Doctorate in Professional Studies

Exploring the Use of Coaching for the Development of Saudi Arabian Healthcare Managers Through the Perspectives of Coaches, Coachees and Coaching Sponsors

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'*If the hero in his triumph wins the blessing of the goddess or the god and is then explicitly commissioned to return to the world with some elixir for the restoration of society, the final stage of his adventure is supported by all the powers of his supernatural patron*'.

Joseph Campbell, The Hero with a Thousand Faces

It is almost impossible for me to provide a lens that would enable others to fully appreciate this adventure and what it took to get here. A cast of many has made the completion of this journey possible; some in ways so intangible that it is impossible to put into words. They include my husband Paul (Cheerleader in Chief), my children Renee and Kieran, my best friends Olga George-Douglas and Tara Luckie, my sister Cheryl-Ann Nicholas, my cousin Dr Ann Kappel. My main supervisor Dr Paula Nottingham challenged me and supported me in equal measure, and I left each supervision meeting with renewed energy and expanded insight. I am grateful to my second supervisor, Dr Julie Haddock-Millar for her invaluable subject matter support and expertise. I am enormously grateful to the participants who allowed me dwell for a brief but invaluable period in their inner world and who encouraged and trusted me to amplify their voices to the coaching community and to communicate their reality and their truth. Sma Mlisiwa and my work colleagues at Aldara Hospital & Medical Centre, Riyadh deserve no small credit for treating my research as their own, continuously holding me to account and cheering me to the finish line. Finally, my late mother Uline London did not live to experience the completion of this thesis, but I know that she is as proud and happy as am I and would no doubt remind me that I can do all things through Him who strengthens me.

Disclaimer

The views expressed in this document are mine and are not necessarily the views of my supervisory team, examiners, or Middlesex University.

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Glossary

Acronym	Meaning
APN	Advanced Practice Nurse
BAME	Black and Minority Ethnic
BSTD	Bahrain Society for Training and Development
CARLA	Centre for Advanced research on Language Acquisition
CC	Crucial Conversations
CEO	Chief Executive Officer
CIPD	Chartered Institute of Personnel and Development
Client	The person purchasing the coaching. This could be an individual purchasing for themselves or someone purchasing on behalf of and individual or organisation
CNO	Chief Nursing Officer
Coach	The person providing the coaching
Coachee	The person being coached
Coaching Recipient	The person being coached
Coaching Recipient	The person being coached
COMENSA	Coaches and Mentors of South Africa
DH	Department of Health
DProf	Doctor of Professional Studies
EMCC	European Mentoring and Coaching Council
GCC	Gulf Cooperation Council
HR	Human Resources

HROD	Human Resource and Organisational Development

HTP	Health Sector Transformation Plan
HTS	Healthcare Transformation Strategy
ICF	International Coach Federation
ICN	International Council of Nurses
IHI	Institute for Healthcare Improvement
ILM	Institute of Leadership and Management
KSA	Kingdom of Saudi Arabia
Mentor	The person providing mentorship
Mentee	The person receiving mentorship
Middle East	Includes countries that share common factors like ethnic groups, religious beliefs, political history, and geographic features. Geographically, the Middle East includes 18 countries. These are Bahrain, Cyprus, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, the Syrian Arab Republic, Turkey, the United Arab Emirates and Yemen.
MOD	Ministry of Defence
MSc	Master of Science
NMC	Nursing and Midwifery Council
NHS	National Health Service. This is the Government-funded medical and health care services that everyone living in the UK can use without being asked to pay the full cost of the service
NTP	National Transformation Program

Performance Coaching	Coaching aimed at unlocking a person's potential to maximise their own performance. It is helping them rather than teaching them
Ph.D.	Doctor of Philosophy
Preceptor	The person providing preceptorship
Preceptee	The person receiving preceptorship
REC	Research Ethics Committee
SA	Saudi Arabia/ Saudi Arabian
Saudization	A national program led by the Ministry of Labour and Social Development aimed at creating jobs for Saudi citizens (through quotas) and reducing reliance in expatriate labour
UKCC	United Kingdom Central Council for Nursing & Midwifery
U.S.	United States (of America)
Vision 2030	Also known as Saudi Vision 2030, is a strategic framework to reduce Saudi Arabia's dependence on oil, diversify its economy, and develop public service sectors such as health, education, infrastructure, recreation, and tourism
WSB	Women's Skills Bureau

Abstract

This qualitative research which arose from questions that originated in my coaching and healthcare practices explores the use of coaching for developing healthcare managers in the Kingdom of Saudi Arabia (KSA) through the perspectives of coaches, coaching recipients/ coachees, and coaching sponsors. The overall purpose of the research is to contribute to positive developments in models of coaching practice in healthcare and to generate local and international interest in conducting research into coaching in KSA. The research aims are to undertake research that illuminates coaching practice in KSA healthcare; raise the profile of coaching for development in KSA healthcare; explore the use of coaching in KSA healthcare through the perspectives of the participants, and richly describe the context of the research and of the research participants. Four research objectives were identified to deliver the research aims.

The research makes distinctive theory and practice contributions. Firstly, it contributes to crosscultural coaching theory by exploring the use of coaching in KSA healthcare and elucidating the significant and complex cultural meanings that apply within this context. Secondly, it provides an emerging framework for coaching in KSA healthcare, which I currently use in my own practice, and which has potential utility to Human Resource and Organisational Development
(HROD) practitioners working in KSA.

Utilising a qualitative, case study design viewed through an ethnographic lens, in-depth qualitative interviews were conducted with a purposive sample of fourteen coaches, coachees, and coaching sponsors. Through thematic analysis of the interview data, five main themes were constructed. Coaching as a Way of Living reveals that coaching is encouraged in Islam. Trust is critical and its anatomy is complex and nuanced. Coaching Defined indicates that clarity about

what coaching is/is not is apparently not as important as other issues such as trust. Coaching Impact denotes that success is measured through constructs such as impact and value. The Coach's personal attributes emerges as being critical to coaching success.

While coaches constitute the main audience for this research, there are implications for coaching recipients and coaching sponsors. Recommendations are made relative to theory, practice, policy, and future research.

Chapter 1: Introduction

1.0 The Origins of this Research

I am a nurse executive who is a coach and mentor of African-Caribbean descent, a Christian female working in Saudi Arabia, a country that is not my home and where Islam underpins all aspects of life. Having worked in Saudi Arabian healthcare since 2010, I have witnessed and participated in a range of Human Resource and Organisational Development (HROD) activities including preceptorship, mentorship, and coaching. I perceived an increased interest in coaching amongst individual employees in my organisation and an increased focus on coach training and practices. Saudization [sic], workforce planning, and enhancing quality and safety appear to be driving the use of development interventions such as coaching, for accelerating the professional development of Saudis in healthcare. This focus seems to be underpinned by a prevailing perception of an inherent value in Western healthcare workers, in their ability to support the growth of Saudi healthcare workers. The implication is that Saudi workers can be enabled to practice consistent with international standards and, by extension, contribute to raising the overall quality of healthcare provision.

During my time in the Kingdom of Saudi Arabia (KSA), I have been a Chief Nursing Officer of different organisations, with an enduring responsibility to develop and grow my own direct reports and other staff within the hospital, by contributing to my organisation's workforce development agenda. I am also a qualified, certified coach and mentor in private practice. Since arriving in Saudi Arabia, I have witnessed and experienced an increase in the specific use of coaching for the development of healthcare managers. This is consistent with other observations in the coaching literature, namely that coaching is gaining in popularity globally and in the Gulf region (Van Nieuwerburgh and Allaho, 2017). My responsibilities have included performance

management of individual employees and of entire unit-based and departmental teams. Key performance metrics were, and continue to be focused on, quality and safety, patient experience, and employee engagement. Performance coaching (Gallwey, 2015) was one tool that I used to achieve superior performance. Earlier in this decade, McGraw (2014) noted that, over time, there would be a clear shift in performance-based practices in which line managers would assume increased responsibility for employee education, learning, and performance.

I have held executive roles in two different hospitals in KSA and both employers have invested significantly in coaching programs and support for managers. In my private practice in KSA and in the Gulf region, I work with individuals who have elected to avail themselves of coaching through their own means, with some achieving coaching qualifications provided through Western organizations such as the Institute for Leadership and Management (ILM) or the International Coach Federation (ICF). In my work setting, I observed that, while there appeared to be a period of rapid improvement during and following coaching, there did not appear to be a lasting impact in terms of managers' confidence or willingness [my interpretation] to challenge poor practice, for example. This is sometimes described as a honeymoon effect (Campbell *et al*., 1970). Indeed, post-coaching, some coaching recipients appeared to struggle with addressing the very issues that initially led them to coaching, with coaching recipients often appearing to know what to do but struggling with concerns related to barriers such as seniority and status, respect, and gender.

Progressively, my observations and experiences led to questions that I initially explored within my coaching network and later, in the literature where little was found specifically related to coaching in KSA and KSA healthcare. Those questions also informed the development of the topic guides that were used in the in-depth interviews with participants. It is worth emphasising that there was minimal change to the initial questions as submitted during the proposal stage and

the final version of the questions used during the data collection. From these questions and from the later review of the literature, specific interview topic guides were developed for coaches, coachees, and coaching sponsors (Appendices 1, 2, and 3).

Table 1 Practice-based, experiential questions that stimulated the inquiry

Question 1:	Is coaching being used today as a development tool for managers in Saudi Arabian healthcare? If so, what drives the decision to sponsor, access, and provide coaching in healthcare?
Question 2:	What is known in the literature and amongst participants in relation to coaching in Saudi Arabian healthcare?
Question 3:	Are there any ways in which Saudi culture and norms support or militate against Western-oriented coaching practices and are any adjustments required to achieve alignment?
Question 4:	What does a successful coaching outcome look like for participants in their contexts as coaches, coachees, and coaching sponsors and how is value defined?

Although it was possible that the coaching simply was not effective, I was curious as to whether culture exerts a moderating or depressing effect on the demonstration and utilisation of coaching behaviours and skills by coaches and recipients and the extent to which culture potentially informs the commissioning process. These experiences led me to question what was driving the decision to commission coaching. I questioned whether coaching was, in some way, inconsistent with Saudi values. I surmised then that it was possible there was a tension between 'Western' coaching principles and practices and the cultural context within which managers operationalized their duties.

The work of Shoukry and Cox (2018) provided a useful backdrop for exploring my initial questions and suppositions. For example, they propose that coaches work along two continuums of absolutism to relativity and conformism to criticality, resulting in four distinct positions that coaches take These are denial, substitution, adaptation and integration, and criticality. In relation to my original questions related to whether there was a mismatch between Western coaching practices and Saudi cultural values, I found the position of denial to be of interest. Denial assumes that humans are basically similar everywhere, in the way they develop, become motivated, and achieve goals, and that organisations, families, and other social units follow similar dynamics everywhere, albeit at an abstracted level. On the positive side, the position of

denial provides simplicity and universality, where a set of relatively simple coaching models and processes could be used in all situations. It suggests that coaches can use research, methodologies and educational materials developed anywhere in the world and can offer their services to almost everyone (Shoukry and Cox, 2018). If the latter is true in relation to coaching, then what other possible reasons were there for my experiences and observations? My questions and assumptions also led me to dialogue with coaching peers and to explore the coaching literature (Chapter 2), where minimal research on the use of coaching in Saudi Arabia was found.

As a coach and healthcare executive, I believe and have experienced that coaching does have a positive impact on the behaviour and performance of individuals and teams. However, in the case of team and organisational performance and outcomes, the empirical evidence for a positive impact of coaching is limited (Walston, 2014; Wolever, Moore and Jordan, 2016; De Haan, Gray and Bonnywell, 2019). Because I live in Saudi Arabia and work in healthcare and as a coach, I am in a unique position to explore and examine the use of coaching for healthcare managers in KSA, where a national transformation program (including in healthcare) is underway. This thesis research was designed and conducted within national and practice contexts which I describe below, and which together, directly informed the research aims, objectives, and questions.

1.1 Contextualising the Inquiry

1.1.1 The National Context

The thesis research was conducted within a national and cultural context that, to date, has not been widely accessible or visible to the coaching and HROD communities. The learnings from my research are intended to contribute new knowledge and understanding about coaching and coaching in healthcare (especially as related to non-Western societies), to the coaching and HROD communities of practice.

In April 2016, Saudi Arabia set out an ambitious national strategy called Vision 2030 (KSA: Vision 2030, 2016). The aim of this strategy is to transform the Saudi economy by reducing its dependence on oil as its primary source of income by diversification into other sectors such as tourism and information technology. Because fourteen years will have elapsed between 2016 and 2030, a National Transformation Program (KSA: National Transformation Program, 2020) was approved by the Royal Cabinet as an interim vehicle for measuring progress towards the realisation of Vision 2030. The actions for achieving the goals for healthcare are expressed in the Health Sector Transformation Plan (HTP V3.0, p. 2019).

As a key area of focus for Vision 2030, healthcare transformation is being driven by a range of global, demographic, and economic factors. The HTP (2019, p. 13) is explicitly informed by global health systems' priorities and frameworks, as outlined in:

The World Health Organization health systems framework (WHO, 2007),

The World Bank Group health systems framework,

The Institute for Healthcare Improvement 'Triple Ai' framework (IHI, 2008),

National Academy of Medicine, 'Vital Directions for Health and Healthcare Medicine in Uncertain Times' (Dzau *et al.,* 2017), and

The NHS England 'Five Year Forward View' strategic plan (NHS, 2014) As regards demographics, within the Health Sector Transformation Strategy (2019) it is explained that:

> The population of the Kingdom continues to grow and age. Our population is expected to rise from 33.5 million in mid-2018 [sic] to 39.5 million in mid-2030 [sic]. The number of elderly (aged 60 to 79) is expected to grow from 1.96 million in mid-2018 [sic] to 4.63 million in mid-2030 [sic] (HTS, 2019, p. 9)

Concerns about patterns of disease and illness and the long-term economic and value-based healthcare implications are also significant strategic drivers, as shown below:

> Rates of avoidable injury and non-communicable disease remain high by regional and international standards. Particular areas of concern include heart disease, stroke, diabetes mellitus, respiratory disease, mental health, road traffic accidents, and congenital diseases, all of which are amenable to reduction (HTS, 2019, p. 9).

In no order of importance, some of the key priorities for healthcare are:

> Creating a culture of stewardship, in which all clinicians take responsibility for the use of resources, the prevention of waste, and the long-term sustainability of universal healthcare;
>
> Creating incentives for staff and the system to be more effective and efficient and encouraging locally generated innovation;
>
> Improving healthcare system governance to enhance accountability for healthcare quality and patient safety;
>
> Reducing public spending through the more efficient use of resources;
>
> Improving quality and safety as well as the skills of service providers;
>
> Increasing the participation and employment of Saudi nationals in healthcare; and

Increasing local and international training and development of healthcare staff. Much of the day-to-day operational delivery of the strategic plan will undoubtedly rest with healthcare managers within organisations. For the healthcare transformation plan to work, healthcare managers will be required to demonstrate a solid grasp of the national and local vision, mission and values and will be required to develop new knowledge, skills, and strategies to deliver their obligations. Important areas of focus include but are not limited to, leading, and managing change, managing people and performance, speaking up for safety, setting and monitoring goals, and engaging the voice of the patient and family.

Human Resource capability and capacity have been identified as posing a critical challenge to success (HTS, 2019). It is reasonable to anticipate then that there will be opportunities for national and international Human Resource and Organisational Development (HROD)

practitioners to support Saudi healthcare organisations and to build the required workforce capability and capacity through a range of interventions, including coaching.

1.1.2 The Saudi Arabian Healthcare Context

The research, which is the subject of this thesis originated from practical questions that surfaced during my work as a healthcare executive in Saudi Arabia. Saudi Arabia relies heavily on migrant labour to meet its healthcare needs. El Sheikh *et al.* (2018) note that in general, foreign workers dominate the healthcare sector. The nadir of my interest lay in my personal observations and questions about my organisation's reliance on Western migrant labour. Operationally, my experience was that there was sometimes a difference between the perceived and actual value that some of these workers brought to the organisation in terms of safety and quality. I knew from reviewing local, national, and international sources of information that despite increased Saudization and Vision 2030 (2016), reliance on overseas healthcare labour would be necessary for the long term. There are many reasons why this would be the case. Firstly, some professions within healthcare are considered low-status professions and suffer from a lack of interest as a suitable or long-term career choice amongst the local population (Hibbert *et al.*, 2017). Secondly, some academic healthcare programs continue to experience high rates of attrition following graduation. In 2014, only 812 Saudi nurses graduated. Within nursing, for example, approximately 2600 students will enter nurse training programs each year between 2018 and 2027. If this trend continues, approximately 186,000 expatriate nurses will be required by 2030 to meet Saudi healthcare needs (Alomran *et al.*, 2017).

1.2 Purpose, Aims, Questions, and Objectives of the Thesis Research

The thesis research addresses the use of coaching for the development of Saudi Arabian healthcare managers. Professionally and geographically, this subject is largely un-researched. The overall purpose of this research is to contribute to positive developments in models of

coaching practice in healthcare and more broadly, to human resource and organisational development knowledge and practices. Ultimately, I intend to utilise my research findings and my professional agency to raise the profile of coaching as a developmental intervention in Saudi Arabian healthcare and to stimulate further interest amongst local and international coaches to conduct research into coaching in KSA healthcare and in other sectors.

To this end, the aims of this thesis research were as follows:

- To undertake research that illuminates coaching practice in Saudi Arabian Healthcare.
- To explore the use of coaching in KSA healthcare through the perspectives and experiences of coaches, coachees, and coaching sponsors.
- To provide rich description of the context of the research and of the research participants that informs the development of practical and relevant coaching solutions for coaching within the KSA context.
- To raise the profile of coaching in Saudi Arabian healthcare.

Research objectives were developed, informed by my purpose and research aims, and from an initial review of the literature. These are shown in Table 2 below.

Table 2 Research objectives

Objective 1:	**Critically appraise the literature and key theories related to professional development (with specific emphasis on coaching), in non-Western settings, more broadly in Saudi Arabia and specifically, in Saudi Arabian healthcare.**
Objective 2:	Explore with coaches, coachees, and coaching sponsors, their experiences and perspectives on the use of coaching for developing Saudi Arabian healthcare managers including why it is being used.
Objective 3:	Analyse the research data and synthesize it to report on the key findings, including the theory and practice implications for KSA healthcare and for the broader coaching and HROD communities.
Objective 4:	Design an emerging framework for use in Saudi Arabian healthcare which also informs coaching and broader HROD theory and practice.

1.3 Determining the Research Approach

Earlier in this chapter, and in the final chapter of this thesis, I explain how my research interest arose from experiences in my operational work as a Chief Nursing Officer (CNO) and coach. Those experiences created sufficient curiosity to engage in some initial conversations with healthcare and coaching colleagues and to conduct an initial search of the theoretical literature. There is a vast quantity of theory and research about coaching in Western societies and although my practical experience is that coaching is being used for development in Saudi Arabia, there is limited literature about the use of coaching in non-Western and Islamic societies like Saudi Arabia.

Critically, my research provides a lens into geography and into a context that has hitherto been closed to the coaching community. In my initial deliberations and discussions, I was challenged about the applicability of my research outside my coaching community of practice. As my research deals with a single case, the applicability of the findings is, therefore, open to challenges beyond the case. However, since coaching resides within the wider HROD field, the findings have potential transdisciplinary value to non-coach HROD practitioners, if only to stimulate new and additional lines of inquiry. According to Klein (2017, p. 11) transdisciplinarity is associated with problem-oriented research and often leads to new and different conceptual and methodological frameworks. It also typically involves different societal stakeholders in the research process.

Those initial conversations and experiences led to a wider, more extensive review of the literature, which is presented in Chapter 2. Reviewing the literature enabled me to develop a deeper understanding of issues related to coaching's philosophical underpinnings, definitions of coaching, coaching practices, and some of the key debates in the coaching community such as those related to the effectiveness of coaching. I explored the use of coaching in Western

societies, the use of coaching in healthcare and, specifically, in Saudi Arabian healthcare. At this stage, I was also cognisant of the complexity of my position as a coach and employee.

In addition, to the Western coaching community, I could be perceived as an insider but to Saudis, I could be perceived as an outsider. I was also conscious of the fact that I am both a healthcare practitioner and a coach and, later, would become a researcher-practitioner. Maintaining a reflective research journal was one of the ways in which I could expose, acknowledge, and moderate the impact that my own assumption, values, experiences, beliefs, and perspectives could have on my inquiry.

1.4 Brief Overview of Research Approach and Design

In this research, and in keeping with my research philosophy, I employed purposive methods to explore the experiences and perspectives of three groups of information-rich participants, to understand the use of coaching for the development of healthcare managers in Saudi Arabia. Utilising a qualitative, case study design viewed through an ethnographic lens, the findings were interrogated using approaches drawn from reflexive thematic analysis (Braun and Clarke, 2013) and the interactive process described by Creswell (2009). The information collected represents the perspectives and experiences of the informants and was thematically interpreted to gain realworld insight into the use of coaching in Saudi Arabian healthcare. While focusing on a single case in one geography, the thesis evaluates how the informants' perspectives and experiences challenge coaching's philosophical underpinnings and practices and has broad implications for international coaching practice and for the wider HROD community. Further details are provided in Chapter 3, which deals with the methodology.

The data were collected from the participants using in-depth interviews that explored their perspectives and experiences related to coaching. The participants were drawn from coaches, coachees, and coaching sponsors working in Saudi Arabian healthcare and who possess direct

experience of the use of coaching for the development of healthcare managers. Some of the participants are policymakers and decision-makers at a national level or with major healthcare providers. Others have significant international profiles within the coaching community. Thus, while there were some similarities in the range of perspectives and experiences, there were also significant differences related to concepts, including, amongst others, choice, definitions of coaching, gender concerns, and decision-making.

Since my research focuses on the use of coaching for developing healthcare managers, it was important to frame and define who these managers were. The section that follows provides a frame of reference for describing some of the roles and characteristics of this group and based on these characteristics, illustrating why they might be the focus for development using coaching.

1.5 Healthcare Manager Roles and Characteristics

There are many descriptions of who a manager is and, over the thirty years that I have been in healthcare, I have found that, even within the healthcare sector, the same function and scope could be ascribed to different job titles in different organisations. For my research, I have constructed several exemplar descriptions that describe the breadth of roles eligible for inclusion in my research. Based on my experience, I have also observed that coaches and coaching sponsors are more likely to occupy senior management and executive positions, whereas coachees were likely to come from first-line management, middle-management levels, and above. I was particularly interested in first-line managers, middle managers, and senior managers as the purposive informants for their perspectives on being a coachee. For this research, I have used the Society for Human Resource Management (SHRM) explanation, which is that managers are those who occupy the space between leadership and the rank-and-file employees (SHRM, 2020) and use the term ‘manager’ to include both frontline and middle-managers. A sample of managerial and other senior roles in healthcare is provided below for illustrative purposes (see

Table 2).

Table 3 Examples of managerial roles in healthcare based on institute for employment studies (Kettley & Strebler, 1997) and researcher's experience

Term	Generic Explanation	Roles in Saudi Healthcare
First-line Manager	First-line managers typically work close to daily operations and have responsibility for staff, finance, and service delivery. The first-line manager position is usually intermediate and to middle and senior management and their subordinates (Lutz and Olsson, 2011). They often supervise an organisation's frontline employees.	Head Nurse, Section Head, Chief Resident, HR Manager, Switchboard Supervisor, Payroll Supervisor, Clinical Nurse Coordinator, Assistant Head Nurse, Nurse Clinician
Middle Manager	There is no single definition of middle managers across different types of organisations. One type of definition relates to where such middle managers sit in an organisation's hierarchy i.e., there are typically two levels of staff below them (Currie and Procter, 2005; Woolridge, Schmid, and Floyd, 2008). Managers who supervise first-line managers and frontline employees (Noble, 1999). Writing in the Harvard Business Review, Anichich and Hirsch (2017) characterise middle managers as being simultaneously the victims and the carriers of change within an organisation. They observe that people occupying middle management roles receive strategic direction from their superiors and are also charged	with the implementation of st
Senior Manager	A senior manager is an individua with responsibility for both a significant part of the business e.g., a business unit or division, head of a function, or a geographical area) and a group of middle or functional managers (The Institute for Employment Studies, Kettley & Strebler,1997)	Program Director, Section Head, Director of Quality, Assistant Director, Nurse Consultant

rategy through their teams.

Modern Matron, Program Director, Education Coordinator, Nursing Supervisor, Payroll Manager, Human Resource Manager, Medical Consultant, Head of Physiotherapy, Head of Respiratory Therapy

Term	Generic Explanation	Roles in Saudi Healthcare
Executive	Becker's Hospital Review identified thirty-eight job roles that meet the executive or C-suite criteria (Dyrda, 2017). These roles often (though not always) have Chief in the job title	Chief Executive Officer, Chief Nursing Officer, Chief Medical Officer, Chief Finance Officer, Deputy Executive Director Roles

1.6 Conclusion

In this introduction to the research, I presented the origins of the research and the context in which it was being undertaken. The purpose, aims, objectives and research questions, and research approach were addressed including the transdisciplinary implications of the inquiry the potential findings. Research on the use of coaching for the development of healthcare managers in Saudi Arabia comes at an important time for Saudi Arabia and for the coaching and HROD communities. Vision 2030 (2016) and the Health Sector Transformation Strategy (2019) have identified the development of the healthcare workforce as a key priority. There is evidence that coaching is increasingly being used for this purpose and it is reasonable to assume that this trend will continue. Research that contributes to Coaches' knowledge and that stimulates further lines of inquiry has the potential to enable the development of future coaching practice.

