC. He or she is a provincial steward who is mandated to ensure the health, safety, and well-being of individuals in licensed care facilities. “A licensing officer monitors licensees’ compliance with the *Community Care and Assisted Living Act*, the Residential Care Regulation and the Child Care Licensing Regulation” (BC Ministry of Health, 2008, p. 1).

Licensee is a person who operates a licensed child or residential care facility in the Province of BC. “Operators of licensed care facilities [licensees] and their staff provide direct care and supervision to persons in care, and have the primary responsibility to protect and promote the health, safety, dignity, and wellbeing of persons in care” (BC Ministry of Health, 2012, p. 8). They are the operators of the facility.

Licensing leadership is a term that unites the role of a licensing officer with the act of enforcing legislation while embracing leadership. “Licensing leaders [are those who] build relationships with licensees and community partners, enabling them to enforce from a more holistic perspective” (McClure, 2008, p. 142). Licensing leaders embody transformational leadership practices.

Legislation is the law in BC. The three pieces of legislation that govern licensed care facilities in BC are referred to as “the *Community Care and Assisted Living Act*, the Residential Care Regulation and the Child Care Licensing Regulation” (BC Ministry of Health, 2008, p. 1). Each piece of legislation describes standards to be followed.

Regulatory practice is a term that describes the field of licensing. It is often interchanged with the terms *Community Care Facilities Licensing* or *Human Care Licensing*. The BC Ministry of Health (2012) has described regulatory practice as “the system of legislation and policy that governs the provision of care and supervision in British Columbia’s licensed community care facilities” (p. 2).

Relationship has been defined in the *Oxford Dictionary* as: “The way in which two or more people or things are connected, or the state of being connected” (“Relationship,” 2014, para. 1). Relationships are grounded in engagement with two or more individuals, as they infer a connectedness.

The LEADS framework is a Canadian framework developed by Dr. Graham Dickson and Bill Tholl (2014), crafted as a map to guide employees navigating change. The acronym LEADS represents five leadership domains, which include (a) lead self, (b) engage others, (c) achieve results, (d) develop coalitions, and (e) systems transformation (p. 1).

Chapter Summary

This study was founded on the belief that a coach approach in the field of human care licensing may enhance the monitoring and enforcement practices of licensing officers and transform how licensees solution build and self-regulate. Integrating a coach approach is an innovative practice for 21st-century regulatory practitioners. Glesne (2006) suggested that a great deal about the general can be learned from the specific. Like many qualitative studies, this study was specific, and the experiences from the participants in Island Health illuminated insights that may contribute to the general. It could be argued that action research studies are a weak research design (Brown, 2015; Campbell & Stanley, 1963; Mills, 2014; Schell, 1992). However, from a phenomenological perspective, action research studies often recommend

working hypotheses appropriate for other studies (Brown, 2015; Creswell, 2013; Gomm, Hammersley, & Forster, 2000; Mills, 2014) as a creative act that helps to create truth (Law, 2004). Hartman (as cited in Brown, 2015) suggested, “Each discovery contributes to our knowledge, and each way of knowing deepens our understanding and adds another dimension to our world view” (p. 3). It is hoped that this study will inform other regulatory institutions as to the effectiveness of a coach approach in the field of human care licensing.

Chapter 1: Introduction presented the study, including the background of the study topic, the role of the insider researcher, the problem statement, purpose of the study, significance of the study, and research questions. Also included in Chapter 1 are the conceptual framework as well as the assumptions and limitations for the study. The chapter ended with definitions specific to the field of regulatory practice.

Chapter 2: Literature Review follows with detailed information from peer-reviewed articles, books, dissertations, and non-peer reviewed literature. It provides a comprehensive review of current thinking on the topic of workplace coaching. Schmitz (2012) postulated change that impacts society is accomplished by individuals collectively uniting to accomplish something greater than what currently exists. Workplace coaching appears to be transforming people, programs, and communities in business, education, government, and health care.

Chapter 3: Methodology describes the research approach, including specific information about action research. It additionally contains explicit information regarding the site, the participant selection, the research methods and tools, and the data collection and data analysis processes. Chapter 3 also magnifies the limitations, biases, and ethical considerations for the study.

Chapter 4: Research Results and Conclusions explains the analysis methods, while providing an overview of the research. It presents the results and includes the data findings that were generated from the analysis. It concludes with the key themes.

Chapter 5: Discussion, Implications, Recommendations provides an overview of the study, illustrates how the research questions were answered, further expands on the limitations, and makes recommendations for future research. It additionally includes the researcher's reflections.

CHAPTER 2

LITERATURE REVIEW

A literature review is “a description of the conversation that already exists in relation to the topic” (Biklen & Casella, 2007, p. 76). This literature review is a comprehensive representation of current thinking on the topic of workplace coaching and current trends in human care licensing. Using a traditional review method, the researcher reviewed academic and practitioner-oriented sources and print and electronic documents for inclusion. Peer-reviewed articles, books, dissertations, and non-peer reviewed literature shape this chapter. Five primary themes are explored: (a) modern patterns and practices of workplace coaching; (b) ethics in coaching, (c) coaching as a relational approach for learning and development; (d) enforcement in human care licensing; and (e) coaching within the LEADS framework—a framework designed specifically for the Canadian health care system (Dickson & Tholl, 2014).

To fully appreciate the challenges of building relationships with licensees, the nature of workplace coaching in the field of human care licensing must be explored. Across professional spectrums, coaching is embraced as a collaborative technique, rooted in the belief that through building on an individual’s strengths, through dialogue, theory can be translated into practice, and experiential learning can be enhanced (Du Toit, 2014; Freire, 1990; Martiz, 2013; Wolfe, 2014). Because workplace coaching is emerging in the 21st century as a valuable practice, this literature review begins with an overview of modern patterns and practices of workplace coaching (Grant, 2010).

Modern Patterns and Practices of Workplace Coaching

Both scholars and practitioners have touted the importance of workplace coaching. In 2004, Wilson suggested workplace coaching had become all the rage, when in fact, it had been

around for a very long time (Passmore & Fillery-Travis, 2011). Three years later, Reiss (2007) championed that coaching in the workplace was cutting-edge. Not long after, Stout-Rostron (2009) publicized that globally, coaching was a trendy leadership practice, and Grant (2010) postulated that coaching competencies are essential to modern learning and development methods and present-day leadership styles. More recently, Alison Hendren, a practitioner of coaching and a Master Certified Coach and Chief Executive Officer of Coaching Out of the Box®, inquired as to what would happen if everyone in an organization had coaching capabilities, while stating that the intention of her organization is to make coach training accessible to everybody (Coaching Out of the Box, 2014). What if everyone really did use coaching skills in the workplace? This question mirrored the primary focus of this research, which sought to explore how coaching skills, referred to as a coach approach, may unite with enforcement practices in the Community Care Facilities Licensing (CCFL) program of Island Health.

Within the growing academic and practitioner literature, evidence has suggested that workplace coaching has become popular in organizations worldwide (Agarwal, Angst, & Magni, 2009; Chernoff, 2008; Dickson & Tholl, 2014; Segers, Vloeberghs, Henderickx, & Inceoglu, 2011). In fact, it appears to now be accepted as a legitimate and valued tool for positively impacting workplace development and performance enhancement (Dickson & Tholl, 2014; Grant, 2014; Grant & Stober, 2006; Institute of Leadership & Management, 2011; Martiz, 2013). “Coaching is a particularly powerful tool in the modern workplace—one that has proven to be a highly effective way of developing individual and organizational performance by unlocking capability” (Institute of Leadership & Management, 2011, p. 1). The phenomenon of coaching is

a skill and process that no longer is isolated to any discipline or profession in the 21st century (Bennett & Bush, 2014; Du Toit, 2014; Grant, 2010; Martiz, 2013).

In a transitional climate, where organizations demand individuals to be nimble and resilient, the need for a method to build capacity in others is increasing (Du Toit, 2014; Gibson, 2009; Wakefield, 2006). Therefore, the act of coaching has become a technique integrated in organizations to enrich individual and group development, which can result in impacting organizational outputs (Bresser, 2013; Dickson & Tholl, 2014; Du Toit, 2014).

In today's workplace, coaching is one of the fastest growing practices incorporated into organizations with and amongst peers, superiors, and subordinates (Bennett & Bush, 2014; Bresser, 2013; Dickson & Tholl, 2014; Martiz, 2013). While there appears to be no slowdown in the adoption of coaching (deHaan, Culpin, & Curd, 2011; Grant, 2010; Martiz, 2013; McLean & Hudson, 2012; Rush & Shelden, 2011), how coaching is defined continues to evolve (Lawler, 2011; Stout-Rostron, 2009).

Coaching Defined

Although coaching in organizations has been defined, it is difficult to identify one definition or philosophy that authors agreed on (Bennett & Bush, 2014; Brock, 2008; Grant, 2010; Rush & Shelden, 2011). This is partly due to the multiple points of view and to the overlap of perspectives represented by researchers and practitioners in business, education, government, and health. As suggested, many definitions exist for the term coaching, particularly in the workplace; some complement one another, and others do not. Ultimately, each explanation is inspired by a practitioner's beliefs, education, and experience (Brock, 2008; Martiz, 2013). However, it is possible to identify broad areas in the field of coaching that authors have contemplated when promoting or discouraging coaching in the workplace.

A general consensus exists that coaching is a practice; it is not teaching, instructing, or counselling (Dickson & Tholl, 2014; Du Toit, 2014; Grant & Stober, 2006; Martiz, 2013; Whitmore, 2009). Many authors have advocated that it is an interactive process that encourages cognitive, emotional, and behavioral changes that facilitate growth and development (Gibson, 2009; Grant, 2010; Grant & Stober, 2006; Peterson & Hicks, 1996; Starr, 2011; Whitmore, 2009). For example, Du Toit (2014) and Martiz (2013) proposed experiential learning is an important tenet of coaching, as coaches are a conduit for people developing themselves. “Coaching is the process of equipping people with the tools, knowledge, and opportunities they need to develop themselves and become more effective” (Peterson & Hicks, 1996, p. 14). Whitmore’s (2009) definition specifically described coaching as: “A mechanism for empowering individuals to acquire knowledge as they build capabilities and confidence” (p. 10). Reinforcing this was Bennett and Bush’s (2014) and Du Toit’s (2007, 2014) perspectives that coaching is a change tool. Coaching could be said to assist sense making as a client shifts his/her mental model to enable forward action. Multiple studies reinforced that effective coaching facilitates an individual’s movement from one position of understanding, behavior, and performance to another (Bennett & Bush, 2014; Brock, 2008; Du Toit, 2014; Martiz, 2013).

Chernoff (2008), Gibson (2009), Grant (2010), Knight (2009), and Levenson (2009) defined coaching as a process that moves an individual from a current state to a more desired state through the act of dialogue. Frisch, Lee, Metzger, Robinson, and Rosemarin (2011) further depicted it as a strategy to enhance leadership capabilities. More recently, Bozer, Sarros, and Santora (2013), Cox, Bachkirova, and Clutterbuck (2014), and Martiz (2013) advocated that coaching is a one-on-one relationship between a coach and an individual, which encourages the coachee to modify his/her behavior as he/she learns and develops, thus impacting personal and

organizational achievement. Hannafey and Vitulano's (2013) research proclaimed that at the heart of coaching is purposeful interactions. Based on a comprehensive study utilizing cognitive mapping, thematic grouping, and content analysis, Bond and Seneque (2013) concluded coaching encompasses personal and shared goal attainment, establishing objectives and staying self-aware, and remaining in the present with a focus of being alert to individual and group dynamics. Additionally, they suggested that coaching is also time specific and relationship centered. Few would argue this perspective.

The International Coach Federation, Vancouver Island Charter Chapter (n.d.) reinforced the idea that coaching is a process focused on uncovering an individual's goals and establishing an action plan. They submitted coaching is a shared interaction between a coach and a coachee that is designed to stimulate the coachee's cognitive and creative capabilities. Thus, the coach acts as a brainstorming conduit for the client, recognizing that the client knows his/her life best. Coaching Out of the Box Chief Executive Officer, Alison Hendren, championed that coaching is a collaborative engagement that maximizes whole brain thinking, enabling a coachee to build on his/her personal and professional strengths (personal communication, March 11, 2011). Congruent with Hendren's perspective was Wesley and Buysse's (2010) definition that coaching is a proactive engagement designed for adult learners, with an emphasis on knowledge enhancement and application. They noted that it is a shared engagement that encompasses listening, inquiry, reflection, and achievement. From this, it may be inferred that a coach holds a client accountable for integrating his/her new skills into practice.

While there is an abundance of definitions for workplace, business, and/or professional coaching (Brock, 2008; Du Toit, 2014; Lawler, 2011; Martiz, 2013), it appears each one means different things to different people. In fact, there is not one standardized definition or approach

to coaching (Du Toit, 2014; Grant, 2010). What was evident from the literature is that coaching is a change process. Bennett and Bush (2014) specifically defined coaching as a tool that “is designed to change aspects of performance, development, and even transformation of individuals and groups, which can then impact changes in organizations and systems” (p. 3). Consistent in the literature was the belief that skilled coaches communicate a belief in the potential of the people they coach, and they hold them accountable for their forward action plan. Forward thinking coaches look beyond the current situation—beyond what is to what could be (Grant & Stober, 2006; Wesley & Buysse, 2010).

At the heart of coaching are people, processes, and practices. Researchers like Bond and Seneque (2013) contended that whether coaching is described as executive, peer, workplace, organizational, business, life coaching, or a coach approach, it is “grounded in the here and now and assists with balancing individual, team, and organizational developmental needs” (p. 68). Many organizations expect their staff to employ coaching skills, and they refer to the process of enacting the skills as a coach approach (Centre for Creative Leadership, 2015).

Definition of a Coach Approach

Primarily, a coach approach is used by practitioners applying coaching skills in their profession who, though trained in coaching theory, models, and competencies, are not certified coaches (Center for Creative Leadership, 2015; Dickson & Tholl, 2014; Grant & Hartley, 2013). According to Riddle (2011), a coach practitioner and trainer of coaching, leaders who employ coaching principles, models, and techniques are more effective. This was reinforced by the Center for Creative Leadership (2015) in their *Leading Effectively e-Newsletter*. The author of the article “Coaching: 1 Idea, 3 Facts, 5 Tips” stated that when coaching is integrated into every professional’s way of being, the act of coaching happens spontaneously throughout the work

day, in any setting, addressing real-time issues. In fact, purposeful participation between a professional and a coachee is the foundation of Coaching Out of the Box. A coach approach using the Coaching Out of the Box (2011) model involves being client centered, trusting the client is capable cognitively, emotionally, and socially, and allowing the client to be the solution builder, while modeling lifelong learning.

It appears that the main objective of practitioners who adopt a coach approach is to inspire and motivate colleagues, direct reports, and community partners to perform at a higher level, engage in purposeful relationships, and enhance their leadership capabilities (Gibson, 2009; Goleman, Boyatzis, & McKee, 2002; Grant & Hartley, 2013; Martiz, 2013). For organizations that employ a coach approach, it is often integrated into their system as a leadership capability. “A coach approach is a leaderly way to support others to learn” (S. Fenwick, personal communication, April 16, 2015).

While a coach approach is only one technique that leaders integrate into learning experiences and developmental processes, it may also be one of the most difficult, unless it is cultivated as an intentional skill set (Goleman et al., 2002). Gibson (2009) postulated that, for many leaders, shifting their mental model from one of solution building to inquiry is challenging. Grant and Hartley (2013) substantiated Gibson’s (2009) and Goleman et al.’s (2002) viewpoints when they stated that coaching competencies are an essential component of every leader’s practice, and yet, they are learned abilities for most professionals. Increasingly, over the last three decades, organizations have been striving to cultivate a coaching culture as positional leaders look for innovative ways to enhance performance, productivity, and change (Du Toit, 2014; Gibson, 2009).

Coaching in the Last Two Decades

Much of what we know about coaching is documented in studies. Brock (2008), in her grounded theory study, described coaching as an “emerging and evolving field, complex, and dynamic, integrating the substance of many fields and the innovative thinking of great pioneers” (p. 1). This perspective complemented Levenson’s (2009) case study research that was conducted in 2004 and 2005 with four large companies from health, finance, and consumer products. Levenson suggested that the majority of studies done on coaching in organizations have found a positive connection between the act of coaching and behavior change. Using meta-analysis and self-evaluated narrations, he illuminated that the research on coaching in organizations has been primarily with middle and upper management. Levenson introduced a framework for evaluating the business return on investment of coaching. Further, he claimed that coordinating coaching with other leadership skills should increase the return of the investment for organizations. However, Levenson also argued that “coaching is not the appropriate practice for every situation” (p. 118).

One might hypothesize, as did Passmore and Fillery-Travis (2011) when they compared and contrasted coaching literature from the original study on coaching in the late 1930s to the late 1990s, that the act of coaching as an intervention is not evidence based. They examined hundreds of sources and concluded that case study methodology dominated the literature, with qualitative methods simply analyzing content. Stout-Rostron (2009) united each of these perspectives, while emphasizing that regardless of the theoretical underpinnings of workplace coaching, in practice, it appears coaching may transform an organization when it is purposefully executed. Brock (2008), Levenson (2009), Martiz (2013), Passmore and Fillery-Travis (2011), and Stout-Rostron (2009) recognized that coaching is gaining momentum and has become a

social intervention in many progressive organizations. While there was little supported quantitative evidence to illustrate it as a best practice approach and/or a cost-effective measure to learning and development, it has become one of the fastest growing competencies in the past decade (Dickson & Tholl, 2014; Du Toit, 2014; Martiz, 2013).

In the late 1980s, coaching as an organizational development tool became popular in business environments, primarily for performance management (Lawler, 2011). By the 1990s, coaching had become more of a skill-building, performance-enhancing, and development tool for middle and top organizational leaders (Brock, 2008; Du Toit, 2014; Lawler, 2011). Bond and Seneque (2013), Dickson and Tholl (2014), and Stout-Rostron (2009) claimed that in the late 1990s, consultants, counsellors, and clinicians began turning themselves into coaches to meet the emerging demand. In the early and mid-2000s to present day, “coaching exists for every type and size of business from the self-employed sole owner to huge coaching programs within the top Fortune 500 companies” (Brock, 2008, p. 3; see also Wolfe, 2014). This new message may, in part, be a return to a very old narrative. In exploring Brock’s (2008) work, Grant’s research (2010, 2014; Grant & Hartley, 2013), and Stout-Rostron’s (2009) compiled literature, it appears the roots of coaching germinated from the disciplines of psychology and business, “followed by adult learning and development, sports, and performing arts” (Brock, 2008, pp. 156–157) and has been around since the turn of the 21st century.

Andy Chernoff, Operations Manager at Rogers Wireless, who conducted a qualitative workplace coaching study with 30 positional leaders in 2008, suggested coaching has received much attention in the past 10 years because of its perceived value in workplaces, specifically focusing on the psychosocial domain and social learning theory. He explained self-efficacy is

the key psychological variable in workplace coaching. This perspective has been reinforced by more recent authors, such as Dickson and Tholl (2014), Du Toit (2014), Gan and Chong (2015), and Lawler (2011). It could be suggested, then, that the evolution in coaching is correlated to an individual's psychological development and is reliant on a sense of empowerment first and foremost.

Today, there is a blending and uniting of the best of the early thinking with greater clarity about what works in a rapidly changing environment (Clark, 2008; Du Toit, 2014; McLean & Hudson, 2012). The practice of coaching has been adopted across professions, most recently, health care (Dickson & Tholl, 2014), early childhood education and care (Wolfe, 2014), and regulatory practice (Dalhousie University, n.d.; McClure, 2014; Rush & Shelden, 2011). Coaching is one of the capabilities now being taught in organizations alongside leadership and systems thinking (Brock, 2008; Mackie, 2014).

In the field of enforcement, it has become an essential skill set (Dalhousie University, n.d., para. 1). As early as 2006, Anderson et al. had championed that coaching skills were an important capability in today's regulatory environments. More recently, Baxter (2013) emphasized how using a coach approach in enforcement is "leading the way to a new era . . . [which would be] critical to ensuring strong, community-minded leaders for the future" (para. 2). This synchronized with the literature from Bozer et al. (2013), who proclaimed that coaching has become one of the most recent methods for positively acquiring knowledge. In 2012, The Child Care Alliance of Los Angeles offered coaching to seven agencies through their in-house training program (Wolfe, 2014). In 2014, Wolfe reported, coaching has evolved into a method for professional development due to its unique focus on individuals and their workplace goals. This translated into a strategy for positively improving health and safety for vulnerable populations in

care. Within the literature, coaching has been inextricably linked to transformational leadership, which must be purposefully developed and exercised by all leaders (Du Toit, 2014; Gibson, 2009; Grant, 2010).

Uniting Leadership and Coaching

Particularly in the last two decades, there has been a movement towards a clearer understanding of the phenomenon of leadership, reflecting, in part, the collaborative and system-wide nature of leadership (Nasmyth, 2011). Nasmyth (2011) posited, “Constructs such as distributed leadership (Hargreaves & Fink, 2008), networked leadership (Sheard & Kakabadse, 2006), shared leadership (Greenberg-Walt & Robertson, 2001), democratic leadership (Limerick & Cunnington, 1989), systems leadership (Oshry, 1996; Senge, 2006), [and servant leadership (Northouse, 2013)] have emerged as widely accepted models” (p. 5). Along with these models, transformational and transformative leadership have been depicted as authentic (George, 2003), charismatic (Conger & Kanungo, 1998), conscious (Gibson, 2009), ethical (Shapiro & Stefkovich, 2011), and value based (O’Toole, 1996). Without a doubt, there is a plethora of literature on the topic.

Much of the literature on effective coaching described it as an important aspect of good leadership (Buljac-Samardzic & van Woerkom, 2015; Dickson & Tholl, 2014; Gibson, 2009). Furthermore, evidence from the literature illustrated coaching is founded on the principles of many leadership theories and models (Dickson & Tholl, 2014; McLean & Hudson, 2012). For example, Kouzes and Posner (2012) suggested a transformational leader, regardless of the discipline or industry, focuses on empowering the leader-follower relationship. Further they posited, “Transformational leadership occurs when, in their interaction, people raise one another to higher levels of motivation and morality” (p. 153). This was congruent with the perspective

that relationships are grounded in trust, respect, morality, and optimism (Dickson & Tholl, 2014; Gibson, 2009).

Transformative leaders dance between being creative and conceptualizing, being adaptive and coping, leading and deciding, and enterprising and performing (Bartram, 2009; Shields, 2013). They harness the capacity of their followers by empowering them to be leaders themselves. Staub (2002) suggested that it is a transformative leader's responsibility to produce more leaders, not more followers. With the current trends in leadership and change, perhaps it could be said that leaders of today are conscious of their responsibility to model and empower subordinates to be future leaders and makers of leaders themselves.

Shields (2011) contended that transformative leadership blends action with individual and collective contribution. She suggested it integrated social, political, economic, and environmental tenets with a commitment to mining the gems of history to deconstruct outdated contexts. Embedded in transformative leadership is "learning and improving in ways that make individuals, groups, organizations and ultimately the world better off" (Cummings & Worley, 2008, p. xvi). This added responsibility makes the job of a leader one of a role model, and as Kouzes and Posner (2012) eloquently stated, "The first step a leader must take along the path to becoming an exemplary leader is inward" (p. 42).

Others have also identified that before a leader can become "other-aware" (Gibson, 2009, p. 32), they must first become self-aware. Similarly, Karp and Helgo (2008) had earlier acknowledged the importance of leaders developing self-knowledge to enhance their leadership. Nasmyth (2011), like Karp and Helgo, "referred to the phenomenon as identity forming and suggested that as leadership evolves the simple act of individuation will take the place of the more traditional and increasingly outdated forms of leadership such as power and position"

(p. 16). This was congruent with Kets de Vries and Korotov's (2010) perspective that suggested transformative leaders recognize the importance of developing and distributing leadership capabilities throughout an organization. More recently, according to Kets de Vries and Korotov, transactional leadership is out, and transformative leadership is in. "Hierarchy is out and influencing skills are in" (p. 6).

Coaching ignites change. One of the earliest change theories originated from Lewin in the early 1950s (Schein, 1995). Lewin's model of change incorporated a three-stage process of unfreezing, changing, and re-freezing. In the first phase, people become aware that the old ways are no longer adequate; in the second phase, they look for new ways of being and in the final phase, they implement the new way (Yukl, 2012). Bridges's (1991) theory reflected three similar stages classified as (a) letting go, (b) the neutral zone, and (c) new beginnings. Lewin's theory suggested that change may be activated in two ways, which include (a) increasing the driving forces toward change or (b) reducing the restraining forces that create resistance to change. Without these prompts, the re-freezing phase can be difficult to complete, or as has been suggested, new beginnings may not be activated (Bridges, as cited in Yukl, 2012, p. 154).

Kotter (2012) reasoned self-interest, misunderstanding, low tolerance, and different assessments of the situation are why people are hesitant to embrace change (para. 1). He described six approaches to deal with resistance, including (a) education and communication, (b) participation and involvement, (c) facilitation and support, (d) negotiation and agreement, (e) manipulation and co-option, and (f) explicit and implicit coercion (para. 2). Change is fluid and requires a leader to be intentional in their actions when encouraging it.

O'Toole (1996) implied that there are three ways many leaders enact change, which include controlling, directing, or ordering. He proposed that contingency theory is a popular

leadership practice that promotes leaders responding to a situation in a manner that best suits his/her leadership style and the emerging event. O'Toole offered an alternative approach that is value centered, where the leader purposefully reflects on an individual's perceptions, hearing what he/she requires and desires. He shared examples of how leaders must employ a distributed leadership model that unites a follower's head and heart. His theory is similar to Kouzes and Posner's (2012) philosophy, where leaders must "model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart" (p. 21) in order for change to be sustainable.

Senge (2006) and Wheatley (2006) took the concept of change further, advocating for a more holistic view. They moved away from the individual perspectives and the reasons for resistance and instead described a systems approach to change: the learning organization. Senge cited the principles of systems thinking, mental models, personal mastery, shared vision, and team learning as foundational tenets of learning organizations. He further advocated that learning organizations enable "people [to] continually expand their capacity to create the results they truly desire" (p. 3). Change is customized work, and a leader and a client must work together, being future focused collectively (Wheatley, 2011). Congruent with this definition was Bennett and Bush's (2014) and Garvey, Stokes, and Megginson's (2009) perspectives that coaching is all about change. Change in the 21st century is an adaptive, daily process (Clark, 2008). As evidenced in the literature, coaching can help to facilitate the change process through a purposefully enacted coaching exchange (Du Toit, 2014; Grant, 2010; Martiz, 2013; Menard, 2009; Wolfe, 2014).

Phases of coaching exchanges. Methodologies of coaching interactions are contingent on the coaching model employed (McLean & Hudson, 2012). Each framework has its own

process that may appear linear, although it is dynamic and fluid (Coaching Out of the Box, 2011). There are primarily five steps to most coaching exchanges (Du Toit, 2014; McLean & Hudson, 2012; Menard, 2009; Whitmore, 2009; Wolfe, 2014). The first step is often referred to as the agreement, contract, or term stage. This is the step where the client identifies his/her goals for the conversation. Step two is the discovery period, where the coach explores the current situation or challenge the client is experiencing. The third step is a brainstorming stage, where the client mines for solutions to his/her goal. Connected with the third step is step four, in which change and removing obstacles are emphasized. The final step of the coaching interaction is the commitment stage. This is the step where the client makes a commitment to his/her action plan (Coaching Out of the Box, 2011; Wright & MacKinnon, 2003). In a coaching model, a professional will use all five steps, beginning with the contract phase. In a coach approach, the contract step is typically eliminated, as the professional is integrating coaching skills in an emergent process that is often less formal and non-contactable (S. Fenwick, personal communication, April 16, 2015).

In education, the GROW model by Whitmore (2009) is a familiar model. In business, many organizations use the appreciative inquiry coaching model (Camilleri, 2013), and in health care, Coaching Out of the Box (2011) is a model employed in Canada. The Gateways model has been adopted in early childhood education and care environments primarily in the United States (Wolfe, 2014). The literature on workplace coaching reinforced that each professional adopts a coaching model that suits his/her industry.

Coaching Models and Competencies

Numerous models of coaching have been designed to weave into theories of change and development (Du Toit, 2014). Whitmore's (2009) GROW model is a popular model that

emphasizes self-awareness and responsibility for the coachee. The GROW acronym represents the following: G is for goal setting for the session; R is for reality, where the coach explores the coachee's perspective of their current situation; O is for option, which enables the coachee to generate options for activating and achieving his or her goals; and W is for will, where the coachee commits to what he or she will do to achieve his or her goals. The GROW model is a simple, practical model for solution building that is easy to understand and apply (Othman & Yee, 2015). While it is a popular model, it also has been criticized for the lack of empirical evidence to support its efficacy (Du Toit, 2014; Kemp, 2008).

Another model of coaching that has become equally popular in workplace coaching is the appreciative inquiry coaching method. It originated from the work of David Cooperrider and Suresh Srivastava in the 1980s and was built on the theory of appreciative inquiry (Camilleri, 2013). The theory of appreciative inquiry focuses on what is working effectively in an organization as opposed to focusing on organizational problems and issues. The appreciative inquiry coaching model encompasses four pillars: (a) discover, (b) dream, (c) design, and (d) deliver (Hammond, 1996). Hammond (1996) stated, "The major assumption of appreciative inquiry is that in every organization something works and change can be managed through the identification of what works and the analysis of how to do more of what works" (p. 3). The concept, when employed in coaching, is designed to enable an individual to explore positively what is successful in his/her work and to help the coachee identify what it is that she/he wants and how to go about achieving the goal. A fundamental principle of both the appreciative inquiry theory and coach model is that it is an interactive process.

Coaching Out of the Box (2015) is a coaching model that originated in BC, Canada. It has been adopted by all five health authorities in BC and several other provinces in Canada, such

as Saskatchewan, Ontario, and Prince Edward Island. The model employs a framework that is referred to as the 5/5/5 framework. The 5/5/5 approach encompasses five core coaching skills, a five-step coaching exchange process, and five guiding principles. “The 5/5/5 Coaching Skills Training Program™ draws from the most advanced knowledge-base in the coaching field and is translated into a simple, intuitive and highly transferable framework for busy executives, managers, [and front line employees]” (Coaching Out of the Box, 2011, p. 21). It is a model that actively promotes a coach approach and applicable coaching behaviors in all levels of an organization.

The Gateways Coaching model is activated in early childhood education and care environments primarily in the United States (Wolfe, 2014). The model encompasses five characteristics: (a) focus, (b) relationships, (c) process, (d) duration, and (c) delivery (p. 11). The goal of the model is to individualize the coaching experience for each client, thus building capacity based on evidence-based practices. The model has been endorsed by the National Association for the Education of Young Children and the National Association of Child Care and Resource and Referral Agencies (Wolfe, 2014). It is one of many models that could be integrated into the field of regulatory practice, as it is recognized in the child care industry.

There is an abundance of workplace coaching models. Any professional employing coaching and/or a coach approach into his/her practice must cultivate and integrate the foundational competencies of coaching. The four models briefly described in this section illustrate a fraction of models accessible to professionals who want to employ a coach approach in their organization.

In 2007, Grant conducted a study using a quasi-experimental pre-post design, with 23 middle-aged participants who were studying coaching as part of a postgraduate program in

management and psychology. One set of participants attended a 13-week program, and the other set of participants attended a short, intensive 2-day training session. Each participant group completed pre and post questionnaires. The results of the study reinforced that coaching skills are learned capabilities, and the longer the training, the more embedded the coaching skills become. In the 2-day program, participants acquired skills; however, in the longer training, participants developed coaching skills and emotional intelligence. The study reinforced that “coaching skills have become an indispensable part of the contemporary workplace” (p. 257), and “leadership, emotional intelligence, and good coaching skills are inextricably interwoven” (p. 264).

In a recent white paper, Allen, Manning, Francis, and Gentry (2011) stated that coaching is approached and applied uniquely for each individual and each context. Whether a person is a certified coach or a professional employing a coach approach, he or she must become competent in five primary coaching competency skills: (a) listening, (b) encouraging, (c) questioning, (d) requesting, and (e) action planning. The application of each of these competencies enables a client to mine his/her wisdom from within (Center for Creative Leadership, 2015; Coaching Out of the Box, 2015; Reiss, 2007; Scott, 2004).

Listening. Listening purposefully is one of the most critical proficiencies of successful coaching (Coaching Out of the Box, 2015; Johnson Serio, 2014; Whitworth, Kimsey-House, & Sandahl; 1998). It requires that a coach hears what the client is saying and what he or she is not saying. When coaches are listening intentionally, they are not formulating their argument; rather, they are listening actively and asking thought-provoking questions based on what the client is sharing (Grant & Hartley, 2013). A listening chart crafted from Whitworth et al.’s (1998) three-level model is illustrated in Table 1.

Table 1.

Level I to III Listening

Levels	Description
Level I: Internal listening	Level I listening is when the coach hears the words of his/her client and the words are interpreted through his/her own experiences.
Level II: Focused listening	Level II listening is when the coach is intentionally focused on the client and hears the words while staying client centered and purposefully engaged.
Level III: Global listening	Level III is when the coach is listening to hear emotion, observing body language, and listening poignantly for what is unsaid.

From: *Co-Active Coaching: New Skills for Coaching People toward Success in Work and Life* (p. 9), by L. Whitworth, H. Kimsey-House, & P. Sandahl, 1998, Palo Alto, CA: Davis-Black.

Coaching that utilizes Level I listening is primarily word focused and self-focused. The coach is less client-centered and more listening to his/her own voice and thoughts (The Coaches Training Institute, 2012). The coach listens on and off, while preparing for what he/she wants to say. At the first level, the coach is listening and uniting what he/she hears with his/her own experiences. Level I listening is often filled with judgment and problem solving.

At Level II listening, the coach focuses precisely on the client. The coach and the client are intentionally connected. The coach is listening to every word the client speaks and for the nuances in their language while the client is conveying his/her message (The Coaches Training Institute, 2012).

Coaching that maximizes Level III integrates hearing the words while also including other sensory data, such as body language, speed and tone of language, and energy level. The coach is client centered and actively engaged with the client. As a coach builds listening skills

and develops an authentic relationship with his/her client, moving through the levels of listening becomes more habitual. “The most effective coaches operate easily at both Levels II and III, which gives them the broadest range of information to work with” (Whitworth et al., 1998, p. 10).

Encouraging. In their article about sports coaching, Docheff and Gerdes (2015) submitted, “Coaches are encouragers—or at least they should be” (p. 29), which was congruent with Kouzes and Posner’s (2003) message that coaches encourage the heart of others. Encouraging a client is a form of acknowledging his/her strengths for the purpose of dissipating any self-doubt a coachee may have as he/she works on making changes in his/her professional role (Cox et al., 2014; Kouzes & Posner, 2003, 2012; Reiss, 2007; Whitworth et al., 1998). It is an enabling coaching action that capitalizes on an individual’s resourcefulness, while helping to fuel them. Encouragement is a recharging technique that a coach uses to illuminate skills, experiences, and successes that a coachee has excelled at in the past. Kouzes and Posner (2012) proposed that it is a mechanism for championing an individual’s internal motivation, while encouraging him/her to excel in areas that are uncharted.

A classic study by Eden and Ravid (1982) demonstrated how the power of believing in someone can have an influencing effect on that individual’s motivation and sense of efficacy. In coaching, encouragement may be demonstrated through acknowledgment, championing, positive feedback, and storytelling (Cox et al., 2014; Drake, 2007). Personal recognition from a coach is a powerful accelerator. One strategy for encouragement may be found in the act of inquiry.

Questioning. Questioning is the primary tool used in a coaching conversation to leverage change in an individual (Aguilar, 2013; Cox et al., 2014). Stoltzfus (2008) championed,

“Questions have the power to change lives. They can jump-start creativity, change our perspective, empower us to believe in ourselves, push us to think things through or call us to action” (p. 7). Inquiring through questioning is a process founded in curiosity. Coaches ask open-ended questions that start with what, how, when, and where, with the intent to engage a client and cause a client to explore his/her beliefs and values, assumptions, current perspectives, and positional points of view (Barrett, 2014; Leavitt, 2008; Reiss, 2007).

Questions come in many forms. The most effective questions invite a coachee to go within and explore, provoke a fresh perspective, and ignite possibilities (McLean & Hudson, 2012). Ineffective questions can debilitate a coachee by defeating his/her self-esteem. Questions that are closed ended, encased in judgment, and elicit yes or no answers are unproductive (Coaching Out of the Box, 2015). Their effect mirrors questions shrouded in ridicule, shame, or sarcasm. Ineffective and/or rapid-fire questions can sabotage the learning of the individual and demoralize his/her sense of capability.

Powerful coaching questions stem from a place of curiosity. They stimulate critical thinking and conversation. “The four foundational types of questions are (a) clarifying, (b) self-awareness, (c) challenging, and (d) action” (Coaching Out of the Box, 2011, p. 44). Questions that provoke action through choice are often referred to as requesting questions (Coaching Out of the Box, 2011, p. 39).

Requesting. Requesting is a technique a coach uses when he or she wants to stretch or enhance a coachee’s learning (Coaching Out of the Box, 2015). It is a form of questioning that has two stages. The first is the *alert* stage, and the second stage is the *actual request* (Jago & McDermott, 2005). The initial alert is a courtesy to the coachee to inform her/him that the next question is about choice. The second is a question that empowers a coachee to make a choice as

to whether she/he wants to accept, reject, or negotiate a request a coach has made of her/him. “Requesting is not only a powerful coaching skill, it is also a powerful skill clients can learn to use in their everyday lives” (Whitworth et al., 1998, p. 24).

Whitworth et al. (1998) emphasized that the key to making a request is for the coach to detach from it, as it is the coachee’s agenda. Offering between two or three choices is best practice in a coaching conversation. A coachee can then accept, reject, or negotiate the request, while holding him/herself accountable to what he/she has committed to achieving (Coaching Out of the Box, 2015; Kimsey-House et al., 2011; Whitworth et al., 1998). Once coachees have negotiated the request, they can then use their energy to plan their action steps.

Action planning. Action planning is the pinnacle of the coaching conversation. It is where the coach hears what the coachee plans to do to change his/her current state or situation. Action is when the coachee is consciously committing to a plan that will move him or her forward with his or her goal. The coach’s role is to empower the coachee to concretely define and commit to taking the action steps he or she has identified, for coaching without a committed action plan is simply a nice conversation (Coaching Out of the Box, 2015; Kimsey-House et al., 2011).

Kimsey-House et al. (2011) championed that the action of coaching does not happen in the coaching session; only the planning and commitment of the proposed action happens. “The real action of coaching takes place in the client’s life, in the action he takes or doesn’t take-between coaching sessions. Without action, the balance of coaching is incomplete” (p. 138). A coach checks in with the coachee after a period of time to hear about his/her progress, explore what was or was not successful, and review the coachee’s learning from the experience.

Following up with a coachee is a crucial responsibility of a coach, as it is the step that unites awareness with action and forward movement.

There are many coaching competencies. In a coach approach, the five most important skills are listening, encouraging, questioning, requesting, and action planning (Coaching Out of the Box, 2015). Each competency weaves synchronistically with one another to form a system of coaching. “In today’s world, coaching is both a growing profession worldwide and a growing communication style adopted by business, government, and non-profit leaders, teachers, counselors, parents, and others” (Kimsey-House et al., 2011, p. xv). In most circumstances, coaching is positive and beneficial.

Ethics in Coaching

Coaching is an unregulated profession and a skill set that has been adopted by many professionals (Bond & Seneque, 2013; Cox et al., 2014; Williams & Anderson, 2006). Authors have championed that it is the responsibility of an individual engaged in a coaching exchange to ensure he or she is following a code of ethics and/or code of conduct (Brock, 2008; International Coach Federation, 2015; Liljenstrand & Nebeker, 2008; Williams & Anderson, 2006). Coaches of Canada (n.d.) suggested that ethical practices are nonnegotiable for a coach and/or professional employing a coach approach. Every coach must adhere to the basic principal of “no harm” (p. 4) to a coachee, while ensuring the practice is designed to maximize benefits for the participant. When a coach is prepared, present, and coachee focused, the coach is able to employ skills to enhance a coachee’s personal and professional well-being (Cox et al., 2014; Passmore, 2009, 2010).

In 2013, Hannafey and Vitulano explored the ethical implications for organizations, cautioning that an organization has a moral responsibility to ensure the psychological well-being

of the people being coached. They argued that when individuals are coached either by an external, internal, or peer coach, the coach must be conscious of confidentiality, conflicts of interest, and professional accountability, and they must ensure that they act in the best interest of the person being coached. Additionally, Hannafey and Vitulano presented an ethical framework for executive coaching practices in organizations that focused on confidentiality and trust. They postulated that agency and ethical theory cannot replace one another. Agency theory when combined with ethical theory provides a model for understanding some of the roles that people occupy in their profession, while providing clarity, insight, and moral wisdom.

Ethics form the foundation for all coaching, as it is the “the science of morality” (Passmore, 2010, p. 193). Professionals employing coaching competencies are encouraged to be purposeful and intentional in their coaching techniques and ensure that they are complying with their professional code of ethics and a coaching code of ethics (Williams & Anderson, 2006). Williams and Anderson (2006) clearly stated, “Ethical decisions and ethical practice in coaching are paramount to good work” (p. 57). The common thread woven throughout the literature was the overarching belief that coaching, as a phenomenon, is about performance enhancement in organizations and the ethical practices of a coach.

Coaching as a Relational Approach for Learning and Development

Successful coaching is a collaborative change process that is created through relationships. In the last decade, organizations that employ coaching consider it to be a relational technique and development tool (Boyatzis, Smith, & Beveridge, 2011; Bresser, 2013; Brock, 2008; Dickson & Tholl, 2014; Ellinger & Kim, 2014; Grant, 2010; Grant & Stober, 2006). Brock (2008), Grant (2010), Knight (2009), and Mukherjee (2014) pointed out that while most coaching in organizations began as a performance tool designed for executive and high-level

managers, it is now a leadership competency enacted through relationships and used as a growth tool for empowering others. Because of this, it has become a positive performance-enhancing technique used across all levels of an organization, with the intent to build capacity in others.

Theeboom, Beersma, and van Vianen (2014) conducted the first meta-analysis study on personal development in an organizational context. Their research reinforced the perspective that coaching is an effective tool for building capacity in others. Earlier, Frisch et al. (2011) had suggested coaching is not for the faint of heart, and they spoke to the value of coaching for performance, specifically when used as a relational technique. The conduit for coaching is dialogue, as coaching occurs in relationship with others (Cox et al., 2014; Scott, 2004).

A Relational Technique

The act of coaching is a fluid practice, a partnership, and a results-driven conversation (Bateman, 2010; Bond & Seneque, 2013; Chernoff, 2008; Grant, 2010; Koch, 2005; Levenson, 2009; Mukherjee, 2014). Bond and Seneque (2013), Liljenstrand and Nebeker (2008), and Natale and Diamante (2005) all submitted that the relational technique of coaching can assist others to gain clarity, while being forward focused, enhancing communication and relationship skills, discovering what success means to them, developing and orchestrating an effective and efficient plan for the future, creating an alignment between individual and legislative requirements, brainstorming new possibilities, and strategizing and developing step-by-step plans to reach desired objectives. It is a “three-way relationship that has the coach, the person receiving the coaching, and the relationship between them” (Reiss, 2007, p. 70).

Each professional being coached is an individual who has his or her own beliefs, thoughts, fears, knowledge, dreams, skill sets, and points of view. A coach must believe that the client is capable of making decisions and constructing and fulfilling his/her envisioned action

plan. When a coach engages with the client through a robust methodology that includes establishing rapport, understanding the client's current situation, clarifying his or her goals, and facilitating an action plan, transformative change may occur for the client (McLean & Hudson, 2012). The execution of the plan by the client will enable him/her to experience new thoughts, beliefs, points of view, and experiences for him/herself. This interactive exchange is the heart of coaching, and it encompasses open communication and ongoing dialogue (Park, McLean, & Yang, 2008; Wasylyshyn, Gronsky, & Haas, 2006). Dickson and Tholl (2014) championed that when individuals engage with others as partners in dialogue, program objectives are met and constructive mobilization occurs. Clutterbuck (2013), after extensive interviews and focus groups with frontline employees and managers, argued coaching is a collaborative endeavor. Without a collective approach, he postulated, organizational change initiatives would be derailed by habitual patterns of directing, controlling, and manipulative behaviors.

Despite the apparent advantages of coaching in workplaces, coaching without purposeful execution and a sustainable plan can diminish an individual's self-efficacy (Bozer et al., 2013). Bozer et al.'s (2013) non-randomized, controlled study captured data through reported narrations by 10 coaches. The researchers collected data from one data set with two groups, completing an individual level of analysis over a 9-month period. They maintained negative relationships were constructed when coaching was used as a performance management tool as opposed to a performance-enhancing technique. Similarly, Lofthouse and Leat (2013) cautioned against the use of coaching as a relational technique when power is not equally distributed. They advocated that a coaching conversation must be conducted amongst equals. With recognition for a more collaborative style of communication, Grant (2010) had earlier validated through a meta-analysis

study that command-and-control styles of communication are ineffective for habitual change and transformative learning.

There was an abundance of literature on the importance of relationships as the conduit for coaching engagements (Bozer et al., 2013; Clutterbuck, 2013; Hersted & Gergen, 2013; Scott, 2004). In exploring this belief of coaching as a relational technique, deHaan and Sills (2012) claimed that for learning and development to occur, a coaching dialogue must be grounded in hope and be change focused. As a development tool, coaching maximizes the learning style of the client and the relationship that is formed between equals.

A Development Tool

When coaching is viewed as a developmental tool, it becomes a process that is supported by principles of adult learning (Brock, 2008; Dickson & Tholl, 2014; Knight, 2009). Knight (2009) described six standards that are congruent with coaching, which include the following: (a) adults must want to learn, (b) adults learn best when the topic is relevant to their personal or professional roles, (c) adults learn by integrating theory into practice, (d) adults learn best when problems are relevant and realistic to them, (e) adults are influenced by their experience, and (f) adults want to choose options based on their individual needs. Effective coaches employ various ways to facilitate development that complement the learning styles of individuals and makes them accountable for their decisions and actions (Bateman, 2010; Bozer et al., 2013).

As a developmental tool, coaching is one conduit that is unique for each individual, as no coaching engagement is ever identical (Knight, 2009). Dickson and Tholl (2014) explained that coaches are not experts or teachers of subjects; they are facilitators of change. Lovin and Cassetevens (as cited in Brock, 2008) depicted coaching as a growth-related practice, describing it as “a modification of behavior through experience” (p. 91). Workplace coaching is now

recognized as a tool for both personal growth and development, uniting workplace and personal goal attainment (Wasylyshyn et al., 2006).

For coaching to be a sustainable method for knowledge acquisition, the person being coached must be acknowledged as capable, resourceful, and accountable. Theeboom et al. (2014) contended that how, where, and when coaching occurs influences an individual's skill development. Additionally, they suggested that the quantity of coaching sessions has little to no effect. From their research, the key to goal setting and goal achievement is to align competency development with personal values and professional purpose.

Bond and Seneque (2013) and Dickson and Tholl (2014) noted that a coaching process founded in action builds accountability in an individual for his/her own development and learning. They postulated that when individuals are accountable for their learning, outcomes improve for peers, programs, organizations, and communities. Coaching for development is united with learning, action, and perhaps, even failure. Specifically, Dickson and Tholl (2014) championed that "growth happens through learning and unlearning" (p. 45) and "learning from, not punishing, failure" (p. 151).

It was claimed in the literature that coaching in the workplace is enhanced when transparent relationships are formed and that dialogue propels individuals forward in their own learning and development (Bond & Seneque, 2013; Dickson & Tholl, 2014; McLean & Hudson, 2012). As a transformative practice, coaching is best served when it is founded in relationship, action oriented, and individual focused and when accountability measures are in place for the individual and the organization.

Enforcement in Human Care Licensing

There is a dearth of peer-reviewed research on enforcement practices in human care licensing. In 2008, this researcher conducted a thorough literature review on enforcement practices in regulatory practice. At that time, the literature illuminated that enforcement practices in human care licensing could best be described as “(a) empowering or punitive, (b) non-confrontational or aggressive, and (c) value or power based” (McClure, 2008, p. 41). After an extensive review of the current literature of enforcement in human care licensing, the researcher ascertained little has changed in the past seven years. In fact, Dowdy (2011) stated that peer-reviewed research in the field of regulatory practice is minimal, with little attention paid to enforcement practices, quality of care, and risk assessments. This was reinforced by Judith Colbert (2000, 2014), a prolific author on regulatory practice, who suggested there is not enough academic research on enforcement strategies in the field of human care licensing. Recent scholars and practitioners have described effective enforcement as a progressive series of actions that encompass preventative and more restrictive strategies intended to secure compliance (Baldwin et al., 2012; Braithwaite, 2012; Israel, 2014; Wooters & Avery, 2012). Morgan and Yeung (2007) had earlier submitted, “Compliance is a concept relevant to all forms of enforcement . . . [and may be regarded] as a matter of instant conformity and an open-ended and long-term process which may take several years to attain” (p. 151). A coach approach in regulatory practice may increase the effectiveness of licensing activities, which are founded on the principles of administrative law, as well as develop healthier relationships upon which to innovate and progress.

Enforcement Defined

The word *enforcement* is derived from the word *enforce*. *Oxford Dictionaries* defined enforce as the “act of compliance with a law, rule, or obligation” (“Enforce,” 2015, para. 1). In 2000, the National Association for Regulatory Administration (as cited in Colbert, 2000) described enforcement as a compliant-based model that ensures licensees are operating their facility in accordance with the legislation. Colbert (2000) further suggested that without policies and practices that ensure due process and adopt administrative law principles, the health and safety of vulnerable populations may be at risk.

More recently, the National Center of Child Care Quality Improvement (as cited in Collins, Koch, & Johnson, 2014) characterized enforcement as the compliance component of licensing that is committed to enforcing the legislation, thus safeguarding children, youth, and adults in licensed child and residential care facilities. Further, Collins et al. (2014) described effectiveness in enforcement as encompassing (a) prescriptive and outcome-based legislation, (b) ethical and just enforcement rules, (c) qualified regulators with appropriate-sized caseloads, (d) sufficiently funded programs, and (e) solid organizational provisions (p. 1).

Effective enforcement in regulatory practice incorporates both preventative and restrictive strategies (Baldwin et al., 2012; McClure, 2008; National Association for Regulatory Administration [NARA], 2009a), which may include stand-alone and integrated approaches that work to influence compliance (Baldwin et al., 2012; BC Ministry of Health, 2012; Colbert, 2014; McClure, 2008). Early in the 21st century, Colbert (2000) posited the act of monitoring licensed facilities is meant to guarantee that the legislative requirements are enacted. Baldwin et al. (2012) later advised that enforcement is a behavior-modification strategy that is one tenet of the regulatory spectrum. This was complementary to a message conveyed in 2012 by the BC

Ministry of Health, which asserted, “It has become increasingly clear that enforcement is only one side of the licensing function and one strategy for ensuring compliance with requirements” (p. 32). Effective enforcement entails people, process, and procedures.

The construct of enforcement is used to capture normal variations in licensing to regulate and monitor compliance (Baldwin et al., 2012; Braithwaite, 2012; Colbert, 2014; Collins et al., 2014; NARA, 2009a). Enforcement practices in licensing fall upon a continuum. The enforcement continuum employed by licensing officers in the Island Health CCFL program is illustrated in Figure 2.

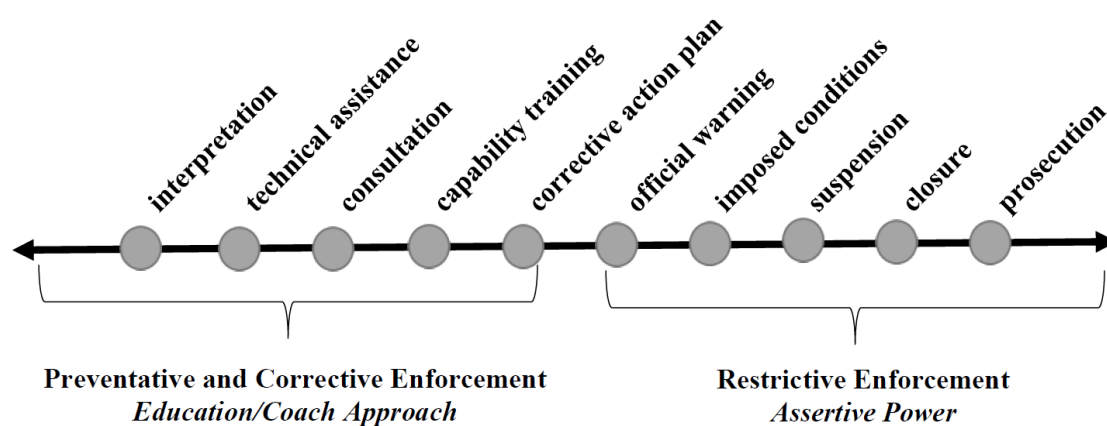


Figure 2. Enforcement continuum.

Note: On the preventative and corrective end of the continuum are positive, enabling, and supportive enforcement strategies, and at the opposite end, are restrictive, directive, or prescriptive enforcement methods (Colbert, 2014; McClure, 2008).

In all regulatory programs, licensing officers employ every strategy when deemed appropriate. Each approach is determined in context to compliance, risk, and protection of vulnerable populations in care (NARA, 2009a). Preventative and corrective enforcement strategies are the least intrusive. They incorporate empowering, non-confrontational, and values-based techniques that are designed to prevent and guide licensees toward compliance with the

regulations and standards of practice. They are methods that embody a shared transformational perspective and should be the most frequently exercised (Collins et al., 2014, p. 3). Authors have written that a transformational perspective is both serious and responsive, eliciting responsible behaviors, self-regulation, and cooperation (Braithwaite, 2012; Collins et al., 2014; McClure, 2008). The assumed primary role of all licensing officers is to influence, guide, and monitor compliance through empowering enforcement practices (BC Ministry of Health, 2012; Colbert, 2014). As noted by Koch (2005), the best regulatory practitioners are educators who work with licensees to ensure they understand the intent of the legislation and how to implement the standard in his/her facility. As licensing officers monitor facilities, they maximize opportunities to consult with licensees to ensure areas of non-compliance are corrected.

Restrictive enforcement strategies involve more punitive, aggressive, and power-based actions. They are the most restrictive and employed when it is evident that individuals in care are in harm or when consistent non-compliance increases the risk that harm will or has occurred. These methods are executed only when non-compliance is blatant or continual (Collins et al., 2014; Ferguson et al., 2000; Koch, 2005). Negative methods are more transactional, based on contingency. They can be punitive in action and are always reflective of immediate risk to vulnerable populations in licensed care (Anderson et al., 2006; BC Ministry of Health, 2012; Bradley, 2004; Colbert, 2005; Koch, 2005). The most common restrictive enforcement action used against licensees who are in violation of the regulations are suspension of a license, denial of a license, immediate closure of a facility, and provincial fines.

It is the combination of preventative and restrictive enforcement practices by regulatory practitioners that enable the public to be assured that vulnerable populations in care are being protected (BC Ministry of Health, 2012; Colbert, 2014; Collins et al., 2014). In the late 1990s,

Gormley (1999) suggested that inadequate enforcement practices by licensing officers can weaken legislative requirements, while increasing the risk of noncompliance with health and safety standards in licensed care facilities. Today, this statement is still relevant, as reinforced by Collins et al. (2014): “When [vulnerable population’s] health and safety is at risk because a provider cannot or will not comply with licensing regulations, a more restrictive enforcement action against the provider may be necessary” (p. 3). Regulatory practitioners must understand the enforcement spectrum, and they must be skilled in maximizing both preventative and restrictive enforcement actions (BC Ministry of Health, 2012; Colbert, 2014; Collins et al., 2014). A coach approach may be one of the ways to enhance compliance to ensure vulnerable populations are being protected in licensed care facilities. In modern-day enforcement, regulating facilities is a shared process between licensing officers and licensees.

Regulating in the 21st Century

The field of human care licensing is fluid. Historically, command-and-control enforcement with primarily prescriptive legislation was enacted (Baldwin et al., 2012; Colbert, 2014). “Under the traditional model of licensing, practiced throughout most of the twentieth century, licensing officers were expected to simply manage the system rather than inspire, act creatively, or lead change” (McClure, 2008, p. 47). Currently, regulatory practice dictates that licensing officers must be masterful in building relationships with licensees and being transformational in their interactions (BC Ministry of Health, 2012; Braithwaite, 2012; McClure, 2008). Braithwaite (2012) postulated that after strong statutes, licensing officer engagement with a licensee is a foundational tenet of constructive enforcement. Regulatory quality is enhanced when licensing officers partner with licensees to create safe environments for individuals in care. This partnership requires licensing officers to enact strong technical capabilities and strong

communication skills. United, technical, and interpersonal communication skills form the capabilities for all regulatory practice.

Interpersonal communication is the exchange of information, feelings, and meaning between people through verbal and non-verbal messages (Stewart, 2011). It is an exchange composed of the words licensing officers use, the how of what is being said, and the non-verbal messages that are sent through tone of voice, facial expressions, gestures, and body language. As posited by Ramaraju (2012), “The heart of interpersonal communication is shared meanings between people. We don’t just exchange words when we communicate. Instead, we create meaning as we figure out what each other’s words and behaviors stand for, represent, or imply” (p. 2). Communication is the basic process by which licensing officers accomplish their work. In fact, in BC, communication skills are one of 11 occupational competencies identified by the BC Ministry of Health (2008).

Licensing officers are required to build relationships with colleagues, licensees, and community partners, and communication is the primary means for building such relationships. In *Fierce Conversations: Achieving Success at Work and in Life, One Conversation at a Time*, Scott (2004) suggested that “the conversation is the relationship” (p. 5). The key message from Scott is that developing effective interpersonal communication skills is the foundation for working effectively with others. When licensing officers work in partnership in an environment of shared power, authority, and effective communication, they serve their client and the community of vulnerable populations in licensed care facilities (BC Ministry of Health, 2012; NARA, 2000).

Power, Authority, and Effective Communication

Stottlemire (2006) suggested that the source of licensing officers' power comes from the people they serve, as licensing officers are public servants and are in service to society. He stated, "Most significantly, as representatives of the government [licensing officers] wield tremendously disproportionate power from the people with whom [they] interact" (p. 4). It is critical that licensing officers understand that while they wield power, it must be exercised with the intent to transfer knowledge and build capacity in licensees (BC Ministry of Health, 2012; Collins et al., 2014). Braithwaite (2012) and Colbert (2014) extended this perspective, suggesting that when licensing officers are proficient in rule interpretation, interpersonal communication, and administrative law, they will enact an appropriate balance between preventative and restrictive enforcement. Licensing officers and licensees must work in partnership to learn with and from one another. The collaborative relationship between a licensing officer and licensee is significant for harm prevention and risk identification (BC Ministry of Health, 2012). Effective communication is, therefore, the key to regulation at every stage of enforcement.

The literature reinforced that the field of regulatory practice is far reaching with multiple dimensions, and the lenses through which to enforce legislation are equally numerable. Human care licensing is founded in legislation, and enforcement officers must build relationships with licensees and facility operators (Anderson et al., 2006; Colbert, 2014; NARA, 2009a). Foundational to these relationships is communication. Enforcement is a conversational interchange that must be inclusive of all partnerships associated with the field of human care licensing (Black, 2002). Coaching as an enforcement technique is one communication tool licensing officers may employ on the enforcement continuum under prevention and corrective

strategies. “Regulatory officials seek to gain compliance with the law not merely by resorting to formal enforcement and prosecution but by using a host of informal techniques including education, advice, persuasion, and negotiation” (Baldwin et al., 2012, p. 238). Every action of a licensing officer is reflected in the moral compass of the organization and province in which they work.

Moral Principles in Regulatory Practice

Regulatory practitioners are public officials and, by definition, are conducting the business of all people (Colbert, 2000). They must abide by the moral principles of the people and exercise the power of the province. “This carries with it the obligation to exercise that authority responsibly, wisely, justly, and with great sensitivity to the dignity and feelings of others” (p. 7). Moral principles guide regulatory practitioners in judgment and decision-making processes (Kleiser, Sivadas, Kellaris, & Dahlstrom, 2002). They are personal and professional philosophies that provide licensing officers with a structure for determining what is legal, ethical, and just, while influencing their behaviors (Bass, Barnett, & Brown, 1999; Shields, 2013). Regulatory practitioners with a highly developed sense of ethics display ethical behaviors when making decisions that are (a) objective, without bias or favoritism; (b) thoughtful, how they themselves would want to be treated; (c) inclusive and fair; and (d) reflective of legislation, which is law (Baldwin et al., 2012; BC Ministry of Health, 2012). At all times, licensing officers must balance regulatory functions with law and the conflicting interests of consumers, licensees, and the general public (McClure, 2014). As reinforced by NARA (2009a), it is expected that licensing officers embody ethical practices that uphold tenets of equity, fairness, justice, and respect. It is this sensitivity that also influences the LEADS framework (Dickson & Tholl, 2014) and transformative leadership procedures (Shields, 2013).

Coaching within the LEADS Framework

The LEADS framework (Dickson & Tholl, 2014) is a Canadian leadership framework that embraces coaching as a conduit for organizational change. Dickson and Tholl (2014) championed that all leaders, regardless of their role or position in the health system, must be able to lead themselves, engage, others, achieve results, develop coalitions, and conduct system transformation in order to create the Canadian health system of the future. “LEADS is a framework for learning what’s needed to be an effective [licensing] leader” (p. vii). For researchers like Dickson and Tholl, coaching is a leadership technique that is accessible to everyone. It is not defined in position and title—it is differentiated by action and influence that can occur anytime, anywhere, for anyone, with everyone.

In Canada, coaching in health care has become a new phenomenon at all levels of an organization (E. Mettis, personal communication, September 22, 2014). In their work, *Bringing Leadership to Life in Health: LEADS in a Caring Environment*, Dickson and Tholl (2014) studied leadership in action in the field of health for a period of 10 years, using action research methodology. They concluded that effective leadership, like effective coaching, embraces being, caring, and doing. Dickson and Tholl suggested that being is about the individual leader, caring is in context to the mandate of health, and action is the doing of leadership. Coaching and leadership are synchronistic; just as leadership has no meaning without change, neither does coaching. Coaching in regulatory practice using the LEADS framework has the potential to influence every individual to help him or her become agents of change.

Dickson and Tholl (2014) crafted the LEADS framework as a map to guide employees navigating change. Hillary Leighton, Director of Continuing Studies at Royal Roads University, stated, “All leaders regardless of their role, or position in the health system must be able to lead

themselves, engage others, achieve results, develop coalitions, and conduct systems transformation” (personal communication, September 4, 2014). Dickson and Tholl earlier championed that leadership is engagement and mobilization of others toward a constructive common purpose. Shauna Fenwick (2015), a subject matter expert on the LEADS framework and a Royal Roads University professor, suggested that a key foundation for the LEADS framework is thoughtful consideration for clients, for staff, and for the health of citizens. Thoughtful consideration is the common thread that appears to unite many practitioners in the field of education, government, health, and regulatory practice, and it can be activated through the coaching process (Anderson et al., 2006; Reiss, 2007).

Dickson and Tholl’s (2014) LEADS framework has been adopted in all health authorities of BC and throughout Canada. While each domain is important for employees enacting a coaching skillset in their workplace, the two domains of Lead Self and Engage Others complement the literature on coaching as a growth and relational technique (Brock, 2008; Grant, 2010).

Five Domains of LEADS

Wasylshyn et al. (2006) suggested that in order to coach others, individuals must first know themselves and be grounded in who they are. “These acts of leadership are significantly relational and require a behavioral repertoire of self-awareness, resilience, empathy, authenticity, optimism, and courage” (p. 77). Likewise, Dickson and Tholl (2014) were clear that the Lead Self domain fuels an individual with confidence and builds skills, with the intent to influence change, suggesting this may be enacted through coaching. They further postulated that being in service to others is a principal component of the Lead Self domain, as it is made up of four capabilities that include self-awareness, self-management, self-development, and the ability to

demonstrate character. It seems clear that in order to coach others, an ongoing process of development of self must balance with the act of assisting others. The notion that change is a systems construct was woven throughout the literature supporting workplace coaching (Wasylyshyn et al., 2006). Coaching in the workplace requires employees to self-reflect, self-manage, and be self-directed with their own learning and development. Wakefield (2006) crafted six poignant questions that he postulated influence organizational outcomes. He suggested coaching is a mindset and that being poignant and purposeful with questioning underpins engagement, leading to individual and collective action. Coaching based on engagement and action is considered most effective (Grant, 2010).

The domain of Engage Others is supported by four capabilities (Dickson & Tholl, 2014). The four capabilities are (a) foster development of others, (b) contribute to the creation of healthy organizations, (c) communicate effectively, and (d) build teams (pp. 82–96). Engagement, the result of supporting and challenging others to achieve their personal and professional goals, is a foundational tenet of workplace coaching. Coaching professionals, whether internal or external, have embraced the importance of engagement throughout the evolution of coaching (Brock, 2008). In the 21st century, a shift towards creating conditions for engagement embraces coaching practices. Engagement encompasses “interactions with others, including the language we use and the attitudes we bring, all crucial in creating the conditions that foster development” (Dickson & Tholl, 2014, p. 84).

The Achieve Results domain of the LEADS framework is the most goal focused of all the domains (Dickson & Tholl, 2014, p. 101). Included in the domain are the four capabilities of (a) set direction; (b) strategically align decisions with vision, values, and evidence; (c) take action to implement decisions; and (d) assess and evaluate (p. 102). Because it is action

oriented, this domain weaves synchronistically with Kouzes and Posner's (2012) two principles of inspire a shared vision and enable others to act (p. 15). It unites individual and organizational vision, values, and mission with collaborative relationships. Szabo and Meier (2008) suggested that to achieve results in an organization, professionals must be able to see over obstacles into what is possible and strategize a plan to move forward. Achieve Results is foundational to a coaching engagement, as every process ends with an action plan (Coaching Out of the Box, 2011).

The fourth domain in Dickson and Tholl's (2014) LEADS framework is the Develop Coalition domain. The four capabilities of the domain are (a) purposefully build partnerships and networks to create results, (b) mobilize knowledge, (c) demonstrate commitment to customers and service, and (d) navigate social-political environments (pp. 122–132). This domain is grounded in the belief that successful engagements do not just happen; they are intentionally designed and sustained through purposeful execution (Dickson & Tholl, 2014). Coalitions are built when individuals move out of silos into shared partnerships (Senge, 2006; Wheatley, 2006). Wheatley (2006) stated,

What is critical is the *relationship* created between two or more elements. Systems influence individuals, and individuals call forth systems. It is the relationship that evokes the present reality. Which potential becomes real depends on the people, the events, and the moment. (p. 36)

Coalition building is a dynamic exchange that takes place within the context of leadership and change. In coaching, collaborative connections are required for solution building and working toward a collective purpose.

The final domain of the LEADS in a caring framework is Systems Transformation. This domain unites with the fourth domain, as it is through shared and distributed leadership that systems transform (Dickson & Tholl, 2014). The four capabilities of the domain are (a) demonstrate systems/critical thinking, (b) encourage and support innovation, (c) orient self strategically in the future, and (d) champion and orchestrate change (pp. 142–155). Systems are transformed through coaching conversations when individuals focus their influence to be active participants in change.

Communication is critical for engaging colleagues and leading change (Dickson & Tholl, 2014). The dialogical process of coaching using the five domains may be one framework that can support growth and development in organizations. Many coaching practitioners embrace the LEADS framework and assert it is a strategy that will produce better outcomes for organizations if employed as a system-wide construct (Fenwick, 2015).