The thesis research presents an analysis of data gathered from experienced coaches, coaching recipients, and coaching sponsors. As a result of this, and of my emic position within the field, the research findings have the potential to augment the existing body of knowledge about coaching practice and to provide insight into the use of coaching in a geographical location from which minimal empirical information has been generated to date. The empirical literature was interrogated, and interpretive methodologies were used to capture the informants' experiences and perspectives. Findings were evaluated through thematic categorisation and examined in relation to the existing knowledge, theory, and practice. This is addressed in chapters 5 and 6. I

have utilised my agency to lead and contribute to local, national, and international coaching activities which are detailed in Chapter 6. In addition, from the research findings, I have created a framework for coaching in Saudi Arabian healthcare, which contributes a unique perspective that represents my distinctive contribution to the body of knowledge, with respect to coaching in non-Western societies.

The chapter that follows deals with the research terms of reference and a review of relevant literature and other knowledge.

Chapter 2: Terms of Reference/ Objectives and Review of The Relevant Literature and Other Information

2.0 Introduction

This chapter provides a critical evaluation of the relevant coaching literature applicable to the research, exploring its theoretical underpinnings and addressing literature from other disciplines, which informed the conceptual framework. In the context of this research, the term discipline refers to a branch of instruction, a body of knowledge, and of systematizing that knowledge within an area of concern or domain of inquiry (Chinn and Jacobs, 1987). The process of reviewing the literature also enabled me to critically engage with other issues of relevance to my chosen topic (Steane, 2004) and to consider perspectives on coaching deserving of deeper exploration. Using a problem-centred approach, this consideration extended beyond coaching to relevant but diverse disciplines and subjects surrounding the use of coaching in KSA healthcare. These subjects included culture and HROD topics such as management development, mentoring, and preceptorship. While my thesis research addresses a certain breadth of coaching theory and practice, some issues within the literature have been explored in greater depth to substantiate the main discussions and arguments of the thesis. The literature and information reviews were also instrumental to my goal of acquiring a more critical grasp of coaching and development theories, issues, and research which, in turn, supported the design of the conceptual framework and research questions. As I live and work in KSA and have access to a culture that is not easy for members of my community of practice to access, witness, or experience, I hope that the knowledge generated through my research will be of value to coaches and professional development practitioners as we deal with an increasingly complex international and intercultural client base.

2.1 Process of Reviewing the Literature and Other Information

The thesis research focuses on the use of coaching for the development of Saudi Arabian healthcare managers. The purpose, aims, objectives, and research questions were previously discussed in Chapter 1. Reviewing the literature and other relevant information was important from two perspectives. Firstly, prior to deciding to embark upon the thesis research, it was the foundational action required in seeking answers to my curiosities and questions. Secondly, having decided to engage in research, this process enabled me to discover some of the key themes that would potentially be relevant to my research. At the proposal stage of my research, I identified that it would be important to do the following:

> To critically appraise the literature and key theories related to professional development (with specific emphasis on coaching), in non-Western settings, more broadly in Saudi Arabia and specifically, in Saudi Arabian Healthcare.

In reviewing the literature and other information, I was also partially able to answer one of my original research questions:

> What is known in the literature and amongst participants in relation to coaching in Saudi Arabia?'

To gain an understanding of the use of coaching for the development of Saudi Arabian healthcare managers, a review of the relevant literature was conducted using CINAHL, PsychInfo, Cochrane, Research Gate, Google Scholar, and Middlesex University Library search engines. The following search terms were used: human resource and organisational development, professional development, leadership coaching, management coaching, coaching theory, and practice, coaching in non-Western societies; coaching in Saudi Arabia; coaching in Saudi Arabian healthcare and definitions of culture. I started the literature review by focusing on the theoretical underpinnings of coaching, how coaching is viewed, and where it fits as a developmental intervention. I reviewed research and theory from Western societies such as the

United Kingdom, Australia, the United States, and Europe, as well as literature from nonWestern countries such as Fiji, South Korea, the United Arab Emirates, and Saudi Arabia. Exploration along this range was invaluable in situating and analysing coaching and HROD theory and practice.

2.2 Conceptual Framework

Some of the themes that emerged from a review of the literature and other information were consistent with issues with which I was already familiar. These included the multiplicity of coaching models and sub-specialties and the debates about value and about boundaries between coaching and other developmental interventions. This review of information about coaching in non-Western geographies also led to an exploration of issues related to culture. Browning (1997) noted that Western and non-Western are complex and nuanced descriptions of 'large cultural divisions that do not necessarily relate to compass points on a map' (Browning, 1997, p. 6). However, for the purposes of this research, non-Western is defined as geographies that are culturally outside Europe, North America, Australia, and New Zealand (Puchala, 1997). During this process, there were some discoveries that were surprising to me. For example, I was surprised to note that the last research that I could find was conducted more than a decade ago (Noer *et al.*, 2007). I also had not anticipated that there would be quite the level of similarity between theories about culture (I will explore this later in this chapter). I realised that any of these theoretical frameworks could be used within the context of my research.

Within this chapter, I present a focused review of the literature. I explored and evaluated the research on coaching, coaching in non-western societies, culture, coaching in Saudi Arabia, coaching in healthcare, and coaching in Saudi Arabian healthcare. I address some of the key debates in each area in greater detail later in this chapter. From the transdisciplinary perspective,

coaching is also implicated more broadly in areas such as Human Resource and Organisational Development (HROD), leadership development, and professional development. There are longstanding, unresolved debates about what coaching is and how it differs or overlaps with areas such as counselling, preceptorship, and mentorship (Clutterbuck, 2004; Garvey, 2004; Brockbank and McGill, 2012; Western, 2012; Kowalski, 2019). Consequently, relevant theoretical literature, from areas such as mentorship, preceptorship, counselling, and human resource and organisational development fields, is also presented. Coaching effectiveness in relation to organisational results in healthcare and other areas remains unresolved. Furthermore, much of the research on coaching has largely been undertaken in Western geographies such as the United States, Europe, Australia, and New Zealand, which is also where the definitions of coaching, models of coaching, the coaching process, and other coaching tools have emerged from. The literature review revealed that there is increased acknowledgement of the need for exploring and addressing the issues related to coaching in non-Western societies. The thesis research explicitly addressed this identified need.

The Chartered Institute for Personnel Development (CIPD, 2020) also identifies coaching as an important management development tool. Management development is defined as

> a structured process by which managers enhance their skills, competencies, and/or knowledge, via formal or informal learning methods, to the benefit of both individual and organisational performance (CIPD, 2020, p. 7).

The group of people for whom management development is targeted are managers. A review of the Human Resource and Organisational Development (HROD) literature indicates that there are many different types of managers, including frontline managers (De Smet *et al*., 2009; Hasan, 2011) and middle managers (Huy, 2001; Stoker, 2006; Harding *et al*., 2014), as well as subspecialists such as project managers and people managers.

2.3 Management Development in Healthcare

Within healthcare, there is a long tradition of promoting and utilising management development using a range of interventions that typically reside within the broader field of HROD. In the literature, the reasons for utilising these interventions are linked but are not limited to knowledge and skill development amongst healthcare workers (Butlar *et al*., 2017), enhancement of patient safety and healthcare quality (Sherman and Chappell, 2018), promoting collaboration amongst care delivery teams (Reeves *et al*., 2013; Mertens *et al*., 2018), and leadership development competencies (McNally and Cunningham, 2010). Management development in healthcare is sometimes focused on the specific needs of a single profession (for example, nurses, physicians, or social workers) or on the needs of teams and multi-professional groups in which people from different professions engage in co-learning. Delivery modalities include classroom-based, online, simulation, and practical methods such as peer learning, mentoring, and coaching. Some of the international economic and strategic drivers for focusing on management development are presented below.

Since the 1980s, economic and demographic challenges have driven Western economies towards a focus on delivering value, productivity, and quality in healthcare and on providing evidence of sustained patient safety. For example, in the United States (US), the Institute for Healthcare Improvement (IHI, 2007) developed the triple aim framework to optimise health system performance by focusing on three broad sets of activities:

1. Improving the patient experience of care (including quality and satisfaction),
2. Improving the health of populations, and
3. Reducing the per capita cost of health care.

Today, similar economic and demographic drivers underpin the National Health Service (NHS)

Long-term Plan (Department of Health and Social Care, 2018), which sets out how more than 212 billion GBP allocated to the NHS will be spent. The goals of the long-term plan include enabling everyone to get the best start in life and helping people to age well. To deliver such strategic imperatives, there is increased research and innovation aimed at providing effective care, treatments, and services for as many as possible, at a lower cost. Research and innovation foment the creation of increasingly new knowledge and means that knowledge changes rapidly (Dyrbye *et al*., 2017; Johnson, 2017). Since healthcare workers are the delivery engine of healthcare provision, they are increasingly challenged to learn and develop themselves personally and, professionally, to assure their ability to deliver in an increasingly complex healthcare universe.

In the United Kingdom, the NHS Management Inquiry into the effective use and management of manpower and resources resulted in the Griffiths Report (1983), which made several farreaching recommendations that transformed the career trajectory of many clinicians. The ramifications continue to this day, and it could be argued, precipitated the use of developmental activities such as coaching in the NHS. For example, one of the recommendations was that clinicians be more actively involved in decision-making about resource prioritisation and utilisation. Consequently, many clinicians chose or found themselves propelled into general management roles or assumed management responsibilities alongside their clinical responsibilities. Management development was one means by which these staff could be prepared for their new or enhanced responsibilities. This tradition continues today, to the extent that there is a corporate NHS Leadership Academy in place that focuses on leadership and management development of all levels of NHS staff including mentoring, preceptorship, and coaching.

2.4 Human Resource and Organisational Developmental Interventions

Within healthcare, there is a long tradition of using different strategies for the professional development of healthcare workers. Amongst these strategies are training, mentorship, preceptorship, and coaching (Fielden, 2011; Gopee, 2015; Monaghan, 2015; Edward *et al*., 2017; Burgess *et al*., 2018). For the purposes of this research, I have focused on mentoring, preceptorship, and coaching since training appears to have carved out a distinct niche and is more clearly understood in terms of how it differs from coaching. In general terms, mentorship and preceptorship have been evaluated as having a positive impact on healthcare workers across a range of dimensions. Conversely, the other three development modalities (particularly mentoring and coaching) appear to have some commonalities that lead to much confusion and debate amongst, researchers, practitioners, and consumers (Clutterbuck, 2004; Garvey, 2004; Brockbank and McGill, 2012; Western, 2012; Garvey, 2016). I tend to agree with this, and a review of the healthcare literature reveals that mentorship and preceptorship appear to be largely focused on students in training and on junior to middle-grade staff, predominantly within nursing and to a lesser extent, other healthcare professions (Frei *et al*., 2010). Below, I provide a brief explanation of the key theories and debates associated with mentoring, preceptorship, and coaching, together with some of the key debates occurring within the communities of practice.

2.4.1 Mentoring

Of coaching, mentoring, and preceptorship, mentoring has the longest tradition. According to Clutterbuck *et al*. (2017), mentoring has existed for thousands of years and has its philosophical roots in Greek mythology, with the goddess Athena having a central role. However, despite this impressive provenance, Kochan (2017) stated that ‘a single definition eludes us’ (Kochan, 2017,

p. 11). This is perhaps indicative of the notion that, as societies evolve, the meaning, scope, and role of developmental interventions also change to reflect the zeitgeist. I also agree with other researcher-practitioners that definitions are often a way to simplify and reduce concepts that are inherently complex, into a one-size-fits-all model (Western, 2012). Thus, while definitions are important and even of interest, it is not the intention here to undertake a deep exploration of definitions. Rather, the focus is on identifying where and how mentoring fits within the stable of HROD interventions.

In mentoring terminology, the person providing mentorship is referred to as the mentor while the recipient is known as the mentee. Megginson and Garvey (2004) defined mentorship as a 'relationship between two people with learning and development as its purpose' (Megginson and Garvey, 2004, p. 2), clearly situating mentoring as a developmental activity. Typically, the mentor is an older and more experienced individual, who takes a younger, less experienced mentee or protégé under their wing to support the mentee's development (Kram, 1985; Son, 2016). Such definitions of mentoring often position the practice within the workplace, with the mentor being someone who is more experienced than the mentee. Philosophically, this type of mentorship is based on Athena's role as the chief protector of her son, Odysseus. Within the literature, this type of relationship is sometimes described as a US-centric model sponsorship mentoring (Haddock-Millar, 2017; Murrell and Blake-Beard, 2017), which indicates that there may be some geographical and cultural differences in approaches to mentoring practice.

Within the theoretical and research literature, there is evidence of mentoring being used as a supportive intervention in fields such as youth work (Gettings and Wilson, 2014; Lakind, Atkins and Eddy, 2016) and in education (Carroll and Barnes, 2015; McKinsey, 2016). Clutterbuck (2004) and Hart (2009) explain mentoring as being a relationship-based process through which a

mentor, who is more experienced, provides career guidance and support to a less experienced individual. This type of mentoring, while still associated with Athena, appears to derive from an appreciation of her role as the goddess of wisdom (Hayes, 2005; Steiner, 2014). Clutterbuck *et al*. (2017) eloquently describe this perspective as follows: 'in this role Athena engages in learning dialogue with Odysseus and Telemachus, causing them to reflect upon and learn from their experiences and develop wisdom of their own' (Clutterbuck *et al*., 201, pp. 2-3). Theoretically, mentorship has also been 'associated with induction, personal and career and personal development, behaviour change' (Garvey, 2004, p. 8). Mentoring is also viewed as having some relevance when mentees are making career transitions at key points in their lives. Others see the role of mentoring as being to improve the mentee's current and future professional development needs (Rock and Garavan, 2006; Beattie *et al*., 2014; Gray, Garvey and Lane, 2016; Garvey, Stokes and Megginson, 2018).

Based on the above discussion, there are two recurrent themes that clearly emerge from the mentoring literature. The first of these is that, as a practice, mentoring is developmental in nature, situating it very firmly within the field of HROD (CIPD, 2019). The second is that mentoring is a relationship-based activity (Clutterbuck, 2004; Barker, 2006; Hart, 2009; Block and Florczak, 2017; Irby, 2018; CIPD, 2019). It is a reasonable expectation that if relationship is a central tenet in mentoring, then trust has an invaluable role in establishing and maintaining successful mentoring relationships (Leck and Orser, 2013; Son and Kuchinke, 2016; Brown and Grothaus, 2019). Wang, Tomlinson and Noe (2010) identified two broad types of trust. These are cognition-based trust and affect-based trust. The former relates to concepts such as competence, integrity, fairness, and honesty, while the latter deals with emotional attachment. In their study, Son and Kuchinke (2016) examined the role that trust plays in the mentoring relationship in

Korea. They found that,

> cognition-based trust acts as a moderator for the relationship between the degree of mentoring functions and job satisfaction, as well as organizational commitment (Son and Kuchinke, 2016, p. 71).

2.4.2 Mentoring in Healthcare

In the healthcare context, Ashwood (2017) identifies mentorship as being 'a vital part of preregistration nurse and midwifery training, as it helps to establish a positive environment for learning and that nurturing from mentors encourages personal and professional development'. Fulton and Shaw (2012) defined mentorship in the healthcare context as 'the supervision of a pre-registration student by a qualified practitioner' (Fulton and Shaw, 2012, p. ix). Donner and Wheeler (2009) identified that the mentee is at an early stage in their career. They stated that 'mentoring is a longer-term relationship in which someone with more experience and wisdom (mentor) supports and encourages another (mentee/protégé) as that individual grows and develops professionally and personally' (Donner and Wheeler, 2009, p. 8). It is this definition that I found to be most applicable in the context of my research.

2.4.3 Preceptorship

There are many definitions of preceptorship, and the term is sometimes used interchangeably with others such as clinical facilitation and clinical mentorship (Sanderson and Lea, 2012; Dobrowolska *et al*., 2016; Trede *et al*., 2016). In terms of its purpose [the why], preceptorship has been described as a developmental intervention aimed at orienting and socialising new entrants to a (usually practice-based) profession, by promoting confidence and competence (UKCC, 1991; NMC, 2006; Irwin, Bliss and Poole, 2017; Morley, Wilson and Holbery, 2019; Quinlivan *et al*., 2019). In terms of what it is, preceptorship has been defined as 'a transition phase for newly registered nurses when continuing their professional development, building their

confidence and further developing competence to practise' (Department of Health, 2009, p. 10). This definition concurs with my experience and is the one that I have subscribed to within this thesis. Another point of note is that much of the theoretical and research literature on preceptorship relates to nursing (Modic and Schoessler, 2010; Sharples and Elcock, 2011; Irwin, Bliss and Poole, 2017), is mainly qualitative or mixed-methods research (Swallow *et al*., 2007; Hickey, 2009; Christiansen and Bell, 2010; Moore and Cagle, 2012; Crombie *et al*., 2013; Draper *et al*., 2014), with a significant portion of that research having been conducted in the United Kingdom where preceptorship was formally introduced in 1991 (UKCC, 1991). The individual providing preceptorship is known as the preceptor and the recipient is commonly known as the preceptee.

Since its introduction almost three decades ago, preceptorship is now widely leveraged as a developmental intervention in healthcare in the UK and other countries (Higgins *et al*., 2010; Fielden, 2011; Sanderson and Lea, 2012; Whitehead *et al*., 2013; Omer, 2015; Dobrowolska *et al*., 2016; Trede *et al*., 2016). A key point of value is making newly qualified staff work-ready (Levett-Jones *et al*., 2011) and the relationship between the preceptor and the preceptee appears to play a critical role in achieving work-readiness (Christiansen and Bell, 2010; Moore and Cagle, 2012). The preceptor is primarily a practitioner (usually a nurse or midwife) with the responsibility for supervising students or new graduates (Yonge, 2012). Preceptorship is typically characterised by a focus on higher-level goals such as error prevention and patient safety delivered through the preceptee, as opposed to goals focused on the personal needs of the preceptee (Luhanga, Yonge and Myrick, 2008; Sanderson and Lea, 2012).

Despite its widespread use, and likely because of this, preceptorship has been subject to the same questions and investigations about value and return on investment as other forms of development

(Kennard, 1991). In their systematic review of the literature on the impact of preceptorship on the competence and confidence of newly qualified nurses, Irwin *et al*. (2017, p. 35) concluded that 'due to limited empirical research there is no concrete evidence that preceptorship has a direct impact on confidence or competence'. In addition to questions and debates about definition and value, much like coaching there are different models of preceptorship (MarksMaran *et al*., 2013; Avis *et al*., 2013, Trede *et al*., 2016). This is not a situation to which I am applying a judgment. I merely advance this observation to illustrate that there is no consensus about the ideal preceptorship model. I would also argue that, if these issues remain unresolved for those of us within the HROD communities of practice, then it is potentially much more complex terrain to navigate for consumers who are making personal and organisational purchasing and implementation decisions.

In summary, preceptorship and mentoring have a common focus on development. Like mentoring, preceptorship is also a relationship-based activity though interestingly, trust has not emerged within the literature as an underpinning value within the preceptor-preceptee relationship. One key differentiator is in the fact that preceptorship is often centrally mandated and often lacks the element of choice for either the organisation, the preceptee, or the preceptor, particularly in terms of the pairing of preceptor and preceptee. It is true to state that while mentoring is sometimes centrally prescribed, it is often the case, too, that many individual mentees choose their own mentors based on factors such as cognitive and affect-based trust. Coaching shares features of prescription and choice with both preceptorship and mentoring. In the sections that follow, I address coaching from several other perspectives.

2.5 Coaching Theory

The literature contains a plethora of definitions of coaching, which is why there is much debate regarding the theory, practice, and research. These range from, amongst others, definitions of the nature and purpose of coaching, to definitions related to the types of coaching (genre, approach, and theoretical tradition), the audience for coaching, the roles of the coach and the coachee, and the duration of coaching. Some of these, which I have also used as points of reference, are described below.

2.5.1 The Nature of Coaching

While many coaching practitioners might profess to be clear about what coaching is, my review of the literature indicates that universal agreement about what coaching is and is not remains unresolved. This plethora of definitions sometimes contributes to a lack of clarity amongst sponsors and coaching recipients about what coaching is and is not. The International Coach Federation (ICF, 2016) defined coaching as 'partnering with Individuals in a thought-provoking and creative process that inspires them to maximize their personal and professional potential'. Cox *et al.* (2010) define coaching as 'a human development process that involves structured, focused interaction and the use of appropriate strategies, tools and techniques to promote desirable and sustainable change for the benefit of the coachee and potentially for all stakeholders' (Cox *et al.*, 2010, p. 1). Meanwhile, others defined explained coaching as being 'more than a set of skills; it is a rich, holistic approach for releasing the potential in people and in organisations' (Anderson and Anderson, 2005, p. 127). While I regularly use the ICF (2016) definition in my practice, I have found the definition advanced by Cox *et al.* (2010) to be most applicable in my research because of its focus on sustainable change and on the beneficial effect

of coaching for the coachee and other stakeholders which could include, patients, colleagues, and sponsoring organisations.

2.5.2 The Roles of the Coach and the Coachee

According to the ICF (2016), certified coaches provide an ongoing partnership designed to help clients produce fulfilling results in their personal and professional lives. As such, the coach's job is 'to provide support to enhance the skills, resources, and creativity that the client already has'. This definition, with its focus on partnering, implies that there is power equity between the coach and the client and that the coach, shaped by their own map of the world, also brings their own values, beliefs, knowledge, skills, and resources to the coaching relationship. The balance of power represents one of the fundamental differences between coaching, mentorship, and preceptorship. Garvey (2004) observed that this power equity might exist in individual relationships but not necessarily when the coach has been hired by an organisation. Where coaching has an organisational focus, it is often a power relationship, with the coach being the holder of delegated organisational power. Donner and Wheeler (2009) defined coaching in collaborative terms, in which coaching is undertaken between a skilled facilitator (coach) and a willing individual (client). Here, it is time-limited and focused.

More recent thinking within the coaching community, as regards the relationship between the coach and the coachee, emphasises the partnership and facilitative rather than the authoritative role of the coach (Donner and Wheeler, 2009; ICF, 2016). There is support for the notion of an evolution in understanding and definition of the purpose of coaching. They state that,

> a more modern approach to the purpose of coaching is to see the coach as someone who supports the practitioner to identify and realise their own potential, to believe in their own ability to do their job and do it well, and to increase their self-awareness and responsibility for their own practice (McMahon, Dyer and Barker, 2016, p. 2).

Based on my experience, my own view is that this shift in thinking could be occurring because of the professional evolution of coaching. It is not within the scope or intent of this thesis research to engage in a deep exploration of the extent to which coaching is or is not a profession. For example, coaching does not have any form of legal regulation or national registers, which has been identified as being one of the defining features of a profession (Saks, 2012). Thus, within this thesis the term profession is defined as 'a community of individuals who advance the personal interests of individual clients in a trusting relationship' (Chambers 2005, p. 60). The anatomy of this definition includes five characteristics which are, a community of practitioners who simultaneously work for themselves, customers, and peers. They help clients who are individuals making their own personal choices. They serve private and personal needs of customers seeking wholeness. They work as agents, on behalf of customers instead of transacting services and maintain trust-based relationships. Based on my review of the literature, it is also possible that another driver is the focus on creating a clear niche for coaching as a developmental intervention as distinct from other activities such as training, counselling, mentorship, and preceptorship.

2.5.3 The Purpose of Coaching

Garvey (2004) identified the core purpose of coaching as being to support both the performance and skill enhancement of an individual or group. McGill and Brockbank (2012) describe the purpose of coaching as being to change behaviour. The European Mentoring and Coaching Council (EMCC, 2011) described coaching as,

> A process that supports individuals, teams, or groups in acting purposefully and appropriately in the context they find themselves in. The coach supports the client in achieving greater self-awareness, improved self-management skills, and increased selfefficacy so that they develop their own goals and solutions appropriate to their context (EMCC, 2011, p. 3).

The EMCC's definition is noteworthy for its explicit emphasis on context-specificity. What these definitions have in common, however, is that, while they describe the purpose of coaching, the issues of applicability and efficacy in non-Western societies are not addressed. This might be because, according to Garvey *et al*. (2009) and Passmore, Brown and Csigas (2017), coaching practices tend to have their foundations in Western cultural values. In their report on the state of coaching and mentoring in Europe, Passmore, Brown and Csigas (2017, p. 12) observed that 'coaching does not need to be a rigid global framework, but needs to adapt to the cultural context, as much as to the individual and to the presenting issue [topic]' (Passmore, Brown and Csigas, 2017, p. 12).

2.5.4 Types of Coaching

I have previously indicated that there are many different types of coaching, including amongst others, business coaching, relational coaching, psychodynamic coaching development coaching, and management coaching (Fillery-Travis and Lane, 2006; De Haan, 2008(b); Blackman, Morsardo and Gray, 2016; Brunning, 2018; Jackson and Cox, 2018). In this thesis, the word *type* is used to denote both approaches and genres which have specific theoretical underpinnings and are used in particular contexts and for different purposes. I address a selection of these below.

Psychodynamic coaching is described by Lee (2018) as being an approach based on the work of psychologists such as Freud and Jung. Its focus is on the 'unconscious processes in human behaviour and more specifically, the dynamic relationship between different parts of the mind' (Lee, 2018, p. 3). Developmental coaching is described being on the continuum that includes skills and performance coaching. It draws on theories related to experiential learning (Kolb,

1984) and complex skill development (Schön, 1983). The goal is to help the coachee to change 'in order to engage in a different way with current and future challenges' (Jackson and Cox, 2018, p. 216).