Coaching with LEADS

Several practitioners from Royal Roads University's executive coaching program coach use the LEADS framework (Dickson & Tholl, 2014). S. Boone claimed that knowing who you are and how you show up is critical for being present with others while empowering them to be solution builders in their own lives (personal communication, January 27, 2013). Shauna Fenwick, a subject matter expert on the LEADS framework, asserted that the design of the framework is flexible, allowing for adaptation in multiple settings with diverse populations as they make meaning in context to distribute and servant leadership (personal communication, January 28, 2013). Marilyn Kendall, a professor at Royal Roads University, emphasized leading yourself as the first tenet of coaching, and the second is applying the LEADS framework so it accommodates all people and professions (personal communication, January 29, 2013). It could

be suggested from these practitioners that coaching in organizations within the LEADS framework may enhance the lives of individuals through participation in workplace coaching.

Several studies have supported a framework for workplace coaching that builds on the foundation of ethical behaviors and moral practices (Bond & Seneque, 2013; Frisch et al., 2011; Hannafey & Vitulano, 2013). These studies focused on the emergent interest and debate of coaching as a tool for enhancing workplace practices. Results from Bond and Seneque (2013) revealed that coaching is a successful method for working with multi-generational employees in a fluid and ever-changing environment. While these studies supported capabilities that will enhance workplace practices, such as the Lead Self and Engage Others domains (Dickson & Tholl, 2014), a non-randomized study by Bozer et al. (2013) provided descriptive insight into what conditions and practices are likely to benefit participants. These insights united competencies of trust, listening, suspending judgment, getting curious, asking poignant questions, championing for results, and holding people accountable to tenets of workplace coaching. Despite the lack of quantitative studies to support coaching, evidence from practitioners and qualitative studies have illuminated the power of integrating coaching practices in organizations. Perhaps the LEADS framework (Dickson & Tholl, 2014) will provide a concrete map for organizations integrating coaching into their regulatory practice.

Chapter Summary

Throughout the review of peer-reviewed journals, dissertations, and books, the research was guided by the primary question: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance? The researcher has attempted to portray coaching as more than a passing trend in organizational development, and the literature has supported that perspective. None of the reviewed literature suggested

otherwise. In fact, the literature presented workplace coaching as a practice that positively engages employees at all levels of an organization, which can build capacity in employees and impact personal and organizational change. In many organizations, coaching is used to enhance performance, professional or personal development, and psychological and subjective well-being. Particularly in the last decade, it has increased in popularity and has become a practice that is accessible and often exercised by employees at all levels of an organization. The disparity in the literature was the absence of workplace coaching amongst regulatory practitioners. Clarifying and bridging this disparity in the field of human care licensing was the principal objective of this dissertation research. “The ultimate goal is the expansion of knowledge” (Ravitch & Riggan, 2012, p. 23).

In the following chapter, the proposed methodology for the study is described. The researcher’s primary aim in Chapter 3 is to explain how action research was employed in this qualitative inquiry. Action research is an applied research method that, at its heart, is a “goal to address a specific problem within a specific setting” (Merriam, 2009, p. 4).

CHAPTER 3

METHODOLOGY

The intent of this qualitative action research study was to gain insight into how or whether licensing officers who employ a coach approach in regulatory practice influence licensees to become active participants in operating their licensed care facilities. Licensing officers are stewards of the province, and their responsibility is to enforce legislation, protecting vulnerable populations in licensed care (BC Ministry of Health, 2012). They do this while modeling moral principles, applying ethical standards, and transferring knowledge with the intent to guide licensees (NARA, 2000). The relationship between how regulations are implemented in licensed care facilities and how licensing officers monitor them in practice is paramount (Baldwin et al., 2012; McClure, 2008; McDannold, 2003; Payne, 2011).

The primary research question for this study was: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance? To answer this question, four sub questions were included to steer exploration of the principle query:

1. How do the skills of workplace coaching contribute to the relationship between licensing officers and licensees?
2. How does a coach approach unite with enforcement practices?
3. How do licensing officers build the internal strength to lead others with confidence, purpose, and conviction?
4. What do licensing officers say, plan, decide, or promote that influences others to exercise new skills, create new relationships, or master new knowledge?

These questions provided an opportunity to focus the study and to explore more deeply what coaching competencies licensing officers utilize when engaging with licensees. Merriam (2009) suggested, “Action research is often conducted by ‘people in the real world’, who are interested in practical solutions to problems and who are interested in social change” (p. 4). Without a doubt, this researcher and the voluntary participants are interested in social change and creating strategies to enhance practices impacting vulnerable populations in licensed care (Shields, 2013).

The research approach, setting, and participant selection and invitation are described in this chapter, followed by a description of the research methods and tools. The methods of data collection and analysis are explained, as well as the limitations, biases, and ethical considerations pertaining to this study. A literature review and analysis of the data rounded out the six components of this research study.

Research Approach

In selecting an approach to this research study, three qualitative methods (i.e., case studies, narrative inquiry, and action research) were rigorously explored. Action research was chosen as the most appropriate method to address the research objectives after consulting with dissertation committee members, reflecting on the literature, examining the topic, formulating the questions, and considering the population. Specifically, the selected method was qualitative action research, utilizing an appreciative coaching inquiry design for it is collaborative, consultative, and facilitative (Rubin & Rubin, 2012). Additionally, action research follows a cyclical process, and this researcher participated as a practitioner, addressed a current strategy impacting practice, and engaged in a continuous cycle of development (Denscombe, 2010,

p. 136). This methodology enabled exploration of the relationship between licensing officers and a coach approach in regulatory practice.

John Creswell (2013) eloquently described the design of a qualitative study, suggesting that it is an intentionally crafted tapestry, created with precision, supported with “general assumptions and interpretive frameworks” (p. 42). Earlier, Denscombe (2010) had postulated that there are multiple paths to effective research that enable the researcher choice. The analogy of a tapestry resonates with this researcher (Coghlan & Brannick, 2014), who regards qualitative research as a blend of methods and approaches. Reason and Bradbury (2007) further suggested inquiry is at the heart of action research, and it typically begins with a question such as: “How can we enhance the circumstance?” This action research study addressed the research questions from multiple perspectives, with the intent to achieve a detailed and balanced interpretation of how Island Health’s CCFL program has employed a coach approach into regulatory practice.

Further, the research methods shed light on important aspects of a coach approach method, transformative learning opportunities, and whether licensing officers were transformative leaders and licensees were transformative learners. Methods included an examination through interviews with licensing officers, a focus group with members of the management team, an electronic survey questionnaire with licensees, and an observation of CCFL education and training documents as well as past evaluative surveys. CCFL documentation provided an account of how a coach approach was integrated into regulatory practice from the perspective of meeting program and training objectives beginning in 2009.

Additionally, Marshall and Rossman (2006) submitted that thought must be given to events, settings, actors, and artifacts when doing research. Through their framework, they directed researchers to a site or sites where a clear set of events have occurred (i.e., concrete

illustrations of a coaching initiative) within a setting (i.e., community care facilities licensing program) by actors (i.e., licensing officers, supervisors, practice consultants, manager, and licensees). These are substantiated by existing artifacts (e.g., documents and actions illustrating coaching integration). A number of sampling aspects were integrated into this study (see Table 2).

Table 2.

Aspects of Sampling

Aspect	Process
events	coach training in regulatory practice
settings	CCFL offices, licensed facilities, training environments
actors	licensing officers, licensees, management team
artifacts	coach training tools, annual training plan, feedback surveys

Source: J. Cooper (personal communication, February 23, 2014).

Four methods of data collection were used in this study. They included (a) one-on-one interviews with six licensing officers and a licensing supervisor; (b) a focus group with five members of the management team; (c) an electronic survey with seven licensees, and (d) artifacts, such as annual training plans, licensing leadership curriculum content, and previous satisfaction surveys (Coghlan & Brannick, 2014; Creswell, 2012, 2013; Merriam, 2014; Stringer, 2014). A literature review and analysis of the data rounded out the six components of this research study.

An appreciative inquiry philosophy was embedded into the action research methodology. This enabled the researcher to conduct an investigation that formalized the experiential

knowledge Island Health regulatory practitioners had in utilizing a coach approach in regulatory practice. Because action research “builds on the past and takes place in the present, with a view to shaping the future” (Coghlan & Brannick, 2014, p. 9), this research reflected on a past action research cycle that concluded in 2008, where this researcher made a recommendation to CCFL to integrate a coach program for regulatory practitioners.

Action Research

Stringer (2014) suggested that action research is a methodical way of exploring everyday challenges, with an intent to find solutions for practitioners’ problems. It is a shared, self-governing engagement (Coghlan & Brannick, 2014, p. 4). Kirby and McKenna (1989) earlier postulated, “Methodology, theory and ideology are intertwined. How you go about doing your research is inextricably linked with how you see the world” (p. 63). They advocated that research should inspire the participants to be actively involved rather than passive contributors. Participants of this study actively shared their experience using a coach approach in their practice.

Coghlan and Brannick (2014) championed, “Action research uses a scientific approach to study the resolution of important social or organizational issues together with those who experience these issues directly” (p. 6). This was congruent with Reason and Bradbury’s (2007) perspective that action research unites action with reflection, theory, and practice. Therefore, the objective of action research is to create solutions to issues that are of concern to individuals and their communities. In fact, the method enables a researcher to engage people who are invested in fluid, ongoing learning and development relevant to their practice—as was each participant in this study (Reason & Bradbury, 2007). This researcher specifically aligned herself with the perspective of Kemmis, McTaggart, and Nixon (2014, p. 5), who postulated that only action

research can create conditions that enable practitioners to contribute from a practitioner lens, openly engage in dialogue about and debate perspectives influencing practice, create action while practice is evolving, develop interactions between sites of practice and people to inform practice, and refine practice based on changing times and circumstances.

To create and sustain symbiotic relationships, seven working principles were applied in this study (Stringer, 2014). They were equitable processes, stress-free interactions, clear communication practices, solution-building focus, inclusion for diversity of thought and actions, and sensitivity to people and their perspectives. Enabling the conditions and enacting the principles of qualitative action research contributed toward participants exploring and discovering alternatives to their practice—primarily how they used a coach approach in the field of human care licensing. McDannold (2003) had suggested,

Licensing requirements represent a promise, a contract between government and citizens, including consumers, advocates and providers. The licensor is safeguarding the integrity of the contract. Licensing's methods reflect ethical ideals: to protect and balance the rights of all parties affected by government action through procedures designed to achieve equity and justice. (p. 9)

This perspective is consistent with action research (Coghlan & Brannick, 2014), transformative leadership (Shields, 2013), and workplace coaching methodology (Bennett & Bush, 2014) .

As an emergent process, action research engages the researcher and the participants to experience a journey of preparing, constructing, examining, reflecting, and integrating their discoveries (McClure, 2008). Reason and Bradbury (2007) and Willis and Edwards (2014) described the cyclical pattern of action research as a process of four steps, which include planning, acting, observing, and reflecting. Similarly, Coghlan and Brannick's (2014) model is

made up of four steps, which include constructing, planning action, taking action, and evaluating action (p. 46). According to Dickens and Watkins (2006), the process is to “cycle through a spiral of steps including planning, action, and evaluating the result of action, continually monitoring the activity of each step in order to adjust as needed” (p. 192). With this in mind, it made sense for this action research study to focus on the examining and reflecting stage of the cycle. The impact a 6-year coach training strategy had on licensing officers’ practice in CCFL that began in 2009 was rigorously explored in this study. The action research cycle for this study is illustrated in Figure 3.

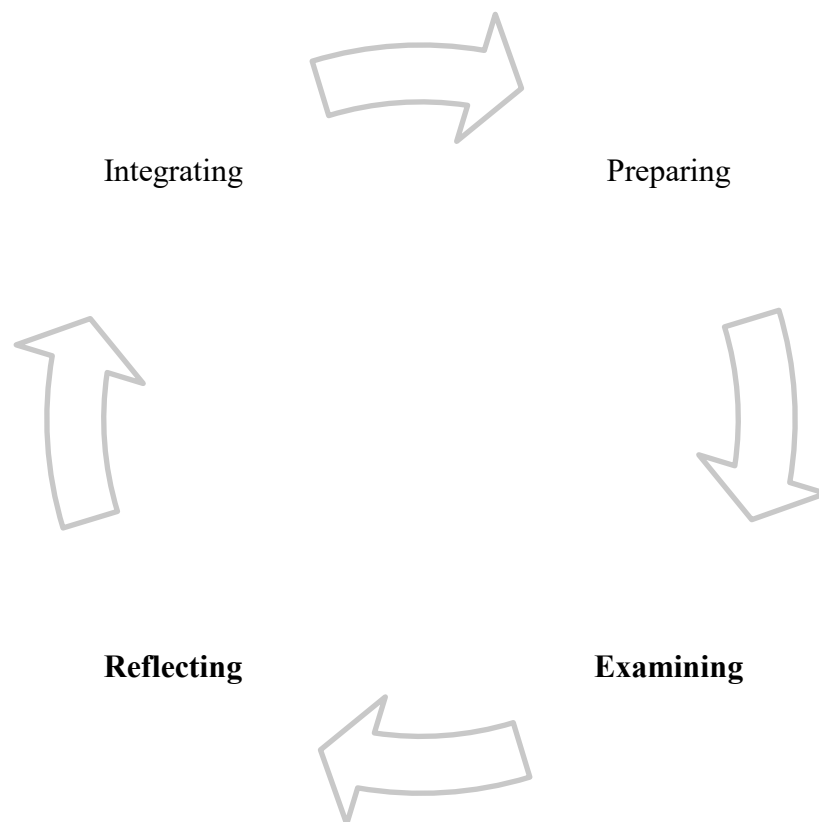


Figure 3. Action research cycle.

From: *Developing Personal Mastery Skills In Licensing Officers* (p. 58), by S. McClure, 2008, ProQuest Dissertations & Theses A&I. (Order No. MR35398)

Appreciative Coaching Inquiry

The interview, focus group, and survey questions were developed using the curriculum components of licensing leadership (Vancouver Island Health Authority, 2006), Coaching Out of the Box (2011) training, and the *Using a Coach Approach in Regulatory Practice with LEADS* (Fenwick, 2015). The questions were approved by UNE and Island Health ethics committees, as well as the researcher's dissertation committee. An appreciative coaching inquiry approach was used for all interactions with the research participants, as it is synchronistic with a coach approach. It is a revelatory and generative conversation that enlivens, amplifies, and sustains the positive core—source of the energy and intelligence of life—of both client and coach (The Center for Appreciative Inquiry, 2015). The relationship formed through an appreciative coach approach is said to cultivate new possibilities, health, and fulfillment, accelerating individuals to their highest and deepest good (para. 1).

Project Participants

The participants for this study were selected from a single site, and specific criteria were established for participant selection. All the regulatory practitioners were employed with the CCFL program, were available based on program requirements, and had attended two or more of the in-house coach training sessions. Also, all participants were female. Each licensee participant had a licensing officer who currently used a coach approach in her practice.

Site Selection

The study site was Island Health's CCFL program, which is a regionalized program, geographically spanning across Vancouver Island. The program is administered locally under

the direction of the Regional Manager Licensing, who reports to the Director of Public Health. Licensing officers are accountable to the Medical Health Officer in their local health area, the Regional Manager Licensing, and to licensing supervisors who are located in Greater Victoria and Nanaimo. As an inside researcher, a casual consultant for the CCFL program, a past full-time employee of the program, as well as an executive coach, the site was a purposeful choice for this study. “As an insider, you are in a unique position to study a particular issue in depth and with special knowledge about that issue” (Costley, Elliot, & Gibbs, 2010, p. 3).

Participant Selection

Creswell (2012) stated, “In qualitative inquiry, the intent is not to generalize to a population, but to develop an in-depth exploration of a central phenomenon” (p. 206). In addition, he stated that to get a clear understanding of the experience, the researcher must choose the environment and participants intentionally. Creswell’s viewpoint was expanded by Stinger (2014), who suggested,

Action research requires a different process, often called purposeful sampling, that consciously selects people on the basis of a particular set of attributes . . . that major attribute is the extent to which a group or individuals is affected or has an effect on the problem or issue of interest. (p. 43)

Participants for this study were selected by the method of “criterion sampling” (Creswell, 2013, p. 158), which allows for the identification of participants who display established selection criteria, and only persons with those characteristics are selected. According to Schwandt (2001), “In the logic of sampling based on a theoretical or purposive strategy, units are chosen not for their representativeness, but for their relevance to the research question, analytical framework, and explanation or account being developed in the research” (p. 232). Because of

this researcher's experience in the field of regulatory practice, a criteria strategy within the CCFL program of Island Health was enacted.

Study participants were selected from the CCFL program in Greater Victoria, Nanaimo, Courtney, and Campbell River offices, thus reflecting an island-wide integration. No licensing officer within the program was excluded based on race, sex, age, culture, race, and mental or physical disability. The participants who volunteered to partake in the study were all female.

Although the licensing officer population group is homogeneous in terms of job description, each regulatory practitioner is unique in her years of experience, education, and philosophical tenets. Currently, there is a total population of 23 licensing officers in the program and six positional leaders. Sixteen of the 23 licensing officers and all of the Island Health management team participated in the in-house coach training within the past six years, making them eligible for participation.

According to Merriam (2014), "To begin purposive sampling, you must first determine what selection criteria are essential in choosing the people or sites to be studied" (p. 77). The purposive sampling strategy for licensing officers was based on who used a coach approach in their practice, who were currently available based on program requirements, and who had completed two or more of the in-house coach training sessions. The purposive sampling for licensees was that they had to be associated with a licensing officer who employed a coach approach and who met the criteria for participation for licensing officers. Colleagues on the management team were invited, using non-probabilistic sampling (Creswell, 2012).

Selection of licensing officer and licensee participants who met the criteria was done on a first-received/first-accepted basis. An administrative assistant for Public Health sent an invitation to each potential participant via email and requested that they respond directly to the

researcher. Both supervisors were invited by the administrative assistant to participate in one-on-one interviews, and all six members of the management team were invited to participate in a focus group discussion. The sample was comprised of the Regional Manager of Licensing, the licensing supervisors, the practice consultants, and the senior licensing officers. They were invited based on their involvement and positional leadership roles within the CCFL program. For transformative learning and change to occur, the study had to include the positional leadership team (Schein, 2006). However, participation was voluntary, and any member of the management team could choose whether or not to take part. One member selected to not join in either the one-on-one interviews or in the focus group.

A qualitative survey using FluidSurveys' (2015) online process was the data-collection method used with licensees. The purpose of the survey was to inquire how a coach approach utilized by their licensing officer has empowered them to be self-directed regulators of legislation within their own facility. Participation was voluntary, and the first two respondents from each of the six licensing officers' caseloads were to be selected, for a total potential of 12 licensees. Licensees volunteered from all six of the participating licensing officers' caseloads, with one licensing officer having one response to the survey invitation, another licensing officer had two licensees volunteer, and four of the licensing officers had 10 or more licensees volunteer to take part. In total, 11 licensees were sent the survey, and seven completed it. The total population for this study was 17 participants.

Research Methods and Tools

The primary instruments used to conduct this research were one-on-one interviews with six licensing officers and a supervisor, a focus group with five members of the management team, and an electronic survey with seven licensees from the participating licensing officers'

caseloads. Each “method followed an appreciative inquiry [coach approach] as it was this researcher’s goal to produce an engaging inquiry that was qualitative, interpretative, personal, and practiced by the participants and [herself]” (McClure, 2008, p. 63). Appreciative [coaching] inquiry operates from the premise that positive change is created when individuals study and discuss what they want more of rather than what they want to eliminate (Cooperrider & Whitney, 2005).

Study Conduct

All participants were invited to participate by an email invitation, which was distributed by the administrative assistant to the 16 licensing officers who had participated in the in-house coach training and to the six-member management team. This email invitation asked for their voluntary participation and included details about participation (see Appendix A). The first six licensing officers to respond directly to the researcher and who met the criteria were sent the participation information and consent form (see Appendix B). This process was duplicated for the two licensing supervisors and the management team (see Appendices A and B). Each participant received an email confirmation acknowledging that her consent form had been received and that she would be contacted the following week to set up a private one-on-one interview and/or focus group at a site predetermined to ensure confidentiality and anonymity (see Appendix C).

After the six licensing officers participated in one-on-one interviews, the administrative assistant sent out an email to licensees from each participating licensing officer’s caseload (see Appendix D), asking that they contact the researcher directly if they wanted to join in the study. The first two licensees to respond from each licensing officer’s caseload received a confirmation email (see Appendix E) with the participation information form (see Appendix F). Eleven

licensees were invited, and seven completed the survey. The non-selected licensees received an acknowledgment email (see Appendix G).

Participation in this study was voluntary, and all participants were all of age of consent. The research methods and tools were clearly explained in the email invitations (see Appendices A and D), and participants did not receive any compensation for their participation. However, time taken for the interviews, focus groups, and member checks were covered in the participant's regular work hours by Island Health.

Data collection began only after approval to proceed was obtained from the researcher's dissertation committee. Approval from both the University of New England Institutional Review Board and Island Health Ethics Committee was received prior to commencement of the research. The research for this study began on October 6, 2015.

Data Collection

The primary objective of this study was to enrich the understanding of factors that inhibited or enhanced licensing officers' practice as they employed a coach approach in the field of human care licensing. The main process of data collection for this study was participation in individual and group interviews as well as an online survey. Coghlan and Brannick (2014) and Stringer (2014) postulated that organizational change is more likely to occur when people are engaged in the process; therefore, this study followed an intentional design.

The researcher co-participated in the generation of the data (Coghlan & Brannick, 2014), employing four methods of data collection with three participant groups. Each method employed its own unique set of questions, which included: (a) one-on-one interviews with six licensing officers and a licensing supervisor (see Appendices H and I); (b) a focus group with five members of the licensing management team (see Appendix J); (c) an electronic questionnaire

employing FluidSurveys (2015) with seven licensees (see Appendix K); and (d) artifacts such as annual training plans, licensing leadership curriculum content, and evaluative surveys (Merriam, 2014). Many of the artifacts were co-generated by the researcher in her past CCFL positions.

One-on-one interview. Creswell (2012, 2013) and Merriam (2014) intimated that interviews are a popular tool in qualitative research. They both suggested that the questions must be open-ended and conducted in an environment that enables a free flow of information in a dialogical process. This was congruent with Palys and Atchison (2013), who earlier suggested that one-on-one interviews are 80 to 90% more accurate when the interviewer and interviewee meet in a private, secure environment. “The interviewer can ensure that the appropriate person completes the interview, immediately clarify any confusion about particular questions, and encourage verbally stingy respondents to embellish further” (p. 150). Stringer (2014) suggested that the benefits of interviews are that they offer an occasion for participants to express their experience through their own lens. As such, one-on-one interviews are a contemplative method that empowers the interviewee to mine and illuminate her experience, with the intent to impact the inquiry.

Creswell (2012, 2013), Palys and Atchison (2013), Sagor (2010), and Stringer (2014) additionally submitted that interviews are a personal form of communication that should be characterized as a conversation that elicits information by asking open-ended, non-leading questions. Because this researcher is also a colleague to the participants, the interviews were a dialogic process of inquiring, sharing, and further inquiring. All of the interviews occurred in an environment that was intimate and safe, where questions were asked in “search of opinions, perceptions, and experiences toward [the] topic [of a coach approach]” (Glesne, 2006, p. 80).

Prior to conducting the interviews, the consent form was reviewed with each participant (see Appendix B), and additionally, participants were asked for their permission to record the interview using two digital recorders. Each interview lasted approximately one and a half hours, and every participant was provided with a pseudonym and later a numerical code by which her responses are identified in the analysis of this dissertation. Also, each participant was asked permission to use her direct quotations, as it was believed that they would add significance and value to the content, conclusion, and recommendations. While each participant received a code to protect privacy and maintain confidentiality, participants were informed that due to the CCFL program size and nature of this inquiry, anonymity and confidentiality could not be assured. However, confidentiality was protected within the limits of the law, and no additional foreseeable risks or hazards to their participation in this study were anticipated.

Sagor (2010) reminded researchers that while interviews may be time consuming, they enable the dialog to go deeper than surface-level conversations. Past experience in conducting interviews with this population led this researcher to believe that one-on-one interviews would be the most successful in obtaining authentic, detailed responses. Previously, the licensing officers and management team had requested face-to-face, private interviews. “Deep examination almost always requires data obtained through [face-to-face] interviews” (p. 75).

It was believed that the participants who voluntarily consented to participate in the face-to-face, one-on-one interviews and the focus group would authentically share their perspectives on the research subject. Kvale and Brinkmann (2009) noted,

Good interviewees are cooperative and well-motivated; they are eloquent and knowledgeable. They are truthful and consistent; they give concise and precise answers to the interviewee’s questions; they provide coherent accounts and do not continually

contradict themselves, they stick to the interview topic and do not repeatedly wander off.

(p. 165)

Interviews for this study included seven one-on-one interviews and one 1-hour focus group.

Focus group. The second method of inquiry was a focus group with five members of the management team. As a casual consultant, this researcher participates within the management team. While this researcher initially proposed to be part of the focus group as a researcher, facilitator, and participant (Stringer, 2014), the decision was made at the onset of the focus group to act as a facilitator and observer only and not as an active participant. This approach was adopted, as the researcher wanted to remain unbiased and non-influential in any decision making process.

Both Sagor (2010) and Stringer (2014) reminded researchers that a focus group is a form of an interview with multiple participants, characterized as a shared dialog. The group interview method was chosen because “the qualitative research interview attempts to understand the world from the subjects’ points of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanations” (Kvale & Brinkmann, 2009, p. 1). The objective for the focus group was to inquire how the management team has, would, and/or would not support licensing officers to integrate and/or sustain a coach approach in their practice. It was believed that the focus group with the management team was a critical methodology component and the project leverage for sustainable, organizational change (Schein, 2010).

Stringer (2014) cautioned that the researcher’s personal agenda, biases, and perceptions could influence the interview process. He emphasized interviewing is a complex process and one that entails individuals being “anticipatory, a learner, analytical, nondirective, patiently probing, nonthreatening, aware of power and hierarchy, and caring and grateful” (p. 68). As a

past and current employee, this researcher practiced due diligence in order to minimize any perceived biases by preparing an interview guide with open-ended and nonjudgmental or leading questions (Stringer, 2014). Additionally, the researcher employed an external qualitative methodology consultant. The consultant was provided a clean data set as an independent coder and external verifier to facilitate external verification of the emergent themes.

The questions for the interviews and focus group were designed to reflect the key coaching components from *Coaching Out of the Box* (2011), *Using a Coach Approach in Regulatory Practice with LEADS curriculum* (Fenwick, 2015), and the Island Health and UNE ethical review recommendations. Both the one-on-one interviews and the focus group were recorded using two digital recorders. For this research, Silverman's (2010) advice was embraced: "It goes without saying that your interviews should all be recorded. With improved technologies and a growing recognition of the advantages of being able to play back interviews, the old days of pen and paper recording are long gone" (p. 199). With that said, as a kinesthetic learner, this researcher additionally took abbreviated hand-written notes for all the interviews and for the focus group. The notes followed a code procedure, and they were transported from the interview or focus group site in a locked brief case to the researcher's residence. They were then stored in a locked, fireproof safe at the researcher's residence and will remain there until they are destroyed five years from the completion of this study. All electronic and audio research materials are stored on a private Island Health shared drive accessible only to the researcher and will additionally be destroyed as per the ethical protocol.

Electronic survey. The third method activated for this study was an electronic questionnaire employing FluidSurveys (2015; see also Appendix K). Creswell (2012) suggested surveys can be utilized for drawing inferences, and questionnaires can be crafted employing an

interpretive perspective. The questionnaire used open-ended questions with licensees to inquire about their experience with a licensing officer who employed a coach approach. This researcher was interested “in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2014, p. 5). The surveys for licensees were distributed electronically at a location of the participant’s choosing without the researcher present. The proposed number of participants for the survey was two from each licensing officer’s caseload for a total of 12; 11 were sent out, and seven licensees completed the survey. Participants’ responses were anonymous and confidential.

Artifacts. The final method employed in this inquiry was an exploration of documentation from the CCFL program. Artifacts included records such as training plans, coaching curriculum guides, newsletters, and past surveys. “Documents include just about anything in existence prior to the research at hand” (Merriam, 2014, p. 140). No artifact was used that could put the voluntary participants’ identities at risk.

Trustworthiness and authenticity of data. McNiff and Whitehead (2011) and Willis and Edwards (2014) emphasized trustworthiness and authenticity of the findings and analysis are incumbent upon the relationship between the researcher and the participants. Trustworthiness is a foundational tenet of action research and ethical practices (Merriam, 2014; Willis & Edwards, 2014). “Being able to trust research results is especially important to professionals in applied fields because practitioners intervene in people’s lives” (Merriam, 2014, p. 209). Authenticity in action research is founded on the belief that the researcher will present the data in a genuine manner, accurately balancing the varying perspectives of the participants, sharing knowledge fully, and encouraging ongoing learning by both the researcher and the respondents (McNiff & Whitehead, 2011). Precise recording, member checks, unbiased reporting, and the hiring of an

external analysis verifier were the four tools put in place to enable participants to acknowledge the authenticity and trustworthiness of the data.

This researcher has worked in the CCFL program in various capacities just short of two decades and has established a level of trust with many colleagues, particularly those colleagues who have been in the program for three years or longer. The purposive selection of participants was intended to increase the possibility that the research data would reflect participant truth as expressed on the day the data were generated. “Action research acknowledges subjectivity, and rather than seeking objectivity, instead demonstrates freedom of bias. Thus confidence in trustworthiness and authenticity of data can be achieved through [crystallization], reflexivity and [participant] checks” (Meyer, 2000, p. 9).

Having safeguards in place to assure trustworthiness, authenticity, and crystallization was critical to this study. The data were collected, analyzed, and described with authenticity, checking in with participants that their viewpoints were clearly illustrated. Foundational to this was the transcription of data and listening to the audio recordings for each interview. A professional transcriber from Premiere Verbatim Reporting was employed to transcribe the data. The company signed an Island Health confidentiality form (see Appendix L) as a term of their transcribing contract. The transcription process took three weeks, and the researcher used that time to listen to the audio recordings four times and to craft electronic notes. The transcribed data were transported from the transcriptionist office to Island Health’s personal shared drive through Proofpoint™. As with all electronic and audio research materials, the transcripts are stored on the private Island Health shared drive and accessible only to this researcher.

At the end of each interview, all participants were asked if they would like to review a copy of their transcription. This researcher contacted each interview participant when the

transcriptions were available and inquired if the participant would like to complete a member check; all seven participants chose to do a member check of their transcription either verbally or in person. A second member check was completed at the conclusion of Chapter 4 and 5. Participants reviewed each of their direct quotations used in this study in person and provided written permission for their quotes to be included.

Data Analysis

Data analysis in qualitative research is designed to better understand the subject participants are engaged with. When data are systematically collected and analyzed, they may provide insight into the phenomenon of study (i.e., a coach approach in the field of human care licensing). The data generated from the interviews, focus group, survey, and artifacts were analyzed and themed in context to the research questions.

Dickson and Tholl's (2014) five domains of transformative leadership provided the framework utilized for this study. Data were themed referencing each of the five domains, which included "Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation" (p. 1), with a focus on Lead Self and Engage Others. The LEADS framework was chosen, as it is a Canadian framework that has been adopted in all the health authorities in BC, and it synchronizes well with a coach approach, transformative learning, and transformative leadership. Dickson and Tholl defined leadership as "the collective capacity of an individual or group to influence people to work together to achieve a common constructive purpose: the health and wellness of the population we serve" (p. 2). This definition synchronized with the mandate of the CCFL program (Island Health, 2013a) and with the goal of transforming practice to influence society (Shields, 2013).

Kouzes and Posner's (2012) five practices of exemplary leadership were employed as an analysis tool for the focus group, as the CCFL management team had previously adopted their five practices. The data were themed by referencing each of the five practices, which included (a) model the way, (b) inspire a shared vision, (c) challenge the process, (d) enable others to act, and (e) encourage the heart. Integrating them into the analysis process illuminated areas for further growth and development.

Within each practice, three data theme identification techniques were done manually. Using multiple data-theme methods, including Dickson and Tholl's (2014) LEADS framework and Kouzes and Posner's (2012) five practices, with the data from the interviews, focus group, survey, and artifacts enabled crystallization. The three techniques used in this study are identified in Table 3.

Table 3.

Data Theme Techniques

Technique	Description
Word repetition	Review of the words in the text and highlight the words or phrases that are repeated throughout the transcription.
Compare and contrast	Themes are created by reading and sorting texts that are similar or different from one another. The researcher sorts the information line by line, asking him/herself questions such as: "What is this about?" "How does this differ from the preceding text" (Ryan & Bernard, n.d., p. 4).
Cutting and sorting	The transcriptions are read, highlighting statements and quotations that are important to the topic. Then each item is cut and pasted into an excel document. Each tab is referenced and sorted. Each tab is named and that becomes a theme.

Ellingson (2009) described crystallization as a means of constructing truthfulness and authenticity within social action data. She drew on the work of Richardson, who used the metaphor of crystals to illustrate that a phenomenon has more than one side. Richardson (as cited in Ellington) described crystallization as an alternative to validation, stating, “Crystallization without losing structure, deconstructs the traditional idea of ‘validity’ and provides us with a deepened, complex, thoroughly impartial, understanding of the topic” (p. 3). Dave Whittington, a professor at Royal Roads University, defined crystallization as the ability to explore the many facets of data (personal communication, January 23, 2007). Three data theme procedures (i.e., word repetition, compare and contrast, and cutting and sorting) were used to crystallize the data.

The methodologies and safeguards employed in this study were reflective of the researcher’s commitment to hear the voices of colleagues and their clients. The one-on-one interviews, focus group, survey questionnaire, and exploration of the artifacts were all rooted in inquiry—the desire to gather information from another’s perspective. Throughout this research process, strict ethical protocols and selected methods that minimized risk to the participants were followed.

Limitations, Biases, and Ethical Considerations

Roberts (2010) purported that all studies have limitations, biases, and ethical considerations that must be explored and illuminated thoroughly.

Limitations

The researcher approached this study with a specific interest in a coach approach in regulatory practice and, therefore, was not a neutral investigator. Because of this, the researcher was alert to the limitations this may have placed on the study. For this study, Island Health

licensing officers and management team members who had participated in two or more of the in-house coach training and who employ a coach approach in their practice were invited to participate. This may have excluded individuals who did not participate in the in-house training and who employ a coach approach. Additionally, the researcher selected the first two licensees from the caseloads of the volunteer participant licensing officers. This may have excluded licensees who have had or currently have a licensing officer who integrates a coach approach into her practice, but who had not participated in any of the in-house coach training sessions.

Another limitation of this study may have been the researcher's role as principal investigator and as an insider-researcher. However, vigilance was applied to acknowledging and minimizing biases and influences regarding a coach approach in regulatory practice. An external qualitative methodology consultant was employed, demonstrating a commitment to collecting, analyzing, and documenting information objectively as described by the participants.

Biases

A foundational tenet of ethical practice is identifying research biases. With 18 years of experience in regulatory practice and six years as a certified executive coach, this researcher has a passion for the field of human care licensing and protecting vulnerable populations in licensed care facilities. This passion has increased as time passes. In light of that, regulatory practitioners were made aware of the potential for bias in this study toward using a coach approach in regulatory practice. The researcher believes that workplace coaching, with a focus on education and strengthening an individual's capabilities, will enhance regulatory practice by empowering licensing officers and licensees to be partners in compliance.

The second bias this researcher brought to the study was her commitment to licensing leadership. In 2006, the CCFL program embarked on a journey of leadership that has moved the

program from transactional to transformational leadership (McClure, 2008). It was this researcher's hope that this study's findings would move the program closer to transformative leadership, modeling sustainable change (Shields, 2013).

The third bias this researcher brought to this study was her influence in the CCFL education and training plan for the past decade. As the past training and development consultant and supervisor, this researcher had a strong influence in the education of licensing officers between 2006 and 2010 and between 2011 and 2015. Additionally, as a casual consultant, this researcher had the privilege of being an advisor for the 2015 to 2020 education and training plan. While the researcher had no authority or decision-making power, she shared her perspective for future licensing leadership and technical regulatory training. Ethical licensing requires a regulatory practitioner to do the right thing in the right way for the right reasons. This is also applicable to an insider researcher (Ciulla, 2003).

Ethical Considerations

Ethical matters are non-negotiable, and they play an important role in the protection of individuals participating in research. This study complied with the University of New England's (2010) ethics protocol, Island Health's (2014) *Code of Conduct*, the ethical principles described in the *Belmont Report* (National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research, 1979), the applicable requirements of the United States Department of Health and Human Services' (2009) *Code of Federal Regulations: Title 45 Public Welfare: Part 46 Protection of Human Subjects*, and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada [Tri-Council], 2014). The principles of each of these resources

were adhered to at all times. Due diligence was applied in following ethical protocols for both the United States of American and Canada. This researcher is a Canadian citizen, attending an American university, conducting research on humans in the Province of BC, Canada, and is an inside researcher.

In the *Belmont Report*, the National Commission for the Protection of Human Subjects in Biomedical and Behavioral Research (1979) stipulated three basic principles for conducting ethical research with human subjects, which included respect for persons, beneficence, and justice (p. 2). These principles have corresponding applications, listed as informed consent, assessment of risks and benefit, and selection of subjects (pp. 5–10). Each of these principles unite with the three core principles in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Tri-Council, 2014), which are “Respect for persons, Concern for welfare, [and] Justice” (p. 6). Coghlan and Brannick (2014), Costly et al. (2010), Creswell (2012, 2013), Kindon, Pain, and Kesby (2007), and Reason and Bradbury (2007) illuminated the importance for inside researchers to be diligent with ethical considerations. Therefore, the Tri-Council’s (2014) three core principles and their corresponding applications were addressed in this study.

Respect for persons. Each voluntary participant was treated as an autonomous individual—every participant was informed about the intent of the study. They had an opportunity to reflect and digest the written information about the study, and they were invited to participate based on their understanding of the study and without interference. The invitations to participate (see Appendices A, C, D, and E) and the participant information sheet, information

form, and/or consent forms (see Appendices B, E, and G) provided all relevant information enabling a fully capable participant to make her own informed decision.

Each voluntary participant was required to sign or enact consent, which has been retained for review in a locked, fireproof safe at the researcher's residence and/or stored on the private Island Health shared drive accessible only to the researcher. Participants knew that they had the right to withdraw at any point in the study and that all information shared would remain confidential. However, focus group participants were informed that if they withdrew it would be logistically impossible to extract their data, and it would be used in the analysis.

Concern for welfare. The informed consent form provided information that enabled participants to satisfactorily assess the risks and potential benefits associated with their participation. Provisions to protect privacy interests of participants and to maintain confidentiality of data included all identifiers being removed from the data. No participant names appeared on any artifact, transcript, or publication of this study. Data collection and analysis allowed for confidentiality through a process of providing each voluntary participant a pseudonym, and later a code, in substitution for their name. This list was stored in a locked, fireproof safe accessible only to this researcher. Once the interviews had been transcribed and the audio review and member checks were completed, the list was destroyed by a bonded shredding company. Additionally, mitigating risk to participants included documenting findings by aggregating responses, reporting on themes, and illuminating key points through collective reporting.

Justice. Participation in this study was voluntary. Every participant was treated fairly and equitably, and there were no relationships of power beyond a facilitator or listener relationship between the researcher and the participants. However, there could have been a

perceived conflict of interest in this study as the researcher is not a neutral investigator. The researcher has in the past orchestrated and coordinated educational opportunities for licensing officers and the management team, although with no final authority over either. Additionally, the licensing leadership training is voluntary. It was not mandatory that any licensing officer or member of the management team participate in the coach training. All licensing officers and members of the management team were informed that their participation in the coach training would have no influence or repercussions for the voluntary participation that was required for this research project. It was disclosed that this study built upon the acquisition of coaching skills in licensing officers. “This places extra demands on the researcher for accuracy, candor, objectivity and sensitivity in informing potential subjects about proposed research” (Tri-Council, 1998, p. i.7).

Ethical and moral leadership is a choice that researchers make. “Leaders often have to act before they have all the information, not recklessly, but counting on intuition, experience and conviction” (Dickson & Tholl, 2014, p. 151). As an ethical leader, this researcher committed to practicing ethical behaviors that aligned with UNE, Island Health, and the provincial and state policies for researchers.

Chapter Summary

This research inquired into what six licensing officers do in relationship with licensees to ensure vulnerable populations are being cared for in licensed facilities. Specifically, this study explored how workplace coaching employed in the field of human care licensing by licensing officers in Island Health’s CCFL program could influence licensees to be partners in compliance.

In view of the study’s purpose, research questions, conceptual framework, and overall objective of the research, the methodology synchronized well with the literature and practice of

workplace coaching in the field of human care licensing. Qualitative action research was employed for this study. It enabled the researcher and the participants to step into the examining and reflecting stage of an action research cycle upon completion of a 6-year coach training strategy. As suggested by Merriam (2009), “Action research has as its goal to address a specific problem within a specific setting. . . . In its broadest sense, it is a systematic process by which we know more about something than we did before engaging in the process” (p. 4). It was an appropriate method for this research, and it may also serve as a road map for further studies. The research findings are presented in Chapter 4.

CHAPTER 4

RESEARCH RESULTS AND CONCLUSIONS

The purpose of this qualitative, action research study was to explore how a coach approach is being employed by licensing officers in Island Health and how their practice is and/or would influence licensees to be self-regulators in their licensed care facilities. This project further investigated how the acquisition of workplace coaching skills may have helped licensing officers to become transformative leaders and how having a licensing officer employ a coach approach may have influenced licensees to become transformative learners.

The data collected from seven one-on-one interviews, a five-member focus group, and seven survey responses were abundant and comprehensive. United with that data was information from artifacts such as the training documents, which helped to inform the generation of themes. The findings that emerged from the data are a reflection of the participants' experiences and from CCFL artifacts—they are not a conclusive illustration of the licensing populations' practices in the Island Health CCFL program.

Interwoven with the data was this researcher's own experience as an insider (Coghlan & Brannick, 2014). "The insider action research process makes particular demands on how you experience, understand, judge, value, decide and act" (p. 28). It is important to note that the researcher designed and facilitated the education and training for the licensing leadership stream between 2007 and 2015 and attended and/or facilitated all the coach training offered between 2009 and 2015.

The research for this study was divided into four phases. The process was dynamic and fluid, with the one-on-one interviews and the focus group occurring simultaneously. The results of each phase are included in this chapter. Phase one of this study began with a one-hour, face-

to-face focus group with five members from the management team. Nine specific questions (see Appendix J) were examined, and the focus group followed a linear process, with questions one to nine asked sequentially. The results of the focus group were themed separately from the one-on-one interviews, as the purpose of the focus group was to hear the positional leaders' perspectives for the future use of a coach approach in the CCFL program.

The second phase commenced with one-on-one interviews with six licensing officers and a licensing supervisor in a private, confidential space within each interviewee's community. The interviews were designed to last between one and a half to two hours, with the average interview lasting approximately one and a half hours. The licensing officer interview questions were divided into three sections, beginning with 10 foundation questions, followed by 10 activation questions, and concluded with five reflection questions (see Appendix H). Each interviewee was asked the same questions, with a slight variation when the participant asked for clarification or further explanation. The questions for the licensing supervisor deviated slightly; however, they too consisted of foundation, activation, and reflection questions for a total of 16 questions.

The third phase was an electronic survey crafted through Fluid Surveys (2015; see also Appendix K). Eleven licensees were sent the survey link, and seven of the 11 recipients completed it. The findings from the licensees' responses are interwoven with the findings from the interviews with the licensing officers and licensing supervisor.

Inductive Analysis

An inductive analysis methodology (Creswell, 2013) was used to analyze data after the interviews were professionally transcribed. Through the use of an inductive analysis, the data were explored to identify the dominant themes. "The inductive process involves researchers working back and forth between the themes and the data base until they establish a

comprehensive set of themes” (p. 45). The data gathered by the interview, focus group, survey, and artifact methods were coded and reduced into multiple categories and themed by the use of word and phrase analysis and electronic cutting and pasting in context to the questions, then further explored through Dickson and Tholl’s (2014) LEADS framework and Kouzes and Posner’s (2012) five leadership practices. After listening to 12 hours of accumulated interview and focus group audio files four times, reading the 400 pages of transcribed data four to six times, and reading the seven survey result pages three times, concepts related to the phenomenon were identified and coded. An electronic Excel table was created for each concept, with tabs prepared for each participant.

The findings presented in this chapter create a tapestry, including the *participant demographics* ending with the *return on the investment* for a coach approach in the field of human care licensing. Findings one through six are crafted from data gathered from the licensing officers, licensing supervisor, and licensees. The last four findings, seven through 10, are shaped from the focus group data.

In order to protect the privacy of the participants, all transcribed quotes are coded with a non-identifying pseudonym, and each participant was given a numeral. For the licensing officers and supervisor who participated in the interviews, the number is preceded with a P (e.g., P1, etc.), and for the survey participants, S precedes the numerical value (e.g., S1, etc.). For the focus group, F goes before the numerical value (e.g., F1, etc.). While the transcriptions from the audio recordings were precise, in a few cases, the quotations were modified to enhance their readability. Permission from each participant to use his or her direct quotes was obtained as well as signed authorization to adjust the quotation.

Participant Demographics

The participants for this study were representatives from the Island Health, CCFL program. The criteria for licensing officer participation was that they must use a coach approach in their practice, were currently available based on program requirements, and had completed two or more in-house coach training. Licensees for this study had to have a licensing officer who employed a coach approach in her practice and who met the above criteria. The management team was included based on their positional roles and decision-making authority. Eight of 16 eligible licensing officers volunteered to participate in this study, and the first six to respond to the invitation participated in the one-on-one interviews. One of the licensing supervisors volunteered to participate in a one-on-one interview, and all but one member of the management team participated in the focus group. Eleven licensees were invited to participate in this study, and seven completed the survey.

To further help put the population of this study in context, all licensing officers who participated in the interview phase for this study were female, and each one licenses, monitors, and investigates licensed child care facilities. Although participants had varied educational backgrounds, each one of them had 10 or more years' experience as a regulatory practitioner. Collectively, the participants had 77.5 years of experience in the field of human care licensing, and the average length of employment was approximately 13 years.

The CCFL management team has six positional leaders, consisting of the regional manager of licensing, two practice consultants, two supervisors, and two senior licensing officers. One of the senior licensing officers is also a practice consultant, and the other senior licensing officer is also a child care licensing officer. All but one member of the management team participated in the focus group, for a total of five participants. Each participant is delegated

a positional leadership role, is female, and all five have been in the field of human care licensing for 10 or more years.

Two hundred and thirty licensees were sent an invitation to participate in this study. The first two licensees to respond from each licensing officer's caseload were sent the survey link. Out of the six licensing officers, one licensing officer had one licensee volunteer, another licensing officer had two licensees volunteer, and four of the licensing officers had 10 or more licensees volunteer to take part. Based on the selection criteria, a total of 11 licensees were sent the survey, and seven completed it. All surveys were anonymous; however, for the purpose of this analysis, each survey respondent was provided with a numerical participant code.

Information regarding the seven licensee participants is provided in Table 4. The number of years each licensee has operated a licensed child care facility in Island Health as well as the number of licensing officers each licensee has worked with since they opened their facility are presented in Table 4. However, what specific category of child care participants operate was not queried; therefore, the child care facility type could be "group care [including] under 36 months; 30 months to 5 years; school age, and preschool; family child care; multi-age child care; in-home multi-age child care; occasional child care; and child-minding" (Province of British Columbia, 2015, para. 3). In a study conducted with Island Health child care licensees in 2013, 43% of respondents at that time were from family child care (Island Health, 2013a, p. 1). For this study, it is believed 86% of the respondents were from family child care based on their responses to the survey questions.

Table 4.

Licensee Participant Information

Years of Employment	Number of Licensing Officers Since Opening Facility
34	5+
14	5
6	4
6	4
17	3
10	2
10	2

Coaching Background and Licensing Leadership

Four of the six licensing officers attended all five coach training sessions offered by CCFL, and one attended three of the five sessions, while another attended two (C. Kane, personal communication, November 13, 2015). A review of the artifacts identified that all six licensing officers took part in the personal mastery training offered in 2006, and three of the licensing officers also participated in the 2007 study conducted by this researcher (McClure, 2008). Additionally included in this section are the results of the licensing supervisor's background with coaching. Illustrated in Table 5 are the compiled responses to the interview question: "What training, if any, have you had in coaching techniques before participating in the in-house coaching offered over the past three years in CCFL?"

Three of the six licensing officers interviewed had previous coach or coach-like training prior to participating in the CCFL coach training, and four of the interviewees had none (see

Table 5). Five of the seven participants took part in all five coach training opportunities offered in the CCFL program.

Table 5.

Licensing Officer and Licensing Supervisor Coach Training

Prior Training	# of Prior Course	# of CCFL Training Courses
Yes	5	5
Yes	2	5
Yes	1	5
Yes	2	5
No	0	2
No	0	3
No	0	5

While Interviewee P7 did not take any coach training prior to the CCFL training, like many of her colleagues, she has participated in all the CCFL coach training. From her perspective, “it’s a very important tool . . . [because] coaching methods and principles foster engagement.” In fact, when the researcher asked how she would rate a coach approach in regulatory practice on a scale of 1 to 10, with one not being of value and 10 being highly valued, she indicated that “it’s a 10.”

Within each coach training, licensing leadership was woven into the curriculum (Kane, 2009a, 2010, 2013, 2014; Scott, 2004). Therefore, for the purpose of this study, each interviewee was asked a succinct question: “What is your philosophy of licensing leadership?” Several themes emerged from this question, with many of the participants interpreting the

question specifically in context to a coach approach in regulatory practice, and several others reflected back on the licensing leadership education that began in 2006. The most common themes included empowerment, accountability, and collaboration. However, all seven interviewees conveyed collaboration as a key component of licensing leadership.

P1 responded to the question framing it in context to her philosophy with licensees. She explained that her perspective is relationship focused and that she enables licensees on her caseload to be solution builders. “My philosophy in regards to licensees is about a relationship with the licensee, empowering them to come up with solutions.” She suggested that a licensing officer’s role is to facilitate capability in his/her licensees, emphasizing, “I can’t provide that information for them most of the time. I can’t be directing them how to fix something.” P1 further stressed, “I want them to feel like it was their idea, their decision. . . . They have to take ownership.”

P2 united her response with how she approaches her role as a licensing officer and how she engages with licensees. For P2, her philosophy of adult education strongly influences her licensing leadership viewpoint. “My philosophy of licensing leadership synchronizes with my philosophy of adult education,” suggesting “there is some congruence.” More specifically, P2 stated, “Every individual is a leader; leadership is not positional,” while underscoring that “in the twenty-first century, for organizations to be successful and to move nimbly, everybody has to assume that sort of leadership role.” She acknowledged the importance of respecting organizational structures, while maintaining “the expectation is, every person has a role in leadership.” In her current position, P2 acknowledged, “My role as a regulatory official is providing leadership to my clients and to the public.”

For P3, there was no doubt that her philosophy of leadership was licensee centered. For her, it was about a partnership grounded in respect. P3 explained,

It's about collaborating with folks I think who are doing such an important job and trying to understand their belief and their information about their program. There's so much coexistence, and my job is to look for the coexistence and maybe help fill in the gaps. She summarized the gaps as opportunities to "look for the knowledge they already have and attach it to a regulation because they don't live there every day; I live there every day." P3 was clear that she believes in partnerships and maximizing each other's strengths—stressing licensees are learners and experts of their facility, and she is a learner and expert of the regulations.

P4 responded that her leadership philosophy began with *her*. She asserted that she has a responsibility to "lead from where I stand." In fact, P4 reported,

I have the capabilities—I have the tools in my toolbox, so to model the way to others, to champion other people to be the best version of themselves, to be authentic, to be respectful, and to bring my whole self to work each and every day—modeling the way. Like many of her colleagues, P4 reflected on the significance of responsibility to engage and lead others as the cornerstone of her practice.

While this may not be the perspective of all licensing officers, P5 stated she is "a licensing leader who trusts that everyone is capable and that people are able to determine their own path and have the ability to determine what tools they need to do that and it's all within them." She did not limit her philosophy to licensees; for her, it also included her colleagues and community partners. P5 assured that she "believes that everybody is a leader; it's just leadership doesn't look the same." In a moment of introspection, she stated, "So it's being very aware for

myself that there is always learning that I can gain from other individuals who are leaders in their role in the community.”

Similarly, P6 spoke about her philosophy specific to her work colleagues and to licensees. The topic that wove through her responses was *teamwork*. With licensing officer colleagues, she is all about “we can do it” and “working together.” Although P6 stated she does “not model team work every day,” she was faithful to her belief that teamwork is essential to her licensing leadership philosophy. This was evident when she stated that she is “a partner in ensuring the health and safety of children.” P6 acknowledged,

It’s kind of like going out there and saying, “You know, our role is to promote the health and safety and children in our community.” This is to ensure children are getting the best possible start in life to reach their full potential, whatever that potential may be for each of them.

For P6, her message contained “we” multiple times, including “we are ensuring the health and safety of *all* the children in care.”

The seventh participant, like the previous interviewee, reported that her licensing leadership philosophy is “we” focused (P7). “In a nutshell, I try to make it a ‘we’ instead of a ‘you should’.” In her leadership role, she has learned “it’s important to work collaboratively, helping staff to understand what framework they’re working within.” P7 shared a concrete example of how she invites colleagues to be solution builders and system thinkers. She noted,

Instead of being directive, I try to say, “What do you think, have you looked at policy?” I try to make it a bit more of a we, like, let’s learn together, let’s explore this together, but definitely trying to get the licensing officer to participate at a different level.

P7 concluded her thought with, “A coach approach has definitely created a more collaborative network amongst the team and the community.”

Study Findings

Ten findings were generated from an analysis of the responses to the interview, focus group, and survey questions (see Table 6). Collectively, the findings summarize the participants’ experiences from both participating and employing the coach training and/or from having a licensing officer who employs a coach approach in the field of human care licensing.

Table 6.

Study Findings

Finding #	Descriptor
1	An exchange: Characteristics of a coach approach
2	The heart of a coach approach: Conversation
3	New enforcement practice: Engage through a coach approach
4	Organizational impact: More positive than negative
5	Engagement: A coaching approach is congruent with who I am
6	In regulatory practice and in life: A coach approach works
7	A coach approach: A technique to transform practice and people
8	Growing others: Purposeful design
9	Dreaming big: All licensing officers have a coach skill set
10	ROI: A coach approach is a good investment

The data generated from the 17 participants produced 10 major findings. Findings one through six are a reflection of the themes generated from the licensing officers’ and licensing

supervisor's responses provided during their one-and-a-half-hour interview. These findings also include licensee perspectives based on the survey findings. Findings seven through 10 are a result of the 1-hour focus group with five members of the management team. The data from the participants' interviews, focus group, and surveys as well as artifacts from the program provided the concrete evidence for each finding.

Following is an arrangement of findings, generated from the responses to questions asked of the licensing officers and licensing supervisor during their one and a half hour interview. At the end of each finding, where relevant, are quotations from licensees based on the survey findings. To illustrate the participants' rich thinking of how a coach approach is used in their practice, direct quotations are used.

Finding 1: An Exchange: Characteristics of a Coach Approach

Each interviewee was asked three open-ended questions in context to employing a coach approach in regulatory practice. They were (a) "What is your perspective of a coach approach in regulatory practice, and how do you employ it?" (b) "What competencies do you use as a licensing officer integrating a coach approach, and what competencies are not identified?", and (c) "How are these competencies applied in your work with licensees?" Overwhelmingly, six of the seven interviewees suggested that a coach approach in regulatory practice is an exchange that includes tools and techniques. Consistently, they identified the tools as listening, encouraging, observing, questioning, and action planning. However, P1 pondered the use of a coach approach in the field of human care licensing, stating, "I question how much room there is actually for coach approach because of the nature of the job." She then went on to describe questioning as one of the means she employs regularly in her practice when seeking compliance from a licensee when her practice is contrary to legislation. "I ask them, 'What do you think can be done?' I ask

a bigger question—an open-ended question because I’ve already directed them to the fact that it’s not acceptable the way it is.”

P2 was descriptive about the tools she has implemented in her practice. She was quick to share that the “coaching competencies I use are listening, encouraging, developing trust, being fully present, creating awareness, questioning, requesting, action planning, goal setting, and accountability.” P2 emphasized that she is an “observer of people and the environment,” and in order to be a “keen observer,” she uses tools that enable her to “suspend judgement, listen, be present, and allow people to emote.”

Similarly, P3 described the tools she applies as “listening and questioning,” while providing an example that included awareness, paraphrasing, and reflection:

Noticing if that’s where they’re at this moment, for whatever reason, maybe I should stop trying to squash that and let the story come. So being aware that’s how some people are going to process, and if it needs to take a few more minutes, that’s going to be okay because probably there’s going to be a lot of nuggets in that long story that I can give back to them, have some reflection for them, and say I heard this and I heard that, tell me more about that part because that’s the part that has something to do with licensing.

P3 additionally added that she frequently says “thank you” when a licensee calls and when she engages in a face-to-face dialogue. She said that she acknowledges licensees by saying, “It’s great that you called. . . . [Or] Thank you for all your hard work.”

P4 reported, “Listening is huge, repeating back, identifying, getting to what the issue is, and clearing the way, offering ideas or strategies, things for them to challenge their self or take on.” She added that she invests time to hear what is “most important to them,” and together they come up with “ideas and strategies, . . . [which she] follows up, having them paraphrase what it

is that they want to do or change.” The coaching exchange for P4 includes “having a connection, establishing trust, and being authentic—including sharing and checking back in.”

Without deviation, P5 reinforced what her colleagues had earlier shared, further illuminating that a coach exchange includes tools such as “listening, questioning, requesting, action, planning, forward thinking . . . [while advocating that they] all show up in a coaching role.” P5 hypothesized that a regulatory practitioner would need to be “non-judgmental” and “be really patient” in order to execute the skill set. She reported that through the use of the coaching exchange, she is able to “guide [licensees] to be able to find their way back into compliance.”

Most coaching interactions include “time,” suggested P6, while further implying that in order to activate the tools of a coach approach, a licensing officer cannot “rush, which is sometimes really hard because of our caseloads.” This involves “taking the time to really truly listen to them, to pick up on what it is they’re trying to say, and sometimes provide that information back to them for that a-ha moment.” Sprinkled throughout P6’s responses were phrases that described the tools, such as “questioning,” “a certain amount of requesting,” “there’s definitely encouraging,” and of course, “identifying where the action needs to be and sometimes that’s by citing noncompliance.”

Noting that coaching tools are more than listening and questioning, P7 said that the application of a coaching model has “changed the relationship between licensing officers and licensees because it’s really moved licensing officers away from being so directive.” Licensing officers blend prescriptive and outcome-based enforcement more effectively suggested P7, who stated, “It has moved licensing officers away from telling licensees how to do things and being directive when it’s not required.”

Listening. The licensing officers and the licensing supervisor spoke of techniques that enable them to use the tools of coaching. For example, all six licensing officers identified listening as a tool, and four of them said the technique they employ is “active listening” (P1; P5), “truly listening” (P2), “intentional listening” (P5), and “respectful listening . . . [and/or] really listening” (P6).

Questioning. P5 gave more specific detail about active listening, noting that it is “really listening, being a keen observer, and asking all those open-ended questions: ‘what if’, ‘tell me how’, and ‘can you show me the process’ questions.” Through the technique of listening, P5 suggested a licensing officer can “really engage licensees during inspections to demonstrate the way that they believe that they’re maintaining compliance.” P5 further asserted, “We have tools in our role as licensing officers where we just have checklists and go through them, but I want to ask the questions and really come to learn about licensees as individuals.” This was reinforced by P2, who stated that licensing officers need to use “evocative questioning.” It was evident from all licensing officers that “open-ended questioning” was the method that enhanced learning for licensees. P6 specifically pointed out that questioning is an effective practice “when people aren’t quite meeting the intent of the legislation,” and questioning enables the licensing officer,

To dig a little bit deeper, to un-layer the onion--to get what’s stopping them, or what they’re not understanding, or to clear the way so that we can move forwards. It’s always about forward motion.

When asked specifically, “How do you establish and activate powerful questioning when engaged with licensees,” five licensing officers replied that they use it during applications, inspections, and investigations when they are exploring decisions, actions, and/or behaviors that they have observed in licensees. P1 said she uses it most often during a “sensitive or conflictual”

time, and it is often a mechanism for getting licensees' attention. P2 reminded the researcher of a book of questions licensing officers were given at a training, stating, "I know at one point we were issued a book which had a list of magical questions, and I know I used to use that quite regularly." She further stated,

I have half a dozen questions that I use more often than not, and it's in context to inquiring "What's stopping you, and how can or what could you be doing?" to those types of questions, but it's always open-ended and just waiting for that moment when the licensee pauses long enough to think about the situation, and I inquire with a question.

P3 gave an example of when she "remembered that a licensee said her hot water tank was busted," and she thought to herself, "I better ask a bit more about that." P4 revealed, "I use powerful questions when I'm needing to move someone forward, during inspections, applications, and I use powerful questions in investigations." This was additionally true for P5, and she added, "Also, I'm always willing, and I tell them, if you have any questions after I leave, you can call me," suggesting that the dialogue continues with questioning used by both the licensing officer and the licensee. For P6, powerful questioning "comes into play if I have identified issues, maybe even during an investigation, or I've got some concerns with programing or whatever is going on, and then it would be more in the middle of an inspection."

P7 approached questioning from a reflective perspective, saying, "It's important to just kind of take a breath and ask questions so I can hear a little bit more about an individual's experience and understand what's happening in that context." She paused and admitted, "My brain naturally goes to task-oriented problem solving, immediately asking, 'What do we need to do?'" Stepping back and inquiring "enables the barriers and the obstacles to be brought forward," advised P7.

Observing. P5 pointed out that for her to apply the technique of open-ended questioning, it is after she has observed a situation: “So just to spend that time with a licensee and talk to her about what was going on for her in this moment. I can see, and I sense—this is what I am observing, I’m hearing you say this.” P2 reminded the researcher that in order for her to be technically competent, she has “to be a keen observer of environment and people.” This was true for P1 as well, who commented,

It is more about reading the situation—first of all, do I have their attention? Are they too distracted with the kids or the staff? What is their demeanor towards me? Are they sort of the anti-licensing-type licensee, or are they happy to see me, and have they been asking for me to come and see their center? So that is a bit of an indication of how I would proceed.

P3 stated she is proactive in her use of observing, including preparing for inspections ahead of going into a facility. “I’m preparing myself for routines now by reading previous inspections, the notes to files, reviewing the floor plan, and some correspondence. I go into a facility feeling so much more caught up with their lives.” She further stated that she can then “use the checklist to record observation notes and refer to legislation.”

For P4, the specific function of observing is evidence gathering. “I know that before I state something is noncompliant, I needed to make sure I have tangible evidence.” In order to be effective with technical tools, P4 enters into dialogue from a place of believing that the licensee is capable, stating,

“You’re capable, so show me how you’re doing, how you’re achieving compliance.”

That’s where I start from. I don’t jump to conclusions. I start with, “I’m assuming that

you're following the legislation, and now show me how you're meeting that." I'm starting with the glass is half full; I am observing what they are doing is right.

As for observation techniques, P6 shared, "I move through the exchange of gaining information, discovering why licensees are doing something and why they are doing that way." In fact, P6 proposed, "It is picking the moment, isn't it? It's like the conversation has always got to be flexible." Be alert to what is going on and observing it is critical from P6's experience. P6 put forward that she works with licensees through listening, questioning, observing, sharing, and encouraging.

Encouraging. Not surprisingly, P6 shared that the coach exchange includes encouragement as a tool, and the act of encouraging is a method for progress. "There's definitely, the process of trying to encourage them to tell you more so you can get a feel of where they're going." She encourages because "we want all our licensees to be successful," and in her practice, P6 uses "a lot of encouragement and giving credit where credit is due." Upon reflection, P6 stated, "I try and encourage them—there's always the encouragement piece because you always want to encourage people to do best practice, to do the best you can."

Interviewee P5 identified that "to help licensees achieve positive results, I let them know what they are doing well." P5 provided an example, where she drew out the strengths of a licensee during what she called an intense investigation.

In the moment of her interview about *all* [emphasis added] of the noncompliance, I kind of slipped into a coach approach and asked, "What are your strengths in your facility, tell me what they are?" I was just trying to find where her strength was and then adding, "Your strength is really here. You're really, really good at this, right?"

That technique of encouraging during an investigation changed the trajectory of the licensee's engagement, asserted P5. P4 described how she uses encouragement, noting,

I really want to empower them and ensure that they're capable, but I also encourage them, if they are unsure, to check it out with me, so that I can ensure that they are on the right track, rather than floundering in the ocean and feeling like they don't have someone to talk to.

P4 added, "It's allowing other people to talk instead of myself. So when I'm able to paraphrase back and encourage, it's so powerful because people feel acknowledged, heard, listened to, that they matter." Whether P4 is doing an information session, an application, an inspection, or an investigation, she pointed out that "I model for them and encourage them to bring out their best self."

P3 reminisced that there are multiple ways to encourage. For example, P3 stated that when she goes into a facility, she starts out by encouraging licensees to participate in the process by creating an inclusive environment.

I start out by saying, "Tell me what you're enjoying about your space right now," "What's working for you," "Have you made any changes that you're enjoying or thinking about making some?" So I try to give them the opportunity to be the boss of their place. You know, it seems to put us on a really nice footing.

She further explained,

I find that is a really good starting point for them, so that they know, there's a commonality; you're caring for children, and you're running the business, and I can see that. Now let's move onto the part that's not working, what's hard about that?

P2 emphasized that she “encourages the coachee to build on her strengths, develop strategies for weak spots, [and] helps them to excel in their performance.” Pointing to the responsibility of the job, she “encourages licensees and empowers them to be compliant,” noting, “that is what is expected of them.” For P2, the act of encouraging is congruent with adult education. She added, “I’m a regulatory official, but I really truly believe 99% of my job is facilitating adult education or facilitating the learning for my clients. It’s offering that sort of tangible encouragement and feedback.”

Interviewee P1 described her experience with encouraging as “acknowledging that they are the experts. They know their families, they know their staff, and they know the kids.” Through the act of encouraging, P1 is able to “give them a bit of a confidence boost, . . . [and] if they’re hemming and hawing and they’re feeling a bit overwhelmed, that’s where I’d say the reassuring becomes more useful.” However, for P1, best practice dictates compliance, and she questioned how much room there is to boost a licensee’s spirit or attitude, stating, “There’s not a lot of room for fill, I guess, is kind of what it comes down to.”

Action planning. The experience with action planning in the coach exchange was reported by four of the six licensing officers and the licensing supervisor. While all the interviewees shared that they employ action planning as a tool in their practice, they did not, however, provide concrete examples of the technique. P2 became insightful when she disclosed, “I sort of hear enough of what the description is, and I dash off and take them to problem solving and action planning, and I often don’t let them emote.”

The skill of action planning was referenced in context to compliance monitoring six times between P2 and P6. P2 additionally remarked, “It is an opportunity to support their thought

processes to develop their own goals, outcomes, solutions, action plans.” This was congruent with P6’s perspective, who stated,

The action planning piece, of course, comes in, but that really is where the licensing officer is encouraging, steering them towards the action plan, but the decision for action is their own. I mean, some of them aren’t going to move in the direction you want.

Sometimes, you know, [I need to] identify where the action needs to be, and sometimes that is by citing noncompliance.

Synchronistically, P1 acknowledged that she uses action planning in her practice routinely, primarily when seeking a resolution to an area of noncompliance. “Not skirting around the issue or being sort of wishy-washy, but saying, ‘This is an issue. I’m going to have to cite it as noncompliant; it needs to be addressed. What is your corrective action plan?’”