In healthcare, management and leadership coaching appear to be the predominant modalities in use (Wolever *et al*., 2016; Grant *et al*., 2017). Leadership coaching, which is often synonymous with executive coaching has been variously described as 'a structured process and partnership between a coach and a client that encourages individuals to become intentional, lifelong learners and make changes in their behaviours and development that leads to positive outcomes in both their professional and personal lives' (Hays, 2008, p. 26). The theoretical traditions of executive or leadership coaching lie in amongst others, psychology, philosophy, and systems thinking. Stokes and Jolly (2018) state that executive coaching is often used to cover work with middle management to executive levels and is most effectively used with those who are responsible for 'the current and future success of an organization and who have the potential to develop and change' (2018, p. 247). However, it has been noted that the penetration of executive or leadership coaching in healthcare trails other industries. Within the literature, executive coaching is often cited as an effective mechanism for achieving leadership development (Ziedonis, 2015).

Management coaching appears to be used synonymously with performance coaching. Schulz and Steyaert (2014) state that management coaching, 'in our definition, is a person-centred HRM (Human Resource Management) intervention that is paid for and organized by the host company of the managers who are to be coached' (Schulz and Steyaert, 2014, p. 174.) In addition, they state that, at its core, management coaching consists of one-on-one conversations, held inbetween an in-house or externally contracted certified coach. This definition clearly situates

coaching as a human resource management development intervention. The variety of coaching sub-specialities is one of several topics debated and discussed within the coaching literature.

As a coach working in Saudi Arabian healthcare, I believe that sub-specialisation creates an additional layer of complexity for end-users in Saudi Arabian healthcare to navigate and could have a deleterious impact on understanding and acceptance. However, the broader field of Human Resources (HR) is well-known and, in Saudi Arabia, is nationalised under the Nitiqat (Ministry of Labour, 2011) program. Locating coaching within HR, as a sponsoring discipline, might be helpful in generating acceptance and uptake. Below, I highlight some of the other key debates occurring within and outside the HROD and coaching communities of practice.

2.6 Key Debates in Coaching

2.6.1 Return on Commissioning Investment

The issue of value has occupied much of the discourse related to coaching and there is some debate amongst researchers about whether there is empirical support for the efficacy of coaching at the level of organisational performance or strategy (Gaskell, 2008; Lawrence and Whyte, 2014; Dunlop, 2017; Wolever *et al*., 2016). At the organizational level, one expectation as regards value is that coaching would deliver a return on investment (ROI). While my research did not explicitly set out to investigate the subject of ROI, reviewing the literature on coaching ROI was deemed to be important in understanding how value is defined, and the extent to which it informs personal and organisational motivations and expectations when identifying and using (or not) coaching for development.

In simple terms, ROI is defined as the dollar amount returned over and above the investment made Phillips, Phillips and Edwards, 2012). Almost three decades ago, Phillips (1996) reported that Nations Hotel Corporation achieved a financial return on investment from a coaching

program for its executives of $3.21 for every dollar invested. A later study by McGovern *et al.* (2001) on the impact of executive coaching, conducted amongst 100 executives from 56 different organisations, reportedly achieved financial ROI of between $100,000 and $1 million.

Nevertheless, within the coaching and HROD communities, questions remain about whether practitioners even know how to satisfactorily evaluate the efficacy of coaching (Lawrence and Whyte, 2014; Theeboom, Beersma and Van Vianen, 2014). This seems a fair question since much of the evidence that exists for an organisational return on coaching investment, firstly, relates to executive coaching (McGovern *et al*., 2001, De Meuse *et al.*, 2009; Hernez-Broome, 2010; Grant, 2012; Lawrence and Whyte, 2014), and, secondly, surveys are generally reported in the form of organisational narratives, coach and coachee perceptions, and anecdotes (Anderson, 2001; Morgan, Harkins and Goldsmith, 2005; Signature Inc., 2007; Lawrence and Whyte, 2014). For example, a survey of 583 healthcare CEOs perceived only a moderate value for coaching, with many CEOs remaining neutral or reporting little worth in coaching (Walston, 2014).

In their extensive review of the effectiveness of coaching as a developmental intervention in a Western healthcare context, West *et al*. (2015, p. 18) concluded that 'huge amounts…are spent on coaching but we have little evidence to indicate the return on this investment'. This might be because, as Grant *et al*. (2010) found, extraordinarily little research had been undertaken to examine the effectiveness of coaching as an intervention for generating organisational and individual change which are often the desired return for commissioners, coaches, and coaching recipients. In addition, where positive outcomes are achieved the benefits appear to accrue at the level of the individual (Law and Aquilina, 2013; Grant *et al*., 2017) rather than at a level that could be proven to impact organisational outcomes such as increased patient safety. For example, in their case study focused on the implementation of a coaching program for ward managers in

Malta, Law and Aquilina (2013) found that both group and individual coaching sessions are effective when supporting the participants to identify their goals and areas for development.

While the debates about ROI remain unresolved, one commonality amongst more recent metaanalyses of the research on coaching ROI is the conclusion that for many reasons (including but not limited to lack of understanding about how to measure ROI, the tools used to measure ROI, and the tensions between how coaches and organizations define value), proving financial ROI is challenging and is not necessarily the best indicator of coaching value and effectiveness. (De Meuse *et al.*, 2009; Grant, 2012; Lawrence and Whyte, 2014; Burt and Talati, 2017). Recent meta-analyses have proposed that this might be because the causal link is too tenuous and further, ROI might be too blunt a tool to measure effectiveness. While dollar for dollar ROI will continue to be important, a good starting point could include linking value and effectiveness to measures such as staff engagement and decreased stress (Grant, 2012; Boysen *et al.*, 2018), and to specific key performance indicators (KPIs) specific to the individual such as coping skills, or to the organization, including employee turnover (Burt and Talati, 2017). Using these ROI measures would also require commissioners to clearly identify and quantify within the coaching business case, the reasons why coaching is being commissioned and the units of measure that they wish to positively impact within their own organizations. As Fillery-Travis and Cox (2018) stated, the literature on the outcomes of coaching for organisations as well as how the impact for individuals accrues at the organisational level, is still developing. This leaves much room for further research on what constitutes coaching value and effectiveness.

2.6.2 Coaching Practice

Coaching is an activity whose growth has occurred only over the past thirty years (Brennan and

Prior, 2005; Gray, 2010). In 2011, it was estimated that, in the United States alone, over $1 Billion was being spent on executive coaching (Symonds, 2011). A few years later, it was estimated that coaching had become a $2 Billion industry (Dunlop, 2017). These economic estimations are noteworthy for many reasons, including the fact that when compared to professions such as medicine or psychology it is still a relatively young discipline and one with complex and contested professional terrain with many issues of practice yet to be resolved (CIPD, 2012).

From my vantage point, an increasingly globalised business environment is a significant incentive for addressing this gap in healthcare and other sectors. For example, Trade Arabia reported that twenty-four major international companies are planning to establish their regional offices in Riyadh (Trade Arabia, 2021). It is not inconceivable that coaching will also be used in these companies for the development of managers and others. Therefore, some of the issues surrounding coaching in non-Western societies and especially in the Middle East, which are under-researched and unresolved, merit further exploration. Evidence of this complexity of issues related to coaching can also be found within the literature where there are unresolved debates about what coaching is (Parsloe and Wray, 2000; Garvey, 2004; Ives, 2008; Wolever *et al.*, 2016) and where many types of individual and group coaching are described including amongst others, psychodynamic coaching (Brunning, 2018), cognitive coaching (Auerbach, 2006; Palmer and Szymanska, 2007), gestalt coaching (Siminovitch and Van Eron, 2006; Allan and Whybrow, 2007), narrative coaching (Law, 2007), and existential coaching (Spinelli and Horner, 2007). The emergence of these sub-specialities is suggestive of a burgeoning interest in coaching but might also be confusing for those outside and perhaps even within the coaching community.

This is an issue that has been widely discussed in the literature (Campone, 2008; Brockbank and McGill, 2012; Western, 2012; Garvey, 2014). Campone (2008) stated that 'without a solid body of research, the practice of coaching lacks substance and definition: it is a 'ghost' of consulting psychology, organizational development, and other root disciplines' (Campone, 2008, p. 92). To this extent, it is not uncommon to see in the HROD literature, attempts at clarifying the differences between coaching and mentoring or some other form of professional development intervention. One such example was produced by Connor and Pakora (2007, p. 16).

Table 4 Difference between coaching and mentoring. Adapted from the work of Connor and Pakora (2007)

Coaching	Mentoring
The relationship usually has a time span	The relationship can be ongoing and be over an extended period
Structured, scheduled, and regular meetings	Informal meetings on an 'as needed' basis
Short term and tailored for specialist need	Longer term and more personal with a broader outlook
It is not essential to have formal experience of the coachee's role to coach unless it is a specialist area	Mentor is usually an experienced member of staff based within the setting – this can be a member of staff with a senior role
Work-based issues are a focus	Personal issues can be discussed, as these often impact the role and career of the Early Years worker
There are specific goals and targets to be achieved –can be set by management or the coach	Guidance is based and usually set by the individual mentee rather than management. Helps support and develop the mentee professionally

There is also evidence of an increase in the quantity of research being produced (Grant *et al*., 2010). For example, Dunlop (2017) stated that her search for 'peer-reviewed publications on the topic of 'executive coaching' in the PsychInfo database yielded 32 citations published between 1995 and 2000. The same search yielded 238 citations published between 2012 and 2017.

Simultaneously, there is also a concern that coaching in general, has not been able to demonstrate value in terms of a return on coaching investment (Hagen, 2012; Walston, 2014; Dunlop, 2017).

2.7 Coaching in Healthcare

In the healthcare literature, there is a dearth of research supporting the effectiveness of healthcare leadership training and practices in general. Wolever *et al*. (2016) attribute this partly to the industry's demand for rigorous studies and peer-reviewed evidence and partly due to the specialised knowledge required for the rapidly shifting operations of the complex healthcare sector which is not widespread among executive coaches. Where there is evidence for the use of coaching, it appears that coaching is mainly used by those at managerial levels, and this is consistent with my own experience in Saudi Arabia in healthcare and other sectors where I coach privately. Donner and Wheeler (2009) advocated that coaching is a tool that if implemented strategically 'can affirm and develop professional competencies such as critical thinking, communication and delivering improved patient-centred care. It also can foster scholarship in the clinical setting, provide a method of communicating practice knowledge and help novices integrate the use of theory in their practice' (Donner and Wheeler, 2009, p. 8). Baxter (2013) researched the effect of coaching on nurse manager leadership of unit-based performance improvement in the United States. She found that the use of coaching was an effective strategy to support nurse managers in a variety of situations and concluded that 'the suggestion that the nurse manager who has been successfully coached, will in turn be able to successfully coach staff, warrants further investigation and if proved, would increase the return on investment of a formal, structured coaching program' (Baxter, 2013, p. 38). This definition implies a beneficial effect at the individual and organisational levels and a positive outcome for coaching sponsors, coaching recipients and coaches and is consistent with the working definition of this thesis as advanced by Cox *et al.* (2010.)

A review of the literature reveals that most studies on coaching effectiveness are qualitative or mixed-methods (Budhoo, Misra and Spurgeon, 2012; Law and Aquilina, 2013; Stewart-Lord, Baillie and Land Woods, 2017) and researchers are divided about the effectiveness of coaching for development in healthcare. On the one hand, it has been posited that its use is important because the personal and professional development that results can support managers to deliver their key function—the optimisation of patient safety. This is achieved by creating a culture of openness and a willingness to confront poor practice (Botwinick *et al*., 2006; Patterson *et al*., 2011; Geist and Cohen, 2011; Lachman *et al*., 2012; Leonard and Frankel, 2012; Ham and Hartley, 2013; Hawkins, 2013; Daly *et al*., 2014; Ko and Yu, 2017). In the healthcare contexts of Australia, the United Kingdom (UK), and the United States of America (USA), there is some evidence for the effectiveness of coaching as a developmental tool for managers (Alban-Metcalfe and Alimo-Metcalfe, 2001; Sinclair *et al*., 2008; Woodhead, 2011; Thompson *et al*., 2012; Grant *et al*., 2017). De Haan *et al*. (2019) conducted a Randomised Controlled Trial (RCT) on the effectiveness of executive coaching within a global healthcare organisation and concluded that amongst others, the effectiveness of coaching at an organisational level was demonstrated. This is an important finding because as a coaching practitioner, I have found that it is easier to define coaching effectiveness at the level of the individual coachee since the goals of coaching are selfdefined and the effectiveness of coaching in relation to those goals is often self-determined. As such, more studies are needed to demonstrate effectiveness in organisations and in healthcare, on outcomes such as quality, patient safety, and patient experience.

2.8 Coaching for Management Development

There is general agreement that coaching is an adult-learning activity (Cox, Bachkirova and Clutterbuck, 2014; Cox, 2015; Bennet and Campone, 2017; Noh and Kim, 2019), making it demographically suitable for the healthcare worker population and, more importantly, because of

its focus on facilitation rather than teaching and self-directedness towards personal or organisational goals. For example, Rogers (2012) describes coaching as a partnership of equals. Van Nieuwerburgh and Allaho (2017) define coaching as 'facilitated self-guidance towards reaching goals' (Van Nieuwerburgh and Allaho, 2017, p. xviii), while McNally and Cunningham (2010) state that the purpose of coaching is to 'facilitate specific learning and achieve identified organisational results' (McNally and Cunningham, 2010, p. 9). Coaching appears to democratise learning, in the fact that it is not a didactic activity and therefore suitable for all types of learning styles. This could also be one of the reasons why it has become increasingly popular as a developmental intervention for healthcare managers.

2.9 Coaching in Non-Western Contexts

During the review of the literature and other relevant information, I found that, while there is much research on the use of coaching for development in Western societies, there is less available with respect to non-Western contexts. In reviewing the theoretical and research literature, I found little that was applicable or directly relatable to my cultural or practice context. My research has the potential to fill this gap and contribute to enhancing coaching practice through the creation of new knowledge. The section that follows is not an exhaustive review of the literature available in all countries but, rather, provides a snapshot of the research and debates occurring at a continental level. Some of the cited studies (mainly qualitative studies) relate to the impact of culture and leadership, with some relating specifically to coaching. I felt that it would be important to include research on leadership because coaching is often used as a leadership development intervention. In addition, it is predicted that, as the business landscape and the responsibilities of leaders become increasingly complex, leaders will continue to seek help from coaches (Charan, 2009).

There is a small body of research (mainly qualitative studies) related to leadership and the use of coaching in Asia (Wang and Wentling, 2001; Javidan and Carl, 2005; Cheung and Chan, 2008; Ayman and Korabik, 2010; Kim *et al*., 2013; Kim, Egan and Moon, 2013). In their research on managerial coaching in the South Korean public sector organization, Kim, Egan and Moon (2013) found a strong relationship between coaching, job satisfaction, and role clarity, which are some of the antecedents for employee engagement. Connections between coaching, career commitment, organisational commitment, and job performance were found to be weaker. Their later research, exploring the connections between coaching and employee outcomes in public organisations in the United States (US) and South Korea, was driven by the researchers' awareness of a lack of research into the use of coaching in Eastern cultures (Kim, Egan and Moon, 2013).

While Kim, Egan and Moon (2013) found some commonalities, they also found that these were subtly nuanced, and they attributed these subtle nuances to potential socio-cultural differences. They suggested that one such difference might relate to Hofstede's (2009) uncertainty–certainty dimension. In Hofstede's research, South Korea is characterised as having a high uncertainty avoidance preference, while the United States, in contrast, is characterised by a preference for low uncertainty avoidance. This means that US managers might generally have a greater risk appetite than their South Korean counterparts. Kim, Egan and Moon (2013) suggested this attribution should be explored through additional research. Nangalia and Nangalia (2010, p. 56) for example, explored the role of the coach in Asian societies and concluded that 'conventional tenets of coaching do not hold true in the Asian context'. These tenets include choice, voice, dialogue, and equality.

There appears to be a burgeoning interest in coaching on the African continent, with much of the work taking place in South Africa. Coaches and Mentors of South Africa (COMENSA) which represents coaches in South Africa, was established in 2006 (COMENSA, 2006) and now has over 1000 members across South Africa. Makhalima's (2011) research into coach-coachee matching and the role that race, for example, plays in the matching process, is one of a few studies that addresses coaching in South Africa. Other studies have focused on how coaching was used to support the advancement of Black leaders into executive positions (Motloung, 2007). The use of coaching in South Africa was explored in a mixed-methods study by Geber and Keane (2013) who undertook research into coaching practices in that geography. They identified that indigenous knowledge in coaching and coach training were critical elements in leadership development through the re-connection to more human and community-centred ways of being.

In the South African context, Geber and Keane (2013) identified that indigenous knowledge in coaching and coach training were critical elements in development through the re-connection to more human and community-centred ways of being. These studies highlight how culture intervenes in coaching practice in ways that are not commonly described in the literature on Western coaching practices.

The implications are, since many non-Western countries have different religious, social, and cultural norms, coaching practices might also differ from country to country and from culture to culture. For example, within coaching practice there tends to be an emphasis on coaching as being a relationship of equals in which the coachee is in control of his/ her own destiny. The coach's role is viewed as being a supportive one and advising a coachee on a course of action to take is not encouraged. This stance can be seen in the work of Blakey and Day (2012) who assert that coaching has become too supportive and needs to take a more challenging approach. Such

assertions might occur because coaching practices (based on current definitions) tend to have their foundations in Western cultural values (Western, 2012; Garvey, Stokes and Meggison, 2018). It is important for coaches to understand the culture of the coaching environment and how cultural values affect their coaching practice (Peel, 2008; Coultas *et al*., 2011). The section that follows will provide a critical review of the evidence related to coaching in non-Western societies.

Apart from Australia, which for the purposes of this study is considered a Western society, there is a paucity of research on coaching in the Pacific region (Hassall and Bibi, 2009). That which could be found (for example, the work in Fiji of Ruru *et al.*, 2013) deals with leadership and mentorship. Ruru *et al.* (2013) noted the importance for their clients of storytelling. This highlights how culture intervenes in and informs coaching practice in ways that are not commonly described in the literature on Western coaching practices.

In the Middle Eastern region (which in this study includes Israel), there is also a growing use of coaching to the extent that the International Coach Federation estimates that there are approximately 2,100 coaches in the Middle East and Africa (ICF, 2012). There is some information and sparse research on the use of coaching. Much of that which exists is in narrative form, such as newspaper articles and reports (for example, Emery, 2013), and focuses on countries such as the United Arab Emirates, Egypt, and Israel (Bozer and Sarros, 2012). Only one research study was found on the use of coaching in Saudi Arabia. However, before reviewing the literature on coaching in Saudi Arabia, I present below a contextual narrative to enhance understanding of my research process and findings.

2.10 About Saudi Arabia

Alongside its openness to Western education and to management and leadership development and practices, Saudi Arabian society is one in which many of its citizens work hard to preserve their religious values and ancient traditions (Rice, 2004; Ministry of Defence UK, 2007; Royal Embassy of Saudi Arabia Washington D.C., 2015). According to the information available on the website of the Saudi Arabian Embassy in Washington, 'Saudi traditions are rooted in Islamic teachings and Arab customs which Saudis learn at an early age from their families and in schools'.

There is no separation between religion and state and all aspects of personal, social, and professional life are rooted in and dictated by Islam (Alazani and Rodrigues, 2003; Dadfar *et al*., 2003; Palmer and Arnold, 2009) This reality is reinforced in Vision 2030 (2016, p. 16), which states that 'Islam and its teachings are our way of life. They are the basis of all our laws, decisions, actions, and goals'. Saudi customs and traditions are rooted in Deen (Din) which is the way of life which righteous Muslims are obligated to adopt to comply with divine law (Qur'an and sunnah) or Shari'a. These cultural norms dictate, for example, the relative status of males and females in society and in the workplace, including the unspoken rules regarding physical contact and interaction between genders, timekeeping and time management, honour, trust, meeting etiquette, the role and treatment of leaders, and attitudes to change. Life and work culture are greatly influenced by traditional Islamic values, as well as by Bedouin traditions, and are strongly orientated towards tribes and family (Rice, 2004; Noer *et al*., 2007).

Based on his work which began in the 1960s and 1970s, Geert Hofstede (1984, 1997) characterised Saudi Arabia as having a collectivist orientation. In this type of society, the interest of the group prevails over the interest of the individual. People tend to be integrated into strong,

cohesive in-groups that they continue throughout a lifetime to protect, in exchange for unquestioning loyalty (Hofstede, 2011) and relationships are important (Emre-Ozdemir and Hewett, 2010). For my own research, I leveraged the cultural anthropology literature to aid my understanding of how and why healthcare organisations within collectivist or community-centred societies like KSA use coaching to develop managers. Later, in this chapter, I address some of the current thinking about culture in coaching practice and I address the potential implication of culture on coaching in healthcare.

2.11 Coaching in Saudi Arabia

Few empirical studies are to be found on coaching practices in Saudi Arabia. In 2017, Aboalshamat *et al*. undertook a quantitative evaluation of the effect of a self-development 'coaching' programme on the psychological health and academic performance of preclinical medical and dental students at a University in Saudi Arabia. The study was notable because it indicated that the impact of coaching was being investigated. Secondly, it was noteworthy because *coaching had been* applied in a student population when development for this demographic is typically in the form of mentorship.

A review of the research indicates that the term coaching as used in this study is more in keeping with what I have previously described as mentoring. I have previously explained that the bulk of studies related to coaching are either qualitative or mixed methods, so it is also noteworthy for the fact that Aboalshamat *et al*. (2017) used a quantitative design. Further examination of this study revealed that the coaching that is referred to, took the form of a two-hour once only, therapeutic program for the intervention group and a five-hour program for the control group, with five weeks of follow-up using, a variety of scales and questionnaires. The goal was to discover whether the intervention was effective on anxiety or depression. The development

intervention used in this study was therapy rather than coaching. For this reason, it did not meet the criterion of available research about coaching in KSA. However, the use of the term 'coaching' in describing this study is indicative of the ongoing debate about the difference between coaching and other helping interventions. It could also indicate that, because coaching is positioned within the wider field of HROD, what it is and is not might be a source of confusion.

In the Middle East Coaching Research Project, Passmore *et al.* (2019) investigated the use of coaching in thirteen countries in the Middle East. The data were provided by eighty-three practising coaches in the region. The findings of this study support my experience that over the past decade, there has been an increase in the use of coaching for individual self-development in Saudi Arabia. The coachee and coaching sponsor numbers and perspectives were not within the scope of the research. More generally, there is information that coaching is being used in corporate environments. For example, Saudi Telecom has publicised its use of managerial coaching as part of its strategic transformation program (Coach Federation, 2020). Data on the actual success measures are not provided.

One study that is often cited when referring to coaching in the Middle East is more than a decade old and focused on the coaching behaviours of U.S. and Saudi Arabian managers working for a petrochemical organisation (Noer *et al*., 2007). The researchers found that the Saudi and U.S. managers in their sample were educationally and linguistically compatible and they concluded that the differences they observed in Saudi coaching behaviours were deeply rooted in Saudi and US cultures, respectively. For example, with respect to coaching styles, Saudi managers were found to be more homogenous as a group in their coaching styles, with findings revealing that 'Saudi leaders, perhaps (the researchers surmised) due to their strong past, collectivist, and

hierarchical orientations, are more homogenous compared to US leaders who, due to their individualistic culture, are more varied in their coaching styles'. Furthermore, Noer *et al*. (2007, p. 5) attributed this homogeneity to a management style that was 'heavily influenced by Islamic culture'.

Although their study illuminated the use of coaching in KSA, Noer *et al*. (2007) focused on a single case and observed that there was (and regrettably there still is) minimal published research examining the link between coaching behaviours and culturally defined values and norms outside the U.S. or Western Europe. They advocated for further research on cross-cultural coaching. Bachkirova *et al.* (2016) have also noted the growth in the use of managerial coaching in different cultural contexts. In addition, they state that 'while this practice appears to be well received, complexity theory suggests that there are likely to be some emergent properties…from the interaction of coaching methodologies with diverse organizational and cultural contexts' (Bachkirova *et al.*, 2016, p. 466). They conclude that this is an area that may be ripe for further investigation.

2.12 Culture Coaching

Within the coaching literature discourse on the importance of culture in coaching is becoming more commonplace (Passmore *et al*., 2009; McCarthy, 2014), including how culture is addressed by coaches (Plaister-Ten, 2009; Coultas *et al*., 2011; Van Nieuwerburgh and Allaho, 2017; Abbott, 2018; King and Van Nieuwerburgh, 2020; King *et al.*, 2021). In their analysis of US/ Western cultural bias in coaching research and practice, Garvey *et al*. (2009, p. 214) lament that 'neither the mentoring nor coaching literatures can be considered to be global bodies of knowledge; both suffer from a lack of sufficient cross-cultural studies and have yet to transcend US assumptions that are embedded in most studies'. In this regard, my research aims to make an

original and positive impact on the knowledge base of the global coaching and HROD communities. It has also been identified that indigenous knowledge in coaching and coach training are critical elements in the development of leaders through the re-connection to more human and community-centred ways of being (Geber and Keane, 2013). While the proposed research is not an exploration of culture per se, an appreciation of culture theory, including how culture informs the map of the world that is brought to coaching is important. This appreciation will the coach to adapt and individualize their coaching practice to maximise effectiveness (Coultas *et al*., 2011).