P4 provided a story of how a licensee came up with her own action plan after she pointed out an area of non-compliance, and through the act of exercising coaching tools and techniques, the licensee “went from so much anger and saying licensing is terrible to hugging me” because “she was able to come up with her own solutions.” P4 enthusiastically said,

She was able to say verbally how she was going to come into compliance the next day, and she had all the tools in her toolbox, right? Like, all she had to do was have her a-ha moment and understand the legislation.

P7 reinforced that:

Coaching is much more action driven, . . . [and] it works well in regulatory practice because it’s part of your everyday job working with individuals and trying to figure out what they want and need, and it is our job to learn how to better support them.

Licensees' perspectives. Four of the seven licensees confirmed that their licensing officers have used listening, encouraging, questioning, requesting, and action planning during an interaction with them (S1, S2, S4, S6). One licensee additionally shared that her licensing officer has also been understanding with her, further suggesting that the licensing officer has exercised collaboration (S2). Both S3 and S5 reported that their licensing officers have made use of listening and requesting tools only, while S7 believed her licensing officer has used none of these techniques.

In an effort to understand how licensing officers have enabled growth and development in their licensees, licensees were asked to share a concrete experience: "Please share the most poignant experience you have had with your licensing officer that has enabled your growth and development." The following vignettes highlight how licensing officers are employing a coach approach in their practice.

S1 reported that her licensing officer has helped her solution build and develop an appetite for learning how to communicate with difficult situations. In her survey response, she wrote,

I had a visit by a licensing officer to discuss a situation. I learned a lot from my discussions with her about how to deal with difficult people. It was great to talk with someone who understood the challenges that we face. It was helpful how she shared ideas on working with someone in that situation. I found that after the meeting, I gave a lot of thought to the ideas. From this discussion, I am looking into learning more about strategies for working with difficult people.

S2 shared an example regarding how her licensing officer assisted her with developing a safety plan. S2 stated, “She helped me develop a safety plan for my outdoor equipment; she gave me reasons why it was needed.”

Listening and collaborating is what S3 has experienced with her licensing officer.

I had a question about a child (5-year-old female) and if she needed to wear a shirt or top cover while at the waterpark. I understood that it was not legally required, but was worried about how it could be perceived and possible problems with the situation. My licensing officer asked others for feedback and then got back to me with her suggestion, and she also invited me to give my feedback to them as they reflected on the question.

S4 has experienced a recent shift, moving away from “3-hour inspections [that she found] totally exhausting and way too long to spend away from my kids.” She added that her last inspection “was so relaxing, and it totally changed my opinion of what the inspections have been these last few years.” More importantly, S4 believed that “it was relaxed, it was shorter, and I felt like I did a great job when she left.” S6 appreciated her licensing officer “going with the flow . . . [and] participating in a conversation close to the children.” In fact, S6 stated, “When she came out into the play space, and we exchanged ideas as I watched the children, which was so helpful.”

Congruent with the brief information above, the child care study conducted in 2013 illustrated that 49% of licensees felt that when their licensing officer “gave me an opportunity to provide sufficient information and/or allowed me to provide comments . . . [and] 48% felt heard by the licensing officer during the inspection” (Island Health, 2013a, p. 7). Additionally, 54% of licensees felt they “had a positive experience with the licensing officer during the inspection” (p. 7).

Finding 2: The Heart of a Coach Approach: Conversation

In an effort to understand licensing officers' perspectives about a coach approach and how it is enacted in regulatory practice, the interviewees were asked a series of questions. The questions included foundational, activation, and reflective questions. Four questions that influenced this finding were (a) "What has been the benefit in using these competencies? What has been the challenge?" (b) "What are the strengths of the approach and areas of challenge?" (c) "How do you create a supportive environment that produces respect with licensees?" and (d) "How do you create a flexible and open conversation with licensees?" The terms conversation, dialogue, and talking were reported over 197 times across the six interviews. All six licensing officers noted that they believe a coach approach in the field of human care licensing is a thinking partnership that occurs through conversation, dialogue, and/or the act of talking.

P1 summed up her style as "clear communication." She expressed it as a "conversation" a "running dialogue," and she pointed out that she needed to be aware that licensees are busy when she is conducting inspections.

I keep a running dialogue going, and if they're busy, I'll often just do the inspection and just ask questions as I go. You know, pop in and sort of ask the questions if I need to fill in the gaps, and then I'll talk to them after and say. "These are the things I saw. Let's talk about it."

P1 also suggested that she engages in a more flowing exchange when talking on the telephone with licensees.

If I get calls from licensees about a situation where they have an issue with a parent and it's not based on noncompliance per se, but more of a day-to-day issue that comes up for them, I engage in more of a coaching conversation.

While P1 stated coaching is a dialogue, she also cautioned that conversations take time: "I have a feeling that if you use a full-on coach approach, that sometimes, it's a bit more time-consuming." She further submitted that "a lot of licensees don't necessarily have that time when they've got kids running around." She further added, "My style is not very wordy." P1 summarized her approach by asserting,

Whether it's on the phone or if I'm at their facility, I think that's where clear communication comes in. I see this as an issue, this is why it needs to be addressed, what's your plan?, and then kind of see where it goes. If they need more, then I'll give them a bit more, see where that goes.

P2 described the integration of a coach approach as more of a "communication framework" and a "dance [that is] not linear." Admittedly, P2 offered that "when I'm deliberately putting my coach hat on, I'm probably a little more deliberate in guiding the conversation." She further noted, "There's times when I'm conscious about pulling the skills forward and putting my coach hat on. Other times, I'm using that same framework, and it's more fluid; it's more intuitive; it's a way of being with my clients." Promoting the act of coaching as a "conversation framework," P2 said, "helps me to help them clarify their own goals and strategies, and at the end of the day, my job is to monitor their compliance." However, when P2 uses the tools and techniques, she has

Engaged in a conversation with them and allowed them the space to brainstorm and have that dialogue and to create their own solutions. I have observed they're more committed

to their own process. They have figured it out for themselves. They have developed their own solution, they have embraced it, and they're now contributing to their own success. The experience of adopting a coach approach has enabled P2 to "become better at making space for dialogue, working on building trust, cooperation, and collaboration."

P3's interactive process is client centered; it is a "focused conversation . . . [that] builds relationships. . . . So definitely my approach is a focused conversation; the coach approach has driven home to me a way to set up a successful relationship." When P3 interacts with her licensees, she empowers them through an open dialogue. "So I go in, and I really want to give them the reigns and be really curious."

More detail of the conversation as the conduit for engagement was offered by P4, who noted, "Coaching is about building the relationship through conversation. . . . I'm really big on building relationships with people. So what that means to me is having a connection, establishing trust, and being authentic and sharing, and checking back." According to P4, coaching conversations can happen "on phone calls, routine inspections, even manager assessments." The exchange can take "a few minutes by phone, or it can be done face to face," and it is not isolated to clients conveyed P4. In fact, for P4, "It happens with my peers and colleagues at work—so not just with licensees of facilities, but with the people that I work with." P4 shared, "At the heart of coaching is relationships. . . . It's really about establishing how I can support them, and it's all through conversation."

Noting that relationships are formed through conversations, P5 stated, "I have a much more collaborative relationship with my licensees, it's all about the conversation." For the interaction to be purposeful, she asserted, "You have to be really flexible in terms of engaging in

the coaching conversation,” and she went on to say that sometimes the conversation extends from face-to-face to “moving the process onto the phone.”

P6 talked about coaching conversations as a process that “gives the licensee a chance to be heard and to share.” She considered the exchange,

A learning kind of conversation for both of us . . . At the end of it, we’ve got a better understanding of each other, and we’re moving forward in compliance, and the children are the winners both ways.

P7 supported what many of her colleagues had shared, while adding, “Coaching conversations have impacted their enforcement practices,” noting that the “the old style of licensing was very commanding.” Further indicating that licensing officers were more prescriptive in their practice and their conversations were more telling, P7 stated, “This is what you need to do, A, B, C, D, even though the actual legislation was outcome based.” Now many licensing officers

Just stop and think [and say], “This is the scenario I’m in, these are the circumstances, how do I move this forward toward compliance, how do I help this licensee get here? What are the questions I can ask? What is the manner I can ask them in? What am I going to do?” So, I think, for them, the influence is they’re not doing as much of a jumping in and check, check, check, check, and off we go, but getting curious and asking, “What’s my circumstance right now? What’s my scenario and how do I support these [licensees]?” (P7)

Licensees’ perspectives. Five of the seven licensees reported that they receive support from their licensing officers through a dialogical process. S1 described her relationship as “very comfortable,” and she noted, “I find that [my licensing officer] is very open and respectful in our

discussions on issues.” S2 summed up her interactions with her licensing officer as “friendly with open communication.” S3 noted that “when I needed additional information about a subject that could be a licensing issue, my officer engaged in a discussion with me.” Still, she also communicated, “I see [my licensing officer] very infrequently. I feel that they are doing a good job, and I am a part of that job.” S4 corroborated S3, further adding, “I don’t see or hear from my licensing officer except at inspection time.” According to S6, her licensing officer is “accessible and she engages in open conversations,” adding, “she is helpful and a good partner.”

The licensees’ responses to the *Child Care Facilities Survey* (Island Health, 2013a), as they relate to conversations, are illustrated in Table 7.

Table 7.

Licensees’ Responses to Statements about Conversations with Licensing Officers

Statement	Percentage who Strongly Agreed (<i>N</i> = 717)
I felt like the licensing officer was listening to me	48%
The licensing officer did not interrupt me	44%
The licensing officer used language I could understand	50%
The licensing officer answered my questions	49%
The licensing officer paraphrased my responses to reflect what I told them	34%
The licensing officer was able to assist me with my concerns or questions that I had	47%

From: *Child Care Facilities Survey* (p. 10), by Island Health, 2013a, Unpublished manuscript. Island Health, Victoria, British Columbia, Canada Victoria, BC.

The *Child Care Facilities Survey* (Island Health, 2013a) was completed by 717 of the 1,060 licensees, for a response rate of 36% (p. 1) in Island Health, and respondents illuminated that

they believed their licensing officer engaged in open conversations (p. 5). Licensees were asked to respond to the statement: “Think about the conversation that you have had with your licensing officer and please tell us how much you agree or disagree with the following statements” (p. 10).

Finding 3: New Enforcement Practice: Engage through a Coach Approach

Collectively, from all interview questions used in this research (see Appendices H and I), it became evident from the interviewees’ repetitive responses that all seven participants felt a coach approach had the potential to change the trajectory of regulatory practice. The “old ways” and “new ways” of engagement with licensees from the interviewees’ perspectives are listed in Table 8. Participant discussions presented under this finding focused on the new ways.

Table 8.

Changes from Old Style of Enforcement to a Coach Approach

Old Way	New Way
LO as expert	Licensee as knowledgeable
LO knows best	Utilizing collective wisdom
Telling	Engaging in dialogue
Command and control	Guide and support
Compliance by demand	Commitment by intention
Interactions	Partnerships
Mistrust	Trusting capability
Looking for what’s bad	Building on strengths
Reactive	Proactive

Licensees as knowledgeable. P1 noted, “[Licensees] have a lot of knowledge about their program. . . . They are the experts, they know their families, they know their staff, they

know the kids.” P2 brought forward, “When [licensing] moved to the outcome-based approach, we also then considered our licensees to be knowledgeable about their clients, capable, competent, and caring until proven otherwise.” The legislation changed in 2007, and P2 disclosed that prior to that change, she used to inspect from a subject matter expert position:

I was the subject matter expert, and I would tell them what they needed to do. Now, using the coach approach, I explore their past experience, their knowledge, and their situation, and I use that to move them forward.

P3 acknowledged that licensees are knowledgeable, and she asserted, “It is their place, they are the ones running things, [and] I get curious, as they’re totally able to operate [their facility] so that it makes sense to them, and it is compliant.” P4 added, “There are many ways that people can be achieving compliance. So just because I’m not seeing it, hearing it, smelling it, you know, I have to check it out with them, they have the answers within.” Similarly, P5 submitted, “They are conduits of knowledge,” and P6 pointed out that her job is to “extract the knowledge they’ve already got.” P7 reiterated many of the sentiments shared by her colleagues, stating, “It’s giving the power to the licensee, making them aware that they own a power, and that it’s their facility, and they are capable of operating it.”

Utilizing collective wisdom. From the interviewees’ experiences, all seven participants suggested that by using the coach approach, there has been a shift from “licensing officers being the expert” (P7) to “working with [licensees] to harness their operational intelligence” (P2). P1 postulated, “In a way, it would be nice to use more of a coach approach with [licensees] because I know they are knowledgeable about operating their facility.” She added, “Sometimes, they need some guidance, and it’s that fine line where I find out how much information I give to help them, without actually crossing that line and listening for what they want to do.”

P2 indicated, “When [licensees] build their own solutions, they’re more likely to be engaged with their solutions, and as a result, they’re going to be more compliant.” P3 further explained that “moving away from the stereotype that licensing officer knows best” is a process of “harnessing [licensees] knowledge—it’s acknowledging them as the expert.”

P4 told a story of how she had made a comment, triggering a conversation with a licensee about the licensee knowing what was best for her facility. “I made a comment about how I had seen the children use the space and the programming. [The licensee] felt heard, and she wanted to tell me more. I listened, we talked . . . that is the fun of the job.” P5 indicated, “It’s that inclusive approach, which I think there might be more buy-in with.” P5 further stated, “I always use the word, mining. They are a conduit of knowledge, and I mine for their expertise.”

Connecting with licensees has been the primary focus of her career suggested P6, further reporting, “Our legislation is very outcome based, and there are a lot of choices for our licensees to show they’re going to get [into compliance].” She further remarked, “Having done the coursework, I find the language I use more inclusive now—I’m much more inquisitive.” I inquire with licensees, ““How can you meet that while still encompassing your philosophy and your beliefs?” ‘What do you want to put out there as a child care facility?’”

P7 pointed out, “[Coaching] is a very important tool because it’s easy to fall into a pattern of being directive and pointing people into a pattern of compliance by saying this is what I’ve seen in other facilities or this is what you should do.” P7 added, “Bringing the coaching method and principles into licensing helps because you’re basically walking the licensee through a problem-solving model, enabling them to make those decisions themselves. So I think it’s crucial.”

Engaging in dialogue. P1 reported, “I can’t provide the information for [licensees] most of the time, I cannot be directing them how to fix something—I can be inviting their solutions. . . . I want them to feel like it was their idea, their decision.” P2 disclosed, “I’m actually finding I’m hearing better, and I may be a bit more empathetic and less judgmental and truly committed to propelling people to move forward.” P3 discussed that *telling* was never her style, and prior to a coach approach, the role was difficult. P3 stated,

It was just a really hard job when I saw myself as the enforcer, solely regulatory driven, which wasn’t my personality in any way or my philosophical approach to life. The coach approach has given me permission to be more of myself in the job.

P3 further indicated, “With many operators that have been around for a long time, they’re not maybe as open to having that kind of engagement. They are used to licensing officers telling them what to do.” P4 noted, “It’s allowing other people to talk, instead of me having a conversation. You know, . . . ‘The conversation is the relationship.’”

P5 came into the program when licensing was “more prescribed, black and white, this is how you must do it,” and she has transitioned to employing a coach approach with licensees because “it’s much more of a positive approach, a collaborative approach.” P5 shared that through her modeling the tools and techniques of coaching, licensees may pay it forward. “They can use the coach approach in their day-to-day activities with children. They can use the coach approach when entering into a conversation with a parent or around any issue that they may have.”

A coach approach is not effective in every situation P6 cautioned, nor is it “part and parcel to coach in every environment.” However, P6 pointed out, “It’s really beneficial when the

conversation is not respectful or it's a little bit of a challenge, and then it's kind of like, okay, take a deep breath, inquire, and don't just tell them what to do."

P7 communicated that in her role, she has "needed to really stop and engage others in a conversation." She pointed out, "The engaging part [from the LEADS framework] was huge for me. Because of the work we do and because my day is 90% problem solving, it's very easy for me to slip into directive."

Guide and support. P1 stated that she influences and inspires through "clear communication and basically through purposeful conversations." P2 remarked,

It's providing the resources and guiding [licensees] and explaining processes. It is encouraging them to self-monitor—going back to the resources that we've developed as a program, here's the checklist, "You're a manager, you're busy, you've got a very capable staff. Can you identify some of your staff who may be able to take responsibility for a component of that checklist?"

Finding the connectivity is what P3 has done to move away from command and control. She provided an example in context to the routine checklist: "I used to stay pretty tight to the checklist, and I wanted to see things in my order." Now, P3 admitted,

I barely use the checklist. I ask them, "Can you remind me about your layout and walk me around the place, show me how your day goes." Then right away, I have a mental picture of their day, and they are confident [with their operation].

"Historically, an LO was demanding and controlling," recalled P4, and "so many times, people want me to tell them how to come into compliance." P4 further noted that helping people be accountable requires,

Commitment, it's their owning. Anybody can say, What do you want me to do, and go and do it, but they're not attached to that. So, it's about their level of commitment and willingness to want to operate in compliance to be the best version of themselves. My job is to facilitate that willingness.

"There is no place for command and control," declared P5. "If I have to go down the administrative process in terms of enforcing legislation, I try and be nonjudgmental; I share the facts in an open manner." P5 optimistically stated, "Through the coach approach and through my ability to guide them, we are able to find a way that can bring them back into compliance."

"Licensing has always been about the fact that the licensee has to be in compliance," reported P6. However, in the past few years, licensing officers "never say, 'You've got to this or this.' It's more like, this is where we need to get to, how you are going to get there?" P6 let it be known that "sometimes, some people can directly go there, and some need a lot of guiding to get there. . . . The coach approach really helps in those situations."

As for shifting from command and control to guide and support, P7 reminded this researcher that "there will always be an imbalance of power." However, through a coach approach, the licensing officer is "making [licensees] aware that they own a power, and that it is their conversation." She further added, "The imbalance of power, I think it's the big-dog, little-dog theory essentially, and that is not the approach we take."

Commitment by intention. P1 identified that she is at the point in her career where she does not demand compliance; she evokes it, stating,

There's no wishy washiness; there's no, "Well, maybe, we'll see." I've gotten to the point in my career where it's not like, just fix it; rather, it is, let's work together and see how we can do this without me telling you how to do it.

P2 pointed out that she encourages intentional commitment by “backing [noncompliance] up, using the risk assessment tool and explaining the web posting of the routine inspections just to reinforce not only my expectations, but also reinforcing their successes.” It additionally includes “taking all the tools that we have and using them with the coach framework to propel the clients.” Congruently, P3 specified, “I transfer the knowledge first by saying something like, ‘I see this as being something that’s hard for you to stay on top of and I’m curious as to what you would say?’” Engaging in an intentional dialogue, said P3, helps to “establish responsibility and accountability.”

From the first interaction P4 has with licensees, she “does a lot of work in the beginning on relationship building and expectations.” From P4’s perspective, compliance by intention starts with “conversations.” She also focuses on the legislation and stated,

I like to use the legislation, I like to use the tools that we have. Rather than always giving the answers to people, I encourage them to go to the regulations, get the info sheet, refer to their policies and procedures, and for them to tell me what it is that they have created or what they’re trying to achieve. Through the conversation, they’re feeding back to me what they already know, but they just needed to hear themselves in order to follow through on compliance.

Maximizing the legislation is a technique P5 also employs to obtain licensee-driven compliance. “Let me get my legislation. I pull my legislation out, and we review it.” Accountability takes time, shared P5, while providing an example of how she activates the process:

I spend time with [a licensee] and talk to her about what is going on for her, in this moment. I share, “I can see, I sense, and I am observing this. . . . I’m hearing you say

this. You know, tell me about how we can get this corrected.” Then, I just let her work through it.

I have a belief, asserted P5, that “providing [licensees] the tools in advance, then actively asking them if they’re using the tools that they received to help them be successful, be proactive.”

P6 said the legislation is the guide for compliance: “I don’t demand compliance, I use the tools we have to help inform licensees how and why they must be compliant.” P6 shared that the intent of the legislation is helping licensees become their own self-regulators:

It’s that explanation where the legislation is provincial-wide. It covers all the gamut of what category of care you’re operating, to safeguard that we are ensuring the health and safety of *all* the children in care.

In fact, stated P6, “Our legislation is very outcome based, and there is a lot of choices for our licensees to demonstrate how they’re going to get into compliance.”

P7 described a slightly different perspective, suggesting that compliance by demand is still present in some licensing officers’ practice. “I think it has shifted, but I think there’s a lot more work that we need to do in really shifting that power and letting licensees know the power is in their hands.” In order for licensees to have more authority in their practice, P7 suggested, “When licensing officers open up that dialogue to coaching [licensees] on something, I think they have to be very clear on what they’re doing.” It is “that teachable moment,” emphasized P7, “because if you have someone with authority in power and someone who has power, but doesn’t realize they have power in that relationship, it can be awkward.”

Partnerships. P1 acknowledged that since learning a coach approach, she is more collaborative in her interactions. She reminisced about a past time:

I think we are more about collaboration now. Ideas and results are coming from them, which, you know, is good, first of all, because that's the direction we've been given.

Second, I know there have been circumstances where they've either been told how to fix it and it backfires, and then licensing gets blamed for it.

With that said, P1 laughed and shared, "I think [that licensees] are really good at coming up with something, they can be really creative sometimes, which is awesome."

Cooperation is at the heart of P2's practice. "If you operate from the basis where you believe your licensee is competent and capable and whole, which coaching assumes, you can move people forward; you can help them to move themselves forward." This was true for P3 as well, who stated, "I find if I can say it back in terms of a clearer explanation that is probably doable for them, and it's a gentle approach of enforcement." "Sometimes," stated P3, "it's attaching a new learning to the success [they've] had before. 'I've seen you be able to do this. You're really great at'"

Because P4 remembers a time when licensing was not as collaborative, she declared, "Partnerships . . . it's like that whole relationship is a conversation. So not the big dog, little dog, I see it more as a partnership and communication with each other." P4 gave an example where a licensee connected with her to solution build:

Usually, it's just that kind of conversation where they're, "Oh, of course, I have all this, and I just needed to talk to someone." They can be the leader in their own environment. They're just having that conversation with me because I'm not there, and then they can lead their team, knowing it's just a respectful touching base. They say this is what I think I'm going to do, and then I say that sounds totally appropriate.

“Accessibility,” said P5 is the key to partnerships. “I’m approachable, my demeanor is friendly, [and] I really work hard at ensuring that if somebody calls and leaves me a voicemail, I get back to them.” P5 emphasized, “I want to be accessible to licensees when they have inquiries and questions or concerns, even if we’re in an investigation. I want to be sure that I’m respectful and really present while being curious to hear their story.”

“Working together,” recounted P6, “benefits vulnerable populations in care.” The motivation for P6 is always the children and families:

I want to hear the [licensee’s] side of the story. I want to hear their rationale for why they’re doing something a certain way, and then we can work together to, move along the path they have chosen for their center, but to bring it into compliance or to ensure that it’s not impacting any of the children in their care adversely.

Teaming up is better, reiterated P6,

We’re both here for the best interests of the children. You’re here to provide them with safe day care, and I am here to ensure that there is safe day care for these children. It’s kind of like we both want the same thing, so let’s work together.

Using the analogy of dance, P7 pointed out that “coaching sometimes flows very nicely, and sometimes it doesn’t. You have to have buy-in from your dance partner.” Enhancing the relationship and building a partnership “takes a bit of work to break down the barrier, the defensiveness, whether it’s a person feeling safe or the person giving themselves permission to share.” P7 suggested that moving away from a style of interaction to partnership “takes responsibility.”

Trusting capability. P1 talked about a licensee who was used to the historical model of regulatory practice, where licensing officers did not necessarily trust licensees to operate their facility in compliance. She noted,

I had a licensee recently who was old school. She had been doing it for a long time, and I could tell that she was a bit frustrated. She's like, "Why don't you just tell me what to do? You know how to fix it, so why can't you just tell me?" She figured it out, but I just had to be frank with her, "You know how to do this; I know you know how."

P2, who has embraced a coach approach whole heartedly, advocated, "Coaching is just such a brilliant tool for [licensees] to do their own problem solving and to create their own solution and contribute to their own success." Building upon the attitude conveyed to this researcher from P1 and P2, P3 similarly reported, "I think it is trying to tie in where [licensees] had the success, where they've demonstrated ability, and saying, 'You know, that's the same skill set.'" P3 added that she "listens for [licensees] being their own expert of how they want to run things, and it's easy to tie that stuff into a regulation, even best practice."

The conduit for trust is through dialogue reported P4. "It's really about having a conversation and getting [licensees] to show me how they're meeting the intent of legislation. . . , I don't come from a place of mistrust or suspicion with licensees." P4 admitted,

I come from a place of empowerment. . . . It's empowering them to let them know that they are capable; they have the information; they are able to come up with their own solutions and ideas and resources and problem solving themselves.

The fifth interviewee recounted, "Sometimes, licensees don't believe they're capable. Sometimes they self-sabotage" (P5). During the interview, P5 asked, "We all can change, right?" P5 disclosed, "I am always one that owns up to the fact that back in the day, it looked

different because I did it like this, and today, this is who I am and how I show up, and I ask, ‘What do you need to be successful?’”

Using the coach approach has enabled P6 to engage in a technique where she is able to “give the licensee a chance to be heard and to share.” She described it as a process of moving from “Oh, my God, that’s wrong” to “trying to come from more that questioning, enlightening place” and finding “what is working.” “I start from showing respect,” said P6, “Having respect for the licensee is huge for me. They’re doing a difficult job.”

Moving from mistrust to trust requires strategy reminded P7. She offered, “If a licensee says I’m not going to do it, that’s not okay. So you have to figure out how to be strategic in asking coaching questions while being clear with what is expected of them.” It is hard to trust in an individual’s capability “when you have a licensee that’s got multiple items of noncompliance because it changes the emotion of that visit or the relationship at that time.” However, P7 further added, “I think it’s really important that we are ready to use coaching tools at all times. We should use the techniques all the time.” P7 clarified, “I think making sure that we’re using it in the context of ensuring that the licensees are supported—that they are trusted to come into compliance.”

Building on strengths. Speaking about building on licensees’ strengths, P1 noted, “I’m very list oriented, so I make a list and then go over that with them and acknowledge what they did well and point out what is in noncompliance.” P2 indicated that “our processes sometimes are debilitating for some of our licensees for whatever reasons, so supporting them and creating that environment and helping them to gain knowledge and build on their success is important.” She explained, “A coach approach encourages the coachee to build on their strengths, develop

strategies for weak spots, helps them to excel in their performance.” Supporting what P1 and P2 had noted to the researcher, P3 stated, “[Licensees] have knowledge about their program. They might not use the professional wording or have the jargon, but that doesn’t matter. They still need to get to be descriptive about their program and be heard.”

When it comes to building on licensees’ strengths, P4 attributed the change in her practice to her own development. P4 commented, “I come from a place of thinking that [licensees] are compliant, rather than coming from a place that, ‘Oh, I’ve caught you, you’re noncompliant.’” As a seasoned licensing officer, P4 said, “I really start from, ‘You’re capable, so show me how you’re doing--how you’re achieving compliance.’ That’s where I start from.” She explained, “I don’t jump to conclusions. I start with, ‘I’m assuming that you’re following the legislation, and now show me how you’re meeting that.’ I’m starting with the glass is half full. I am observing what they are doing right.”

Coming from a capability perspective, P5 shared, “The coach approach builds on [licensees’] strengths, it allows the [licensing officer] time to actually reflect and go, you know what, this person is very capable.” P6 provided an example that illustrated how she recognized and acknowledged a licensee’s strengths. “I say, ‘Look, this is your strength; look what you’ve done, how you’ve brought this facility into compliance, and your recordkeeping is wonderful.’”

Complementing the perspectives of P1 through P6, P7 expressed excitement about using the coach approach to accentuate the strengths of others. “It kind of gets me excited to think about how a little recognition can build others up. The coach approach strengthens that capability.” P7 shared an example: “I try to be honest and think, okay, this is what I saw you did well here.” P7 described how she communicates truthfully, with the intention to harness the

strengths of others. “‘I think you could use some strengthening here,’ or I ask, ‘Think about how you could maybe do it differently.’ It’s that real response, that real feedback.”

Proactive. All seven of the interviewees described how the coach training has helped them to be more proactive in their practice. P1 believed that her communication style became more collaborative because in the past she had often been more task focused and reactive to identified areas of noncompliance. “I keep myself in check. I am more aware so that I’m not basically saying, ‘Just do it this way.’”

P2 shared her thoughts on how licensing has evolved and how the coach approach has impacted how she exercises her licensing officer skills. “Our historic prescriptive approach encouraged an environment of punitive fear-based compliance.” According to P2, she takes her role as a regulatory practitioner seriously. P2 stated,

I’m a regulatory official, but I really truly believe 99% of my job is facilitating adult education or facilitating the learning for my clients, and this is where coaching is consistent. It’s embracing the curiosity. For me, it’s valuing their own prior experience and knowledge.

P3 noted she has a “focus on prevention.” Prior to the coach training, she believed the program operated from a reactive state. “A coach approach has encouraged an environment of proactive intervention versus an environment of punitive fear-based compliance.” She described a pre-emptive conversation:

When I can see something going in a certain direction, it might not be noncompliant yet, but if I put it in another conversation and say, “Oh, look it, your criminal record checks are going to expire in three months,” and then they are like, “Oh, I wouldn’t have remembered that.” I think folks really appreciate the heads up.

P3 concluded with, “By me becoming proactive, I think they do too.”

P4 thought the reactive part of regulatory practice resulted from not taking the time to have those “coaching conversations.” By having the conversation, P4 noted, “It may have totally changed their perspectives into a more positive experience.” Making a positive impact is what P5 attempts at every interaction. She asserted, “I model the way. I think it’s just having my toolkit really full and just being really aware this might be something that they could use. It might be helpful. It just depends on each situation, and each person.”

At the heart of regulatory practice, taking the initiative to be “forward thinking and practical” is part of the job explained P6. “I maintain, in order to move in a positive way, we have to help licensees move forward. Bottom line, focus on the best interests of the children.” P6 explained the difference when using a proactive model of enforcement: “It’s a lot more work when [the licensee] phones me up and asks me things. [However], I much prefer that to things going downhill, and suddenly, I’ve got an investigation. It’s that open kind of communication [that] really fosters practical solutions.”

“Licensing is more proactive,” suggested P7. “Before, it’s like you should do this, like very parental in that manner. So, I think that it has shifted to where we’re not seeing as much of that.” P7 shared an example:

Talking about the hot water, it does say that the hot water has to be a certain temperature. There’s different ways that you can meet that requirement. So, you can put a tap guardian on; you can lower the water temperature on your tank; you can have a supervision plan in place; you can have I think it’s called a mixer thing that you put onto the pipe. There are quite a few different ways that you can meet compliance to meet that

prescriptive requirement. Coaching still does fit in there, as it is responsive in nature as opposed to reactive.

Licensees' perspectives. Five of the seven licensees believed that their licensing officers are more “preventative” in their approach and that they are modeling some of the new ways of enforcement. In Table 9, licensees' responses are displayed, explaining some of the new ways licensing officers from this study are enacting a coach approach.

Five of the seven licensees said they understand what it means to be compliant and that they follow the provincial legislation to ensure they are meeting the mandate of operating a licensed facility. However, S4 also stated that she follows “all rules set out in the regulations and what I'm told by licensing officers.” When her licensing officer has identified areas of noncompliance, she has told S4 what to do to correct it. “If there was an issue around compliance, I was told what I was to do to correct it, and I did.”

Table 9.

Licensees' Examples of Licensing Officers Integrating New Ways of Enforcement

New Way	Description
Licensee as knowledgeable	<p>“I am meeting and carrying out the licensing regulations to maintain a quality standard for the children in care” (S1). “Keeping my center up to the standards put out by Island Health” (S2).</p>
Utilizing collective wisdom	<p>“She checks in with me /responds to my emails & phone calls /acknowledges my monthly reports” (S1). “We have an open communication rapport, and I learn from her, and she learns from me” (S2).</p>
Engaging in dialogue	<p>“I find that she has been there to help me with clarification on a regulation or have a discussion to work out some issue I might be dealing with at the center” (S1).</p>
Guide and support	<p>I like the fact I can discuss or e-mail an issue I may have with her to help me work it out. She is a good listener, and if she cannot answer my question, she will go and find it. She also will send me material on a topic I am researching for my information” (S1). “She works with me to ensure all standards are met—helps me to understand reasoning for the standards” (S2). “[She] encourages me to continue my day and care of the children and understands that their own needs come secondary to [her]” (S3).</p>
Commitment by intention	<p>“I go over the routine check list each month on my own” (S3).</p>
Partnerships	<p>“We work together for the same goal of providing quality care for children. So, through visits and discussions, we establish a partnership to meet these goals” (S1). “I have called to ask a question a few times when I felt I needed additional information about a subject that could be a licensing issue and my officer engaged in discussion with me” (S3).</p>
Trusting capability	<p>“I send in monthly staffing reports (as requested), and she responds” (S2).</p>

Finding 4: Organizational Impact: More Positive than Negative

Interviewees were asked, “What, if any, organizational impacts/results/negative consequences have you witnessed as a result of you integrating a coach approach?”

Resoundingly, all seven participants said it impacts the organization positively. However, four of the seven interviewees also shared there are some negative effects. The positive and negative consequences from each participant are interwoven, creating a pro and con tapestry within each interviewee’s responses.

P1 noted, “I have not seen anything negative. I actually think a coach approach is in keeping with the way it should be done, especially given our mandate of outcome based legislation.” While P2 mirrored P1’s response, implying a coach approach is a “good fit” with regulatory practice, she also submitted, “One of the negative impacts was when colleagues in our coaching triads disclosed things I would have rather not heard.” She extended her thought further by sharing, “The only negative consequence is you have to play in the sandbox to learn the skills, and I think we’re adult enough to know to compartmentalize that stuff.”

P3 pondered, “Organizational impacts? I don’t think I’ve experienced any organizational impacts or negative [consequences]. I don’t think anything has been negative from my perspective about it.” This was not the case for P4. While she believed it has “impacted the program positively,” she also has “seen that not everyone has chosen to learn about the coach approach.” This adversely impacts the program from P4’s experience, as “I want to share the process with everyone, and I want everybody to be as excited as myself about the skill set, but some of my colleagues at work have not taken it.” As a negative, P4 went on to disclose, “It’s a piece that’s missing for me personally and professionally. For whatever reasons they have chosen not to take it, I’m not able to explore that with them then.”

Speaking of organizational impacts, P5 reported, “I don’t know that there is anything negative for the organization about implementing the coach approach.” Enthusiastically, she suggested, from a population health focus, that “the client is the licensee,” and P5 “think[s] in our health authority that whole concept of the client-centered focus, we just have to shift out of the model of the acute care into population health.” What this means in practice, stated P5, is being alert to when, where, and how to enact it:

Sometimes, it’s uncomfortable because a licensee is like, “What is this?” So then, I have to dial it back a bit. It’s being really, really aware and really nimble and flexible because I think that sometimes they’re, like, “What just walked through the door?” So, it’s a new experience for them using the coach approach, so it’s just kind trying to share a little bit about it.

P6’s outlook was congruent with her peers. In fact, she extended the sentiment about a coach approach being adopted by only some of her peers:

I can’t think of any negative, with the exception that there’s an impact because now you’ve got a group of LOs that are using this technique and hopefully getting great results with it, and [there is] a group that is possibly struggling, not getting the results, and their licensees aren’t getting the same kind of conversations [and] the same two-way respect.

P6 continued to share that while the cost of training LOs in a coach approach may be an organizational factor, “the outcome is going to outweigh the time spent in training because I think we’ve got LOs that are going in with a much clearer kind of picture of how to support licensees, to support them to maintain compliance while meeting the needs of the kids.”

P7 was more direct in her response, noting, “From an organizational perspective, I think [coach training] needs to be mandatory; it needs to be part of the job description.” She reported, “I think it should not be optional,” stressing, “It’s not if you want to take it, but that you’re going to take it, like the technical training.” In a more contemplative response, P7 noted, “It definitely needs to become a component of qualifications for the program in terms of the hiring practice.” She also noted, “So, we have to strategically plan on how we’re going to figure out a way to sustain it [and] how it can become embedded for it to move forward.”

Finding 5: Engagement: A Coaching Approach is Congruent with Who I am

It was evident from the coding and theming that retention was an outlier. While not every licensing officer spoke of how a coach approach had increased her employment engagement, four of the seven interviewees spoke about how a coach approach is a technique that has complemented who they are as a person.

Both P1 and P2 shared their thoughts on how a coach approach is congruent with either their personal style and/or their beliefs or values. P1 asserted, “It’s almost like a no brainer,” further offering, “I think because my personality is not to just charge in there and start telling people what they need to do in-a bossy kind of way, that’s not my style.” P2 shared, “Personally, it’s in line with my personal beliefs and values.” She further explained, “It has supported me in my beliefs, and it’s given me concrete tools.”

Three times throughout the interview, P3 asserted, “It was just a really hard job when I only saw myself as enforcement, regulatory driven, which wasn’t my personality in any way or my philosophical approach to life.” She asserted, “I’m really grateful that we had the coach training, so that I didn’t have to quit my job.”

P5 came into the program when licensing was “more prescribed, black and white, this is how you must do it.” She shared that the transition to employing a coach approach with licensees “was easy . . . [because] it’s more in line with who I am.” P6 reiterated that a coach approach is a good fit for her as well, stating, “Coaching has given me the skills and the power to be myself.”

All seven interviewees shared how a coach approach builds on their leadership philosophy, which is congruent with who they are people and professionals. P1 spoke about being in relationship with licensees and “empowering them to come up with solutions” as they take ownership for operating their facility. P2 shared that she has a belief that “every individual is a leader” and “every person has a role in leadership. For P3, collaboration is a key value that unites coaching with leadership. She reported, “It’s collaborating with licensees” and acknowledging that they are “experts and learners too.” P4 added, “I am really big on relationships with people. Modeling the way to others, trusting that they are capable and that they lead from where they stand is part of my practice.”

Similarly, P5 noted, “I trust that everyone is capable and that people are able to determine their own path and that they have the ability to determine what tools they need—it’s all within them.” Furthermore, P5 stated, “It’s being very aware for myself that there is always learning that I can gain from other individuals who are leaders in their role in the community.”

Both P6 and P7 emphasized teamwork as a tenet of their personal values, coaching, and leadership. “My philosophy is about team work and working together to ensure the health and safety of children in care” (P6). “I try to make it more of a ‘we’—let’s learn together and let’s explore together” (P7).

Finding 6: In Regulatory Practice and in Life: A Coach Approach Works

Interviewees were asked, “What are the benefits and/or drawbacks to continue using a coach approach in your role?” Each participant remarked that there are many benefits to continuing to use a coach approach in her practice. Three of the seven interviewees additionally identified at least one drawback. The benefits and drawbacks reported from each interviewee are united within each participant’s responses.

P1 felt that a coach approach is “good for relationships and with people in general, and it is transferable to our personal lives.” She cautioned, “If there’s someone who really loves to talk, I could see it become almost a bit of a therapy session.” In fact, P1 continued to warn, “It might be misused to a certain degree. There’s the potential for that.” Upon deeper reflection, P1 disclosed, “On a practical sense, it’s the amount of training hours to kind of keep up on it.”

P2 expressed that from her point of view, there are no drawbacks. “I have not encountered any drawbacks using the coach approach in my role with my clients.” She shared that “the benefits are huge,” and she believed that “coaching has helped to demystify what it means to be compliant with licensing.”

Like P2, it was difficult for P3 to identify any drawbacks. She stated, “The benefits are to continue delving into what folks are happy about in their job and identify what’s hard for them about their job. That is the prevention—giving people a chance to be the expert of their facility.”

According to P4, “The benefits are that I believe it works.” P4 noted a direct connection between her personal and professional life. She stated, “It’s totally changed me as a human being in terms of how I lead the way. How I communicate with others, how I bring out the best in people, including myself.” In fact, P4 asserted, “I am a healthier, committed, dedicated

licensing officer because of the training. I get a lot of joy from using the coach approach. It's something that I really believe in and trust." The drawbacks P4 reported included:

I don't know if it's continuing. That some of my colleagues haven't chosen to do it, and my job has changed so much in the last year and a half due to different workload demands, I'm missing working with licensees.

P5 thought there are no disadvantages as did P6. "I believe in my heart that when you use the coach approach, you get better results in terms of compliance" (P5). Similarly, P6 shared, "It's a skill that would be great if everybody had, and it gives me a framework for moving conversations forward." Like all of her colleagues, P7 believed that a coach approach is a tool that should be maximized in the field of human care licensing. The only negative that P7 could see could be perceived as a positive: "to make it mandatory and not an optional training for all licensing officers."

Following the above question, participants were asked, "What do you need to sustain, further develop, or eliminate from your coaching skill set?" All seven interviewees requested that the coach training be sustained. Five of the six licensing officers asked for the coach training to be coach specific. Five of the seven participants asked to have a certified coach audit their coaching skills by attending triad sessions, and three of the seven requested a certified coach audit them in the field. Six of the seven interviewees mentioned continuing the LO Primer (Kane, 2009b), with more of a coach emphasis.

Many new ideas were proposed for further development that would enhance the integration of coaching into regulatory practice. Five of the seven interviewees asked that future coach training include case studies from licensing officers, with practical application opportunities woven into the session. Four of the six licensees asked that a new strategy for

triads be developed. One of the four suggested creating a rotation amongst all the regulatory practitioners who have participated in the coach training. One interviewee lobbied to have more web-based training sessions offered, and all seven interviewees recommended the coach training become mandatory.

One interviewee suggested that each month, a specific coach scenario could be sent to licensing officers to practice with their triads that emphasized a specific tool. Four of the six licensing officers requested a training session be developed similar to Leaders in a Learning Organization (a leadership training offered in 2006), with a coach approach integrated into personal mastery, clear leadership, systems, and visioning.

There was consensus amongst six of the seven interviewees that the triads be eliminated in their current formation. Four of the seven participants asked that fixed triads be discontinued and another mechanism be adopted if triads were to be continued. All seven participants recommended eliminating the optional training track for the coach training. The participants' emergent ideas are summarized in Table 10, including what they recommend be sustained, developed, and eliminated.

Findings 7 to 10 are a result of the 1-hour focus group with participants from the management team. The direct quotations from the focus group participants are rich and descriptive, with each one bringing to the forefront the reality of participants' experiences with the 6-year coach training strategy. For anonymity, each participant has been provided with an identification code.

Table 10.

Sustain, Develop, or Eliminate

Sustain	Develop	Eliminate
Coach training specific to licensing	Practical applications for coaching in the field such as case studies	Existing triads
Auditing by certified coach	Reactivate new triad method	Fixed triads
LO Primer with coach focus	Web-based training	Optional training
Practice time	Mandatory training for licensing officers Practice with a specific agenda for each month Leaders in a Learning Organization come back with coach emphasis	

Finding 7: A Coach Approach: A Technique to Transform Practice and People

An important part of sustainability of any strategy is obtaining buy-in from the decision makers. A focus group was organized with the management team, and five members attended. Participants were asked 11 questions (see Appendix J), using an appreciative coaching technique. The intent of the questions were to draw out the positional leadership teams' perception of a coach approach in the field of human care licensing. Additionally, they were crafted with the goal to elicit a decision regarding the future of a coach approach in the CCFL program in Island Health.

The first question asked was: "How can you sustain and further develop coaching competencies within the program?" All five members identified role modeling as a mechanism for maintaining and/or continuing the coach approach. F1, F2, and F3 specifically mentioned the

importance of using coaching techniques in “conversations with others within the program” (F1), “talking and meeting with staff” (F2), and “really using the coaching concepts with the team” (F3). F5 addressed the need to have a systems approach, where everyone was “modeling the same skill set.”

Responses were solicited for the second question: “If licensing officers were to continue to use coaching competencies in the workplace and in the community with licensees, what is the transformative effect?” F3 shared her thoughts on the possible transformative effect, stating, “If we’re using a coach approach and really listening to what [licensees] can offer to their clients—children, families, and residents benefit, it’s just a win-win.” Both F2 and F5 reinforced F3’s message, proposing that “there would be a ripple effect in the community.” Moving beyond the community, F5 postulated, “It would be a powerful tool provincially for regulating practice.” She further added, “It would create a culture of capability and competency in licensees. They would be empowered to feel more capable and confident, and then the result would be that vulnerable population would have better protection and care.” Both F1 and F3 were encouraged by F5’s comments, and F1 remarked, “I would add, creating a collaborative culture, where licensing isn’t seen as the enemy . . . licensing is seen as a partner that helps licensees support the care they provide and run their business.”

F3 called attention to the fact that the coach approach “is having an impact on social media amongst licensees” and that “the peer piece is huge because licensees are sharing what they are experiencing with licensing officers, with their colleagues and clients.” This was reinforced by F2, who remarked,

I think when the licensees are feeling empowered, and it’s their decision making, and they’re driving their own programing, and they’re driving what their business looks like,

I think then there is the ability to share that knowledge amongst their peers. There's a lot of subgroups within the field of child care, whether it be the Early Childhood Education group or the Family Child Care of BC Association, where they're meeting in groups and talking about their experiences in care in general, but licensing is a very big part of those conversations.

In addition, each participant spoke of how a coach approach has transformative capabilities. F1 explained that she thought it was an excellent transformative tool, noting, "If you embrace it, it will transform who you are." F2 believed "it's such a great tool to help us step out of pigeon holing people or judging people where they're at." She added the world would look different if everyone used coaching skills, stating,

I think it takes practice to do it, but the whole idea of being inquisitive and curious forces you to hear the other side before you make a decision or a judgment and kind of know the whole story, which, in the world today, if everyone did that, our world would look very different.

F3 noted that it changes people: "It doesn't just stay in the workplace; it ripples out into all aspects of those who embrace this approach, with your children, with your family, with your friends, with community, and with charitable organizations." F4 pointed out, "It's a communication style, and it's a very positive way of communicating with the people around us, and there is nothing wrong with that." F5 brought forward that a coach approach fits with the mandate of Island Health, stating,

It supports and fits within the Island Health framework of a great place to work and learn, and I have had staff who casually mention to me about how they use the skills not only in their work life, but in their personal life and how it's had an impact on them personally.

Finding 8: Growing Others: Purposeful Design

The third and fourth questions introduced to the focus group were: (a) “How do you support licensing officers to further develop their coaching skills?” and (b) “How can you make coaching available to licensing officers who are new or did not participate in the in-house coaching?” These two questions built on the first question, which asked, “How can you sustain and further develop coaching competencies within the program?” All six focus group participants repeated earlier statements of role modeling and integrating it into their own practice. Each participant additionally provided one or more ideas for the enhancement of coaching skills in regulatory practice and/or how to make coach training available to new or existing licensing officers who did not participate in the voluntary training between 2009 and 2015. The management team participants’ ideas for coaching enhancement and/or coach skill development for licensing officers are illustrated in Table 11.

The seventh question asked was: “How can we be transformative leaders in regulatory practice in British Columbia and abroad with this skill set?” Participants’ answers additionally influenced this theme, as three members spoke of extending the knowledge of others by intentional design. F1 proposed becoming “ambassadors when we meet with other licensing officers across the province, across Canada, internationally, on how we use a coach approach in our licensing leadership stream.” F5 extended the proposal for “taking the message out there” and recommended “going to conferences and speaking of the impact the coach approach has had on the program.” F2 advocated “creating case studies,” while F5 endorsed “publishing information in a credible journal.”

Table 11.

Coaching Enhancement and/or Coach Skill Development for Licensing Officers

Participant	Coach Enhancement Idea
F1	<ul style="list-style-type: none"> • Integrate the basics of a coach approach into practice meetings • Develop coach training into the annual training plan • Forming triads for learning
F2	<ul style="list-style-type: none"> • Routinely engage in coaching conversations illustrating the tools and techniques • Develop a support stream to reoffer courses like <i>Coaching Out of the Box</i> and <i>Fierce Conversations</i> • Create case studies
F3	<ul style="list-style-type: none"> • Use the techniques with colleagues routinely • Offer Coaching Out of the Box as a refresher
F5	<ul style="list-style-type: none"> • Integrate coaching competencies into licensing officers job descriptions • Encourage practice time with peers • Integrate coaching into the Orientation framework

Finding 9: Dreaming Big: All Licensing Officers have a Coach Skill Set

As the focus group conversation continued, participants were asked: “What is the very best you can imagine for the sustainability of a coach approach in the program?” and “What is your dream for a coach approach in regulatory practice?” F1 noted, “My dream would be that it would be an embedded part, an expectation, not an exception.” F2 wished that “it was accessible, that we don’t have the burden of finding money or worrying about the money running out.” She noted that it would become part of the recruitment strategy, stating, “It’s just a natural part, an embedded part of our hiring process where new employees receive coach training during their orientation.” P5 extended the thought adding it would be sustainable

. . . if coaching was a core competency in the occupational analysis by the province so that licensing officers would have it as a required skill in their job description, and it would be a required provincial skill or certification in order to be a licensing officer.

F3 imagined a place of employment where everyone wanted to be hired because of a coach approach. She dreamed of a world where,

Everybody who sees a job posting, says, “I want to work for that program” because they have heard licensing officers in Island Health have such great skills. “They’re empowering me to be professional in the community, and I want to be part of that too.”

F4 responded with a vision statement and a rhetorical question, “Staff become so comfortable with coaching, that it becomes a bit of a default mechanism, right?” F4 suggested that a coach approach is part of the fabric of regulatory practice. F5 concluded with: “It would be that every licensing officer has the coach approach as a tool in their toolbox.”

Finding 10: ROI: A Coach Approach is a Good Investment

As the focus group was drawing to a close, each participant was asked, “Please rate a coach approach and its value in regulatory practice with 1 being not useful or worth investing in and 10 being important and worth investing in.” All five members of the management team responded with a resounding 10.

The final question the participants were asked had two parts: “How are you going to budget money for further training if you value a coach approach in your program?” and “What are you willing to give up?”

F1 believed the program could follow current practice with utilizing in-house presenters as a cost-effective measure. “I think there could be staff champions who have embraced it and have been transformed that could, much like we do with other practice things, lead the session.”

She added, “The management team could be involved. However, licensing officers want us to be involved, role playing, modeling. I think we can participate the same way as past sessions, as it has been powerful as far as practice goes.”

F2 offered an external source as a funding option, citing the union as a resource of financing and support:

An option to look at is the union. It has money for training, and it’s an individualized training grant, but they award some pretty big awards. Maybe, it’s considering how could we approach someone in that context and say, “These are all your members, and this is how they would benefit from this.”

She added, “You never know, they might say you can have this money if you include this component too or something like that. It is a source of dollars.” F2 also suggested that a representative from the program could speak to the Health Authority Board, asking them, “How as an organization are you able to support [coaching] within the context of the Health Authority training dollars?” Building on the recommendation made earlier by F2, F3 further submitted,

There really is no pot of money unless you’re going to go make an appointment to go sit in front of the board and do a presentation. It might be something that’s never been done and say, like, “This is who we are, this is how we are, and this is how we show up, and this is how we impact our community.” They might just need to hear something from the field level, right?

F3 explained, “I am super appreciative of the amount of financial investment this program has made to a coach approach and to all our training,” reinforcing that a coach approach is a cost-effective measure, as “coaching really does change people.”

F5 reminded her colleagues that the “historical funding is coming to the end of its life, . . . [and] going forward will be a challenge.” Building on the capacity of the staff and recognizing there is limited provincial funding, F5 put forward, “Rather than looking outside to fix the problem, maybe we need to look inward and look at how we can create capacity within?” In addition to looking inward for solutions to continuing with coach training, F5 stated, “We need to bring this to the RSP [Regional Manager, Supervisors, Practice Consultants] table for further discussion.”

A review of contracts for the coach training identified that approximately \$40,000 was invested in coach training for licensing officers between 2009 and 2015. The program has 23 licensing officers, and consistently, 16 licensing officers attended the voluntary coach training during that time period (C. Kane, personal communication, November 27, 2015). Thirty percent of the licensing officers did not attend the voluntary training; however, 100% of the management team attended the coach training. The Regional Manager, Kim Bruce, suggested the investment in the coach training was “worth it, or she would not have continued to support the initiative” (K. Bruce, personal communication, November 26, 2015).

Chapter Summary

This study consisted of 17 participants, comprised of licensing officers, members of the management team, and licensees. All of the interview and focus group participants were from the Island Health CCFL program located on Vancouver Island and had attended two or more of the coach training sessions offered between 2009 and 2015. The seven licensee participants each operate a licensed child care facility in a community on Vancouver Island and are monitored, inspected, and investigated by licensing officers who use a coach approach in their practice. The average length of employment with Island Health or operating a licensed care facility on

Vancouver Island was 10 years. These factors may have had an influence on the participant population and on the practices employed by regulatory practitioners.

Key Themes

An examination of the study's primary question and four sub questions allowed for the findings to be further refined, illuminating five key themes as outlined in Table 12. Each finding described in this chapter unites with one or more of the five key themes. Their implications are discussed in Chapter 5.

Table 12.

Five Key Themes Identified in this Study in Association with Findings

Theme	Associated Findings
1. A Coach Approach: Builds of the Foundation of Licensing Leadership Engagement: A Coaching Approach is Congruent with Who I am	
2. A Coach Approach: Contributes to A Culture of Collaboration An Exchange: Characteristics of a Coach Approach The Heart of a Coach Approach: Conversation	
3. A Coach Approach: A New Enforcement Practice New Enforcement Practice: Engage through a Coach Approach Dreaming Big: All Licensing Officers have a Coach Skill Set	
4. A Coach Approach: A Powerful Technique to Transform Practice and People In Regulatory Practice and in Life: A Coach Approach Works A Coach Approach: A Technique to Transform Practice and People Growing Others: Purposeful Design	
5. A Coach Approach: Organizational Implications Organizational Impact: More Positive than Negative ROI: A Coach Approach is a Good Investment	

CHAPTER 5

DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

At the heart of this study was the desire to explore whether a coach approach is appropriate in the field of human care licensing. The goal of community care facilities licensing programs is to ensure the health, safety, and well-being of adults and children in licensed care facilities through the administration of an effective, collaborative regulatory enforcement system (BC Ministry of Health 2012; NARA, 2000). This objective is accomplished by promoting strategies to increase voluntary compliance, providing technical and consultative assistance, and working collaboratively with licensees and community partners.

While there was a plethora of literature on workplace coaching, there was a dearth of literature on coaching in regulatory practice. As suggested earlier, to this researcher's knowledge, there is not another CCFL program in BC that has intentionally employed a coach approach; nor is there any published research available on the use of a coach approach in community care facilities licensing programs in BC, Canada, or North America. With no prior research available, a qualitative action research study was conducted to answer the primary question: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance?

Dickfoss (n.d.) submitted an important objective of community care facilities' licensing programs is to "promote continuous improvement and efficiency throughout the community care licensing system" (p. 10). This study attempted to illustrate how a coach approach integrated into regulatory practice is one technique for enhancement and effectiveness within the system. Although the study population could be perceived as small and the study findings not generalizable, this study lays a foundation and provides some insight into the reality of using a

coach approach in the field of human care licensing. The findings and themes generated from the data make it clear that a coach approach is an effective communication tool that unites well with the field of human care licensing.

Research Questions Summary

This study sought to answer the primary question: “How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance?” The data showed that licensing officers, management team participants, and licensees believe that when licensing officers use a coach approach in regulatory practice, licensees become partners in compliance. A more collaborative relationship is developed, and a transference of knowledge occurs within the coaching conversation.

The four methods of data collection (i.e., interviews, focus group, survey, and artifacts) informed the 10 findings for this study, which were merged into five themes. In addition, each finding informed the responses to the four sub questions of this study. Which findings informed each sub question is illustrated in Table 13.

Table 13.

Findings Unite with Sub Questions

Finding #'s	Question
1, 2, 4, 7	1. How do the skills of workplace coaching contribute to the relationship between licensing officers and licensees?
1, 2, 3, 8, 9, 10	2. How does a coach approach unite with enforcement practices?
1, 4, 5, 6	3. How do licensing officers build the internal strength to lead others with confidence, purpose, and conviction?
1, 2, 8	4. What do licensing officers say, plan, decide, or promote that influences others to exercise new skills, create new relationships, or master new knowledge?

Discussion of Key Themes

The five themes harmonize with a coach approach in the field of human care licensing and indicate that a coach approach (a) builds on the foundation of licensing leadership, (b) contributes to a culture of collaboration, (c) is a new enforcement practice, (d) is a powerful technique to transform practice and people, and (e) has organizational implications.

Theme 1: Builds on the Foundation of Licensing Leadership

Maximizing a coach approach in the field of human care licensing builds on the foundation of licensing leadership. Regulatory practitioners in Island Health who participated in this study are seasoned child care licensing officers and/or positional leaders with 10 or more years' experience. Each one of them attended two or more of the coach training sessions between 2009 and 2015. Additionally, they all use a coach approach in their practice and have attended Leaders in a Learning Organization (LILO), a leadership training offered in 2006.

LILO was built on the philosophy of transformative leadership (McClure, 2008), as was CCFL's coach training strategy (Kane, 2009a). Licensing leaders unite regulatory technical competencies with leadership capabilities with the intent to "serve others and to help them progress" (Anello, Hernandez, & Khadem, 2014, p. 102). Interviewees of this study stated a coach approach builds on their leadership foundation and that they use coaching tools and techniques to empower their clients, colleagues, and subordinates (Dickson & Tholl, 2014).

Collectively, each finding from this study illustrates how participants believe that a coach approach builds on the foundation of licensing leadership. However, it was the fifth finding that specifically described how a coach approach is a technique that has complemented who licensing officers are as individual people, which in turn, has influenced how they engage with others as

licensing leaders. In their most recent conference brochure, the Canadian College of Health Leaders (2016) described engagement as an extension of a leader:

Engagement is not about words but about actions. It is not just about measuring satisfaction, but it is about how we transform the way that people work on all levels. It is an emotional commitment supported by good communication, trust, opportunities for growth and recognition for good work. (para. 3)

Similarly, Buljac-Samardzic and van Woerkom (2015), Dickson and Tholl (2014), and Gibson (2009) described coaching as good leadership and a fundamental leadership competency. It was unmistakable from the responses of the participants that using a coach approach in regulatory practice enables licensing officers to be more in service to licensees and community partners. “A conscious leader knows how to tap into and draw out human potential in others. So does a good coach” (Gibson, 2009, p. 150), and so do effective licensing leaders. P2 articulated the thoughts expressed by many of her colleagues when she reported,

When I use the coach approach, I am listening for clues in what my clients are saying or not saying—for patterns in what they are doing or not doing. I’m looking to acknowledge their past experiences, critically examine their current reality, and propel them towards their future vision/preferred reality. I’m looking for ways to facilitate and support their learning, to support them with their own problem solving, and to spark a change in their behavior.

At the heart of leadership is self (Bond & Seneque, 2013; Dickson & Tholl, 2014; Gibson, 2009; Kouzes & Posner, 2012). To coach others, individuals must first know themselves and be grounded in who they are (Wasylyshyn et al., 2006). This was corroborated by the majority of the interviewees, who shared that a coach approach has helped them to be

more self-aware and other-focused. In their own way, each interviewee described how the coach training, united with the leadership training, has changed how she leads, communicates, and brings out the best in others and herself. This was best expressed by one participant who acknowledged her own personal transformation and her commitment to advocating for its integration into the CCFL program: “Coaching and leadership training has helped me to know who I am, how I show up in my workplace and in the world. It fuels me to want to be a better person, friend, mom, colleague, licensing officer, and wife” (P5). P5 further asserted, “Taking the coach training and having it championed by the leadership team and training officer has changed me. It has changed how I work, how I perform in my role, and how I live my life.” At the end of her interview, P5 avowed, “I would go to the CEO and say everybody should be doing this. I use a coach approach in regulatory practice every day—it transforms lives.”

Both the literature and the study findings have supported that coaching capabilities build on the foundation of licensing leadership. Dickson and Tholl (2014), Greene (1998), and Shields (2013) championed that transformative leadership is accomplished by transformative professionals who, at their core, have value-centered leadership qualities and strive to make a difference in the lives of others.

Theme 2: Contributes to a Culture of Collaboration

The conduit for collaboration is conversations, and according to one participant, “The conversation is the relationship” (P4 citing Scott, 2004, p. 5). At the 23rd Annual Licensing Seminar, Kummelman and Vizcarra (2015) submitted that relationships are foundational to regulatory practice. They specifically outlined four steps to improving regulatory relationships, which included (a) define your strategy and acceptable outcomes, (b) demonstrate strong and effective leadership, (c) understand and agree on regulations, and (d) provide alternatives for

compliance (pp. 1–2). They further suggested that at the center of regulatory relationships is trust, with open communication, accountability, commitment, and boundaries radiating from the core (p. 3). The nucleus of a coach approach was also identified as conversations with a focus on trust and open communication (Du Toit, 2014; Grant, 2010; Martiz, 2013). Fielden (2005) offered that a coach has a job to do, which is to develop a positive rapport with others, establish boundaries, particularly when there is a power-over relationship, and ensure the interaction is forward directed. Similarly, Lofthouse and Leat (2013) cautioned, “In coaching contexts, how partnerships negotiate around issues of power and accountability is very telling, as it is important for power to be neutralized as far as possible” (p. 15). Authors in the field of human care licensing have advocated that power comes from how a licensing officer engages with others, specifically in context to being a public servant (BC Ministry of Health, 2012; Collins et al., 2014; Stottlemire, 2006).

Many coach practitioners and researchers have postulated that coaching conversations are an innovative way to enhance performance, productivity, and change as organizations strive to create collaborative cultures (Block, 2008; Cox et al., 2014; Du Toit, 2014; Gibson, 2009; Grant & Hartley, 2013; Vandamme, 2015). Licensing officers also have a job to do, which is to protect vulnerable populations in licensed care facilities by conducting inspections, enacting enforcement action, and investigating incidents and complaints (BC Ministry of Health, 2012). While licensing officers ultimately have power over licensees, working in concert with them while creating boundaries and maximizing licensees’ strengths creates positive outcomes for individuals in care, their families, and communities.

As the field of human care licensing searches for ways to improve relationships and build partnerships between licensing officers and licensees, coaching tools and techniques appear to be one method that may bridge the divide as reflected from the findings in this study and in the literature on workplace coaching (Brock, 2008; Dickson & Tholl, 2014; Du Toit, 2014; Grant, 2010; Lofthouse & Leat, 2013; Martiz, 2013; Vandamme, 2015). It is an expectation, not a fleeting trend, that regulatory practitioners in BC will work in partnership with licensees and community partners to ensure vulnerable populations in licensed care are protected (BC Ministry of Health, 2012):

In carrying out their duties, licensing officers work in partnership with the licensee (service provider), the funding program (if the facility is funded), the MHO [Medical Health Officer], environmental health officers, and a number of allied health professionals that provide services to persons in care. The overarching goal of these partnerships is to reduce risk of harm to persons in care, and to ensure that the health, safety and well-being of persons in care is promoted and protected. (p. 7)

Responses to several of the questions from the interviewees, focus group participants, survey respondents, and from a thorough analysis of the data demonstrated that participants view the integration of a coach exchange as a mechanism for creating collaborative interactions in regulatory practice through intentional conversations—a coach approach. A primary theme within much of the literature conveyed that a culture of collaboration is enacted through intentional discourse, as reinforced by the participants in an aggregated statement,

“The coach approach can occur in one conversation, or it can occur through a series of interactions” (P2). It can occur in a few minutes or over an extended time, and/or it can take place “on the phone, face to face, or through email” (P4). Regardless of where it

takes place, “I have a much more collaborative relationship with my licensees; it’s all about the conversation”(P5). Whether the exchange is calm or confrontational, a coach approach works with “90% of the licensees, and it all comes naturally, and the conversations go just fine, and it all occurs in a respectful conversation.” (P6)

The tools and techniques participants identified in the findings as essential in a coaching conversation are listening, encouraging, observing, questioning, and action planning. According to Allen et al. (2011) and Fielden (2005), the application of these five tools enables a client to “maximize his or her own performance” (p. 3). As a learning instrument and a change procedure, a coach approach has become one of the top strategies in business, education, government, and health (Brock, 2008; Chernoff, 2008; Dickson & Tholl, 2014; Fielden, 2005; Grant, 2010; Vandamme, 2015). While all interviewees spoke of a coach approach in context to learning and development, representative participants emphasized, “My job is to facilitate learning, to support my clients to be successful and compliant, and this is where I think coaching is such a magical fit” (P2). P4 reported, “It is a learning opportunity that empowers licensees—it is about building the relationship through conversations” (P4), and P6 suggested, “A learning kind of conversation between a licensee and the licensing officer is good for everyone.”

Six of the seven interviewees vocalized that they use the tools of coaching when monitoring, inspecting, and investigating. This was reinforced by six of the seven licensees, who noted that they have experienced their licensing officer employing the techniques. Additionally, six licensees reported that their licensing officer has used a coach approach preventatively and/or proactively.

The participants from the management team further indicated that they believe a coach approach is a tool that harmonizes with licensing officers’ delegated responsibilities, highlighting

that it is a relational practice. It was evident from the data that all participants in this study believe a coach approach has contributed to a culture of collaboration in the Island Health CCFL program. “Coaching can be applied to a variety of areas, such as motivating, delegating, problem solving, relationship issues, teambuilding, and staff development” (Fielden, 2005, p. 3). Additionally, coaching conversations weave into community-based health care models that emphasize a connectivity between community partners (Dickson & Tholl, 2014). “The licensing officer and licensee relationship should be based on mutual learning, education and collaboration rather than focused on rule-based enforcement” (BC Ministry of Health, 2008, p. 4). Unequivocally, the literature and the findings from the study analysis established that a coach approach can contribute to a culture of collaboration and become a new practice in the field of human care licensing.

Theme 3: A New Enforcement Practice

Much of the literature regarding the field of human care licensing advocated that how a licensing program operates impacts the population it is designed to protect (Colbert, 2014; Dowdy, 2011; McClure, 2008; NARA, 2000; Payne, 2011). Payne (2011) asserted, “Licensing significantly impacts the quality of care [vulnerable populations] receive. The caliber of the licensing program determines the nature of its impact” (p. 4). Effective enforcement practices are critical in the protection of children and adults in licensed care. “When licensing programs fail to ensure proper practice, [adults] and children’s health and safety are compromised” (Reibolt & Mallers, 2014, p. 571). What emerged during this study was a philosophical and practical distinction for how a coach approach fits into the enforcement equation.

It was made clear by all seven interviewees of this study that a coach approach to enforcement has the potential to strengthen the transference of knowledge between a licensing

officer and a licensee—empowering licensees to become solution builders. The management team participants additionally imparted that they would like to see all licensing officers in Island Health be trained in a coach approach because it fits well within the enforcement spectrum. Synchronistically, a coach approach is congruent with the literature on regulatory practice, which advocated, “Effective, high quality licensing consists of at least three distinct components: (a) a strong enabling statute, (b) strong program requirements, and (c) strong enforcement” (Payne, 2011, p. 5). In BC, the licensing statute clearly defines licensing officers’ and the licensees’ responsibilities (BC Ministry of Health, 2012). Both outcome and prescriptive legislation specify the standards that must be maintained by licensees to be in compliance and what licensing officers must enforce. “Strong program requirements” (Payne, 2011, p. 5) are clearly established in Island Health through detailed policies and practices that support the licensing requirements, and thereby reinforce the legislative requirements the legislative requirements.