2.13 Cross-Cultural Coaching

The term cross-cultural coaching has emerged as a way of describing the incorporation of cultural influences as being critical within the coaching relationship with an individual or organization (Abbott and Rosinski, 2007; Abbott, Gilbert and Rosinski, 2013; Abbott and Salomaa, 2016; Abbott, 2018). In this context, culture is accepted as having significant influence on the performance of an individual or group. It is neither a context nor genre. However, as Abbott (2018, p. 392) observed, 'when coaches integrate a cultural perspective, culture can be conceptualized and mobilized as a variable and be a powerful ally to coaches and their clients'. Thusly, it is critical that coaches understand the influence that culture has in the coaching relationship.

In seeking to understand the culture-coaching relationship and in positioning my research, I found that there was, and continues to be, a paucity of empirical studies of coaching in Saudi Arabia. That which exists in the wider Middle East region tends to be focused on the United Arab Emirates (UAE) and is fragmented (Al-Nasser and Behery, 2015). In relation to the UAE, King and Van Nieuwerburgh (2021) also highlight that the current research focuses in the main,

on the experiences of Western coaches in adapting to the coachee culture but the coachees' experience of coaching is not represented. My research aims to contribute to the knowledge base and to represent the perspectives of coaches, coachees, and coaching sponsors.

Van Nieuwerburgh and Allaho (2017) addressed cross-cultural coaching in relation to Islamic culture. Their work provides support for the use of coaching within Islamic culture and usefully identifies the coaching skills and attributes that are applicable in this context. While Islamic culture is not restricted to a single nationality, and the work is not specific to KSA, it establishes the centrality of Islam as an anchoring point for coaching practice. This was an important underpinning for my research, which was conducted in the Birthplace of Islam, Saudi Arabia.

2.14 Why Culture Matters

Much of the research on culture includes ethnographic studies found within the sociological and cultural anthropology literature (Hall, 1976; Inglehart, 1977; Triandis, 1990). Other studies (Hofstede, 1984; 1997; 2001; 2009; Trompenaars and Hampden-Turner, 1997; Rosinski, 2003; House *et al*., 2004) are national studies of culture, which, as Plaister-Ten stated, 'have contributed negatively to generalisations about individuals within groups' (2009, p. 66). In the context of the Middle East, Palmer and Arnold warned that 'generalizations by their nature, are over-simplifications of the complexity within the group' (2009, p. 111).

Parsons and Shils (1962) believed that culture is best understood in terms of values, norms, and symbols which are determinants of decision-making, actions, and modes of interaction. Schwartz (1999) focused on how social institutions such as families and religious and economic institutions function. House *et al.* (2004) defined culture as 'the shared motives, values beliefs, identities and interpretations of meanings of significant events that result from common experiences of members of collectives that are transmitted across generations' (2004, p. 25). The

Centre for Advanced Research on Language Acquisition (CARLA) defined culture as 'the shared patterns of behaviours and interactions, cognitive constructs, and affective understanding that are learned through a process of socialization. These shared patterns identify the members of a culture group while also distinguishing those of another group' (CARLA, 2014).

Hofstede (2009, p. 18) asserted that 'culture is about the small print of how people in different part of the world deal with…things differently in social settings. Our own culture is to us like the air we breathe, and another culture is like water the most essential part of culture is learned in youth and it is very hard to change it subsequently'. While Hofstede's work has been challenged for example by McSweeney (2002) there is clearly something deep and fundamental about culture that if not fully understood or at least acknowledged, could negatively affect the acceptability of coaching in Saudi Arabia. Peel (2008) underlined this point by stating that it is important for coaches to understand the culture of the coaching environment because the attitudes [of leaders] determine the degree to which coaching is accepted.

2.14.1 Culture Theory

It is my view as a coaching practitioner, that embedding cultural competencies into coaching competency frameworks will assist coaches to engage successfully with diverse individuals, communities, and societies. An understanding of theories of culture provides a useful basis for this and I present a selection of these theories below. Schein (2004) described culture in terms of shared behaviours, beliefs, attitudes, and values that underpin specific practices and ways of doing things, while Zakaria (2019) characterised culture as an onion to emphasise the deeply rooted nature of culture and stated that it is in the inner layer that the basic, underlying assumptions that are shared by members of that culture, lies.

Some of the most widely used research and theories about culture were produced by Geert

Hofstede. While some elements of his work have been challenged (Taras and Steel, 2009; Jackson, 2020), in reviewing the literature, I have found his work used as an acceptable frame of reference in a range of studies that deal with Saudi Arabian culture. Examples include, amongst others, Abosag, Tynan and Lewis' (2006) research on British and Saudi Arabian national perspectives of the commitment-trust theory and Alduwaihi, Shee and Stanton's (2012) case study of culture and job satisfaction in the KSA banking sector; and Obeidat *et al*'.s (2012) study of the meaning of culture in the Arabian context.

In his seminal work in 1984, Hofstede developed the Dimensions of Culture which located the value dimensions across which cultures vary. Although this work has since been updated (Hofstede, 1997; 2009; 2011), the dimensions he identified have remained largely consistent:

Power Distance: deals with how less powerful members of organizations; society in general accepts that power would be unequally distributed. Strict codes of behaviour and a belief in absolute truths are also hallmarks of high uncertainty avoidance; **Uncertainty Avoidance:** relates to the extent to which people feel threatened by uncertain or unknown situations;

Individualism vs Collectivism: refers to how people define themselves and their relationships with others and where the interest of the individual takes precedence over the interests of the group;

Masculinity-Femininity: viewed as a societal characteristic and deals with the distribution of values between genders;

Long-Term vs Short-Term Orientation: includes values such as a sense of persistence, perseverance towards results, and having a sense of shame; and

Indulgence vs Restraint: refers to the degree of freedom that societal norms give to citizens in fulfilling their human desires.

Trompenaars and Hampden-Turner (1997) later defined culture in terms of a mixture of presumptions, categories, values, and concepts that form the basis of how people solve problems related to relationships with others, the environment, and the passage of time. They identified seven opposing pairs of cultural dimensions:

Universalism vs particularism: deals with whether rules come before personal relationships or vice versa;

Individualism vs communitarianism: the primacy of the individual over the group and vice versa;

Neutral vs affective: relates to control over emotions as opposed to the freedom to spontaneously express feelings:

Specific vs diffuse: refers to the extent to which personal and professional aspects of life are kept distinctly separate or to which personal and professional lives overlap and are viewed as being parts of the whole;

Achievement vs ascription: in which status is defined either by achievements or derived by birth, gender, wealth, and other such attributes;

Sequential vs synchronic: deals with how the passage of time is understood and managed; and

Internal vs external control: deals with the extent to which people believe they control their environment or are controlled by it.

Building on the work of Hofstede (1984) and Trompenaars and Hampden-Turner (1997),

Rosinski (2003) described culture as 'the set of unique characteristics that distinguishes its members from another group' (Rosinski, 2003, p. 20). His Cultural Orientations Framework consists of seven categories:

Time management approaches: related to whether time is viewed as a scarce resource or is plentiful;

Definition of identity and purpose: deals with individualism vs collectivism;

Organizational arrangements: relate to, amongst others, hierarchy as opposed to equality;

Notions of territory and boundaries: addresses whether people keep personal lives and feelings private or feel able to share these with others;

Communication patterns: in which there is a reliance on high context (or implicit communication or low context, implicit communication; and

Modes of thinking: deals with logic and reasoning as opposed to experience.

The similarities between the theories presented are notable for being national studies of culture. Other studies (Hofstede, 1984; Trompenaars and Hampden-Turner, 1997; Rosinski, 2003; House *et al*., 2004). Plaister-Ten (2009) advised that such studies 'have contributed negatively to generalisations about individuals within groups' (Plaister-Ten, 2009, p. 66). In the context of the Middle East, Palmer and Arnold (2009) warned that 'generalizations by their nature, are oversimplifications of the complexity within the group' (Palmer and Arnold, 2009, p. 111).

While my intent is not to situate Saudi Arabian culture within a particular theoretical framework, my research was situated within a practice community that exists within a deeply rooted cultural context. I utilised this 'situatedness' to also contribute to the understanding of what culture is, as well as its pervasive nature. In so doing, I hoped to better understand how culture drives the

behaviours, mores, and values that are brought into the professional development arena. By exploring coaching in the context of Saudi Arabian healthcare, my aim was to use the participants' voices to explore coaching practice and to see what culture and cultural values mean for coaching and the wider professional development field. I propose that an understanding of cross-cultural coaching is a valuable starting point for supporting this aim.

2.15 Implications for Coaching Practice in Saudi Arabian Healthcare

When the empowering nature of coaching is considered against large Power-Distance for example, the question arises as to why healthcare leaders in such a culture would choose coaching when the cultural value system is bound by deeply rooted beliefs and absolute truths about where power lies. Another question relates to what expectations might there be of a coach when the client comes from a society that values teaching more than learning? In addition, since coaching also leads to personal insights and discoveries that are not anticipated or pre-planned but occur as part of the coaching process, how might this work with managers and executives in a society characterised by what Hofstede (1984; 2001; 2011) described as high uncertainty avoidance?

Further, based on Hofstede's (1984) Dimensions of Culture, Saudi Arabia, in common with other Arab countries, is more masculine than feminine. I was curious as to whether access to coaching could be negatively impacted if coaching were viewed as being associated with perceived feminine traits such as willingness to express feelings. Theoretically, it would be challenging, though not insurmountable for coaching to become an accepted and widely used developmental tool for healthcare managers and others in KSA. Coaches can play a positive role in generating positive perceptions through research and practice based on sound research findings. These are

some of the issues I hoped to learn more about and address during the research. I return to these issues in greater detail in Chapter 5 (Project Findings) and Chapter 6 (Discussion, Distinctive Contribution, and Recommendations).

2.16 Conclusion

The review of the literature and other information enabled me to broadly examine the discourse related to coaching and the wider HROD field within which coaching sits. This was an important activity in terms of determining whether there is clarity about what coaching is and is not. In addition, it was an important consideration in enabling me to determine whether I could conduct the research from a position of clarity or whether I would need to create clarity through the research process, my discourse with the participants, and the knowledge generated through the findings. The emergent conceptual framework indicated that it was important to explore a broader range of issues relevant to coaching in KSA. For example, because of the location of my research, it was important to review the international literature, theories, and practices to ascertain the extent to which culture impinges on coaching practice and other similar HROD interventions. There is minimal research on the use of coaching in Saudi Arabian healthcare and are longstanding and unresolved debates amongst the coaching community of practice. The practitioner perspective on coaching in Saudi Arabian healthcare is largely absent in the research literature. Additionally, the voices of coachees and sponsors were largely silent in the literature I reviewed, and I hope to amplify these perspectives and voices through my research.

My approach to addressing the gaps above begins in chapter 3, where I present and discuss the research methodology.

Chapter 3: Research Methodology

3.0 Introduction

In this chapter, I explain and discuss a range of methodological issues, including my research philosophy, and provide an overview of the methodology and the theoretical underpinnings of the inquiry. Reflexivity is discussed early in the chapter in relation to my own interaction with the research and, later, with respect to the concept of credibility. Although I have already addressed these topics in Chapter 2, I return briefly to the initial questions that ignited the inquiry, the research questions, and the research objectives. A significant portion of this chapter is devoted to the research methodology, which was partly informed by my epistemological and ontological stances. Other important considerations included identifying the most suitable approaches relative to the purpose, aims, questions, and research objectives. Here, I present the approach to sampling and the range of ethical issues that were applicable to the thesis research. In the final part of the chapter, I detail the processes for synthesising and analysing the data and I offer a critique of the research process that was utilised. The chapter concludes then with a summary of the topics discussed within it.

3.1 Personal Paradigm

As a healthcare practitioner, I can accept the existence of objective reality; for example, in relation to pharmacological research that seeks cures for diseases. However, I also believe that there can be more than one reality even when applied to the same phenomenon. Nevertheless, I perceive that trying to achieve or prove a distinct separation between positivism and interpretivism is simplistic and unrealistic as each paradigm is suitable for answering different types of research questions and I am not alone in my current thinking (Morgan, 2007). However, because of the multiple roles that I occupy—female, mother, expatriate, coach, CNO—I am

aware that other actors also occupy multiple roles, and I am motivated to understand how others view and experience the world they inhabit. Ontologically, I consider that the world exists irrespective of what I or others might think about it which is consistent with critical realism (Bhaskar, 1998). Simultaneously, I am aware that the world might present a different reality for different individuals or groups. I believe in the validity of everyone's reality, and, in this regard, it is clear at least to me, that I lean towards interpretivism. According to Hudson and Ozanne (1988), the interpretivist researcher brings some prior insight but knows that this insight alone is of limited value because of the complex nature of reality.

Consequently, the researcher maintains an openness to the emergence of new knowledge which is co-created or constructed with the participants. This constructivist ontology and interpretivist epistemology (Creswell, 2003) underpin the research aims, research objectives, research questions, and research design.

3.2 Research Philosophy

My doctoral research focuses on the use of coaching for developing Saudi Arabian healthcare managers. A key theme in my work is the role that culture plays in my community of practice, in our appreciation of the world, and in our views and experiences of coaching. When I reflect on my choice of research topic, I link it to my move to Saudi Arabia in 2011, after having been recruited to an executive position at a large international teaching hospital. Early in my appointment, I began to be sought out for mentoring and coaching, largely, I believe, because I came from the West, and Western knowledge is highly prized. I am also a facilitator for Crucial Conversations (CC), which I introduced to the organisation in 2012, largely because it focuses on equipping learners with the skills required to hold difficult or sensitive conversations well, leading to the achievement of superior business results. One of my early observations as a coach

in KSA was that, while coachees often recognised the need to hold a difficult or challenging conversation, equally often, they did not appear to want or know how to do this. I anticipated that the skills acquired through CC would make them more confident and able to tackle challenging issues in the future. This exposure provided me with visibility among a wide range of staff and vice versa. Thus, since some of the skills used in facilitation (for example, goal-directedness) are like those used in coaching (Beard and Wilson, 2013), it was not uncommon for staff who had attended CC to approach me for coaching or mentoring following attendance on the course.

I had questions about the state of knowledge in relation to coaching in Arabic cultures and, more specifically, within Saudi Arabia and the extent to which coaching was being used as a developmental tool in Saudi Arabian healthcare organizations. In order to answer these questions, I wanted to engage my own voice and those of others in my community (recipients of coaching, sponsors, and other coaching practitioners) in responding to my questions and in creating knowledge. As a woman of colour from a family with strict codes of behaviour, which dictate issues such as the inappropriate public disclosure of personal or family business, I have, in the past, experienced coaching, with its focus on openness, as alien to the traditions that moulded me. A review of the literature revealed that this way of being, though personal, is not unique. George (2015) in her research on counselling older women from African-Caribbean women noted that resistance to ‘opening up’ and talking about problems is a powerful cultural norm that is entrenched in African-Caribbean women. In my experience, I have found that Saudis jealously guard their privacy, and I did not underestimate the possibility that this way of being could affect participant recruitment or even the extent to which informants would share information during the data collection. Being in Saudi Arabia, where beliefs, values, and behaviours are intricately bound with Islam and where disclosure outside the family is

uncommon, has led me to think that Saudis and I have, in some respects, a shared set of values and beliefs.

The primacy of males in Saudi society informs my view that females need to have their voices heard and, at the same time, I bring my female self to the research. Shaw (2010) stated that 'when the researcher and the researched are of the same order, that is, both living, experiencing human beings it is necessary for us as researchers to reflect on how that might impact the research scenario when gathering data and when afterwards analysing it' (Shaw, 2010, p. 33). This implies that reflexivity is a mechanism for quality assuring research. By embedding reflexivity in my research and my practice, I can take account of a range of issues. These include acknowledging how my values and belief system have led me to choose my research topic, conducting my research ethically and being true to the authentic voices and perspectives of the participants.

In my review of the theoretical literature (Chapter 2), I discussed how coaching is situated within a wider stable of relationship-based HROD interventions, which include but are not limited to counselling, training, mentoring, and preceptorship. Some of the key debates and gaps in these areas of practice were examined. These include debates about whether there are fundamental differences between activities such as coaching, mentoring, and preceptorship; debates about the efficacy of coaching; debates about return on investment; and observations about coaching being based on a Western paradigm. Additionally, I have noted that, while there is information that there is an increase in the use of coaching in Saudi Arabia, little research has been done on coaching in KSA to date, with none that I have been able to locate conducted in healthcare.

KSA is a country that remains largely opaque to ordinary international citizens including to coaching and HROD practitioners. I have witnessed that while much has changed and the

country is in what I would consider a dynamic evolutionary state. For example, in the past five years women have been granted the right to drive, flogging as punishment has been banned, KSA has opened its doors to tourists, and guardianship laws have been relaxed (Hubbard and Yee, 2019). In the face of these changes, there is sometimes an uneasy tension between this ambitious developmental agenda and the deeply rooted religious and cultural behaviours and beliefs that pervade every aspect of life. Religion, culture, dynamic change, and internationalisation now live cheek by jowl. This was my research environment and I felt it was important to conduct my research with a clear understanding of the circumstances and of the fact that coaching cannot be immune to this context.

Within my research, I set out to investigate the use of coaching for the development of healthcare managers in the Kingdom of Saudi Arabia (KSA). While coaching is widely used in healthcare, particularly in Western societies, its effectiveness is still contested and, as I explained in Chapter 2, little is known about its use in Saudi Arabia. Yet as a Chief Nursing Officer with responsibility for amongst others, leadership development and as a coach, I have observed and experienced an increase in the use of coaching for management development. My thesis research set out to investigate how and why coaching is being sought and utilised in KSA with the intent of illuminating the pertinent issues, findings, and practice implications to the wider coaching and human resource and organisational development (HROD) communities. The development of new theories was not within the scope of my research. However, it was my intention to utilise my deeper understanding and the knowledge co-created through the research to contribute to existing theoretical knowledge and in line with my research proposal, to fulfil the fourth objective of my research:

> Following analysis of the data and findings, to develop a framework that makes a distinctive contribution to academic knowledge, HROD, and coaching practice that could

> be used in the development of Saudi Arabian healthcare managers and potentially serve as an exemplar in terms of knowledge and practice in the international HROD context. My research has investigated the use of coaching for management development amongst coaches, coachees, and coaching sponsors. The investigation explored participants' understanding and experiences. My own background in the field enabled me to meaningfully engage with the topic and the findings have implications for my coaching practice. For these reasons, the research was investigative and exploratory, with the potential to contribute new knowledge to the coaching community of practice and more broadly, to the HROD field. My research methodology was driven by the need to gain evidence of practices in relation to the initial questions that I had about the use of coaching for management development in KSA.

These have been presented in Table 2 which is found in Chapter 1.

3.3 Developing the Research Proposal

I have previously described how my research questions emanated from my experience and my role as a Chief Nursing Officer and a practising, certified coach. As a starting point, I began to explore the key topics related to my initial questions including as related to culture Hofstede's (2001) Culture's Consequences: comparing values, behaviours, institutions, and organizations across nations; coaching and culture Passmore's (2009) Diversity in Coaching: Working with gender, culture, race, and age and Noer *et al*.'s (2007) Analysis of Saudi Arabian and US Managerial Coaching Behaviours. This process of initial inquiry revealed that there was and continues to be, a paucity of contemporary empirical literature on coaching in Saudi Arabia in general. It also led to a deeper exploration of the literature which highlighted the Westernised focus of coaching practice and provided initial exposure to some of the key debates in the coaching community. An early debate with my research consultant about transdisciplinarity, together with the emerging issues from the review of the literature, drove a broader exploration of the literature beyond coaching into the wider HROD field and to other pertinent areas such as culture.

From this exploratory process, I refined the purpose, aims, and objectives of my research and determined that since coaching resides within the broader HROD field, the research needed to assume a more transdisciplinary focus. Specific research questions, aims, and objectives were also developed. I have described these in detail in Chapter 1.

3.4 Approach to Methodology

As a researcher-practitioner, I have been drawn to the interpretivist approach, which also supports my epistemological and ontological positions as previously described. Within the literature it has been stated that how a researcher proceeds, 'depends on a range of factors, including their beliefs about the nature of the world (ontology), the nature of knowledge (epistemology) and how it can be acquired' (Ritchie *et al.*, 2013, p. 2).

Other important considerations include, amongst others, the research objectives, the research questions, the research participants, and the intended audience. In addition, I found Denzin and Lincoln's (1999) and Kincheloe's (2005) extensive discourse on the concept of bricolage to be a valuable theoretical lens through which to view, understand, and explain the complexity of the research environment and the personal, practitioner and researcher considerations that underpinned my research approach.

Metaphorically, bricolage deals with meaning-making (Rogers, 2012). However, when used in the qualitative research context, it describes emerging trends towards a greater respect for the complexity of meaning-making. Denzin and Lincoln (1999) describe five types of bricolage approaches including interpretivist bricolage, in which 'there is no one correct telling [of an] . . . event. Each telling, like light hitting a crystal, reflects a different perspective on [an] . . . incident'' (Denzin and Lincoln, 1999, p. 6). Furthermore, in research terms, they describe an interpretive bricoleur as one who 'understands that research is an interactive process, shaped by

his or her own personal history, biography, gender, social class, race and ethnicity, and by those of the people in the setting' (Denzin & Lincoln, 1999, p. 6). Meaning making and reflexivity are deeply embedded in the objectives, questions, approach, methodology, and methods used in my research. I address these issues in greater detail below.

3.5 Personal and professional values, beliefs, attitudes, and personal integrity

In section 3.1 of this chapter, I described my personal beliefs and my epistemological and ontological stances. As a result, throughout the research process, I remained attuned to the fact that my relationship with the phenomenon being researched both informed and posed potential challenges to the credibility and trustworthiness of my research and its findings. Gray (2004) observed that naturalistic inquiry 'cannot be detached but is value-bounded by the perspectives of the researcher…' (Gray, 2004, p. 23). The type of research I chose to undertake meant that I needed to situate myself within the participants' world to truly understand their subjective experiences. As Mruck and Bruer observed, 'researchers, in continuously interacting with those being researched, inevitably influence and structure research processes and their outcomes' (2003, p. 1). Theoretically, this is known as reflexivity, which Woolgar (1988) describes as the interconnection between the object and the representation. Anderson (2008) stated that reflexivity 'entails the researcher being aware of his effect on the process and the outcomes of the research based on the premise that knowledge cannot be separated from the knower' (Anderson, 2008, p. 1). Thus, it was important in my research to limit and acknowledge the intervention of my own knowledge into the subject and process of my inquiry. Finally, Gerrish and Lacey (2006) observed that reflexivity is a critical process in qualitative research that the researcher uses to reflect on the impact that their values, beliefs, perceptions, and actions have on the conduct of all aspects of the research. Fook (2015) noted that reflexivity is 'the ability to

recognize that all aspects of ourselves and our contexts influence the way we research (or create knowledge)' (Fook, 2015, p. 443). I present some of these aspects or persona below.

3.5.1 The Coach Persona

As a coach, I am keenly aware that it is important that I understand myself and how this affects my coaching practice and the outcomes for the client. This importance is underlined by the European Mentoring and Coaching Council (EMCC, 2020) which has identified a specific coaching competency on understanding self which relates to demonstrating awareness of one's own values, beliefs, and behaviours and how they affect the coach's practice. This concern about what the coach brings to the table is equally pertinent when the coach occupies the dual role of researcher-practitioner and has to identify a philosophical stance. Peltier (2010, p. 57) advised that 'all humans have a built-in set of personality characteristics that are more or less impossible to influence or modulate'. He posited that the only reality we can know is the one that consists of the constructs we have created. Values, beliefs, and experiences are all constructs that inform our reality. Values are constructs that we hold as important; beliefs are constructs that we hold to be true; and experiences are constructs about reality. What this means for me as a coach is that I should be aware of what I bring to the relationship and what I own and not allow these to intrude on the client but to work with their strengths and the things that are important to them.

3.5.2 The Researcher-Practitioner Persona

In Chapter 1, I described as a researcher-practitioner the 'self' that I brought to my research is complex and I was aware that it would be important for me to maintain a deep and acute appreciation of how being myself brought with it, a range of assumptions, lenses, and potential biases that could potentially intrude in my research. In general, my research interests lie in

exploring and understanding how individuals and groups live, perceive, understand, and experience particular phenomena (coaching) and in that respect, I situated myself within the interpretivist paradigm. My own ethnographically informed research is also informed by my experience of living and working as a healthcare executive and coach and in KSA and questions that have arisen because of my role and my time there. In my research approach, I was aware of Day's caution that, 'while locating knowledge production within experience conveys the authority and ability to know as being within the reflexive researcher' (2012, p. 62), there is a risk of replicating positivist divisions between the knowing researcher/ unknowing participant.

3.5.3 The Personal Persona

I had questions about the state of knowledge in relation to coaching in Arabic cultures and more specifically, within Saudi Arabia and the extent to which coaching is used as a developmental tool in Saudi Arabian healthcare organizations. To adequately answer these questions, I knew that I would need to engage my own voice and those of others in my community (recipients of coaching, sponsors, and those of other coaching practitioners) in responding to and creating knowledge related to my questions. As a woman of colour from a family with strict codes of behaviour that dictate issues such as the inappropriate public disclosure of personal or family business, I have in the past experienced coaching with its focus on being open, as alien to my way of being.

During my research, I investigated the use of coaching for the development of Saudi Arabian healthcare managers. The third objective of my research is:

> *To understand the experience of coaching amongst coaches, coachees, and coaching sponsors.*

In seeking to understand this question, I hoped to distil meaning and create visibility to and understanding of, the relevant issues for the coaching and potentially, for the wider HROD community. Denzin and Lincoln (2011, p. 3) eloquently articulate how a qualitative research design is appropriate to both the purpose of my research and my methodological choices, by stating that qualitative research is 'a set of interpretive, material practices that make the world visible. These practices transform the world'. Additionally, it was important to achieve alignment amongst the cultural context, the key informants, and the methodological approach. Qualitative research is deemed to be appropriate when seeking to create or enhance understanding of individuals' cultures, beliefs and values, human experiences, and situations, and to develop theories that describe these experiences (Creswell and Plano Clark, 2011; Munhall, 2012; Wuest, 2012; Holloway and Galvin, 2016).