How licensing officers perceive their enforcement role appears to be deeply rooted in their understanding of the mandate of licensing and their delegation. “Regulatory administration has many purposes, but they are all meant to achieve the same goal: Consumer protection through prevention” (Dickfoss, n.d., p. 21). Six interviewees repeatedly referred to the legislation as their guide, while describing the mandate of the program, and their delegated responsibility. The findings demonstrated the interviewees’ collective understanding of their legal decision-making authority. Participant 6 described concepts included by each of her colleagues when she stated,

The mandate of licensing is to inspect community care facilities to ensure the health and safety of children in care. My delegation comes through the Medical Health Officer to

actually ensure that health and safety by inspecting facilities that have already got a license or going to talk to individuals who may hold themselves out to hold a license, when in fact, they would be considered illegally licensed. I am additionally delegated to monitor, inspect, and investigate.

It was unmistakable that both licensing officers and licensees from this study understand that a licensing officer's role is to fulfill the CCFL mandate "in accordance with provincial legislation and policy" (BC Ministry of Health, 2012, p. 6). It was also evident from the findings that participants were confident that a coach approach is a new skill set that can and should be woven into licensing officers' enforcement practices. One interviewee thoroughly explained coach approach, capturing the essence of what her colleagues had expressed,

Using the coach approach requires being grounded in my role as a Licensing Officer. Fundamentally, my role is to ensure the health, safety, dignity, and well-being of all persons in care. I need to be technically competent in the principals of administrative law, the Community Care & Assisted Living Act, and its associated regulations and standards of practice, legal opinions, and Island Health's CCFL policies and processes. I need to be a keen observer of the environment and people and to be capable of ethical decision making, acting objectively, without bias and with a balanced use of authority. It requires an understanding of human behavior and change management processes. For me, it's about inspiring my clients to self-regulate, to embrace the spirit of the legislation, and to provide exemplary care to vulnerable persons in licensed care facilities. It is about inspiring my colleagues to be students of the legislation, to embrace their roles as regulatory professionals with passion. (P2)

Enforcement practices in the field of human care licensing fall upon a continuum (Colbert, 2014; McClure, 2008; NARA, 2009a). In Island Health's CCFL program, the spectrum is illustrated in Chapter 2 (see Figure 2). From licensing officers' collective responses, it was apparent that licensing officers from this study described a coach approach as appropriate within the preventative and corrective range of the enforcement continuum. Specifically, licensing officers communicated that they use a coach approach with licensees during the application process, when monitoring standards and assessing risk, when working with a licensee on an exemption, and during inspections and investigations. It could be put forward then that it is also used on the restrictive end of the spectrum during investigations.

Congruent with a coach approach is the *Licensing Officer Occupational Profile* (BC Ministry of Healthy Living and Sport, 2008), which was redesigned and named the *Licensing Officer Competency Inventory* for the Island Health CCFL program in 2011 (Vancouver Island Health Authority, 2011). The 12 core competencies that licensing officers demonstrate in their role are applications, facility monitoring, exemptions, administration, investigations, reconsiderations, appeals, critical thinking, communication, professionalism, background knowledge, and licensing leadership (p. 14). As suggested by participants of this study, the application of each competency in regulatory practice could be exercised through a coach approach. While each participant did not specifically name each competency, they did impart information in context to nine of the 12 competencies. The competencies not discussed by participants in this study included reconsideration, appeals, and background knowledge.

Since 2008, when the last BC Ministry of Healthy Living and Sport *Licensing Officer Occupational Profile* was updated, the field of regulatory practice has evolved (Colbert, 2014; McClure, 2008; Payne, 2011). As indicated by interviewees and the management participants of

this study, a coach approach should be employed as a new enforcement practice in the field of human care licensing. In fact, when the management team participants were dreaming big, participants unanimously suggested a coach approach is one technique that all licensing officers should have.

Theme 4: A Powerful Technique to Transform Practice and People

Interviewees in this study spoke about their own transformation and transformative change in regulatory practice. Implementing a coach approach in regulatory practice requires licensing officers to clarify their his/her own values and the way they view licensees, relationships, and conversations. “Becoming a transformational coach starts with being transformed,” championed Stoltzfus (2005, p. 273). A coach approach is grounded in the belief that coaching is utilized to acknowledge and build on existing capabilities, develop new skills, and foster transformation for both the coachee and the coach (Du Toit, 2014; Wolfe, 2014). This was echoed by the participants and apparent in the findings.

Collectively, the interviewees and the management team participants indicated a coach approach has the ability to transform people and workplace practices, which was also evidenced by literature on workplace coaching (Bennett & Bush, 2014; Chernoff, 2008; Dickson & Tholl, 2014; Grant, 2010; Institute of Leadership & Management, 2011). With dialogue as the conduit, a purposefully executed coaching exchange can encourage an individual to move from a current state to a more desired state, thus impacting personal and professional outcomes (Chernoff, 2008; Gibson, 2009; Grant, 2010; Freire, 1987; Knight, 2009; Levenson, 2009; Menard, 2009). P2 poignantly suggested that transformative change in regulatory practice is shifting the enforcement dynamic.

Short narratives of transformation shared by six interviewees illuminated how their implementation of a coach approach has impacted how licensees operate their facilities. A brief account of two of the licensing officers' experiences is presented in an attempt to depict how a coach approach can be a transformative technique in the field of human care licensing.

P3 recounted an experience with a relatively new licensee, who had applied for several exemptions. The licensee had initially filled out the exemption form more like a journal than a poignant application. She shared,

She used to send them to me [as a] long stream of consciousness. There was so much information in it that was not related to the exemption request. I asked her in for a meeting, inquiring what her goal was through the use of open-ended questioning. I used requesting as well, inviting her to use the checklist. This morning, I got a new request from her. . . . It was just brilliant. This is what I need, these are the hours I need it for, here's who she's working with. She took our conversation to heart. It empowered her to be successful. The coach approach doesn't shut them down or shame them. I use it to build on their successes or strengths that I've seen.

P3's example was reflective of Stoltzfus's (2005) encouragement, who advocated that professionals integrating a coach approach into their practice need to "maintain expectations without using up the good will in the relationship" (p. 275). Stoltzfus further explained, "What that means is that the coach is not there to punish wrong behavior, but to help the client get up and get back on track" (p. 275).

P5 recalled an experience that she had during a recent routine inspection with a licensee. While she had spoken with the licensee approximately 40 times, she had never met her personally until near the end of the inspection. When P5 was reviewing the areas of

noncompliance with the licensee, the licensee became defensive. P5 participated in a coaching conversation that diffused the licensee's emotion and achieved compliance through purposeful dialogue (Freire, 1987), which included a face-to-face and an email exchange. P5 shared,

Spending time with her, while talking and listening to her about what was going on for her in this moment, describing what I saw, what I observed, and paraphrasing back, "I'm hearing you say this," and asking, "Tell me about how we can get this corrected" and just letting her work through it and come up with her own solutions was transformative for her. She fine-tuned the final document—It's a big binder, tabbed and descriptive. At the heart of coaching is helping people solve their own problems, not telling them what to do. [It is] learning to ask questions instead of giving advice. (P5)

These anecdotes are significant. They portray how a coach approach is a powerful technique for transforming practice and people in regulatory practice. Shields (2011) insisted that transformative leadership blends action with individual and collective contribution. She further suggested it integrates social, political, economic, and environmental tenets with a commitment to mining the gems of history to deconstruct outdated contexts.

Building on their belief that a coach approach is a transformative process, the interviewees and the management team participants advocated that the coach training must become a technical competency for all regulatory practitioners in Island Health. Many ideas were proposed by both the interviewees and the management team focus group for how to make the training available to new and existing licensing officers and/or how to sustain the skill set. These suggestions were identified under Finding 6.

In order for any intervention such as a coach approach to be sustained, consistent application must be enacted (Clark, 2008; Dickson & Tholl, 2014; Kouzes & Posner, 2012;

Stoltzfus, 2005). Not only does the skills set need to be applied, a philosophical change must be adopted. “They are not practiced as stand-alone techniques, but as the disciplines of believing in people” (Stoltzfus, 2005, p. 3). Transformative engagement occurs when licensing officers partner with licensees to create safe environments for individuals in care. This partnership requires licensing officers to enact strong technical capabilities and strong communication skills. United, technical, and interpersonal communication skills form the capabilities for all regulatory practice (BC Ministry of Health, 2012; Braithwaite, 2012; McClure, 2008). Through a meta-analysis study, Grant (2010) validated that command-and-control styles of communication are ineffective for habitual change and transformative learning. In contrast to the command-and-control style, which does not promote transformative learning, a coach approach is a transformative technique.

Brock (2008), Grant (2010), Martiz (2013), Passmore and Fillery-Travis (2011), and Stout-Rostron (2009) indicated that coaching is gaining momentum and has become recognized as a transformative intervention in many progressive organizations. While there was little supported quantitative evidence to illustrate it as a best practice approach and/or a cost-effective measure to learning and development, it was suggested that coaching has become one of the fastest growing competencies in the past decade (Dickson & Tholl, 2014; Du Toit, 2014; Martiz, 2013). In Island Health, two thirds of the licensing officers are trained and/or employ a coach approach in their practice, which has implications for the organization.

Theme 5: Organizational Implications

Six years after integrating a strategic coach training program in the Island Health CCFL program, participants from the interviews, management team focus group, and licensees reported a coach approach is a positive practice in the field of human care licensing, as evidenced in

Findings 4 and 10. All seven interviewees re-counted how a coach approach has positively impacted their practice, while four interviewees additionally shed light on two key areas of concern. The first concern was that only 16 of the 23 licensing officers in the program had participated in the coach training, as noted by six of the seven interviewees. The second concern was that the coach training was voluntary, as is all the licensing leadership training in CCFL. The majority of the interviewees intimated that there is potential for inconsistency in practice, while further inferring that the gap could increase as long as the coach and licensing leadership training remain voluntary.

A recent study by the Human Capital Institute (2014) documented that for coaching to be effective, organizations must foster a culture that supports the development of skills. Earlier, Passmore and Fillery-Travis (2011) reported that training and development must be ongoing for coaching practitioners. This was congruent with the message championed by NARA (as cited in Dickfoss, n.d.): “Just about any set of regulations can be effectively applied and enforced provided that key policies and principles and procedures are in place and regulators are trained in their application” (p. 27). Therefore, for a coach approach to be a regulatory competency, ongoing training for existing and new licensing leaders is required (Passmore & Fillery-Travis, 2011).

When the management team focus group was asked whether a coach approach was worth the investment, each participant emphatically said yes. Additionally, all seven interviewees reported that they would like the coach training to continue. The decision was made during the focus group that a “conversation on whether to continue and/or suspend the coach training would occur at an RSP [regional manager, supervisors, and practice consultants] meeting.” Clark (2008) made the point that for a change initiative to become permanent, it must become part of

the culture. “Change occurs when the culture supports change. By culture, I mean the held norms, habits, assumptions, attitudes, beliefs, and values of an organization. This is clearly the most difficult part of change” (p. 210).

Evaluating the coaching program effectiveness and return on the investment (ROI) is an important tenet of sustainable organizational commitments. Criticism from authors reporting that researchers are anecdotally recording the effectiveness of coaching was prolific in the literature (Brock, 2008; Cox, 2013; Du Toit, 2014; Grant, 2010; Passmore & Fillery-Travis, 2011). The study conducted by the Human Capital Institute (2014) substantiated this frustration, further postulating that “a large number of organizations are not evaluating the effectiveness of their coaching programs, and those that are often use anecdotal evidence instead of return on investment (ROI) and return on expectations (ROE) data” (p. 23). In this study, P2 reflected on the ROI, noting,

At the program level, calculating the ROI equals “coaching counts,” but the challenge is turning intangibles into tangibles. One would need to consider the number of investigations, exemptions, inspections conducted, as well as the number of staff turnover, retention, and engagement. I believe there has been a real benefit to the entire CCFL team by taking coaching skills as a cohort. I have observed individual personal growth, colleagues and myself mastering a new skill set, staff with new confidence, and it has broken down barriers, particularly when staff are paired with others they typically wouldn’t work with. It has improved engagement and productivity within and across teams, and coaching is congruent with the 2009 LO Occupational Competencies Tool.

As reported in Chapter 4, participants of this study were clear about how a coach approach has positively changed their practice. The management team participants identified

two barriers for sustaining the coach training—time and money. Navigating the barriers and making a decision about the future of coaching in the CCFL program will require a collaborative regional manager, supervisors, and practice consultants (RSP) discussion. “I think that discussion has to go onto the RSP agenda, and we need to have all of our players present in order to make decisions about that” (F5). Regardless of the decision, this study identified that all participants believe a coach approach is a technique that can and should be performed by all regulatory practitioners. This opinion was reinforced by the literature on workplace coaching (Brook, 2008, Chernoff, 2008; Grant, 2010; Martiz, 2013; Passmore & Fillery-Travis, 2011; Theeboom et al., 2014). “All in all, coaching could benefit organizations by enhancing employees’ performance and skills, well-being, coping, work attitudes, and goal-directed self-regulation” (Theeboom et al., 2014, p. 3).

Implications

This study primarily brought to light the coach exchange that licensing officers in Island Health learned and adopted to inform their practice of a coach approach in the field of human care licensing. While the primary question was answered from the perspective of licensing officers, additional implications were identified by the findings and themes generated from the data. It is important to discuss those additional implications in context to transformative learning and leading follows.

Builds on the Foundation of Licensing Leadership

The interviewees and management team participants of this study share a philosophy of licensing leadership that builds on the foundation of transformative learning and leadership. Many described their own transformative learning that emerged as they traversed the last decade of licensing leadership education offered between 2006 and 2015 in the CCFL program.

Specifically, interviewees stated that the coach training changed how they perform their job functions as an enforcement officer in the field of human care licensing. As Stevens-Long, Schapiro, and McClintock (2012) succinctly explained, “Transformative learning is about what the learner does, feels, and experiences” (p. 184). Earlier, Apte (2009) had suggested, “Learning is about transformation, it’s about change, it’s about seeing yourself in relation to the world differently” (p. 170).

Licensing leaders in this study reported their own conversion and a commitment to applying a coach approach in regulatory practice, with the intent to enable licensees to experience their own transformation. The operationalization of all the coach training, including *Using a Coach Approach in Regulatory Practice with LEADS* (Fenwick, 2015), enabled the licensing officers to embody ethical practices that upheld tenets of equity, fairness, justice, and respect (Dickson & Tholl, 2014; Shields, 2013). It could be suggested that when licensing officers use a coach approach grounded in the tenets of transformative learning and leading, the field of regulatory practice is changed. Vulnerable populations in licensed care are better served, as both licensing officers and licensees are working collaboratively to protect vulnerable populations health and safety.

Contributes to a Culture of Collaboration

The direct responses and examples offered from the interviewees, focus group, and survey respondents magnified the power of collaborative interactions. As Dickson and Tholl (2014) so eloquently stated, “Never have the challenges of leading change in health and in health care been more daunting. The need for change creates demand for transformational leadership and therefore LEADS” (p. 1). Through a coach approach, licensing officers described how they were able to create shared connections with licensees, with the goal of achieving a collective

purpose—the protection of individuals in licensed care. When regulatory practitioners exercise the capabilities of the LEADS domains: “Lead Self, Engage Others, Achieve Results, Develop Coalitions; and Systems Transformation” (p. 1) through constructive interactions with licensees, partnerships are built where learning, development, and protection can occur. This form of cooperation positively impacts licensees, families, and communities.

Throughout her career, Shields (2013) championed, “We do not need more of the same. If we want significant, equitable, and meaningful change, we must stop shouting louder, talking slower, trying harder—and turn our attention to thinking and acting differently” (p. 6). Similarly, Wheatley (2015) invited individuals to solution build after they have observed the current environment with a fresh perspective. “Seeing with new eyes gives us the capacity to solve problems instead of creating more of them” (para. 2). Dr. Brandon Carr, CEO of Island Health, committed to working in partnerships with employees when he declared, “I’m committed to working alongside you to create an environment that focuses on quality and fosters a culture of innovation and collaboration (Island Health, 2013c, para. 2). A coach approach in regulatory practice has the potential to create a “culture of innovation and collaboration” (Island Health, 2013c, para. 2) with individuals and communities in Island Health who provide licensed care to vulnerable populations.

A New Enforcement Practice

In the Province of BC, the Community Care and Assisted Living Act (2002) and Child Care Licensing Regulation (2007) comprise the legislation enacted by licensing officers to protect children receiving care in licensed community care facilities (BC Ministry of Health, 2012). The interviewees of this study detailed how the tools and techniques of a coach approach have assisted them when assessing the suitability of licensees, issuing licenses, monitoring and

inspecting facilities, providing information and consultation to licensees and community partners, as well as when investigating complaints and allegations of abuse, and responding to reportable incidents. All seven interviewees explained how they have executed a coach approach within the enforcement spectrum, ensuring “the highest standards of consumer protection, professional ethics, public stewardship, and operational transparency in the pursuit of effective, efficient public service” (NARA, 2009b, p. 5).

There is a new way to enforce legislation that is relational centered (Brock, 2008; deHaan & Sills, 2012; Grant 2010). Licensing leaders from this study stated they are committed to transformative practices that:

- recognize that licensees are knowledgeable and trust in their capabilities;
- maximize licensee’s expertise, while building relationships grounded in trust;
- employ interpersonal communication practices that guide and encourage; and
- build on the licensee’s strengths.

If licensees are going to be partners in compliance, transformative practices must be enacted, or the field of human care licensing will miss an opportunity for licensees to become self-regulators and individuals in licensed care to be further protected.

A coach approach can work within the scope of a licensing officer’s delegation (BC Ministry of Health, 2012) as well as within administrative law procedures. The old way of enforcement was transactional (McClure, 2008), and the new way of enforcement (i.e., embedding the tools and techniques of workplace coaching) has the potential to be transformative (Dickson & Tholl, 2014; Illeris, 2014; Kegan, 2000). The collaborative relationship between a licensing officer and licensee is significant for harm prevention and risk

identification (BC Ministry of Health, 2012). A coach approach is, therefore, the key to regulation at every stage of enforcement. The old way of enforcement was transactional, and the new way is transformative.

A Powerful Technique to Transform Practice and People

In reporting how the 6-year coach training strategy has affected regulatory practice in Island Health, both the interviewees and participants from the management team reported that a coach approach is a transformative method, as supported by the literature on workplace coaching and transformative learning and leadership (Dickson & Tholl, 2014; Gibson, 2009; Grant et al., 2010; Greene, 1998; Shields, 2013). The interviewees described it as a tool that has influenced how they perform their regulatory duties, directly impacting how licensees operate their facility. When licensing officers use a coach approach, licensees are empowered to discover their own solutions to areas of noncompliance, make and implement those solutions, and expand their understanding of how to operate in compliance (BC Ministry of Health, 2012). The management team focus group participants depicted a coach approach as a process that has the ability to change the trajectory of regulatory practice, as it is a forward-focused change and communication mechanism that fosters growth and development (Clark, 2008; Dickson & Tholl, 2014; Grant, 2014; Grant & Stober, 2006; Institute of Leadership & Management, 2011; Martiz, 2013). Zenger and Stinnett (2010) argued that coaching is a conduit for “people to arrive at their own solutions so that they are committed to the outcome” (p. 16).

A coach approach is a change tool (Bennett & Bush, 2014; Du Toit, 2007, 2014; Whitmore, 2009). It has the ability to encourage individuals to modify their behavior as they learn and develop, thus impacting personal and organizational achievement. Payne and Hagge (2009) suggested, “A coach approach is more than coaching. It’s a philosophy . . . a way of

seeing the world from a view of possibilities where everyone has their answers within them” (p. 82). It could be suggested then that a coach approach is a practice for positively engaging licensees, enabling them to be partners in compliance—partners whose voices make a difference and who have the ability to make a difference in the lives of children, families, and communities.

Organizational Implications

The CCFL strategic coaching initiative began in 2009 and was intentionally planned to enhance the enforcement practices of licensing leaders in Island Health (K. Bruce, personal communication, December 12, 2015). In April 2015, a 6-week coach training titled, *Using a Coach Approach in Regulatory Practice with LEADS* (Fenwick, 2015), was offered as the final training in the strategic plan. Dickson and Tholl (2014) suggested that the LEADS framework was designed specifically as an “operating system for guiding change” (p. 173). They further added, “Change is a constant in the Canadian health system and LEADS can support you as you work with it, by outlining how you need to think and act to be a successful [licensing] leader” (p. 173). Six interviewees and five members of the management team reported that the genius of a coach approach is that it unites well with the mandate of the community care facilities licensing program (BC Ministry of Health, 2012). Many maintained that when the mandate is operationalized through a coach approach, individuals in licensed care facilities are better protected, enhancing public trust and confidence in the licensing program.

While each of the participants reported a coach approach has been an effective developmental tool for them, several related that not all licensing officers in the CCFL program are trained in the approach. With 30% of the CCFL licensing officers not proficient in a coach approach, the question has to be asked: “How does the initiative support the

foundation for more coaching options in the future?” During the focus group, the management team participants vocalized that their next step must be to determine if they want to build on and/or execute a sustainable coaching program that would become a habitual tenet of the culture (Anderson & Ackerman Anderson, 2001; Clark, 2008; Kotter, 2012; Welch, 2011). Marshall and Oliva (as cited in Brown, 2006) stated, “[Transformative] leaders and scholars must have the will, the words, the facts, and the guts to veer from tradition” (p. xiii). A coach approach is a new phenomenon in the field of human care licensing, and transformative licensing leaders must blend action with individual and collective contribution if they are to be frontrunners in the field. Fenwick and Hagge (2015) asserted,

Today’s health system employees need to *manage themselves*, with the support of managers who *foster their development* to Achieve Results that are *strategically aligned with the organization’s vision, values and evidence, in partnership with others*, committed to *continuous improvement and adaptation to ongoing change*, in the *service of the public*. (p. 7)

A coach approach in the field of human care licensing can enhance service to the public, ensuring that minimum requirements necessary to protect the health and safety of children and/or adults in licensed care meet or exceed these minimum standards to operate. Adopting a coach approach and making it a program requirement would magnify the reality that the field of human care licensing is committed to enforcement practices that are inclusive, innovative, empowering, and effective.

Recommendations for Action

The recommendations for action as well as the recommendations for further study are formed from the key themes and implications from this study. The actions identified in this

section and the recommendations for further study emerged from the data and reflect the participants' voices. With the goal of supporting the 6-year coach training initiative, five recommendations have been developed. The recommendations are designed to aid the CCFL management team in their decision-making process when determining if and/or how a coach approach will be continued. The five recommendations have been developed based on the findings and conclusions of this study:

1. Continue to offer coach training, making it mandatory for all regulatory practitioners.
2. Offer a coaching refresher and introduction for all employees.
3. Provide time for a certified coach to job shadow licensing officers in the field and provide one-on-one feedback.
4. Build coach-like behaviors, techniques, and examples into practice sessions.
5. Create a coaching roster, with a goal of practicing coaching with everyone in the program.

Recommendation 1: Continue to Offer Coach Training, Making it Mandatory for all Regulatory Practitioners

Coe, Zehnder, and Kinlaw (2008) advocated, "The more coaching happens, the more high performing individuals and teams become" (p. 1). However, Grant and Hartley (2013) warned,

All too often, organizations invest time, effort and money into developing the coaching skills of their leaders and managers only to find that, despite initial high levels of enthusiasm, they fail to adopt the taught coaching skills in the workplace and end up slipping back into old command-and-control leadership behaviour patterns. (p. 102)

The CCFL management team invested approximately \$45,000 in coach training between 2009 and 2015 (C. Kane, personal communication, December 1, 2015). Non-technical training was voluntary during that period, which included all five coach training sessions. In order to sustain the learning and skill set in regulatory practitioners and for it to become a technical competency in all licensing officers, it is recommended that the coach training become mandatory and purposefully executed.

Research by Grant et al. (2009) illuminated that coaching in the workplace increases goal attainment in work units, enhances solution-focused thinking, and fosters greater change readiness while increasing leader resilience. Grant (2010) also advocated that it takes between three and six months for practitioners to become comfortable with the techniques. Providing in-house coach training, beginning with materials that are still available in the program, such as *Fierce Conversations* (Scott, 2004) and *Coaching Out of the Box* (Henderson, 2009) materials, would be a cost-effective way to introduce workplace coaching to licensing officers who did not participate in the past training and would act as a refresher for those who did.

Courses that are offered free through open online platforms would further enhance the coach training without burdening the CCFL program financially. Platforms like Coursera offer free courses to learners worldwide. A free course delivered through Coursera that would complement the past coach and leadership training in CCFL is *Conversations that Inspire: Coaching Learning, Leadership and Change* from Case Western Reserve University (Coursera, 2015).

Participants in this study consistently stated a coach approach is a good fit with technical regulatory competencies that contribute to their relationship-building and enforcement routine. Six interviewees encouraged a coach approach to become a mandatory practice in the field of

human care licensing; four interviewees specifically requested it become compulsory. While all participants advocated for coach training to be continued, P3 emphatically stated, “Put your money where your mouth is and keep it going.” Integrating coach training into a program should be evidence based and draw on scientific research. Furthermore, Grant and Hartley (2013) recommended,

The program should be both theoretically grounded and extremely practical. Because within any organization there will be a wide range of intellectual abilities and learning style preferences, a large-scale coaching program needs to be designed to engage a diverse range of people. (p. 104)

Licensing leaders are diverse in their education, experience, and philosophy. Making a coach approach a mandatory requirement may provide another mechanism for consistency and continuity of practice.

Recommendation 2: Offer a Coaching Introduction and Refresher Plan for all Employees

Timothy Clark (2008), an author and change consultant who has facilitated learning sessions for senior leaders in Island Health, postulated,

Organizational change, when you get right down to it, boils down to persuading massive numbers of people to stop doing what they’ve been doing for years and to start doing something they probably don’t want to do—at least not at first. (p. 32)

Between 2009 and 2015, a third of the licensing officers opted to not participate in the coach training (C. Kane, personal communication, December 12, 2015). Adopting the first recommendation of this study, making coach training mandatory, would facilitate the necessity to have a coaching introduction process and/or a refresher plan. Several participants in this study specifically requested a coaching come-back session as a means for enacting and/or sustaining

the coach training strategy, as well as making the training mandatory for new hires and offering a refresher for all licensing officers.

An introduction and/or a refresher could be intentionally developed using the original material Julia Menard prepared for the first coach training session in 2009 (C. Kane, personal communication, December 18, 2015). Offering the training virtually, through technology available through Island Health, would make the training accessible to all regulatory practitioners in the program. Experienced licensing officers could act as coach mentors and could peer mentor licensing officers in the field. A coaching introduction and/or refresher session could act as a catalyst for change, while building and reinforcing coaching tools and techniques in all regulatory practitioners at a fraction of the price of hiring a consultant. Again, this recommendation is congruent with adult learning principles (Clark, 2010) and practices that Grant and Hartley (2013) championed for embedding coaching into organizations.

Recommendation 3: Provide Time for a Certified Coach to Job Shadow Licensing Officers and Complete a 360 Assessment

Job shadowing is one mechanism “to enhance coaching effectiveness . . . [and] is used to gather insight into [an individual’s] actions and behaviours” (Coe et al., 2008, p. 167). Providing anecdotal feedback based on just-in-time observations is an effective learning approach (Fenwick & Hagge, 2015; Stoltzfus, 2005). “I would like a safe place to practice skills, and then periodically, get some feedback from a certified coach,” suggested P2. P7 put forward, “We need to try to be creative and figure out a way for licensing officers to receive feedback. I believe we need to think about how we could do it differently—how we could provide real feedback.” She additionally suggested, “Perhaps we need to incorporate some sort of 360 feedback from peers and from licensees.” The LEADS Collaborative (2015) in partnership with

the Canadian College of Health Leaders (2015) has a LEADS 360 assessment that could be customized to regulatory practice. An Island Health consultant certified as a LEADS coach could participate as a LEADS 360 debriefer, making the 360 assessment available without costing a lot of money.

Providing time for a certified coach to job shadow licensing officers and the management team in the field and providing one-on-one feedback are strongly recommended for the sustainability of a coach approach (Du Toit, 2007; Fenwick & Hagge, 2015; Riddle, Hoole, & Gullette, 2015). Fenwick and Hagge (2015) championed, “The ability to have real-time feedback presents valuable opportunities to recognize success and to course-correct, on a timelier basis than in a traditional ‘rear-view mirror’ process” (p. 20). Island Health has certified coaches in its Learning and Development portfolio who are available to “help leaders support their teams and increase the skills that contribute to a greater level of group awareness, openness, cohesiveness and performance” (Island Health, 2015c, para. 2). Utilizing resources from within Island Health’s Learning and Development department would be both economical and practical.

Recommendation 4: Build Coach-Like Behaviors, Techniques, and Examples into Practice Sessions

In a recent publication, Gottfredson, Stroud, Jackson, Stevenson, and Archer (2014) described the importance of creating learning opportunities that enhance continued learning and development. They reported that an educational review in Island Health illuminated that “85% of Island Health’s education efforts were focused on classroom teaching and learning, which were ‘costly for both the provider and learner in terms of time, materials and travel’” (pp. 46–47). Several interviewees in this study spoke of the importance of offering more

creative learning opportunities, such as learning bursts, in-house blogs, and videos created with examples of coaching in regulatory practice as well as examining case studies and role playing. The child care practice meetings were suggested as a good place to add a discussion on how to integrate coaching behaviors specific to regulatory practice.

“Coaching is an art that takes learning and practice to be successful” (Coe et al., 2008, p. 52). P2 reinforced this when she stated, “In order to sustain and further develop coaching skills requires additional training. It requires the opportunity to practice—otherwise, it becomes like spray and wash training. If you’re not continually refining and honing your skill set, you lose it.” Implementing a learning governance into the practice meetings with a focus on coach enhancement would be one mechanism for continuing the learning (Gottfredson et al., 2014). According to Du Toit (2007), coaching integration requires active, experiential learning (p. 283). Integrating practice exercises, coaching examples, case studies, and reflective opportunities into the monthly practice meetings would be an economical way of sustaining and extending the coach training. The CCFL practice consultants could redesign the sessions with purposeful activities that build on transformative learning theories. Many of the licensing officers have adult education expertise that, when partnered with the practice consultants, could help inform the design of the sessions. Additional resources are available through the Learning and Development website of Island Health, Island Health library, and The International Coach Federation website. As well, many resources are available on the Internet in context to designing practice sessions appropriate for adults. Continuing education and skill development in the practice meetings linked specifically to the area of coaching in the field of human care licensing would surely facilitate growth (Cox et al., 2014; Grant & Hartley, 2013).

Recommendation 5: Create a Coaching Roster, with the Goal of Practicing Coaching with Colleagues in the Program

“Effective coaching requires an organizational culture that embraces learning and provides conditions conducive to coaching” (Bouche, n.d., p. 17). The coaching strategy in CCFL included coaching triads that enabled regulatory practitioners to practice coaching with peers during work time (Vancouver Island Health Authority, 2009). After the program having run for six years, five of the seven interviewees recommended that the coaching triads be revisited. P6 reflected on her triad experiences, offering,

We’ve been very lax on trying get our triad together, and I think that’s just the nature of the workload. It’s so easy to start doing things and something creeps in, and you don’t even realize you’re no longer doing it. So the continual training and practicing in the triad group would be really good. (P6)

Continuing to offer triad sessions with peers is a powerful tool for integrating coaching tools and techniques, while developing a habitual way of doing enforcement in regulatory practice. “Participating in triad pods will enable licensing officers and licensing nutritionists to build upon the skills and knowledge of regulatory practice, licensing leadership, adult learning and interpersonal communication” (Vancouver Island Health Authority, 2009, p. 2). Authors in the field of coaching recommended the use of pair and/or triad groups to support transformation, collaboration, and innovation (Bianchi & Steele, 2014; Payne & Hagge, 2009).

Recommendations for Further Study

Although this exploratory study generated 10 findings and five key themes, more research is needed to fully understand the phenomenon of a coach approach in the field of human care licensing. Each recommendation, if enacted, would enhance the literature on a

coach approach in the field of human care licensing. Perhaps, the studies could include larger sample sizes and mixed methodology (Frates, n.d.; Passmore & Fillery-Travis, 2011).

This qualitative action research study explored how an intentional 6-year coach training program between 2009 and 2015 equipped licensing officers in Island Health to employ coaching competencies in their enforcement practice. The intent of the licensing officers employing coaching tools and techniques with licensees was to influence licensees to become more conscientious partners in compliance and to become solution builders. This study was the first study in BC to provide an action research coach training intervention to licensing officers specific to the application of workplace coaching. Each of the regulatory practitioners who participated in this study attended between two and five of the voluntary coach training sessions and multiple leadership training sessions between 2006 and 2015.

The interviewee and management team participants noted that a coach approach in regulatory practice is a good fit with both prescriptive and outcome-based legislation and spans the enforcement spectrum. Further research is needed to explore the knowledge licensing officers have in using coaching tools and techniques, but who did not attend any of the coach training sessions. Also, the licensing officers demonstrated various levels of coaching competencies, so future research is needed to explore, in more depth, how coaching competencies unite with the licensing officer occupational standards established by the BC Ministry of Health (2008). Comparison studies may also be conducted between health authorities in BC to identify the degree to which licensing officers are employing a coach approach without intentional coach training.

This study drew on the experiences of licensing officers with a specialization in child care. Future research must involve licensing officers who have experience and training specific

to residential care. More research is, therefore, required regarding residential care licensing officers, as well as licensees, in context to the specific transformative effect a coach approach has on licensing practices in residential care facilities.

Future research must be designed to better understand the learning that is transferred between a licensing officer and a licensee, with the intent to reduce areas of non-compliance and investigations. Currently, there is not enough information on what transpires between a licensing officer and a licensee to impact the current metrics. A survey with all licensees specific to coach capabilities in licensing officers would provide this information.

This research began to explore the importance of building relationships with licensees through the use of five key coach skills, which included listening, encouraging, observing, questioning, and action planning. More research is needed to better understand how the tools and techniques of coaching and the interactions between licensing officers and licensees increases or decreases the effectiveness of compliance in both child care and residential facilities. This comparison is important to ensure a return on the investment if coaching were to become a provincial expectation.

Chapter Summary

This study has supported that a coach approach in the field of human care licensing can impact the relationship licensing officers have with licensees, and empower licensees to be partners in compliance. In a united voice, the participants agreed that a coach approach benefits the field of human care licensing. The primary effects of a coach approach have been identified through this study as improved relations and increased individual performance. Improved relations are a direct result of clearer communication as a result of the coach exchange and improved self-awareness by the licensing officers. Improved individual performance by

licensees could be a result of collaborative interactions, goal focus, and effective learning. Participants identified that the coach exchange has become a conduit for transferring knowledge between the licensing officer and the licensee. Enhanced self-awareness was explained when the regulatory practitioners discussed their own transformation. Both transformative learning and leadership were informally described throughout the interviews.

A coach approach is still in the infant stages in regulatory practice. In the Island Health CCFL program, 70% of the licensing officers are trained in the skills of coaching, leaving close to a third not trained or practicing the skill set. The literature supported that there will always be variations in how coaching tools and techniques are activated; however, evidence supported that a coach approach can positively impact organizational goals (Brock, 2008; Chernoff, 2008; Grant & Hartley, 2013). For a coach approach to become a cultural norm in the CCFL program, the management team would need to make a coach approach a program priority (Grant & Hartley, 2013). Clark (2008) championed, “The fundamental challenge of a change leader is to summon and redirect institutional will and capacity. Furthermore, the basic role of any leader is to maintain competitive advantage, not the status quo” (p. 24). A coach approach has the potential to change the trajectory of how regulatory practitioners communicate and collaborate with licensees, thus further impacting the health, safety, and well-being of individuals in licensed care. P2 succinctly described the evolution of licensing leadership and coach training in the CCFL program in Island Health when she stated,

The amazing amount of leadership, coaching, and peer mentoring training that we have done in the last 10 years and particularly the last six years with *Coaching Out of the Box*, *Personal Groundwork*, LEADS has made me a more effective licensing officer than I would have been without this training. I believe these skills, the coaching exchange, and

approach. Licensing leaders employing a coach approach make a difference in the lives of children, adults, families, and partners in communities who operate licensed care facilities in Island Health.

Researcher Reflection

Remaining vigilant to the methodology and ethical protocol as an insider researcher was foundational to the success of this study. Doing insider action research in the Island Health CCFL program involved this researcher recognizing her personal biases and system constructs that had the potential to influence the study. With that in mind, an external data verifier was hired, and on-going member checks were conducted with the participants of this study. This researcher used the methodology chapter and the ethical procedures as a global positioning system.

“Action research builds on the past and takes place in the present, with a view to shaping the future” (Coghlan & Brannick, 2014, p. 9). As a past child care licensing officer, development consultant, supervisor, and casual consultant for the Island Health CCFL program, and as a certified executive coach, this researcher believed a coach approach would enhance the learning and development of licensing officers and licensees. It was hypothesized that a coach approach could change the trajectory of enforcement practices in the field of human care licensing. In addition to obtaining data to inform the researcher’s inquiry and substantiating the hypothesis, many valuable lessons were learned traversing this dissertation journey. While Lao Tzu (as cited in Heider, 1997) inquired, “The wise leader knows that the true nature of events cannot be captured in words. So why pretend?” (p. 111), this researcher will try. The key learnings were:

- Harness your vision.

- Exceptional performance depends on exceptional learning.
- Adaptiveness is the heart of resilience.
- Appreciate the guide by your side.

Harness Your Vision

After 18 years spent in the field of human care licensing, the researcher has a vision for both regulatory practice and leadership. This study provided an opportunity to unite both passions with the goal of enacting transformative change. Roberts (2010) advised researchers to select a topic that “holds your interest over a long period of time . . . [and is] manageable in size” (p. 26). Adopting Roberts’s recommendations enabled this researcher to harness her vision and stay steadfast with her goal of completing a doctoral dissertation with a population for which she has profound respect.

Exceptional Performance Depends on Exceptional Learning

The course work for this doctoral program was outstanding and focused on equipping learners with knowledge to inform their professional practice. As this researcher navigated the course work, a high standard was established and obtained. However, it was not until after completing the data analysis that time was found to reflect on the learnings. Outstanding performance is only achievable when exceptional learning takes place; looking back, they both happened during this program.

Adaptiveness is the Heart of Resilience

Navigating a doctoral program requires nimbleness, for a learner is confronted with many obstacles as he/she traverses the process. This researcher was pushed out of her comfort zone countless times and, on many occasions, felt defeated. It was in those moments that she heard

from instructors, fellow learners, and colleagues to “embrace rather than push.” As the program unfolded, this researcher learned adaptiveness is the heart of resilience.

Appreciate the Guide by Your Side

Throughout the doctoral dance, instructors and fellow learners stepped in and out of the rhythmic act. A learner will quickly discern that all dance partners are not created equal. Never the less, it is a privilege to have committed dance partners, as they are knowledgeable resources who oversee and/or influence an individual’s growth and learning, with the intent to assist in the process (Bulker, 1998). This researcher learned how to appreciate the guide(s) by her side and came to value each one for his/her counsel.

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APPENDIX A: EMAIL INVITATION TO LICENSING OFFICERS AND MANAGEMENT TEAM

From: Administrative Assistant

Subject: RE: Coaching Participants - Research Participation

You are being invited to participate in a research study conducted by Shelley McClure, Principal Investigator (PI). The purpose of this proposed action research is to investigate how the acquisition of coaching competencies in licensing officers influences their interactions with licensees. Your participation must be free and voluntary. You are free to withdraw at any time. I am sending you this email on behalf of Shelley. I am acting as a neutral third party so that your privacy is protected and you do not feel (unintentional) coercion by a recruitment email sent directly from the PI.

As a participant you will be asked to:

- Participate in either a one-on-one interview or a focus group during work hours.
- The interview is expected to last between one and a half to two hours in duration; the focus group will take approximately two hours.
- If you take part in an interview, you will be asked to review the transcript during work hours.
- The interviews/focus group will be conducted in private spaces that will protect your confidentiality.

All incurred expenses, such as travel or meals, will be covered by the CCFL program in adherence to the Island Health travel and meal policy. Participation time during work hours has been approved by the Regional Manager, Kim Bruce.

If you would like more information **please contact Shelley directly** at [email address] or [phone #] (private business line), and she will send you the Informed Consent Form (ICF) and be available to answer any questions you may have about your participation.

Administrative Assistant

Location

[phone #s]

email [email address] | Facebook | Twitter

**APPENDIX B: PARTICIPANT INFORMATION & CONSENT FORM FOR CCFL
EMPLOYEES**

**Using a Coach Approach in Regulatory Practice: One Technique on the Enforcement
Spectrum**

PARTICIPANT INFORMATION & CONSENT FORM

PRINCIPAL INVESTIGATOR: Shelley McClure

Principal Investigator Name and Affiliation/Title: Shelley McClure, Casual Consultant, Island Health

Address: Location

Phone Number: [phone #]

Email: [email address]

Background and Purpose of the Study

You are invited to participate in a research study. Your participation must be free and voluntary. You are free to withdraw at any time.

The purpose of this qualitative action research study is to document licensing officers' and licensees' perceptions of how licensing officers in Island Health use a coach approach in the field of human care licensing. The primary question guiding this proposed study is: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance?

You are being asked to participate in this study because of your employment with the Community Care Facilities Licensing (CCFL) program and your participation in the in-house coach training that was offered between October 2012 and June 2015. The sampling strategy for licensing officers is based on: (a) who uses a coach approach in their practice, (b) who are currently available based on program requirements, and (c) who have completed two or more of the in-house coach training. The sampling for the focus group is based on the management team's involvement and positional leadership roles within the CCFL program.

Number of Participants

Twenty participants will be included in this study. The proposed sample size study is five licensing officers, the five member CCFL management team, and 10 licensees for a total of 20 participants. All participants will be Island Health, CCFL employees, and licensees who operate a licensed care facility in Island Health.

Project Funding

This project is funded by the principal investigator, Shelley McClure. The Island Health, CCFL program has provided and in-kind contribution that includes: (a) private space for interview/focus group, (b) interview/focus participation time, (c) transcription review, and (d) travel and meal expenses in adherence to the Island Health travel and meal policy.

What is Required if I Participate?

If you decide to participate in this study, you will be asked to:

- Participate in **either/and** a one-on-one interview or a focus group during regular work hours.
- The interview is expected to last between one and a half to two hours in duration; the focus group will take approximately two hours.
- If you take part in an interview, you will be asked to review the transcript during work hours.
- The interviews/focus group will be conducted in private spaces that will protect your confidentiality.

The total number of hours for your participation in this study is between three and four (3-4) hours.

You will have the right to decline any question that is asked during the one-on-one interview and/or focus group. You will have the right to withdraw during the interview and/or focus group. If you decide to participate and then change your mind later, you can withdraw without any consequences or explanation. If you do withdraw from the study, your collected data will be used as it is logistically impossible to remove data from focus groups.

The interviews/focus group will be conducted in private spaces that will protect your confidentiality during regular office hours. The locations include:

- [location].
- [location].
- [location].

Any incurred expense to you, such as travel or meals, will be covered by the CCFL program in adherence to the Island Health travel and meal policy.

Interviews. The interview questions will consist of three types of questions; (a) foundation questions, (b) activation questions, and (c) reflection questions. Table 1 provides two examples of each question type.

Table 1

Sample Interview Questions

Type	Questions
Foundation	When did you join the Community Care Facilities Licensing program and how long have you been a licensing officer? What training, if any, have you had in coaching techniques before participating in the in-house coaching offered over the past three years in CCFL?
Activation	How do you create a supportive environment that produces respect with licensees? How do you create a flexible and open conversation with licensees?
Reflection	Please share an example of a time you used a coach approach in your practice? What was the outcome? Please provide an example of how you have applied specific competencies to assist a licensee to build his/her leadership capacity and what were the results?

You will be given the chance to review the transcript from your interview and asked to participate in a “member-check” after you have reviewed your transcription.

Focus Group. The focus group will consist of seven open ended questions for example: (a) How can you sustain and further develop coaching competencies within the program? and (b) If licensing officers were to continue to use coaching competencies in the workplace and in the community with licensees, what is the transformative effect?

What are the Possible Risks or Inconveniences of Participating?

You may be exposed to the following risks and inconveniences:

- Due to the Community Care Facilities Licensing program size and nature of this inquiry, anonymity and confidentiality cannot be assured. Confidentiality will be protected within the limits of the law.

To reduce these risks, the following steps will be taken:

- Confidentiality will be addressed by ensuring that the voluntary participants have read, processed, understood, and have consented that the information contained in the consent form is acceptable to them as a participant.
- Each participant will be provided with a pseudonym and a code in substitution for their name. No data will be recorded with any identifiers.
- A list will be developed that has the name of each participant, pseudonym, and code. The list will be stored in the primary investigators locked, fire proof safe, and will not be accessible to anyone but the primary investigator.
- The list will be destroyed through a bonded shredding company immediately upon principal investigator audio review and member check completion.

There are no additional foreseeable risks or hazards to your participation in this study.

What are the Possible Benefits of Participating?

The possible benefits of your participation as a licensing officer include:

- The opportunity to share your experience of participating in in-house coach training designed for licensing leaders.
- The opportunity for your voice to be heard regarding what you believe needs to be implemented and or maintained in the CCFL program in order for a coach approach to be utilized in practice.
- A greater understanding of the competencies of coaching and the benefit of using a coach approach to build collaborative relationships with licensees.
- An opportunity to influence future training pertaining to enforcement and the practice of licensing.

- The ability to increase awareness of organizational change through the intervention of a coach approach within Island Health and the licensing community of British Columbia

The possible benefits of your participation as a member of the management team may include the benefits above and:

- Providing evidence that the provision of coach training effects the ability for licensing officers to engage in: (i) Collaborative relationships with licensees, (ii) Outcome based monitoring of facilities, and (iii) A wider spectrum of enforcement contingencies.

Do I Have to Take Part?

You are free to participate or not. If you decide not to participate employment status will not be affected in any way. If you do decide to participate and then change your mind later, you can withdraw without any consequences or explanation. If you do withdraw from the study, your collected data will be used.

By consenting, you have not waived any rights to legal recourse in the event of research-related harm. In the rare circumstance that you would need to see a counsellor or take other remedial measures as a result of your participation in this research, Island Health's Employee and Family Assistance program is available to you. The contact information for Island Health Employee and Family Assistance program is:

- Phone: [phone #] (24 hours a day, 365 days a year).
- For crisis situations requiring immediate attention, call 911 or the Shepell•fgi Care Access Centre at [phone #].

Will I be Paid for Taking Part?

Study participants will not receive any compensation for their voluntary participation from the primary investigator. There are no costs to you for this proposed study. Time taken for the interviews and focus groups will be covered in your regular work hours by the CCFL program. Additionally, the CCFL program will reimburse any costs that you incur as a result of participating in this research study including:

- All incurred expenses, such as travel or meals, will be covered by the CCFL program in adherence to the Island Health travel and meal policy.

If you decide to withdraw early, the CCFL program will still reimburse you for the costs you incur up until your withdrawal date.

Researcher's Relationship with Participants

As the researcher Shelley McClure, and as a casual consultant for the CCFL program, I am a colleague to you as an employee of Island Health. To help prevent my relationship from influencing your decision to participate, the following step has been taken:

- A neutral third party, Betty Katan, Administrative Assistant to Jan Tatlock, - Director, Public Health and Dr. Wilma Arruda - Medical Director, CYFH Pediatrics, has sent you the recruitment email. This step enables your privacy to be protected and for you to not feel (unintentional) coercion by a recruitment email sent directly from me as the Primary Investigator.

On-Going Consent

None required.

Confidentiality & How your Personal Information will be Used

Due to the CCFL program size and nature of this inquiry, anonymity and confidentiality cannot be assured. Your confidentiality will be protected within the limits of the law, and there are no additional foreseeable risks or hazards to your participation in this study.

Your name or any identifiers will not appear on any artifact, transcript, or publication from this proposed study. Data collection and analysis will allow for confidentiality and anonymity through a process of providing you with a code in exchange for your name. The data will be gathered and analyzed without individual identification markers. Anonymized direct quotations may be used in the final report, but all individual identification markers will be removed.

The one-on-one interviews and the focus group will be recorded using two digital recorders and will be professionally transcribed. The electronic files and transcripts will not be shared with anyone beside the bonded professional transcriptionist, who has signed Island

Health's confidentiality agreement, and the principal investigator, Shelley McClure. A digital copy will be prepared by the primary investigator.

The transcribed data will be transported from the transcriptionist office in Nanaimo, BC, to Island Health's personal shared drive by Proofpoint. All electronic and audio research materials will then be stored on the private Island Health shared drive accessible only to the principal investigator. Print materials will remain in a locked, fire proof safe at the principal investigator's home, until the content is destroyed by a bonded shredding company, five years after the completion of the study. Access to the safe is limited to the principal investigator.

Data will be summarized and your name will not appear on any final documentation.

Studies involving Focus Groups.

- The focus group will be limited to the five member management team. If you chose to withdraw from the focus group, it will be logistically impossible to remove your individual data from the group discussion. While you are requested to maintain confidentiality of all focus group discussions, confidentiality cannot be guaranteed.

Future Use of Data

The results of this proposed study will be used as partial requirements for a doctorate of education for the primary investigator, Shelley McClure. The dissemination of the results will occur through the publication of the dissertation. The data for this study will not be used for any other purpose.

Disposal of Data

Your data from this study will be disposed of in the as outlined in Table 2:

Table 2.

Disposal of data

Data Source	How Destroyed	When Destroyed
Digital Recordings	Erased	These will be erased immediately after the transcriptions have occurred and the participants have reviewed them for accuracy.
Transcriptions	Shredded	These will be retained for five (5) years after study completion. This is required by Island Health.
Interview notes	Shredded	These will be retained for five (5) years after study completion. This is required by Island Health.
Surveys	Shredded	These will be retained for five (5) years after study completion. This is required by Island Health.

Sharing of Study Results

A summary of the study results will be provided to you upon request. The results of the study will be used for a doctoral study at the University of New England in partial fulfillment of requirements for the degree of Doctor of Education. The study results will be presented to the University of New England dissertation committee and published by the University of New England, DUNE: DigitalUNE. All participants will receive a bound or digital copy of the dissertation.

Who Should I Contact if I Need More Information or Help?

The contact information for the Principal Investigator is provided on the first page of this Informed Consent Form. For further information regarding the study or you have any concerns about your rights as a research participant and/or your experiences while participating in this study, or if you wish to verify the ethical approval of this study, you may contact either Dr. Michelle Collay, Research Coordinator Online Doctoral Program in Educational Leadership, at [phone #]; Dr. Dawn Pollon, Research Ethics Coordinator, at [phone #] or email [email address]; or Olgun Guvench, MD, PhD, Chair of the UNE Institutional Review Board, at [phone #].

CONSENT

- I consent to participating in the one-on-one interview and to be audiotaped (scheduled at a convenient time and confidential location for me).

AND/OR

- I consent to participate in the focus group and to be audiotaped (scheduled at a convenient time and confidential location).

Your signature below indicates that:

1. All sections of this Consent form have been explained to your satisfaction
2. You understand the requirements, risks, potential, and responsibilities of participating in the research project, and;
3. You understand how your information will be accessed, collected, and used.
4. All of your questions have been fully answered by the researchers.

Name of Participant (print)	Signature	Date
Name of Person Administering Informed Consent	Signature	Date
Role of Person Administering Informed Consent		

A copy of this consent form will be given to you, and a copy will be kept by the researcher.

APPENDIX C: EMAIL CONFIRMATION FOR CCFL PARTICIPANTS**From:** McClure, Shelley**Subject:** RE: Research Participation Confirmation

Dear (Colleague Name),

I have received your email or telephone call confirming your interest in my research study. Please find attached the *Participant Information & Consent Form*. Please send this form back as soon as possible at [email address]. Additionally, I will review the *Participant Information & Consent Form* with you prior to your participation in the one-one one interview and/or focus group.

I am excited about your participation in this study. I look forward to hearing your perspective of how a coach approach is employed in the CCFL program of Island Health and how coaching competencies are being utilized by yourself in practice. I will be contacting you the week of September 28, 2015 to make arrangements for your participation in the one-on-one interviews and/or the management focus group. Both the interviews and the focus group will be facilitated in a location convenient for you.

If you have any questions about this study or your participation, please contact me at [phone #] or by email at [email address]. I look forward to connecting with you soon. Until then, please take care.

Shelley McClure
Doctoral Candidate

APPENDIX D: EMAIL INVITATION TO LICENSEE**From:** Katan, Betty**Subject:** RE: Coaching Participants - Research Participation

You are being invited to participate in a research study conducted by Shelley McClure, Principal Investigator (PI). The purpose of this proposed action research is to investigate how the acquisition of coaching competencies in licensing officers influences their interactions with licensees. Your participation must be free and voluntary. You are free to withdraw at any time.

I am sending you this email on behalf of Shelley. I am acting as a neutral third party so that your privacy is protected and you do not feel (unintentional) coercion by a recruitment email sent directly from the PI. As a participant you will be asked to:

- Participate in an electronic survey that will take you approximately a half hour.

If you would like more information **please contact Shelley directly** at [email address] or [phone #] (private business line), and she will send you the Informed Consent Form (ICF) and be available to answer any questions you may have about your participation.

Administrative Assistant

Location

[phone #]

email [email address] Web <<URL>>| Facebook | Twitter

APPENDIX E: EMAIL CONFIRMATION FOR LICENSEES**From:** McClure, Shelley**Subject:** RE: Research Participation Confirmation

Dear (Licensee Name),

I have received your email or telephone call confirming your interest in my research study. Please find attached the *Participant Information Form*.

I look forward to hearing your perspective of how a coach approach is employed in the CCFL program of Island Health and how coaching competencies are being utilized by your licensing officer in practice.

I will be contacting you the week of September 28, 2015, to make arrangements for your participation in electronic survey. The survey will be sent to an email address as determined by you. If you have any questions about this study or your participation, please contact me at [phone #] or by email at [email address]. I look forward to connecting with you soon. Until then, please take care.

Shelley McClure
Doctoral Candidate

APPENDIX F: PARTICIPANT INFORMATION FORM FOR LICENSEES

Using a Coach Approach in Regulatory Practice: One Technique on the Enforcement Spectrum

PARTICIPANT INFORMATION FORM

PRINCIPAL INVESTIGATOR: Shelley McClure

Principal Investigator Name and Affiliation/Title: Shelley McClure, Casual Consultant, Island Health

Address: Location

Phone Number: [phone #]

Email: [email address]

Background and Purpose of the Study

You are being invited to participate in an online survey. Your participation must be free and voluntary. You are free to stop the survey at any time. **If you decide not to participate your licensed status will not be affected in any way.**

The purpose of this qualitative action research study is to document licensing officers' and licensees' perceptions of how licensing officers in Island Health use a coach approach in the field of human care licensing. The primary question guiding this proposed study is: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance?

You are being asked to participate in this study because you operate a licensed care facility in Island Health, and your licensing officer employs a coach approach in his/her practice.

Number of Participants

Twenty participants will be included in this study. The proposed sample size is five licensing officers, the five member CCFL management team, and 10 licensees for a total of 20 participants. All participants will be Island Health, CCFL employees, and licensees who operate a licensed care facility in Island Health.

Project Funding

This project is funded by the principal investigator, Shelley McClure.

What is Required if I Participate?

If you decide to participate in this study, you will be asked to:

- Participate in an electronic survey using FluidSurveys™.
- The survey will be sent to an email address as determined by you.
- The survey will contain 12 open-ended questions and one closed ended question.
- If you click “submit” your data will be used as it is logically impossible to remove once entered into FluidSurveys™.

The total number of hours for your participation in this study is between 30 minutes to one hour.

You will have the right to decline any question that is asked in the electronic survey.

You will have the right to withdraw during the survey. **If you decide not to participate your licensed status will not be affected in any way.** If you decide to participate and then change your mind later, you can withdraw without any consequences or explanation. If you do withdraw from the study, your collected data will be used as it is logistically impossible to remove data from surveys.

Electronic Survey. The survey questions will consist of three types of questions; (a) foundation questions, (b) activation questions, and (c) reflection questions. Table 1 provides two examples of each question type.

Table 1

Sample Interview Questions

Type	Questions
Foundation	How long have you operated a licensed care facility? How many licensing officer have you had?
Activation	How does your licensing officer encourage you to be in compliance? What enforcement techniques does your licensing officer employ?
Reflection	Please describe your relationship with your licensing officer? Please describe how you work in partnership with your licensing officer?

What are the Possible Risks or Inconveniences of Participating?

To reduce these risks, the following steps will be taken:

- Confidentiality and anonymity are assured through the FluidSurveys™ design.

- No data will be recorded with any identifiers as the FluidSurveys™ technology is constructed for anonymity.

There are no additional foreseeable risks or hazards to your participation in this study.

What are the Possible Benefits of Participating?

The possible benefits of your participation as a licensee include:

- The opportunity to share my experience of having a licensing officer who has participated in in-house coach training.
- The opportunity for my voice to be heard regarding what I believe needs to be implemented and or maintained in the CCFL program in order for a coach approach to be maximized in practice.
- A greater understanding of the competencies of coaching and the benefit of a licensing officer using a coach approach to build collaborative relationships with licensees.

Do I Have to Take Part?

You are free to participate or not. **If you decide not to participate your licensed status will not be affected in any way.** If you do decide to participate and then change your mind later, you can withdraw without any consequences or explanation. If you do withdraw from the study, your collected data will still be used. It is logically impossible to remove a person's data once entered into FluidSurveys™

Will I be Paid for Taking Part?

Study participants will not receive any compensation for their voluntary participation from the primary investigator or from the Island Health CCFL program.

Researcher's Relationship with Participants

As the researcher Shelley McClure and as a casual consultant for the CCFL program, I am a colleague to you as a licensee of a licensed care facility in Island Health. To help prevent my relationship from influencing your decision to participate, the following step has been taken:

- A neutral third party, Betty Katan, Administrative Assistant to Jan Tatlock - Director, Public Health, Dr. Wilma Arruda - Medical Director, CYFH Pediatrics, has sent you the recruitment email. This step enables your privacy to be protected and for you to not feel (unintentional) coercion by a recruitment email sent directly from me as the Primary Investigator.

On-Going Consent

None required.

How my Personal Information will be Used

- All electronic research materials will be stored on the private Island Health shared drive accessible only to the principal investigator.
- The principal investigator is the only person who will have access to your information.
- Anonymized direct quotations may be used in the final report with all individual identification markers removed.
- All data will be destroyed by a bonded shredding company, five years after the completion of the study.

Future Use of Data

The results of this proposed study will be used as partial requirements for a doctorate of education for the primary investigator, Shelley McClure. The dissemination of the results will occur through the publication of the dissertation. The data for this study will not be used for any other purpose.

Disposal of Data

Your data from this study will be disposed of in the following manner:

Table 2.

Disposal of data

Data Source	How Destroyed	When Destroyed
Surveys	Shredded	These will be retained for five (5) years after study completion. This is required by my Island Health.

Sharing of Study Results

A summary of the study results will be provided to you upon request. The results of the study will be used for a doctoral study at the University of New England in partial fulfillment of requirements for the degree of Doctor of Education. The study results will be presented to the University of New England dissertation committee and published by the University of New England, DUNE: DigitalUNE. All licensee participants will receive a digital copy of the dissertation.

Who Should I Contact if I Need More Information or Help?

The contact information for the Principal Investigator is provided on the first page of this Informed Consent Form. For further information regarding the study or you have any concerns about your rights as a research participant and/or your experiences while participating in this study, or if you wish to verify the ethical approval of this study, you may contact either Dr. Michelle Collay, Research Coordinator Online Doctoral Program in Educational Leadership, at [phone #]; Dr. Dawn Pollon, Research Ethics Coordinator, at [phone #] or email [email address]; or Olgun Guvench, MD, PhD, Chair of the UNE Institutional Review Board, at [phone #].

APPENDIX G: EMAIL CONFIRMATION FOR LICENSEES NOT SELECTED

From: McClure, Shelley
Subject: RE: Research Participation Acknowledgement

Dear (Licensee Name),

Thank you for your interest in my research study. All the participants have now been selected.

If you are interested in receiving a copy of my completed dissertation, please send me back an email and upon completion, I will send you a digital copy. I look forward to connecting with you again. Until then, please take care.

Shelley McClure
Doctoral Candidate

APPENDIX H: LICENSING OFFICER INTERVIEW QUESTIONS

1. When did you join the Community Care Facilities Licensing program and how long have you been a licensing officer?
2. What training, if any, have you had in coaching techniques before participating in the in-house coaching offered over the past three years in CCFL?
3. What is the mandate of licensing and your delegation?
4. What is your philosophy of licensing leadership?
5. What is your perspective of a coach approach in regulatory practice? How do you employ it?
6. What competencies do you use as a licensing officer integrating a coach approach? What competencies are not identified?
7. How are these competencies applied in your work with licensees?
8. What has been the benefit in using these competencies? What has been the challenge?
9. What has been the impact for the licensee from your perspective? What are the strengths of the approach and areas of challenge?
10. What, if any, organizational impacts/results/negative consequences have you witnessed as a result of you integrating a coach approach?

Activation Questions

1. How do you create a supportive environment that produces respect with licensees?
2. How do you create a flexible and open conversation with licensees?
3. How do you transfer information to a licensee when you have identified areas of noncompliance?
4. How do you establish and activate powerful questioning when engaged with a licensee?

5. What are some techniques you employ to communicate effectively during a conversation that has the greatest positive impact on the licensee?
6. How do you create awareness for a licensee that enables them to gain knowledge and create results?
7. What opportunities do you create for ongoing learning when interacting with a licensee?
8. How do you hold a licensee's attention to what is important during an interaction that leaves the licensee responsible for taking action?
9. What are the benefits and/or drawbacks to continue using a coach approach in your role?
10. What do you need to sustain, further develop, or eliminate from your coaching skill set?

Reflection Questions

1. Please share an example of a time you used a coach approach in your practice. What was the outcome.
2. Please provide an example of how you have applied specific competencies to assist a licensee to build his/her leadership capacity and what were the results.
3. Please share an example of how you think a coach approach can influence licensee compliance.
4. Please share an example of your own growth or stagnation as a consequence of participating in the coach training.
5. Please share an example of how your use of coaching skills has improved and/or challenged your practice and your engagement with licensees.

APPENDIX I: LICENSING SUPERVISOR INTERVIEW QUESTIONS

Foundation Questions

1. When did you join the Community Care Facilities Licensing program and how long have you been a supervisor?
2. What training, if any, did you have in coaching techniques prior to participating in the in-house coaching training?
3. On a scale of one to ten, with one being not of value, and ten being highly valued, how do you rate a coach approach in regulatory practice?

Activation Questions

1. Tell me about your leadership philosophy? How does a coach approach unite with your philosophy?
2. What is your expectation for yourself to use a coach approach in your practice?
3. What is your expectation for your direct reports?
4. What are the benefits of using a coach approach in your supervisory role?
5. How do you see the acquisition of coaching skills influencing regulatory practices among licensing officers?
6. What is your expectation for continuing to integrate and or sustain coaching skills with your direct reports?
7. If you had a magic wand and you could start, stop, or refine coaching in regulatory practice, what would you do? Why?

Reflection Questions

1. Please describe a time when you used coaching skills in a supervisory context and how that experience affected you. What were the outcomes for the other person.
2. Please share an example of how a coach approach has impacted your workplace effectiveness. How about a direct reports?
3. Please share an example of how you have observed the integration of coaching competencies influencing the relationship between licensing officers and licensees. How has it impacted their enforcement practices?
4. Please share an example of how developing coaching competencies has enhanced or impeded your own development.
5. Please share an example of how you have used your coaching skills to engage others.
6. Please share if you were refining the coach training in CCFL, what would you add or delete and why.

APPENDIX J: FOCUS GROUP QUESTIONS

1. How can we sustain and further develop coaching competencies within the program?
2. If licensing officers were to continue to use coaching competencies in the workplace and in the community with licensees, what is the transformative effect?
3. How do we support licensing officers to further develop their coaching skills?
4. How can we make coaching available to licensing officers who are new or did not participate in the in-house coaching?
5. What is the very best we can imagine for the sustainability of a coach approach in the program?
6. What is your dream for a coach approach in regulatory practice?
7. How can we be transformative leaders in regulatory practice in British Columbia and abroad with this skill set?
8. Please rate a coach approach and its value in regulatory practice with 1 being not useful or worth investing in and 10 being important and worth investing in.
9. How are you going to budget money for further training if you value a coach approach in your program? What are you willing to give up?

APPENDIX K: LICENSEE QUESTIONS

Consent Preamble

The purpose of this qualitative action research study is to document licensing officers' and licensees' perceptions of how licensing officers in Island Health use a coach approach in the field of human care licensing. The primary question guiding this proposed study is: How does a coach approach used by licensing officers in regulatory practice influence licensees to be partners in compliance? **If you decide not to participate, your licensed status will not be affected in any way.**

This online FluidSurvey™, if you chose to participate, is anonymous. The servers on which FluidSurveys operate are located in Canada. Personal information will be primarily stored in Canada, however, personal information may also be processed in and transferred or disclosed to countries in which SurveyMonkey affiliates are located and/or have servers in. Data sent outside of Canadian borders may increase the risk of disclosure of information as the laws in those countries, (for e.g. the former Patriot Act, now the USA Freedom Act in the United States) dealing with protection of information may not be as strict as in Canada.

Participation in this study is voluntary. If you agree to participate, you may refuse to answer any question and you may stop the survey at any point. If you stop the survey, your collected data will still be used as it is logically impossible to remove a person's data once entered into FluidSurveys™.

The only person who will have access to your anonymized data is the primary investigator, Shelley McClure. All electronic research materials will be stored on the private Island Health shared drive accessible only to the principal investigator. Anonymized direct quotations may be used in the final report with all individual identification markers removed.

The data will be destroyed by a bonded shredding company five years after the completion of the study.

A summary of the study results will be provided to you upon request. All participants will receive a digital copy of the dissertation.

If you need more information or help please contact the Principal Investigator, Shelley McClure at [phone #] or [email address]. For questions or concerns about your rights as a research participant, please contact the VIHA Research Ethics Office in Victoria at [phone #] or email: [email address].

By clicking start, you provide your voluntary consent to participate in this study. Once you have pressed send, your data cannot be withdrawn and it will be used in the study.

Foundation Questions

1. How long have you operated a licensed care facility?
2. How many licensing officers have you had since you became licensed?
3. What is your understanding of compliance?

Action Questions

1. How does your licensing officer encourage you to be in compliance?
2. What enforcement techniques does your licensing officer employ?
3. Please circle which competencies your licensing officer displays with you?
listening encouraging questioning requesting action planning
4. How do you self-regulate?
5. What support does your licensing officer provide for you?

Reflection Questions

1. Please describe your relationship with your licensing officer.
2. Please describe how you work in partnership with your licensing officer.
3. Please share what works well in the relationship.
4. Please describe what you need more of.
5. Please share the most poignant experience you have had with your licensing officer that has enabled your growth and development.

APPENDIX L: ISLAND CONFIDENTIALITY FORM



CONFIDENTIALITY ACKNOWLEDGEMENT

Please use a pen to complete

I (*print name*) _____ hereby acknowledge that I have read and understand the Vancouver Island Health Authority's (hereinafter called "VIHA") policies entitled "Confidential Information - Privacy Rights of Personal Information" (Policy number 1.5.1) and "Confidential Information - Third Party, VIHA Business and Other Non-Personal Information" (Policy number 1.5.2) concerning my responsibilities regarding information obtained during the course of my employment, affiliation¹ or assignment² at the VIHA. I further acknowledge that I have read and understand the consequences for breach of these policies.

RELATIONSHIP WITH VIHA:

- Employee (provide Employee number*) _____
*(*Note: New Hires will receive their Employee # subsequent to the form being submitted.)*
- Physician (provide Medical Billing number) _____
- Other (specify affiliation and name of VIHA contact) _____

Signature _____ Date _____ / _____ / _____
Day Month Year

¹ Affiliation: Connected to as a member or branch of an organization
² Assignment: Task or mission
³ Other VIHA Agents: Researchers, Contractors, Sub-contractors, Vendors/suppliers or any individual directly or indirectly associated with VIHA