The exploration of social reality places a researcher at various disciplinary crossroads in relation to how best to approach their research interests and questions. This is because social reality takes crosses the boundaries between various disciplines and requires an approach that allows for the integration of knowledge between the various disciplines. This is what lies at the heart of transdisciplinarity (Piaget, 1972; McGregor, 2004). Conducting research that is informed by different approaches is acceptable in transdisciplinary research as this type of research allows researchers to investigate a problem from many angles (Regeer, 2002). While one critique of transdisciplinary research is that no clearly defined set of methods exists (Brandt *et al.*, 2013), this feature creates flexibility with respect to identifying what is most suitable for a particular research study. I elected to use the interpretivist paradigm because my ontological and epistemological stances, the purpose of my research, objectives, research questions, and participants are all part of a social reality, which is the subject of my naturalistic inquiry. As

Crotty (1998) noted ‘our interest in the social world tends to focus on exactly those aspects that are unique, individual, and qualitative…’ (Crotty, 1998, p. 68).

My research is specific to coaching in Saudi Arabia in the healthcare sector, amongst healthcare managers. This represents a focused study of a case which means that theory generation is not an intended research output. In relation to this point, Gray (2004, p. 23) observed that ‘rather than aiming to generalize, [naturalistic] inquiry develops an ideographic body of knowledge that describes individual cases’ (Gray, 2004, p. 23). Bryman (2008, p. 7) notes in relation to Merton’s 1967 statement, that

> It is not grand theory that typically guides social research. Middle-range theories are much more likely to be the focus of empirical enquiry… and fall somewhere between grand theories and empirical findings. They represent attempts to understand and explain a limited aspect of social life.

Consequently, the research questions for the thesis were significant in focusing my research within the Saudi Arabian healthcare context and with the intent of discerning (where applicable) the broader HROD implications. The questions arose from the research objectives and informed the research design. Some (Holloway, 2005; Davies and Hughes, 2014) observed that one of the hallmarks of good qualitative research is the researcher’s ability to systematically demonstrate transparency and accountability throughout the whole research process. In this way, ‘research consumers can clearly see the researcher’s decision-making and the analytical approach . . ‘. (Holloway, 2005, p. 6), which has been used from the beginning to the end of the research. Consideration is therefore given to these issues in the sections that follow.

3.6 Research Design

In Chapters 2 and 3, I discussed the initial experiential questions and situations that stimulated my curiosity and the search for answers through the literature review. The review revealed gaps in knowledge in relation to my questions and drove my desire to undertake more formal inquiry.

Underpinned by my philosophical stance, the purpose and aims of the research were defined and later, the audience for the research was clarified and the research objectives and questions were developed. Below I discuss the theoretical underpinnings of the research methodology, with reference to the following issues:

Philosophical stance and assumptions,

Research paradigm,

Philosophical assumptions,

Research approach,

Study design,

Strategies of inquiry,

Data collection including data collection tools,

Data analysis, and Trustworthiness.

In section 3.2, I provided a brief introduction to my personal paradigm and with reference to my epistemology, ontology, and research philosophy. In sections 3.7.2 and 3.7.3, there is a more extensive discourse on these topics which provide the underpinnings of the research methodology.

3.6.1 Philosophical Stance

Theoretically, ontology and epistemology are closely related to an individual's view of the world and the nature of reality and they inform the suitability of the research paradigm selected by the researcher. As Willis (2007) stated, 'a paradigm is thus a comprehensive belief system, world view, or framework that guides research and practice in a field' (p. 8).

I have previously described the research topic, the context, the research questions, and my ontological and epistemological perspectives as being consistent with an interpretive paradigm. In investigating the use of coaching in the development of healthcare managers in Saudi Arabia,

it was important to understand the experiences and perspectives of three key stakeholders in the management development process. These are coaches, coachees, and coaching sponsors. At a practical level, my research, and the associated methodology which I discuss in more detail below, are underpinned by my ontology and epistemology.

3.6.2 Research Paradigm and Philosophical Assumptions

In sections 3.2 and 3.3 respectively, I presented my personal paradigm and research philosophy in terms of how they informed the research design. In this section, I address the theoretical basis for my assumptions and paradigm. Underlying all research is a set of philosophical assumptions about the nature of research and the methods that are appropriate for creating or contributing to the development of knowledge. Those philosophical assumptions also influence the research design. According to Kuhn (1962), the research paradigm is the set of common beliefs and agreements shared between researchers about how problems should be understood and addressed. Schwandt (2001) explained that a paradigm is a shared world view that represents the beliefs and values in a discipline and that guides how problems are solved. Whichever definition one chooses, Guba (1990) noted that these common beliefs and agreements are characterised by ontology, which relates to what constitutes reality (Wand and Weber, 1993), epistemology which relates to what constitutes knowledge (Hirschheim *et al*., 1995), and methodology which relates to the means of investigation.

While some paradigms are better suited to specific types of research, it could be argued that no single paradigm is correct or incorrect. Ultimately, it is the fit with the researcher's ontology, epistemology, and the topic being investigated that inform paradigm selection. Hammersley (2004, p. 555) cautions that researchers should become, 'neither ostriches nor fighting cocks' in terms determining final research approach too early in research process'. Seale *et al*. (2007)

advise that, when considering research paradigm, it is best to be flexible and to allow the research aims and context to drive decisions about what is most appropriate. Viewed from the transdisciplinary perspective, it was important to identify a suitable paradigm that could be viewed with an ethnographic lens, that would accommodate scientific and non-scientific sources or practice and potentially resonate beyond coaching (McGregor, 2004).

For the thesis research, based on my own philosophical stance as a researcher and my research purpose, aims, objectives, and questions, an approach based on a constructivist ontology and interpretivist epistemology was found to be most applicable (Table 4). Denzin and Lincoln's (2011) assertion that constructivist ontology assumes that there are multiple realities, and in research and that knowledge is co-created by the researcher and the participant, was consistent with my own personal stance. The interpretivist epistemology is based on the belief that neither knowledge nor meaning is independent of human thought and reason (Gephart,1999). In this sense, reality is a social construct and needs to be interpreted. For example, Myers (2009) observed with respect to interpretivism, that access to reality is achieved through social constructs including language and shared meaning.

There is support in the theoretical research literature for utilising a methodology based on an interpretivist paradigm to explore the use of coaching for the development of managers within Saudi Arabian healthcare (Creswell and Plano Clark, 2011; Munhall, 2012; Wuest, 2012; Holloway and Galvin, 2016). Schneider and Barsoux (2003) argued that 'when exploring culture, the search for meaning calls for an interpretive approach' (Schneider and Barsoux, 2003, p. 22). In addition, Merriam (2009) stated that naturalistic forms of inquiry are suitable when researchers are interested in understanding 'the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world' (Merriam, 2009, p.

13).

Research methodologies associated with interpretivism include phenomenology, grounded theory, heuristic study, discourse analysis, action research, case study, and ethnography (Creswell, 2003; Mertens, 2005). Data are typically collected using amongst others, qualitative interviews, participant and non-participant observation, and narrative inquiry. Given the nature of the subject being investigated, a qualitative design was deemed to be suitable.

Table 5 Features of the constructivist paradigm (researcher's own, informed by Creswell's (2003) Qualitative, quantitative and mixed methods approaches table.

Item	Constructivist
Ontology	Multiple constructed realities
Epistemology	Knowledge is socially constructed. The researcher's values are acknowledged and made explicit. There is an interactive link between the researcher and participants
Methodology (Purpose)	Understand, describe, construct meaning, describe from the participants' perspectives
Methodology (Approach and Methods)	Qualitative, Inductive, Interpretive, Dialectical, Contextual features important

3.6.3 Research Approach

3.6.3.1 Case Study Research

According to Creswell (2003), a case study could be one or more individuals and a defining feature of the case is that it is bounded by time and activity. For the thesis research, Saudi Arabian healthcare is bounded as the specific case within the contexts of a cultural community of people and a community of healthcare practice. The research participants were to be drawn from amongst coaches, coaching recipients, and coaching sponsors working in or with a range of private and public hospitals in the Kingdom of Saudi Arabia.

Consistent with a qualitative research design, I drew on the case study (Stake, 2008; Yin, 2009; Flyvbjerg, 2011) approach and utilised an ethnographic lens to investigate the use of coaching

for the development of healthcare managers in KSA. Drawing on the work of other theorists (for example, Stake, 2008), Flyvbjerg (2011) argued that the decision to undertake case-study research is largely driven by what is to be studied and identified four features of case studies:

They are bounded or have specific boundaries,

They are intensive; detailed in their richness and completeness,

They develop over time, and

They are contextual and related to their environment.

I have defined my case in terms of an activity i.e., coaching in Saudi Arabian healthcare. In addition, the case study design, when viewed through an ethnographic lens, provides a systematic framework for data collection, data analysis the reporting of results. Further, case study could be used to elicit a variety of participant perspectives and lends itself to multiple data collection methods (Merriam, 1998). Together, these attributes of the case study contribute to what Yin (2003) describes as 'thick descriptions' of the phenomenon being studied.

According to Merriam (2009), the main purpose of case study research is to conduct an in-depth analysis of an issue (coaching), within its context (Saudi Arabian Healthcare), with a view to understanding the issue from the perspective of participants.

Merriam (1998) characterised the case study as having four elements:

Particularistic - the event, activity, or situation that is the focus of the study;

Descriptive - the details associated with the thick description of the phenomenon;

Heuristic - related to its capacity of the case to add to the understanding of the phenomenon; and

Inductive - which refers to the process and reasoning used to determine the themes, generalisations, and concepts that emerge from the data.

As used here, the purpose of the case study approach is descriptive and interpretive. The data generated will be analysed inductively including theorising and interpreting the data being collected. The focus will be on the participants' experiences and perspectives of coaching for development in healthcare, using the process described in Figure 1.

3.6.3.2 The Ethnographic Lens

At several points during this thesis, I have mentioned the use of the *ethnographic lens.* Here I discuss the research justification for this approach. As a nurse-coach-researcher, my research has both ethnographic and auto-ethnographic dimensions; I occupy both emic and etic positions (Morris *et al.*, 1999). Collins and Gallinat (2010) noted that this duality is neither new nor unusual and that ethnographic researchers have had to 'confront the uncomfortable fact that they were always already implicated in 'the field'; that they were, inevitably, constructing what they came to re-present' (Collins and Gallinat, 2010, p. 3). In awareness of this dual positioning, and especially of my outsider status, I maintained a reflective diary throughout the research process and arranged for a consultation with a local Saudi cultural and religious leader, to help me understand some of the issues that I would need to navigate and be aware of when working with the participants. The information gained from the consultation was used to inform the development of the interview topic guide (see Appendix 3).

Hammersley and Atkinson (2019) explained that there is no commonly accepted definition of ethnography. However, in terms of its purpose, they state that in ethnographic research, 'the task is to investigate some aspects of the lives of people, what they do, how they view the situations they face, how they regard one another, and also how they see themselves' (Hammersley and Atkinson, 2019, p. 3). Others have identified ethnographic research as inquiry that seeks to

understand individuals' cultures, beliefs, and values in their own natural environment (Rolfe, 2013; Wolf, 2012; Spradley, 2016; Creswell and Poth, 2017).

Dey (2002) stated that ethnography allows researchers to immerse themselves within their chosen empirical setting for an extended period. Hannabus (2000) explained that 'ethnographic research allows us to regard and represent the actors as creators as well as executants of their own meanings. The way they tell us about what they do tells the researcher a great deal about what is meaningful' (Hannabus, 2000, p. 100). It is worth noting here that, in my work in healthcare with its focus on evidence-based practice, much of the evidence used has been generated through positivist approaches such as randomised controlled trials. However, my decisions about design and methodology were driven by ontological considerations related to the construct of reality. They were also influenced by attempting to understand how experiences and understandings might most effectively be elicited and by epistemological considerations of what constitutes valid knowledge. Other important considerations included my relationship with the issue being researched and the potential research informants.

Finally, as a full-time CNO, it was not possible for me to spend prolonged periods in the field and fulfil my operational job commitments to running a hospital. Secondly, for several reasons life in the gulf region can sometimes be unpredictable. Geopolitically, stability, as it is experienced in the West, is a relative construct (Cordesman, 2018) and it is also the reality of many expatriates that their contracts are terminated, and they are given a short period of time to leave the country. Since it is not currently possible to visit KSA on a visitor's visa without being invited there, it would be difficult to complete a true ethnographic study should my contract be curtailed. Thirdly, the Gulf region is characterised by perception and a real threat of instability (InterNations, 2016; Cordesman, 2018). If political or social unrest were to occur to the extent

that I needed to leave the country, this would also affect my ability to complete the research. It is for these reasons that I decided to utilise some methods associated with ethnographic research such as in-depth interviews and where possible, non-participant observation to approach my subject as a case study. Case studies are particularly appropriate for in-depth studies of individuals or groups of people (Hentz, 2012; Yin, 2013).


Research Aims and Objectives
Research Questions
Review Literature and Other Relevant Information
HROD
Culture
Professional Dev. in Healthcare
Coaching
Coaching in Non-Western societies
Coaching in Saudi Arabia
Coaching in Saudi Arabian Healthcare
Develop Conceptual Framework
Develop and Refine Data Collection Tools and Process
Data Collection and Analysis
Produce and Refine Findings
Develop/ design a framework for coaching practices for use in KSA Healthcare

Figure 1: (Sienko, K. - Informed by Denzin and Lincoln's (2011) research process)

3.6.4 Research Participants

In qualitative research, the sampling approach should assist the researcher to identify informants who would lend themselves to a detailed examination of the subject matter (Mason, 2002; Patton, 2002; Marshall and Rossman, 2014). Bryman (2012) advised that participants are selected because they possess the features or characteristics that will facilitate detailed exploration and investigation of the issues being studied. According to Merriam (1998), purposive sampling involves the researcher selecting participants from whom the most could be learned. According to Ritchie, Lewis, McNaughton-Nicholls, *et al.* (2014), purposive sampling is employed with the expressed intent that the participants 'represent a type in relation to the key criterion' (Ritchie Lewis, McNaughton-Nicholls, *et al.*, 2014, p. 113). For the thesis research, these criteria included ensuring that there was representation from amongst the relevant constituencies which in the relation to my research are coaches, coachees, and coaching sponsors. Secondly, to ensure that there was adequate diversity within the constituencies, in relation to the key criteria. Based on this and the findings of the literature review, I developed a typology to represent the participant constituencies and the broad issues to be explored. Beyond organisations and individuals that I had worked with or who were in my coaching networks, it was challenging to know where to begin and who to approach. Therefore, I leveraged my coaching network as a starting point for accessing potential participants.

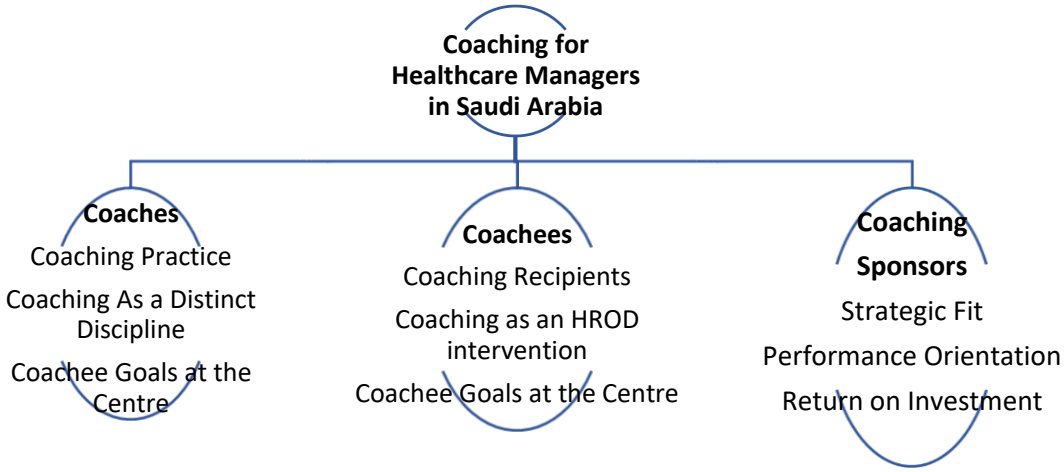

Figure 1 Typology based on participant perspectives (Sienko, 2020)

Following deep consideration of issues such as project duration, researcher resources, the practicalities of working in the region, the method of data collection and analysis, and the guidance in the theoretical literature, it was determined that participants would be drawn from amongst the three key constituencies of interest. These were coaches, coaches or coaching recipients, and coaching sponsors working in a range of public and private hospitals in Saudi Arabia who indicated their willingness to participate in the study and who were able to comprehend and speak English. Consistent with the developmental nature of case study research, by using a snowball approach, it was determined that the initial key informants will be used to identify others who could also be approached to participate.

With respect to the ideal number of participants, I was cognisant of the fact that there is little consensus within the qualitative research community about what constitutes an adequate sample (Merriam, 2009). The guiding principles that informed the number of participants included (amongst others) the fact that with naturalistic inquiry it is the thorough analysis of the data that underpins the richness and credibility of the research rather than the number. Secondly, given that I would be conducting the interviews and transcribing them verbatim myself, I was not

confident that, in addition to my role as a CNO, I would have adequate time and resources to undertake the inquiry over a prolonged period. Finally, given the limited empirical information about the state of coaching in Saudi Arabia, which I outlined in Chapter 2, I was not sure how easily I would be able to recruit participants. Flick (2012) acknowledges that this is a valid consideration when seeking to determine the adequate number of participants.

In considering what the optimal number of participants should be, no definitive answer could be found in the research literature in relation to the question of what sample size is appropriate or adequate. As regards what would constitute an appropriate number of in-depth interviews, Guest *et al*. (2006) sought to develop evidence-based guidance on the optimal number of qualitative interviews. In their own qualitative research, they found that data saturation had occurred by the time twelve interviews had been conducted. With respect to the sampling strategy, a nonprobability, purposive sample was used (Bryman and Bell, 2011). This meant that those approached to participate would need to be both relevant to and have some understanding of the issues related to my research.

Through my existing practice network, an initial list of prospective informants who met the criteria to address my research questions, was developed. These individuals were initially approached via email to inform them about the research and to ask whether they would be interested in having an initial in-person or telephone discussion with me about the study. In order that prospective participants would not feel compelled to respond to me before they felt ready, I also informed them that a copy of the participant information sheet (Appendix 2) could be forwarded to them upon their request. I also took a copy of the participant information sheet to interviews, in case the participant wished to re-read the information or to sign their consent. This

is addressed further under ethical considerations. Ultimately, fourteen informants participated in the research.

3.6.5 Data Collection Methods

Consistent with the chosen research methods and alignment with an interpretive epistemology, a range of data collection methods were initially considered for use within this study. These included in-depth qualitative interviews, non-participant observation (if possible), and document reviews. Ultimately, documentary reviews and participant observations were not feasible.

3.6.5.1 Development of the interview topic-guide

I have previously explained that I was drawn to my research by questions that emerged from my experience related to the use of coaching for the development of healthcare managers in Saudi Arabia. I sought answers to these questions in the coaching and HROD literature. Marshall and Rossman (2011) explain that it is common for researchers to review existing theory, research, and literature to develop their initial theories, insights, and hunches. Based on my review of the relevant literature, an initial list of topics to be explored was developed. However, I was conscious that despite living in Saudi Arabia for almost a decade and being ensconced in healthcare and in coaching, I still held 'outsider' status. Therefore, prior to the commencement of formal interviews with the research participants, in-depth discussions were held with two key informants (elders) to discuss Saudi culture, religion, social conventions, and norms. These informants were not approached because they possessed any knowledge about coaching practice but rather, for their ability to speak to the religious and societal norms that might apply during the data collection process. Those interviews were intended to enable me to gain some insight into social, cultural, religious, or other issues that could illuminate the context from an insider's

perspective and therefore inform the interview topics to be included in the topic guide, avoided, or sensitively addressed.

3.6.5.2 In-depth Interviews

Different interview topic guides were developed for coaches, coachees, and coaching sponsors (Appendices 2, 3, 4). Based on the range of topics to be explored and with the understanding that English was a second language for many participants, it was anticipated that in-depth qualitative interviews of up to 1.5 hours each would be conducted with up to 15 coaches, coachees, and coaching sponsors. Demographic information was also collected, which would aid the rich, thick description that is consistent with qualitative case studies and ethnographic approaches, and which will contribute to the transferability and credibility of the findings.

Fontana and Frey (2000) described the in-depth interview as being one of the most powerful tools for gaining an understanding of human beings and exploring topics in depth. In addition, in-depth interviews are also a means of eliciting rich information about personal experiences and perspectives and allow for flexibility and spontaneity (Russell *et al*., 2005). I assessed that one potential advantage of conducting the interviews is that I would be able to contemporaneously record the interviewees' accounts and will need fewer participants to gather rich data. However, I was also aware that the information they provided me with would be filtered through their own reality and personal lens.

3.6.5.3 Interview Setting

Interviews were arranged in advance and conducted in a range of settings based on the participants' choice. These included in participants' offices. Three were conducted in restaurants during the holy month of Ramadan where the announcement of *Iftar* (breaking of the fast) could be heard clearly in the background of the recordings. One such example is described in Appendix

5). Two interviews took place overseas and one was conducted via skype. Some participants also requested that the interviews be conducted in their homes, where in addition to sharing their knowledge and experience, they also extended warm hospitality. The significance of being invited to a participant's home weighed heavily upon me for it is well-known in the Arab world that breaking bread together is an enormous act of trust and that 'in the Arab culture, betrayal after breaking bread with someone is unforgivable' (Al Khatib, 2017). The implications for the ethical conduct of my research were further reinforced in moments such as those.

3.7 Data Analysis

In my exploration of the ontological and epistemological underpinnings of my research, I addressed the notion that in narrative inquiry, knowledge is co-created between the researcher and the participants. In relation to case study, this involves searching for meaning both through what is directly observed by the researcher and what is understood, experienced, and reported by the participants. Yin (1994) explained that there are two main modes of case study analysis. I anticipated that large amounts of data would be generated from the interviews alone. It is wellknown that in-depth qualitative interviewing involves and generates a large volume of work for the researcher. Carter *et al.* (2014) observed that 'conducting the interviews, transcribing the discourse, and analysing the text often require considerable time and effort' (Carter *et al.*, 2014, p. 545). I also leveraged the work of Esterberg (2002) who stated that reading through the data to get to know it is an invaluable step the data analysis. Based on this reality my objective was to ensure that in my role as researcher-practitioner, the data analysis would be simultaneously rigorous, thorough, and manageable (Ritchie, Lewis, McNaughton-Nicholls, *et al.*, 2014, p. 113). In addition, since this study appears to be unique, I decided that it would be important to tell the participants' stories as fully as possible. Therefore, a selection of their narratives is presented

more fulsomely than might otherwise be expected. The data analysis steps described by Braun and Clarke (2006) and by Creswell (2009) were found to be compatible with my objective. These steps are summarised in Table 5.

Table 6 Thematic analysis phases (Adapted from Braun and Clarke, 2006; Clarke and Braun 2013; Creswell, 2009)

Data Analysis Phase	Description of What is Involved
Familiarisation with the Data	Immersion in the data through listening to the transcripts and reading and re-reading the data to get to know it as it is described. The data is organised and prepared for analysis. Record initial impressions about and reactions to the data. Make and document recollections about the people and the settings and making notes in my reflective journal.
Coding	Begin detailed analysis with the coding process. Generating labels or codes that identify significant features of the data of relevance to the research question. Involves coding all the data, collating the codes and other relevant data extracts to be used later in the data analysis. Here the codes were kept close to the participants' wordings.
Generating Initial Themes	Examining the codes and the data to identify larger patterns of meaning which could be potential themes. Also involves sorting the data relevant to each indicative theme and assessing the theme's long-term viability. Examine the emerging themes against the data.
Reviewing Themes	Re-checking the indicative themes against the data. At this stage, an assessment is made of the extent to which the themes tell a convincing story of the data and helps to answer the research questions. Themes are also refined in this phase. Themes are also checked for consistency with the wordings used by the participants. Some contributing codes are realigned or eliminated

Data Analysis Phase	Description of What is Involved
Defining and Naming Themes	Agreeing how the description of the themes will be represented in the qualitative description. A detailed analysis of each theme is conducted. The meaning of the data is interpreted including determining the story of each theme. Some contributing codes are realigned or eliminated. In this phase, themes are named.
Writing Up	In this phase, the analytic analysis is conducted and contextualised in relation to existing literature. Make minor interpretive adjustments to the data. Use quotes as a form of storytelling to add richness and because this is a unique opportunity to share coaching in Saudi Arabia with others.

3.8 Research Evaluation

In the past, the evaluation of research data was conducted using criteria such as objectivity, reliability, and validity. Briefly, validity is concerned with the integrity of the conclusions generated from research whereas reliability relates to whether the results of the research are deemed to be repeatable (Bryman and Bell, 2011). As interpretivist paradigms have emerged and gained in popularity, questions have arisen with respect to the value of positivist evaluation criteria in qualitative research. For example, Merriam (1998, p. 199) noted that 'constructs such as reliability and validity are positivist and quantitative and are not entirely applicable to qualitative research'. Objectivity concerns the notion that as far as is possible, the researcher should maintain a distance from the subject being studied so that the findings depend on what was studied and not on the researcher's personality, beliefs, or values (Payne and Payne, 2004). Because of the nature of how knowledge is generated in qualitative research, assessing the accuracy of the findings of qualitative research can be difficult. Nevertheless, it is possible to utilise strategies for enhancing trustworthiness (Veal, 2011; Bryman, 2012; Loh, 2013) which has four components that I address below.

3.8.1 Transferability, Dependability, and Confirmability

Transferability deals with the extent to which the findings apply to other contexts. Its positivist parallel is external validity. Transferability is established through rich, thick description of the setting (described earlier) that provides the reader with sufficient detail to be able to judge the extent to which the findings are applicable to other settings (Seale, 1999). Dependability is aligned with reliability, in quantitative research i.e., the applicability of the findings at other times (Bryman and Bell, 2011). Merriam (1998) stated that dependability 'deals with the extent to which the findings could be replicated in similar subjects and in similar contexts' (Merriam, 1998, p. 205). To achieve trustworthiness, it is important to adopt an 'auditing approach' (Bryman and Bell, 2011, p. 398) in which complete records, field notes, interview transcripts, and data analysis decisions are maintained in an accessible manner, enabling them to be peeraudited if required. Using multiple methods of data collection and analysis (triangulation) also supports the dependability of qualitative research and it was part of my initial plan to utilise this approach. Ultimately, following feedback during the development of the proposal opportunities for triangulation through document reviews and non-participant observation were not utilised. The main primary data collection method was via in-depth interviews. In addition, Merriam (1998) identified that clarifying from the outset, the researcher's biases, assumptions, ontology, and epistemology is another means of achieving dependability.

Maintaining a reflective or reflective researcher journal throughout the research journey, enabled me to maintain a self-critical, reflective account of how the research was conducted. It also served as a critical and sometimes moderating influence on my role in the research. I have extensively described my philosophical stance earlier in this chapter. In theoretical terms, this relates to the degree to which the researcher's values intrude on the research, knowing that as

Bryman and Bell (2011) stated, ‘complete objectivity is impossible’ (Bryman and Bell, 2011, p. 398). Willig (2001) proposed that, in understanding the reflexive process, the researcher must also reflect on his/ her assumptions about knowledge and about the world.

3.9 Ethical Considerations

In chapter 1 of my thesis and earlier in this chapter, I shared the context within which the research was conducted and my sense of the criticality of maintaining strong research ethics. Ethical considerations were addressed at every stage of the research including in the research design, methodology, and methods, as well as in the sampling, data collection, and data analysis, emergence of the findings and in the conclusions reached as a result. It would be important that the credible or believable from the perspectives of participants since it is through their eyes and voice that the research will have been undertaken. It was important to describe the research context and any assumptions that were central to the research to enhance the transferability of the findings. Finally, to do justice to the participants I used a range of strategies to enhance the confirmability of the methods and I have described these in detail later.

One issue of concern related to the closed nature of Saudi society and the possibility that individuals might withhold potentially sensitive information out of caution about being identified. All participant data was coded, and no identifiable data was used. This included document titles as well as geographical region and workplace descriptions which would be easy for someone with local knowledge to identify. In addition, it was a condition of the university’s grant of ethical approval that applications such as WhatsApp were not used to contact or communicate with participants since it is known that communications across these networks are sometimes monitored. I sought and accessed a purposive sample approach which began with the selection of information-rich, English-speaking participants and included a snowball approach

(Patton, 2002). Prospective participants were initially contacted to inform them about the research, to give them the opportunity to ask questions and to seek their agreement, in principle, to participate. Although my initial interest in the research was generated because of my experience in one organisation, there were two key reasons why participants were recruited from several, rather than a single organization. As well as adding richness to the research, I felt that conducting the research in more than one organisation, would engage diverse perspectives and make it less likely that individuals could be identified.

As a coach and member of the European Coaching and Mentoring Council, I am bound by a code of ethics that deals with, amongst others, issues such as integrity and confidentiality (EMCC, 2016). As a nurse, I am also obligated to observe the Nursing and Midwifery Council's Code of Conduct and Ethics (NMC, 2015) which addresses issues of patient and public protection. As a healthcare employee, I receive annual training on data protection and confidentiality. I have also undertaken the National Institute for Health's Protection of Human Subjects certification. Further, I have received education on the ethical conduct of research through my doctoral program. Because of my professional memberships, training, and qualifications, I was aware that it would be important that robust arrangements be implemented to address consent, the maintenance of data, and the protection of confidentiality. It was critical that my status was not used as a pressure lever to engage participation in the research. Participants in the study were required to give written, informed consent to participation (Appendix 1). Participants were also informed of their right to opt out of the project at any point including when or if they perceive that there is a conflict between their personal participation and their professional role. Additionally, prior to commencing the study ethical approval was sought

and obtained from the University's Research Ethics Committee (REC). Together, those mechanisms were utilised to assure participants that rigorous ethical safeguards were in place.

I was the primary researcher and I collected and analysed all the data myself; data were collected in English. I felt that this was appropriate since, in my experience, those occupying managerial positions are typically educated in the West and in general, are able to comprehend and communicate clearly in English. If documents were produced and data were collected in Arabic, I would require interpreting support from a third party who would be exposed to participants' information, which would be required adding another level of ethical complexity to the research. I also speak, write, and read Arabic at an intermediate level, so I felt confident that I would be able to address in Arabic (if needed) any issues requiring explanation or clarity. During the data collection, it was neither intended nor envisaged that participants would be exposed to any legal, physical, or psychological risk. A minimal possibility of potential psychological risk was identified in that, given the nature of the topic, it was possible that participants might become distressed or emotional in sharing their experiences. This could have occurred when discussing for example, why they accessed coaching, during the interviews. It was decided that should this occur, the participant would be offered the option to stop the interview or even to withdraw from the study and depending on the need, directed to appropriate resources such as counselling, for support.

It was vital that the identities of the participants as well as the physical and electronic data be protected. Participants were advised that while strenuous efforts had been made to protect their identities, they were not obligated to participate in the research and could withdraw at any point (Appendix 2). I mitigated the risk of participant identification by using codes rather than names or other identifying details. The participant data, the codes, and all identifying information were

stored in my home and electronic data files were encrypted and accessible by me only, by using a confidential password.

For many reasons, it was also important to prevent researcher bias. Being a qualified, experienced coach of Caribbean heritage, there was a risk that I would impose on the research my own biases about issues related to coaching, ethnicity, or culture. In addition, I was conscious that efforts would need to be made to ensure that participants did not feel pressured to participate in the study. The ICF explicitly acknowledges the researcher-practitioner role and gives specific guidance on practice ethics for research and practice. Primarily, as regards research, coaches:

> conduct and report research with competence, honesty, and within recognized scientific standards and applicable subject guidelines my research will be carried out with the necessary consent and approval of those involved, and with an approach that will protect participants from any potential harm. All research efforts will be performed in a manner that complies with all the applicable laws of the country in which the research is conducted (ICF, 2015).

The ICF also states that coaches must strive to recognize personal issues that may impair, conflict, or interfere with their coaching and will seek out professional assistance as required. To manage the challenges related to being a researcher-practitioner, it is important to be both reflexive and reflective.

3.10 Reflexivity

Earlier in this chapter, I provided a detailed explanation of my philosophical stance as a researcher-practitioner, and I engaged in a detailed reflection on the various personas invested in this research. Schön (1983) observed that there is a kind of knowing in which competent practitioners engage and that practitioners know more than we are often able to articulate in language. I believe that this represents a recognition *that* what we know, who we are, and how we practice are inextricably linked and that we bring ourselves and our knowledge into practice

and consequently into research. Engaging in reflection in action is one way in which as a researcher-practitioner, I can be reflexive.

Reflection in action 'involves examining our beliefs and experiences and how they connect to our themes in use' (Schön, 1983, p. vii). The use of a reflective researcher journal was one strategy that I utilised throughout the research for the purpose of maintaining self-awareness throughout the research process and for engaging with reflexivity. I have included an excerpt from my reflexive journal in Appendix 6. The use of researcher journals is supported in the research literature (Watt, 2007; Lambert, Jomeen and McSherry, 2010). Note-taking and memorizing were also other tools that I used. Reflection was not only of value in my role as a researcher (see Appendices 7 and 8) but is also essential to my coaching practice. Day *et al*. (2008) stressed that it is important for coaches to possess skill in reflection and use these to regularly engage in reflective practice.

Credibility parallels the internal validity of the findings and relates to the extent to which the findings are believable. Member-checking has been identified as one of the ways in which credibility is established (Guba and Lincoln, 1989) and I utilised this technique in my research. Interview transcripts were provided to the participants for their review prior to transcription and in keeping with my research proposal, emerging themes were shared with a selection of participants for their review and for any insights they wished to offer.

As a coach, I already receive coaching supervision. To date, this has proven to be an invaluable avenue for reflection and for challenging biases and exploring challenging or unfamiliar practice situations. In this way, I also used supervision as a quality control role mechanism in relation to issues that could have impacted the trustworthiness and credibility of my research and my practice as a coach.

3.11 Conclusion

In this chapter, I explained my research approach as being interpretivist, using qualitative case study methodology addressed through an ethnographic lens. I discussed at length, my relationship with the subject that was reviewed in terms of the different personas that I brought to the research before and during the research process. This complex positionality of emic-etic, researcher-practitioner, healthcare executive-coach implicated specific ethical issues as well as those that are common to qualitative research.

The main stages of the research have been outlined and I addressed aspects of the research that were sometimes challenging. Evaluating the most suitable methods and approaches for addressing the research objectives placed me at the crossroads between critical realism and interpretivism. The former asserts that understanding the social world necessitates an understanding of the social structures that influence the topic being researched (Bhaskar, 1988). A critical realist paradigm could also have been suitable for my research, but I chose the interpretivist paradigm and I have discussed my reasons for doing so earlier in this chapter.

My journey of inquiry began several years before I began the research. I have become intimately entwined in the research and took appropriate steps during the research to acknowledge and address reflexivity. Since commencing the research, the coaching landscape has evolved, the healthcare landscape continues to transform and the social landscape within Saudi Arabia continues to change, though Islam as the grounding tenet of life has remained constant. In addition to the findings which are reported in Chapter 5, the thesis research also brings real value in relation to my own understanding of coaching within a non-Western, healthcare contexts and the way that my practice has evolved. Importantly, this has provided me with agency, which I

have been using for the benefit of others in healthcare, coaching, and the wider HROD field. I discuss these issues in greater detail in Chapter 4.

Chapter 4: Project Activity

4.0 Introduction

This chapter provides an overview of some of the key activities that I have undertaken while conducting my research. The purpose of presenting this information is twofold. The first is to demonstrate the continuous learning that has occurred during the research life cycle. The second is to explain how I have been leveraging my developing agency to support and benefit a wide range of stakeholders and professional endeavours within my organisation, within Riyadh and Saudi Arabia, and more regionally and internationally.

4.1 Conducting Research During a Pandemic

Much of my research activity took place in 2019/ 2020 and I share, below, a brief snapshot of what it was like to conduct research and to produce a thesis during this year. The year 2020 proved to be an incredibly challenging year to conduct research and to produce the thesis. I provide some deeper insight in the final chapter of this thesis, where I also share my reflections and learning on my entire DProf journey. Briefly, there are several reasons why undertaking research during a pandemic was challenging for me as a nurse, coach, and healthcare executive working in healthcare and I share some highlights later in this chapter. I present this information to amplify the context within which the research and the thesis were conducted and produced.

Prior to the pandemic, much work had been done with my research supervisor to undertake and complete the work according to agreed milestones. According to the supervision and feedback schedule agreed with my research supervisor, all data collection will have been completed by March 2020. April to December 2020 should have been devoted to the preparation of the thesis. However, from December 2019 onwards when word of the *new virus* emerged, hospitals and other healthcare organizations began to take preventative actions. These included reducing social

contact, which impacted my ability to undertake in-person interviews. As 2020 progressed it became important to be continuously flexible and to be continuously mentally and physically agile and to remain focused on the end product. As regards the research, 2020 proved to be a year in which there was a definite tension between my roles as a healthcare practitioner and researcher. This time was characterised by long periods of inactivity (with respect to the data collection, analysis, and production of the thesis), punctuated by short bursts of intense activity.

4.1.1 Opening a New Hospital

I commenced my role as Executive Chief Nurse of Aldara Hospital and Medical Centre in December 2015 on the basis that the hospital would open by the summer of 2016. Ultimately, the construction of the hospital was not completed until January 2020, and this was followed by a flurry of regulatory activity, which was essential for the operation of the hospital. The hospital received regulatory approval to operate in January 2020, coinciding with the national escalation in precautionary measures and increased time spent on my operational duties at work. In addition to having less time to work on my research or to write for publication about my research. I had three participant interviews left to conduct and discussed with my supervisory team the possibility that I would need to conduct some interviews using online platforms rather than inperson. My extensive operational portfolio meant that I was responsible for a diverse range of activities including recruitment and retention, acquiring new uniforms, finalising clinical and operational workflows, conducting workflow testing, working with the supply chain to select products and supplies, and ensuring that there were adequate products and supplies for clinical use. I was also deeply involved in preparing regulatory and accreditation documentation as well as in the actual accreditation process. All these activities entailed long days at work during the weekdays and weekends, leaving little time for writing.

Simultaneously, my work within the hospital brought me into contact with a diverse range of employees, many of whom had never built or commissioned a new hospital. It was a stressful and demanding time. Many staff looked to me as an executive of the organisation to provide varying levels of support and direction and instruction on how to accomplish tasks. Here too, I observed some of the behavioural characteristics that drove my questions and later my research. My experience and skill as a coach enabled me to support these staff through asking powerful questions, careful listening, goal setting, and facilitation. In this way, I was able to enable different team members to accomplish kept myself on task in relation to my own work. I utilised coaching techniques such as perceptual positions, which is a guided four-stage process that facilitates self-awareness, empathy, and objectivity. Successfully facilitated, it enables the user to view a situation from their own perspective to one where they can see the situation from another's vantage point. Using this technique with a range of executive, operational, and clinical staff resulted in a reduction of stress, judgment, and blame amongst team members; for example, when a delivery did not arrive or when someone did not complete an assigned task on time.

4.1.2 The Impact of Coronavirus

In December 2020, information began to emerge about a type of flu that had begun to spread in China but also appeared to be localised there. Preparations continued for the opening of the hospital while maintaining a wary eye on the progression of the virus. The formal opening of the hospital was scheduled for 12 March and all invitations for the opening ceremony had been set out. In late February, news emerged of the first few cases inside Saudi Arabia and the government and Ministry of Health acted quickly and robustly to implement city-wide curfews and, later, to close its international borders. Simultaneously, all hospitals were required to implement robust coronavirus screening and testing measures at all entry points to the hospital.

The intense activity that ensued meant that time to focus on the DProf was limited to minimal evening hours each day, some of which became available because of the implementation of the curfew. Later, as organisations adjusted to the new norm of minimal on-site attendance, those few available hours were absorbed by work-related meetings via MS Teams.

All physical contact with research participants was immediately curtailed. In terms of data collection, at least one participant could not be interviewed in person because of travel restrictions. However, in discussion with my research supervisor, it was agreed that this interview could be conducted virtually. I had planned on traveling to the UK in early April and to conduct my final in-person interview while there. The closure of the borders meant that I could not travel for many months. When I was finally able to return to the UK, I could not meet with the participant because of localised travel restrictions. With the agreement of my supervisory team, this interview was conducted via Skype.

Personally, it was difficult to continue to focus on conducting interviews and on preparing the thesis while running a hospital in the middle of a pandemic, where the demands of existing and emerging work pre-dominated. My main priorities were maintaining a safe environment within the hospital and ensuring that there are adequate numbers of staff to undertake the regular and additional duties that emerged because of the pandemic. Over the months, many members of staff contracted coronavirus. Some staff were locked out of KSA due to the closure of national and international borders. At times, this created challenges to staffing the units.

Most of my time from March 2020 to the present time, has been devoted to ensuring that I kept some focus on the DProf. To ensure that there was a limited impact on my research findings, I consciously adjusted my daily habits, including but not limited to waking earlier in the day and going to bed later so that I could find time to collect and analyse data and write up the findings.

Intended plans for data collection also needed to be amended. Aspects of my practitioner life were also affected, including the provision of face-to-face coaching such that it is only within the last quarter that I started coaching online. I discuss some of these impacts and activities below.

4.2 Participant Selection

When considering the prospective sample and the participants in 2017, I framed my decisions and expectations within what was known from the existing research about the state of coaching in healthcare and more broadly, within the Kingdom of Saudi Arabia (KSA). In Chapter 2 of this thesis, I highlighted that, at the time of reviewing the literature and collecting the data, only one published research study could be found. In addition, my experience had been that, while coaching was being used for management development in healthcare, much of the coaching support was commissioned from the West and other countries outside the Kingdom. Consequently, my expectation was that in relation to coaches at least, I would not find many coaches in the country to participate in the research. Using purposive sampling, I was able to recruit fourteen participants between June 2018 and January 2020.

Fourteen individuals participated in the research. These were five coaches, five coaching recipients, and four coaching sponsors. The coaching sponsors proved to be the most difficult group to recruit. I surmised that the reason for this was because those responsible for commissioning coaching did not necessarily do so from a position of personal or professional conviction but, rather, because the coaching was deemed a suitable developmental tool for their organisation's business needs. Most occupy very senior positions within their organisation and, thus, carving out time to participate in research might not have been their main priority.

4.3 Collecting Data

One of the conditions for securing informants' participation was that the interviews would be conducted at a date, time, and location of their choosing. Ten interviews were conducted in Saudi Arabia and four were conducted overseas, including two in the GCC region and two in Europe. As regards physical location, three interviews were conducted in restaurants, two in homes, one via Skype and Zoom, and the remainder at the informants' workplace. I made detailed notes of each setting to support my own recall of events when transcribing the interviews and to enable the audience to visualise important context information. See below the respective details of the settings in which my interviews with Coaching Recipient 1 and coaching sponsor 1 took place.

> This interview took place in an Armenian restaurant in Riyadh. It's 9 pm during the holy month of Ramadan and we are recording the interview after Iftar (the breaking of the fast). The restaurant serves mixed gender groups (Interview with Coaching Recipient 1).

> We are in the Interviewee's Office, it's mid-afternoon. We are sitting at a table, just the two of us. I feel very relaxed. He is wearing a pristine white thobe. This is someone I know. He is a physician by background and has served at the highest levels nationally (Interview with Coaching Sponsor 1).

All interviews that were conducted in homes or restaurants involved food. It is worth observing here that food is particularly important in Arab and Saudi culture and the breaking of bread together is symbolic of establishing trust. Zeng (2020, online) states that breaking bread together is 'an expression of an alliance that says that no matter who you are and what's happening in the world, two people who share a meal together have an unbreakable bond'.

Three interviews were conducted in the morning, and five were conducted in the evening, with the remainder in the afternoon. Interview duration ranged from 49 minutes to 1.12 hours. To enable the participants to respond as freely and as expansively as possible, the interview topic guide was not shared in advance and the issues were addressed organically and according to the flow of the dialogue rather than in any preconstructed order.

4.4 Coaching Practice

At the start of the pandemic and for many months after, the KSA government and all hospitals introduced strict social distancing protocols which affected healthcare delivery and my research. This included bans on gathering and on activities such as face-to-face meetings to reduce the risk of spreading the disease. Whereas I had agreed to meet with any participants as part of the member-checking process, to answer any questions they had. Those meetings could no longer be in person. Many organisations meeting with hospitals quickly migrated their in-person activities to online platforms such as Zoom and Microsoft (MS) Teams. This rapid cessation of physical contact also impacted my coaching practice, and it was several months before I was able to focus on finding a way to connect with those who required coaching. One interesting feature of this time has been a generalised shift in coachees' goals and intentions, from being focused on issues such as career success and progression, to concerns such as dealing with isolation and maintaining their emotional well-being. In the intervening period, I did conduct some activity by WhatsApp but because of concerns about the security of this platform, much of this was advisory rather than coaching. Despite these limitations and challenges, it was also possible for me to leverage my agency in other virtual forums as shown in Appendix 4.

4.5 Conclusion

In this chapter, I explained the impact of the pandemic on my life as a researcher-practitioner. During this period, the demands of my employment predominated, and it would have been easy for the research to be de-prioritised or even derailed. On reflection, I could that maintaining fidelity to the research participants was a driving force that allowed me to explore how I could use agility and flexibility to simultaneously focus on my obligations. This flexibility included meeting with individuals in locations where we could be socially distanced, moving to online

rather than in-person interviews, using online platforms to engage non-coaching communities with coaching, and to continue my practice as a coach. Having provided an account of the project activity, I present the research findings in the chapter that follows.

Chapter 5: Project Findings

5.0 Introduction

This chapter presents the selected research findings, which are thematically organised, and which represent the perspectives of the coaches, coachees, and coaching sponsors. Interview data are organised according to these perspectives and the themes, which have emerged from the organisation, coding, categorisation, and analysis of the data. Based on the methodology and qualitative research process used in this research, the interview topic guide was amended at certain stages during the data collection to adapt to emerging findings. It is worth noting here that, while an interview topic guide was developed for use based on the review of the literature and the conceptual framework, the participants were also able to speak to their understanding and experience, of some issues that were not on the topic guide. Their responses often extended beyond the indicative areas identified for exploration.

I noted in Chapters 1 and 2 that there was a paucity of empirical information about the use of coaching in any sector in Saudi Arabia. In encouraging the interviewees to be as expansive as possible in their responses, I was able to explore the level of congruence between the participants' perspectives and the common themes and debates currently found in the literature. Using this approach, it was possible to identify a range of issues of potential relevance to coaches and the wider HROD community of practice. Analysing and interpreting the participant information was undertaken using the reflexive thematic analysis, which Braun and Clarke (2006) describe as a fully conceptualised qualitative approach, in which the data collection and the data analysis techniques are underpinned by a qualitative paradigm.

I also applied elements of the interactive process, as described by Creswell (2009). This involved utilising a sequential but recursive process, with movement back and forth between the different

phases of data gathering. The various phases are shown in Figure 2 below, including where I adapted the process, represented in bold type. For example, in the first phase of data analysis I assessed that it would be important to document my recollections of the setting and the people as annotations which I would then use to contribute to the thick description that is consistent with ethnographic type research. In this type of research, the researcher is confronted with:

> a multiplicity of complex conceptual structures, many of them superimposed upon or knotted into one another, which are at once strange, irregular, and inexplicit, and which he must contrive somehow first to grasp and then to render (Geertz, 1973, pp. 9-10).

Later in the data analysis, I will use this approach to create discrete data sources, strategically, to interpret and represent the data. I have already presented my data management approach in chapter 3. However, I have listed the main steps here for ease:

- Familiarisation with the data,
  Coding,
  Generation of initial themes,
  Review of the themes,
  Defining and naming the themes, and
  Writing up.

In reporting the data, however, some elements of the initial topic guide (Appendix 3) served to provide an organising structure for reporting the data. The questions in the topic guide were based on my experience and the initial review of the literature from which a typology representing some key issues and areas for exploration were identified (Figure 2). The typology was initially constructed to identify the three perspectives and report them. Later, I would utilise the typology as an initial scaffold on which to affix, review, corroborate and organise the emerging themes. The process described in Table 4 above was invaluable in this regard.

In this chapter, I focus on the informants' narrative and the findings that have emerged from the information they provided. Participant responses were 'thick' (Geertz, 1973), in that they conveyed deep personal understanding and experience of coaching from the perspective of each individual participant as well as from the collective perspectives of coaches, coachees and coaching sponsors. Some of the findings that have emerged from the analysis of the data are consistent with some of the key theories and discourses within coaching that were identified in the literature review (Chapter 2). For example, the issue of value and return on investment are consistent with some of the unresolved debates within the coaching and HROD communities. So too is the continuing lack of clarity about the fundamental differences between coaching and other developmental interventions such as mentoring, training, and counselling. However, other findings are indicative of distinct perspectives and experiences related to the use of coaching for the development of healthcare managers (CIPD 2020). It could, therefore, be argued then that coaching does have universal applicability but that practitioners would need to be cognisant of the issues of relevance to clients in Saudi Arabia and adjust their practices and approaches accordingly.

5.1 Presenting the Data

This study explored the use of coaching for the development of Saudi Arabian healthcare managers through the perspectives and experiences of coaches, coaching recipients, and coaching sponsors. The fourteen participants came from eight different organisations in KSA, the Gulf region, and from the Western world. The data were collected via in-depth interviews and analysed using the thematic analysis process that I have described in chapter 3 and earlier in this chapter. The first part of this chapter addresses the pertinent descriptive details related to the participants and the research environment. In the second part of this chapter, I present the

findings based on the key themes that were generated from the analysis and interpretation of the data.

A full list of the summary points from the data and my contemporaneous observations can be found in (Appendix 5) and is consistent with the methodological approach discussed in Chapter 3. Guba and Lincoln (1989) advise that in qualitative research, transferability is achieved by providing 'sufficient descriptive data to make such similarity judgements possible' (Guba and Lincoln, 1989, p. 298). Merriam and Tisdell (2016) stated that 'highly descriptive, detailed presentation of the setting and in particular the findings of a study' (Merriam and Tisdell, 2016, p. 257).

5.2 Description of the Participants

Participant demographics are provided in Table 6 for each of the participant groups. In the nationality category, I have deliberately omitted the specific details of the non-Saudi participants to reduce the risk of participant identification since some of them have a high public profile and would be easily identifiable through nationality details. Two participants came from within the Gulf Cooperation Council (GCC) region. The participants are listed in the order in which they participated in the research. Of those who agreed to participate in the research, four of the participants were men and ten were women, and all but four participants worked in a hospital setting. The four who did not work in hospitals were employed in private practice and nonhospital governmental organisations, the latter having a national remit. All have experience in the healthcare sector.

5.2.1 Age Demographics

In terms of age demographics, while participants were not specifically requested to provide details of their age, I learned that four of the participants were 60 years and were all males. Most

of the coaching recipients were in mid-career. Four of the coaching recipients had worked within the same organisation since qualifying and the fifth was in her second job but had been with her previous employer for over a decade. Three of the four coaching sponsors were over 50 years of age.

5.2.2 Participants' Professional Backgrounds and Job Roles

Five of the fourteen participants worked in HROD roles, including talent management, coaching, and training and development. The coaching recipients came from Nursing and Allied Health backgrounds. Four had grown in their roles from entry-level practitioners to junior and senior management positions within the same organisation. The final coaching recipient had changed employers twice. Three of the coaching sponsors were physicians by background. Two of those held executive leadership positions in hospitals and one was employed nationally in an executive, policy-making role. The female coaching sponsor had previously been a practising clinician who later moved into an HROD function; she was the most junior of the coaching sponsors, but she felt that her clinical experience provided her with some insight and informed her decisions about which developmental interventions to sponsor. In keeping with the purpose of the research, all coaching recipients had people-management responsibilities ranging from 15 persons to over 100. It is through these direct reports that managers exercise their accountability for healthcare quality and patient safety, sometimes using coaching behaviours.

5.2.3 Participants' Work Environments

The participants came from eight different organisations of which two were large hospitals, one was a medium-sized hospital, and one and was a small hospital. One organisation was a large governmental agency, and three organisations were privately owned. To maintain confidentiality and in keeping with the ethical undertakings given for this research, I have refrained from

providing specific details of each organisation that is represented in the research because firstly, most of the participants were based in a large city where the small number of hospitals overall would make it easy to potentially identify the participant's workplace. Secondly, as regards the participants from private organisations, those individuals have a high profile amongst a small number of coaches in their own countries and there was a risk that they could be identified. Two participants were interviewed in person, in their own countries. Two participants were interviewed via Zoom and Skype because, by the time they agreed to be interviewed, travel and social-distancing restrictions were in place due to coronavirus. Prior to using this modality, I sought advice and agreement from my research supervisor and adhered to the University's ethics guidelines.

Table 7 Description of the participants

Participant Demographics			
Role in Research	Gender	Nationality	Organisation Type
Coaching Sponsor	male	Saudi	hospital
Coach	female	non-Saudi	hospital
Coaching Recipient	female	Saudi	hospital
Coaching Sponsor	female	Saudi	hospital
Coaching Sponsor	male	Saudi	governmental agency
Coach	female	non-Saudi	private practice
Coach	female	non-Saudi	private practice
Coach	male	non-Saudi	private practice
Coaching Recipient	female	Saudi	hospital
Coaching Sponsor	male	Saudi	hospital
Coach	male	non-Saudi	hospital
Coaching Recipient	female	Saudi	hospital
Coaching Recipient	female	Saudi	hospital
Coaching Recipient	female	Saudi	hospital

5.2.4 Participants' Academic Background

The information in this section is a descriptive representation of the levels of professional and educational attainment amongst those participants who are providing, commissioning, and receiving coaching in KSA healthcare. Of the Saudi participants, all but two received part of their university or post-graduate education abroad. One was educated in Australia, one in The United Kingdom (UK), and one in Canada. The remainder were educated in the United States of America (USA). Of the two who had been primarily educated in KSA, both had undertaken some training in Europe and the USA. Four participants including three coaches had a bachelor's degree only. All other participants had achieved a master's degree. It is worth noting that in

Saudi Arabia, except for some administrative, clerical, and ancillary roles, entry into medicine and the healthcare professions requires attainment of a university degree. Some administrative interviews were conducted in English as all participants had a high level of spoken English and comprehension. As regards the coaches, two were primarily Arabic-speaking and spoke English fluently. The remaining three were native English speakers who spoke little or no Arabic.

5.2.5 Experience of Coaching Prior to Participation in the Research

Exposure to and understanding of coaching was one of the key issues explored during the interviews. In relation to the coaching recipients, only one had independently chosen coaching outside of the work environment. All other coaching recipients were exposed to formal coaching during their employment with their present employer. Similarly, only one coaching sponsor had received any exposure to formal coaching as part of her role. The remaining coaching sponsors assumed responsibility for sponsoring and purchasing coaching as a component of their job role, but none had received formal coaching. As regards the coaches, it is interesting to note that none of them was Saudi and of the five coaches, only one was resident in the country at the time of the research. The remaining four travelled to and coached in KSA on a contracted basis.

5.2.6 Types of Coaching Used

Different research participants used different types and modalities of coaching. With respect to modality, the coaching recipients generally preferred and had experience of in-person, one-toone coaching, delivered in-country. One coaching recipient stated that she had experienced virtual coaching at the start of her coaching journey but that she ultimately preferred in-person coaching. Coaching sponsors and commissioned group coaching as well as individual coaching and coaches had delivering experience using group and individual coaching. Coaches, coaching sponsors, and coaching recipients unanimously identified that coaching was delivered

commissioned, received for individual or organisational developmental needs. Coaches described the range of approaches they used in terms of informally using some coaching behaviours and skills for full-coaching engagements.

5.2.7 Coaches' Qualifications

All coaches who participated in this research held coaching qualifications with internationally recognised bodies. Three held UK-based qualifications achieved through the Institute for Leadership and Management (ILM) and two (both from within the region) achieved qualifications with the International Coach Federation (ICF), which is more aligned with the United States of America and other parts of the world. There are several reasons why coaching qualifications are important, but I present two that are relevant here. Firstly, industry qualifications and certifications are acceptance criteria related to the professionalisation of coaching. With reference to professionalisation, I use the term to refer to the process of working towards acquiring several defining characteristics, including codes of ethics, professional associations, specialised skills, and governance (Williams, Onsman and Brown, 2009). Secondly, corporate clients often use qualifications as a selection criterion when engaging with coaches (PWC, 2007). In this sense, KSA is aligned with current commissioning and sponsoring practices. The focus now shifts to the research findings. These will be subject to deeper discussion and analysis in Chapter 6.

5.3 Data Analysis Process

In section 3.7, I explained that the stages of data analysis were as follows:

Familiarisation with the data

Coding

Generating initial themes

Reviewing Themes

Defining and Naming Themes

The codes and themes were elicited using an approach in the qualitative tradition, informed for example by Braun and Clarke's (2006; 2012; 2019; Clarke and Braun 2013;) thematic analysis process and the work of Creswell (2009).

5.3.1 Familiarisation with the data

This phase of data analysis entailed firstly, listening to the interviews. Byrne (2021) states that familiarisation is necessary to identify information that is relevant to the research questions. I also replayed sections of interviews to gain clarity about what was being said (because many of my participants were not native English language speakers) or to get a sense of what was being said. The interviews were then manually and orthographically transcribed, including making notations about features such as setting, voice, tone, pauses, and breaks. I also highlighted what I thought were interesting excerpts in the transcripts Each interview took approximately 10 hours to transcribe. In Box 1 below, I share an example of some of the features of the familiarisation process that I have described.

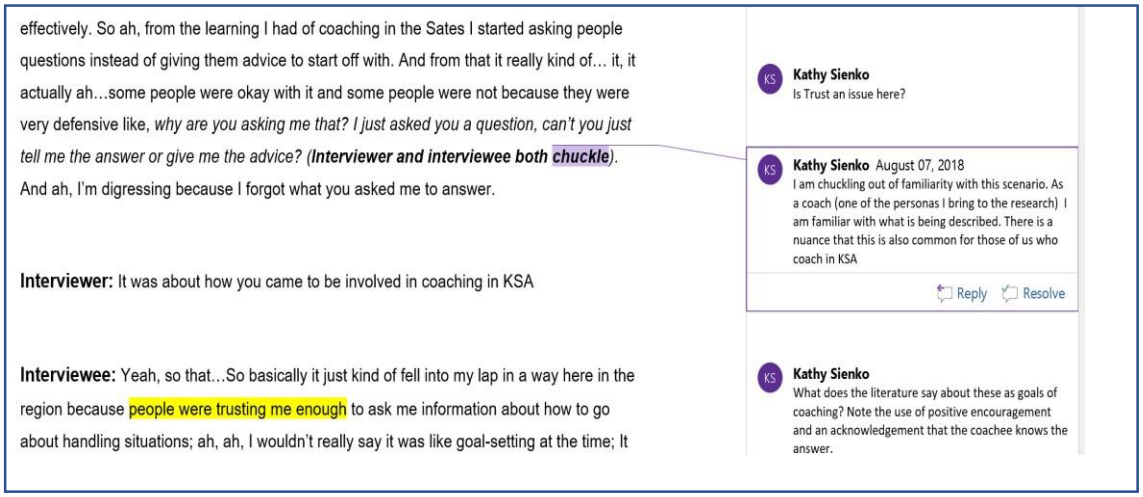

Figure 3 Example from familiarisation stage

5.3.2 Coding

The data were coded inductively using a process of open coding, in order to best represent the meaning communicated by the participants (Braun and Clarke, 2013). Codes are generally descriptive or interpretive labels that are assigned to the data that might be relevant to the interview questions. I was conscious that some of the early codes might need to be re-defined or prove to be irrelevant as the data analysis progressed. Byrne (2021) notes that it is not uncommon for a researcher to discard initial codes when different interpretations of the data emerge. I present an example of preliminary coding related to Trust, from one interview, in box 2 below.

You need to visit the restaurant and to eat our traditional food. (C1)---------***C1: Important to engage***

You need to go to the old city because all these will give you insight (C2)--------***C2: This insight will serve the coach well. Show you tried to understand.***

Ah you need to go, you need to sit with, to visit the women in their wedding ah, party Ah, if you are a man, you need to sit, to go also for the party for the men; also sitting with them ***(C3)----------C3: Critical to get close to people. Implies breaking bread***

You need to go also for the ah, for school, to sit with the teenager and everything if you are targeting this group. I don't know which group you are targeting. (C4)----------***C4: Helps to build relationships. See people in their natural world.***

Ah, you need to hear from the customer. From the customer that, that ah you are serving. If you are serving this organisation, this organisation has customer. You need to hear from the customer about them ***(C5)……C5: speak to other people apart from the sponsor***

Figure 4 Example of preliminary coding related to trust

5.3.3 Generating Themes

Generally, themes capture 'something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set' (Braun & Clarke, 2006, p. 82). Once all of the relevant data items were coded, they were reviewed for interrelationships, patterns, and connections. Those codes with shared meanings were combined into initial candidate themes and later, these were collapsed into sub-themes. I provide an example of this process in the table below.

Table 8 Data analysis process related to the theme of trust

CODE Legend: C(SP)= coaching sponsor C (CO)= coach C(CR)= coaching recipient/ coachee	C1(SP. 1): Culture is ingrained and will make or break the success of coaching. C3 (SP. 2): If the coach shows that they understand the culture, it helps to build trust C4 (CO): Helps to build relationships. See people in their natural world. C6 (CR.5) Making it safe to deal with the hard truth
INITIAL THEME	Respect Traditions Know the people before you know the person Go for a meal Attend a wedding Give it time Build relationships Gender matters Status protection Appropriate dress Watch body language Ask questions Questions as inquisition Coaching as punishment
SUB-THEME	Get to know the country and the culture Pre-engagement Might take time Safety

HYPERNYM OR SUPERORDINATE THEME	Trust

5.3.4 Reviewing Themes

In this stage of the data analysis, the initial themes were reviewed in relation to the codes and the research questions. Initial themes were explored for commonalities and merged into sub-themes. For example, the initial theme of **respecting traditions**, **get to know the people before you know the person, going for a meal,** and **attend a wedding** reflected the importance of getting to know the country and the culture. Similarly, the initial themes **make time** and **build relationships** were identified as important pre-engagement activities for the coach, coachee, and coaching sponsor. A knowledge of **gender matters**, **status, protection,** and paying attention to considerations, such as **appropriate dress** and **body language** within the Saudi cultural and work environments would provide guard rails for the coach and would enable sponsors and recipients to feel safe in engaging with the coach. Finally, the initial themes of **ask questions**, **questions as inquisition,** and **coaching as punishment** were found to be related to the understanding that working successfully with all parties might take time. This included time for all parties to achieve the essential conditions for meaningful engagement.

5.3.5 Defining and Naming Themes

This stage of the data analysis process focused on agreeing on the final names for the themes and on ensuring that the themes accurately represented the dataset and were informative as regards the research questions. Another important activity was identifying representative extracts from the interviews that would embody the theme and that would convey the diverse expressions of meaning co-created by the participants and the researcher. Integrated within each thematic presentation of the findings, is a brief discussion of the findings in relation to current

perspectives and discourses within coaching. I use the term brief because I had made the decision that since this was a rare study to be conducted on the use of coaching as a developmental intervention in KSA, I would present the data extracts more illustratively and reserve the deeper discussion for the 'discussions' chapter of my thesis. According to Byrne (2021), where the researcher takes a more illustrative approach to the writing up of the analysis, it is typical that the relationship of the results to the available literature is presented in the discussion.

In keeping with the practical orientation of the professional doctorate as well as contributing to the coaching's theoretical knowledge base, the research was intended to have practical applications for coaches. My intent is to illuminate through the themes, the salient issues identified by participants and to signpost coaches and other communities of interest to what they should be aware of and consider when engaging or considering coaching engagements in Saudi Arabian healthcare or other applicable settings. The final themes are presented in the sections that follow.

5.4 Themes Generated from the Interview Data

The process through which the themes were elicited has been described in section 5.1. Table 8 shows the categories and themes that emerged from the data, including that related to the typology presented in Figure 7. The five main themes that were generated from the participants' rich descriptions were:

- **Coaching as a way of living:**

  There is nothing in the religion or culture that prohibits coaching.

- **Trust:**

Trust is essential but it is more than the maintenance of confidentiality. It is largely about the coach and is a function of the confidence that coachees and sponsors can have in the coach because they believe that the coach deeply understands what is important in this culture, especially as regards issues that are unspoken.

- **Coaching Defined:**
  Theoretical definitions are important, but the experience of coaching also informs definition.

- **Coaching Impact:**
  For personal and organizational impact, it is important to get the most qualified and experienced coaches who know their craft and how to drive value

- **The coach:**

  The anatomy of the coach comprises personal qualities, practitioner experience, knowledge, and qualifications, expertly executed in the KSA religious and cultural context.

Table 9 Initial themes, sub-themes, and superordinate themes

Superordinate Themes	Sub-themes	Initial Themes
Coaching as a way of living	Coaching is consistent with Islam. Coaching is allowed. Choice and freedom of thought are encouraged.	Unless there is a specific hadith, all things are allowable. Different traditions in Islam

Trust	Get to know the country and the culture Pre-engagement Might take time Safety	Respect traditions Know the people before you know the person Go for a meal Attend a wedding Give it time Build relationships Gender matters Status protection Appropriate dress Watch body language Ask questions Questions as inquisition Coaching as punishment
Coaching defined	Coaching as a helping intervention Coaching as punishment	Coaching Mentoring Meaning
Superordinate Themes	**Sub-themes**	**Initial Themes**
	Coaching as choice	Guidance Life coaching Intention
Coaching Impact	Historical basis for West is Best. Understand purpose. Value of coaching	West is best? Coach needs to understand the value and purpose of coaching. Authenticity
The Coach	Coaching skills Chosen Accountability Reflection Connection Chemistry Safety	Choice and fit Listening Paraphrasing Certified Reputation Coaching supervision Powerful questions Curious

5.4.1 Coaching as a Way of Living

In previous chapters of this thesis, I pointed out that, in Saudi Arabia, there is no separation between religion and state. This means that many activities or decisions that might appear to be discrete in other cultures are inextricably linked or informed by Islam. Thus, personal decisions about accessing or providing coaching, for example, are sometimes made because they are consistent with what it is to be Muslim. Prior to data collection in my preparatory consultation with the religious leader (which I referred to in Chapter 3), he indicated that while there are

differing interpretations of Islam, it is generally the case that, unless prohibited by a specific hadith (a saying or tradition of the Prophet Muhammad: Peace be upon Him), everything is permissible, including freedom of thought and freedom of choice.

> There is you know a rule, which I understand that everything is Halal, you know. Everything which you can do in this life which you can do, is Halal (permitted). Except or apart from those which is a clear statement in Qur'an or a documented, you know hadith (law) from the prophet that this is… for example, wine okay, is prohibited. Pork… this is a clear verse in Qur'an saying that it's not…Apart from that any food is halal. (Local Saudi Leader)

From the interview data, it was notable that, amongst several participants, coaching was seen as being inextricably linked to their personal or religious beliefs. Coaches, coaching sponsors, and coaching recipients sometimes explained coaching as being consistent with Islamic culture or as an expectation, such that it is essentially a way of living. This was bound up with the perception of coaching as being a helping intervention and with the notion that to be helpful is one of the human beings' core responsibilities (Van Nieuwerburgh and Allaho, 2017). One category that contributed to this theme related to the notion that receiving and providing coaching is supported, and even encouraged, within the Qur'an. One coaching sponsor expressed this:

> So, knowledge, science makes a big difference in Islam. So that's in Qur'an. Ah, there is a clear verse in Qur'an that says, 'ask your… those who know if you don't know'. This is a clear verse. O you are encouraged to ask and be guided. At the same time there is a hadith from Prophet Mohammed (Peace be upon Him) saying 'you know your life more than I do'. So, you know your life. I mean, one of the farmers came to the Prophet to ask him about how to ah, plant the, what you call it, the tree. The dates you know. This tree needs sort of ah, ah, inoculation or certain procedures so it will get flowers. So, he came to ask him (Prophet Mohammed) and he said, 'you know more than I do., Okay, so don't ask me about these things', And there is a clear, even verse in Qur'an la tus al ean qul shay. (Coaching Sponsor 1)

> Because in our religion, when our prophet started his mission, he did not ask people to pray about everything. He was working on the mindset of continuous . . . he never tell them to do anything. He just has in his mind how much you can stand and have the capacity. (Coach 2)

At a more secular level, some participants identified coaching as being inextricably linked with their personal and professional existence and growth. For example, this coaching recipient who is a mid-career coaching recipient with just over ten years of experience noted:

> I think I've always been interested in improving myself and I've always been interested in or tools to improve myself both personally and professionally. Going to the next level. So outside of work I always have the next thing that I am looking forward to that I want to gain; whether it's inside work or outside of work. So, for example, at this point in time I have a couple of certifications that I want to be working at. I want to get them as soon as I can. Ah, so the interest in development was always there. (Coaching Recipient 1)

5.4.2 Trust

During the analysis, the concept of Trust emerged from the data as a superordinate theme contributed to by all participants. In its most basic form, *trust* was variously expressed in the form of advice to coaches to get to know the country and culture, to dress appropriately and to be mindful of body language. It also arose through an understanding that time is required to build trust before embarking on coaching and that questions are a key mechanism through which trust is built. The importance of trust in the coaching relationship is an accepted tenet within coaching practice and is well documented in the literature (Machin, 2010; Markovic, McAtavey and Fischweicher, 2014; Gannon and De Haan, 2016; Terblanche and Heyns, 2020). Based on this knowledge and on my experience of Saudis as being generally very private, I anticipated that it would arise during the interviews. However, as I will discuss in the following chapter, Trust proved to be an overarching theme in which the definition of trust is nuanced rather than overt.

5.4.2.1 Respecting Culture and Traditions

The emerging themes that informed Trust included respecting the Saudi culture and traditions. This was important both as a way of building trust and as a way of understanding the deep bind that culture holds on everyday life and behaviours. As one coaching sponsor explained:

> All this coaching stuff is well and good, and I can see how it is important in Vision 2030 that we develop the young people and as a country. But ah, if we are not careful, the culture will destroy everything. How people behave in work and how they take feedback; if that do not change, we will fail. (Coaching Sponsor 4)

Some participants were keen to point out that, while starting with some understanding of Saudi culture would be helpful, it was important to be aware of the heterogeneity and regional differences that exist within the country itself.

> Yeah, and how we will tailor the, tailor the messages ah, according to the culture. And we need to respect and consider Saudi Arabia is divided into six… from five to six cultures. Yeah, yeah. North, South, West, East, Central. Also, central divided into two, three areas which is…If you coach somebody from Qassim, it's not like somebody from the North. (Coaching Sponsor 3)

At a deeper level, respecting the traditions was viewed as a way of understanding the life-source of the person or people being coached. Getting to know the traditions and demonstrating respect for these in coaching practice could help coaches to become familiar with the Saudi people as a means of getting to know the individual. A deep appreciation of the anchoring roots of Saudis is important to relationship-building and to gaining trust. As one coaching recipient put it:

> I always refer to Saudi Arabia as my family. So, I want them [coaches] to see the kind, the kindness of people and I want them to see the original people, the old people, they are really nice people. I want them to see that this is the true people. I mean, the old culture. The grandfather and the grandmother, how they, ah, speak to you or… I don't know but this is what I want them to see. Ah, and also that we're not only, because as I say they keep asking me in the US, and 'do you live in tents, or do you ride a camel? And I say, 'I came all the way from there on a camel'. Interviewer Interjects: [Still?]. Yes. So ah, so no we're not ah, ah, although camping is good [chuckles] okay. But we, we're similar to other countries in terms of all of the lifestyle. But ah, we still have this traditional thing that really, ah, should be ah, considered. (Coaching Recipient 2)

An understanding of Saudi culture also emerged amongst coaches who saw this as being a critical success factor for coaches. According to one coach:

> I'd probably first of all make sure that they've read and understood all they can about the culture and the region. I would probably then tell them how that equates to the culture in the organization. And then I would ah, probably tell them that the best approach is really to be this caring, overly social person (laughs). Because to me I feel like the people

> who… I don't want to say social in this fun, having too much fun way either then they'll (Saudis) see you as kind of flighty and then they will lose trust. Even though you know all this about the culture and you know all this about …that I've told you now about the organisation, ah, I don't know if it's more like, I don't want for them [Western Coaches] to keep it hidden but they also need to not let people know that some of the norms or some of the stuff that goes on here that they're using to make sure that they don't do things a certain way. (Coach 1)

5.4.2.2 Gender Norms

Gender emerged as a strong feature of the theme related to respecting traditions. At the very least, Western coaches should be cognizant of gender as an important consideration. In Western society, gender sometimes features in coaching; for example, when coaches choose to work with women or when coaching programs for women are sponsored. In KSA, gender norms can have wider societal and religious implications. Nevertheless, some participants were at pains to explain that the traditional issues related to the role of women in society, for example, were being resolved because Saudi society was changing. Others saw gender as being more deeply rooted in religion and culture and, therefore, it would be unwise to ignore it. Interestingly, the participants who expressed the latter viewpoint were mainly male, whilst those who held the view that gender norms were being rebalanced as part of societal evolution, were female. Below are examples of the differing perspectives on this issue:

> It's very clear; especially in healthcare in Saudi Arabia we are far ahead of the other industries. If you go to engineering or to education there is almost an absolute, complete segregation. But in healthcare, in hospitals, you will find a lot of Saudi physicians, male, female who are sitting together, especially in the post-graduate. Now at the undergraduate level here in Saudi Arabia you will see that there are two levels. There is the female track and the male track. But in the post-graduate we used to study with our colleagues the females and ah, in Islam yes, I mean yes, there is a lot of warning about the male-female ah, you know…For example, there is concept called khalwa which deals with a male and female in an isolated place in the same time. There is a clear warning from this okay. But there is no point… This will definitely not be a concern if you are in an open, safe place okay. So ah, ah if you are in a teaching class or in, in a, I mean, a business office or something like it. (Interviewer Interjects: So, like in this environment, there would not be a problem). Yes, yes, I don't think it's…definitely there is some

> sensitivity but here, again it's both the social and the religious. It's a mix of these things. (Coaching Sponsor 1)
>
> Yeah, you need to know the background, know the habit, what's affecting…what's acceptable here, is not acceptable there. Even if there is male… plus also there is this difference between male and female which is in the health industry, not at big an issue but still it should be considered. In some areas they cannot respect ah, ah, not respect, they cannot accept coaching from different sex. The woman from one area, I will not say the area, they cannot accept men or a man coaching her and the opposite also. (Coaching Sponsor 3)
>
> We're changing in terms of eliminating the, eliminating the separation between men and women and asking them to live like, you're gonna get your rights exactly like the male, the female, and males. But how am I getting my rights? Do I have to be like ah, hard? Do I have to be rude with him or accepting also the difference between me and him also in terms of accepting his opinion? Because you have to accept. So, we need people to guide us through this because no. So far, I have the same like you. This is what I hear. You are no different from me. You're driving, I'm driving, okay. Ah, I don't care if I wear my scarf or if I don't wear my scarf. But this is not the way we wanted it to be. We're changing but we have…It will take a while for really being equal or accepting each other because of all the separation, the years of separation. (Coaching Recipient 4)

5.4.2.3 Taking Time to Build Relationships

Within the research, while taking time to understand Saudi culture was expressed as being inherently beneficial, it was also recognised as being of equal importance to relationship building, which aids the establishment of trust. Hofstede's (2009) work on dimensions of culture indicates that Saudi Arabia is characterised by a collectivist orientation in which loyalty and commitment to the member group are paramount. In his research on barriers to improved organisational performance in Saudi Arabia, Idris (2007) noted that, in Saudi culture, relationships predominate business dealings. Participants also noted that relationship-building takes requires both time and effort on the part of the coach. One coach who was experienced working in the region stated that learning from others who had worked in the region or, even better, in KSA, was helpful in understanding the culture and the need for skills such as relationship-building.

> What they learned… what they learned from other people who had come in before them, was to learn as much as you could beforehand about the culture, ah, because they are very private, they don't trust and if you come in and show them that you also know just enough but don't let them know that those are the things that are hindering, they begin to ah, open up to you and stuff. (Coach 1)

Another perspective on the importance of relationship-building related to the notion that, while relationships are an important facet of Saudi culture, it also makes good business sense to develop a relationship with clients and end-users. One participant noted:

> You need to visit the restaurant and to eat our traditional food. You need to go to the old city because all these will give you insight. Ah you need to go, you need to sit with, to visit the women in their wedding ah, party Ah, if you are a man, you need to sit, to go also for the party for the men; also sitting with them. You need to go also for the ah, for school, to sit with the teenager and everything if you are targeting this group. I don't know which group you are targeting. Ah, you need to hear from the customer. From the customer that, that ah you are serving. If you are serving this organisation, this organisation has customer. You need to hear from the customer about them. (Coaching Sponsor 3)

5.4.2.4 Safety

Safety emerged as a significant precondition for trust across the typology. Safety also lies at the heart of healthcare (WHO, 2017). However, in this research, the significance of safety was nuanced to include issues such as protection of reputation and status. In this sense, the coaching environment needs to be safe enough so as not to put the status or standing of the coaching recipient at risk.

I don't think that ah, in the culture, that men would typically ask a woman for advice- not really advice but to be a coach or mentor actually because I think it would… due to the cultural norms it would probably make them look weak or… From that perspective if someone else were to find out, their image would be blown per se. ***(Coach 4)*** Another dimension of safety, as a contributor to trust, related to coaching recipients' need for safety in the coaching relationship so that they could focus on the growth and goal attainment, as expressed by Coaching Recipient 5.

> *And I think there are times when the reflection, when someone is able to reflect something to you and you go like, oh, is that what I'm doing? It needs to be that one*

> *person that you could listen to the hard truth from without being hurt, you know. Because sometimes relaying information can sometimes go like, oh, that sounded a little bit too harsh or that sounded something like this. So, I needed the chemistry. I needed to feel that safe haven.* ***(Coaching Recipient 5)***

Safety was also identified as a core concern for coaching sponsors. I will discuss this in greater detail in the following chapter. Briefly, from the sponsors' perspective, the safety related to the desire to ensure that the decision to commission coaching could be justified or seen to be a good one. In addition to linking their purchasing decisions to strategic imperatives and using international business processes, ensuring that the coach is fully qualified and certified, was so viewed as a quality assurance mechanism. It appears that by building consideration of these issues into their sponsorship decisions, coaching sponsors were also assuring the safety of their decision-making. For example:

> *It's like recruiting for doctors and nurses. It's, it's a well-known methodology that you need to put generalised standard and specialised standard plus, plus the trial period. And depend also on the long and short-term results. Ah, basically you need to review the previous experience, previous…you need to ask about the reference ah, talk to, talk to two, three, four samples from who receive the coaching. You need, to put ah, rules, review all the CVs ah, experience ah, ah, plus that ah, ah, you need to need to ask for two or three experts who received the coaching for ah, five, ten years and you need to hear from the company who propose, what their items are, how to measure everything. Then, then you can ask for a trial. You don't put, ah, you don't sink in ah, a huge contract.* ***(Coaching Sponsor 3)***

5.4.2.5 Status

During the familiarisation and coding phases of the data interpretation and analysis, it became clear that the definition of trust that was emerging in the research was a composite rather than a semantic one. As explained by those participants, status could either be an inhibitor or an enabler to seeking, accepting, and receiving coaching as well as commissioning coaching. Below are two perspectives from two Western coaches on the issue of status as it relates to being trustful enough to seek and accept coaching.

> *So, I think they're [Saudis] more apt to tell me to talk to me in a way that they wouldn't talk to another coach that was from the region. Ah, the discussion has been talked about in a small setting with someone who is Saudi, talking about their fear of using coaching with other Saudis for some of that exact reason because they will, especially if it comes to the fact that the person who is doing the coaching is less status than the other person or if the other person.* ***(Coach 5)***

> *The only way that I think two Saudis together would probably be as effective as I believe a non –Saudi is if that Saudi really ah, is ah, of higher status and is this proven prove knowledge and experience of doing something.* ***(Coach 1)***

For those for whom coaching is commissioned on their behalf or who seek coaching of their own volition, it appeared that by necessity or choice, they were entrusting the protection of their status to the coach. In turn, the coach discharged their duty of care through obvious methods

such as maintaining confidentiality but also through mechanisms less obviously associated with coaching recipients' status such as their qualifications, experience, and nationality.

> *Ah, one of the things in our culture people, they don't want to be very ah, not they, 'I don't want to talk about something, and everybody know about it because according to the culture I'm a leader, I know everything, I don't have these very weak points, or this kind of word, vulnerability'. I don't want to share.* ***(Coaching Recipient 3)***

Coaching sponsors also appeared to be aware that their own status and that of others was a strong influencing factor in gaining buy-in or in giving direction with respect to coaching. Three of the four coaching sponsors who participated in the study were employed in executive roles at C-suite level and above. As one sponsor put it:

> *If the King said coach and do it, it would be done, and people said shut that off and then do it. That's my perception. I don't know if that's the right perception but unfortunately, I think if the champion, the champion or the highest level person is not dictating or saying XYZ, it doesn't ah, it doesn't really hit home everywhere. It can probably still be like done very minimally but I think to really have an effect, it needs to be in this culture, someone from the top saying it and I mean top-top, top.* ***(Coaching Sponsor 1)***

5.4.3 Coaching Defined

It would have been logical to focus on participants' understanding and experience of what coaching is and is not as a logical starting point to the inquiry. While this was an identified for exploration on the interview topic guide (Appendix 3), I generally allowed the participant to set the pace for the interviews. While in some cases I did ask the specific question, in several cases, the issue arose organically. On analysis, I found that definitions of coaching were sometimes expressed rather more indirectly, for example, it might be explained as being a feature of being Muslim rather than using a semantic definition or as having religious values that reflect a different way of thinking about secular issues. Two examples are presented below of how definitions of coaching arose firstly, in relation to a direct question and, secondly, as an organic feature of the discussion.

> ***Interviewer:*** *'So if you could offer ah…if you could offer one definition of what coaching is. So, somebody asks you [name], what is this coaching thing about, how would you describe it to someone?'*
>
> ***Interviewee:*** *'Yeah, it, it's like leaving my own body, my own problems, my own issues, my own life and just having an eagle eye view of everything in an objective way. In a way that make me see things in the same size, not bigger, not smaller. And then I have to ah… so I can spot the issues where I need to work and figure out how to, to take myself out of my own circle. Because I kept myself ah, I don't know how to say it. It's not, it's not…I kept myself until I become…I was killing myself softly. Yeah, I went through this depression because I didn't know what to do. I didn't know how to come out of it, and I didn't, I didn't find people to listen or understand or… so when I learned what coaching is an experienced it, it, it, it just changed the whole perspective of life and give me this power I needed to push me on, to push me out of my be and start living (chuckles)'* ***(Coaching Sponsor 2)***

> ***Interviewer: '****Okay Thank you very much. And I will sign as well [the participant information sheet]. So today is the 25th November. Thank you very, very, very much. Perhaps if we could just start by you telling me a bit about your background in coaching. How did you come to coaching?'*

Interviewee: *'And this is how I, started you know, focusing on different things at the same time. And when you say, okay, what is behind it? What is . . . ah, make me more committed, and more ah…? I have this kind of passion; it is something I love to do every day. It's the relationship between coaching and the mind-set. Because we are in our religion, when our prophet started his mission, he didn't ask people to pray about everything. He was working on the mind-set of continuous…he never tell them to do anything. He just have in his mind how much you can stand and have the capacity. How much we have this time to pray and the mind-set that help you utilise in a way, to help you be responsible and committed for themselves. And this is the main rule of our religion. You are responsible. The responsibility is the main thing in our religion'.* ***(Coach 2)***

5.4.3.1 Coaching as a Helping Intervention

The analysis of the data revealed that, while there were variations in understanding and experience about what coaching is, the various explanations situated coaching in the field of helping interventions. I observe here that the association of coaching with helping is perhaps one of the reasons why coaching is used in healthcare which is also a field where helping others lies at its core. I believe that this question warrants further investigation. Coaching was variously described and viewed as counselling, mentoring, training, and coaching, as shown in the examples below:

Ah, I didn't do… I did psychoanalysis and I got to know myself and why am I behaving this way? What's going on inside and all the dynamics at work. So, so when I understand, I was free. Interviewer interjects (wow!). Yes, so from there I started to expose myself more, to push myself more. He [the coach] gave me books to read, he gave me a movie to watch, a lot of things. ***(Coaching Recipient 3)***

And they, they, most of the time, they want you as a mentor or even some kind of counselling but they don't know that, that ah, this coaching thing and really what it is. And then ah, when they come to know it, they're like ah, that's interesting but hmm… not sure that it's for me because one of the comments that I get most of the time when I do even just try to explain it for example if they come to me and say they want coaching but just really want advice. ***(Coach 1)***

Ah, in university, the journey during the university there is some ah, mentor, some mentor, ah activity or mentorship activity or…but in the really in the practice there is no

> *real structured coaching in Saudi Arabia. It's not ah, it's written in the job description ah, everywhere but there is no tools no constructive, no methodology ah, unified in the, in each governmental or ah, semi-governmental organisation. This is the coaching in Saudi Arabia. We touch the coaching in the family medicine program ah, specialised in the … because you know the family medicine doctor, he needs to be ah…One of the skills to be a trainer, you should have coaching skills.* ***(Coaching Sponsor 3)***

5.4.3.2 Coaching as Punishment

An interesting coding element, which contributed to the superordinate theme of trust, was coaching as punishment. This issue was recognised by coaches and coaching recipients alike but was not a feature of the information shared by any of the coaching sponsors. Some coachees who did not choose coaching, but on whose behalf it was commissioned, sometimes believed that they were being made to have coaching because they had done something wrong. Coaches were aware that, when coaching is viewed as punishment, coaching sponsors' expectations of the coach could be brought into conflict with coaching ethics. This has implications for contracting, which I discuss in chapter 6. Different coach participants shared the following experiences:

> One chairman, he has three assistant vice presidents and he sent two of them. End of the project he said I want you to tell me what's going on, what's happening. And I said no I cannot. I will just provide you with the result and the number of sessions, but I will not tell you what went on within the sessions. Of course, he was very upset . . . (Coach 2)

> So ah, I don't know if these are really cultural norms or not, but they are things that are very evident here that will prevent and hinder some of the effective coaching happening because the… If you're not able to be… there is no trust in the person who's caching with you, you know, you won't say much; you won't be as transparent as you need to be even if they're asking you proper questions… you might not… the coachee might not give you know, a full answer that's really going to help themselves. (Coach 3)

> Actually, right after one of the classes I gave there was a, a leader who immediately went from the class and then went to the department and said that they wanted to have individual development plans completed by all the staff but they weren't just going to give them the form, they were going to bring each one of the [the staff] to the office and they were going to ah, complete the form using some coaching techniques. And ah, there was an uproar. Why do you want to do that? What did I do? (Coach 5)

Coaching recipients who associated coaching with punishment were sometimes resistant or withheld genuine engagement with the coaching process. One coach provided an example of how coachees sometimes behave in such situations, such as, for example, during the introductory session.

> I'll give them a brief summary of what coaching is and they will say… like they're defensive like I don't want you asking me all those questions, you know. It's like, it's none of your business kind of thing. (Coach 4)

Of all coaching recipients, only one had made a choice to have private coaching, though she had also received coaching provided by her employing organisation. Coaches observed that participation in coaching was not always a choice not a choice. Several participants observed that within the Saudi culture, where status can be perceived as acting as a lever on compliance, coaching could sometimes be viewed by unwilling recipients as being punishment. In turn, coaching recipients responded by amongst others, withholding the fullness of responses or by viewing questioning as inquisition.

> I didn't choose to have coaching. We, we, were told we had to have it. At first, I don't know what this coaching business is, but they said that we, ah, we have to meet with the coach. Then when I meet with the coach and he tell me what it is about, I really didn't think I need it, but I couldn't refuse because if I don't take it, it would ah, ah… it would count against me in the future. (Coaching Recipient 5)

In the main, coaching sponsors did not appear to be aware of the perception of coaching as punishment. This included the one coaching sponsor who was not in an executive role. However, this participant did point out, when asked, that there is sometimes resistance to the coaching that she commissions on behalf of her organisation, but she linked this to issues such as fear of exposure and masculinity:

> Even the women… some women are ah, ah, not the word resilient . . . resistant. Ah, I could see that the men are very . . . ah they don't like it. They are . . . as we said, the power of the man. (Coaching Sponsor 2)

5.4.4 Coaching Impact

During the early stages of the data collection, it emerged that there were different views amongst all participant groups about what coaching is or how it is defined. I decided that it was worth pursuing investigating this issue further since confusion about what coaching is and is not has been identified as one of the unresolved issues in the literature. Participants in this research demonstrated a plurality of understanding and experience. Despite this, there was a pervasive belief that coaching is inherently valuable. In Section 1.2 I briefly addressed the contribution of this research and I have maintained a focus on this issue through the various phases of the research process. It is intended that this research adds to the body of knowledge about coaching and contributes to an acceptance of its value in developing healthcare workers and others. As shown below, some participants expressed a less positive viewpoint on impact indicating that there is still work to be done in this respect.

> I am not sure if it [coaching] is ah, a real thing. Sometimes, ah, I think it's, it's, it's just bogus. Just a modern something happening, with no real value and then it will disappear. (Coaching Recipient 5)

5.4.4.1 Coaching Value

Amongst the three coaching recipients' who experienced value from coaching, their explanations were visceral, and they described their experiences in tangible and powerful ways. According to one caching recipient:

> It [coaching] led me to other things. It led me to, to realise how much I'm not using my life and how much I'm letting go of things I want to do. It ah, got me to do more like therapy for myself and I, ah, ah, resolved a lot of issues related to my family and related to myself. It was an amazing experience. (Interviewer interjects) that sounds like a very powerful experience). Yes, it was an amazing experience. When I got the opportunity to do it, like an official certification program I did it and I want it [coaching] to be my fulltime job and I want to just do it for life, yes. Yeah, it, it's like leaving my own body, my own problems, my own issues, my own life and just having an eagle eye view of everything in an objective way. In a way that make me see things in the same size, not bigger, not smaller. And then I have to ah… so I can spot the issues where I need to work

> and figure out how to, to take myself out of my own circle. Because I kept myself ah, I don't know how to say it. It's not, it's not…I kept myself until I become…I was killing myself softly. Yeah, I went through this depression because I didn't know what to do. I didn't know how to come out of it, and I didn't, I didn't find people to listen or understand or… so when I learned what coaching is an experienced it, it, it, it just changed the whole perspective of life and give me this power I needed to push me on, to push me out of my be and start living' (chuckles). (Coaching Recipient 3)

For some participants, coaching was valuable because it served a useful purpose in their lives or helped them to meet personal or professional goals:

> Yes, that's a part of it but also being able to recognise that some goals weren't as important as the main goal. So ah, within the process I kind of learned that I'm going to have to be okay with now instead of running into the future or running to the past. I'm going to have to be okay. I'm going to have to find a way to make peace with now, you know. And be happy with the process of me making my new reality. So ah, ah, so that part became exciting actually. And in a way that excitement in itself became a goal or me, you know. In a way that ah, ah, that feeling of creating the new me and the process of it became even more exciting about meeting the new me, okay. So, ah, I became very excited about the process, and I realised how important the little goals are; the, the tiny little bits of progress the little things that you bring to the fore every day and taking the moments to actually cherish these little details that I don't necessarily pay attention to. So, all of a sudden ah, the sky became bluer, you know what I mean. It, it felt like there were moments previously where… there was moments before where I would wake up and not even look at myself, okay. Because I was always rushed, I was always in a rush, I was always rushed. I didn't have time to look in the mirror, I didn't have time to reflect on the now, okay. I barely lived in the now and now I spend most of my time in the now. Ah, it's a daily process because I still feel occasionally that something is drawing me to the past and there is a little bit of being hard on myself in certain aspects so every day I wake up with intention. And I make it a point to say today like, okay, tomorrow my intention would be to be nice to myself, okay and I'll take the actions related to that. So therefore, my sub-goals became minor, even mini, tiny micro goals every single day and I became more aware of moments of my life. (Coaching Recipient 1)

For coaches, the value of coaching could be realised at personal or organisational level, depending on the client. The coach also appeared to have a significant role in articulating and demonstrating the value of coaching, such that their clients (coaching recipients and coaching sponsors) felt compelled to buy in. It is worth noting that all of the coaches who were interviewed for the research had experience working with individual clients and with corporate

clients. From the coaches' perspectives, impact could be demonstrated at organisational level by ensuring alignment between the goals of the organisation or the client with the goals of coaching.

> And they call me and say it was a need because in [organisation name]. Each leader he need to be coached four, five times a year which is nothing. Or something, they call it like ah, performance ah, indicators or something like that and they needed to be coached. And they are now, was, I think, January and I needed to coach them by March. And then they called me. 'We need you to coach ah, ah, these people. I need you to coach them'. From there I start which is working with them, being with them. (Coach 3)

5.4.4.2 Goal Alignment

It was noteworthy that, even when coaches have come from different parts of the world and from different coaching traditions, their views about the relationship between goal alignment and coaching impact were similar. Coach 3, above, is non-Saudi but comes from the Gulf region. Coach 1 and Coach 5 come from different Western countries.

> First of all, there'd be a communication plan to the organization about the concept of coaching and talk about it and talk about how the organization would be moving toward it and why. And ah, the first meeting, the very first meeting would be the fact that this in my opinion the CEO, in one of his general staff meetings that he's now having should bring up the concept of coaching and talk about it and talk about how the organization will be moving towards this and why and how it will impact the success of the transformation. (Coach 1)

> Mine is really focused more with people at work, it's related to hitting performance indicators; especially when over the last year there's been a big hit on being efficient within the departments. The other situations are, are problem solving and ah, how to deal with difficult ah, employees. So ah, so it's probably performance and behavioural issues are commonly the two different things that people come to me with. (Coach 5) Even where coaching sponsors used terms like mentorship and coaching interchangeably to describe coaching, they were clear that coaching, as they understood it, needed to demonstrate value in relation to whatever the need was that informed their commissioning decision. These drivers were generally strategic in nature and linked to goals such as organisational transformation and achieving competitive advantage. Below is an example of this dichotomy.

Ah, coaching I think ah, what we know about the coaching is just what we know about the coaching in school, which is mentoring. (Coaching Sponsor 3) However, the same participant goes on to explain that:

> Coaching ah, in [his organisation] if you want to talk about coaching in the [his organisation] in the last four years it started to be ah, to be ah, well-structured and ah, ah, they start to divide the leaders into L1 to L3 level. Then they start to contract with a coach at your level and starting by assessment; pre- assessment and post-assessment and end by progress report and advice and ah, including all the personality assessment, including all the 360 pre and post and ah, also give you, they give you the skill… the tools that how to, how to monitor your ah, weakness and strengths and how to measure it every ah, every quarter.

Two coaching sponsors explained that they too either did not realise that there is a difference between coaching and mentoring or that others also did not.

> I have to tell you that not everyone even for me, I mean before this meeting, you know just this differentiation between coaching and mentoring is not that clear, so probably more education is needed now. (Coaching Sponsor 4)

Despite this lack of clarity, coaching sponsors explained that coaching (as they understood it) needed to be impactful on their organisational results. An example of this perspective is represented below:

> Ah, for the culture and the environment in the organisation it needed, ah, it needed a lot of, ah, fresh tools. Fresh methodology. Ah, and again, it's not familiar with the coaching…I personally noticed in the organisation that it's lacking a lot of, ah, proper communication. Ah, people are not satisfied. Some ah, old ah, managerial methodologies are still kept alive there and it's killing the organisation. Everyone is ah… we do have the mission to be the leaders and yet we're not doing it because we don't know how to do it. Ah, ah, other organisations are competing with us, and they are actually reaching, and we are still behind. (Coaching Sponsor 3)

5.4.4.3 West is Best

Amongst the informants, all coaches were non-Saudi and at least three were Western. All coaching recipients received their coaching from Western coaches and all coaching sponsors commissioned coaching from Western individual coaches or organisations. The analysis of the data revealed that a belief that 'West is Best' was attributed to good business decision-making and to a belief that Western coaches were most likely to be able to deliver the intended personal or business impact.

> A lot of Saudis who go for fellowship in sub-specialties, they will go for either medical education, health administration or do a Master. Most of them are looking for progression. And I know that knowledge transfer is an important part of the Vision 2030 so ah, relying on the, ah, mentors, coach, you know especially from the West in all industries is definitely more popular. Now, we rely a lot on the consultancy firms okay. You'll have PWC, EY, Strategy and Co names, okay. And most of the experts here amongst the consultants are Western. They are Western qualified. So that's my understanding and I think we will continue, and I think it's healthy. Because the other option is really not that quality. Relying on the, for example the Middle East or the region, they are not exposed to the system and if we have the chance or the choice for going to the best system and you can afford it, you, you, go for the best. That's what I believe. It might be we have to watch the cost and the money. Is it cost- effective? Is it worth it? That's where we need to be. (Coaching Sponsor 1)

At several points during this thesis, I have highlighted the centrality of Islam to all aspects of life in KSA. However, on the face of it, decision-making about who and what is best in relation to coaching appeared to be less rooted in Islam and more to do with an acceptance that since Western societies have, in general, longer traditions of healthcare delivery and coaching, they would be the best in these fields. It made sense that purchasers would turn Westward when commissioning coaching for their healthcare organisations or seeking to improve safety and clinical quality. Published industry data also reinforces this assessment. For example, in Newsweek's recent publication of the World's Best Hospitals 2021, the only representative from within the region to make the top 100 was based in Israel (Newsweek, 2021). However, the relationship of these decisions with Islam might be linked to the respect for those who have knowledge, which I highlighted at the beginning of this chapter.

I mean the foundation of the ah, the good healthcare practice was started at KFSH hospital as in the late 60s, early 70s by Aramco in the Eastern province and KFSH here by Western you know, ah workforce. Whether physicians, nurses and it was proved to be the best. You know, we know that the ah, ah, the Western practise of medicine. I do believe personally, and I think it's, well, I mean, understood that, ah, by all, most of the decision-makers that it's the best practise of, of the evidence, the research the . . . So, ah, ah, it's a decision. It's a political decision; it's a professional decision, even to make use of the Western qualified experts to continue teaching. Now ah, is that alone enough? No, you are right. We need both. And here is where comes the thousands of physicians who've been trained in Canada and the United States. I think probably they are also, ah, probably the best coaches or mentors who can appreciate the

culture and the same time do more. When it comes to practising, or patient care or quality, this, this, you know ,has nothing to do with the, ah, the religion just to prevent it. Because this is, ah, just about the industry. This is the practise. It's like you know, rocket science. If you want to manufacture this remote control (picks one up from the table), it's pure science and technology and whoever has the best science is who you go to. So, you just go for the best evidence and follow it. So that's my belief but, ah, why going for Western experts from the United States, Europe? I think it's more of a professional decision, political, cultural, financial, ah, quality decision rather than anything else. (Coaching Sponsor 4) Coaches appeared to be aware that there was a tendency to hold Westerners in high esteem because of their nationality or because the transactional nature of the relationship between the coach and coachee reduces the coaching recipient's risk of exposure. Below are the perspectives of one Western coach and one coach from within the region:

> They look at Westerners and Americans and Europeans and people from the UK as some kind of . . . as these people who have all this . . . just because we're . . . It's all about your education and your willingness to explore; research, do things that give you the knowledge. Not just, oh, I'm European and, you know, a rocket scientist or whatever' (chuckles). (Coach 5)

> And all these comments within our sector, they keep before, bringing only coaches from the West which I found ah, most of them they are not coaches. They come just to coach them because he [the coach] is a stranger, let him come and talk with me and then he will leave (20.15 mins) and, but it wasn't a good and successful ah, ah cases because two things. These people, they are not coaches. The other thing is that there is the cultural difference where they come with a direct approach and, ah, there's nothing there. (Coach 3)

5.4.5 The Coach

The research arose from questions about why and how coaching is being used for the development of Saudi Arabian healthcare managers. In exploring these questions, the interview data showed that there was significant focus on the coach as the key determinant of participants' perspectives and experiences. The coach appeared to be a feature of the other themes and the glue that binds all the various themes together. The coach was identified in relation to choice and to their fit with the client. The anatomy of *the coach* comprised skill set, personality, practice, qualifications, experience, and nationality. These were informed by themes related to accountability, chemistry, connection, safety, and reflection.

5.4.5.1 Coaching Skills

The skills of the coach were implicated in various issues during the discussions. Participants variously referred to the skills of the coach when describing or discussing the factors informing coach selection, culture, safety, value, and other important considerations. Depending on the participants' perspective, these skills included but were not limited to, listening, facilitation, questioning, paraphrasing, challenging, discernment, and strategic thinking. A skilled coach was described as possessing excellent questioning skills. The coach was also described in terms of their skill in facilitation and in demonstrating genuine curiosity about their clients and importantly in building relationships. Further, the coach also has a sufficient level of alertness and cultural awareness to be able to skilfully navigate some of the invisible and deep-seated issues so as not to offend the client. The goals of coaching a selection of the participants' perspectives and experiences of the components related to this theme are presented below.

> I think it's because of the lasting effect. Ah, I think mentorship happens in so many different ways you know. You could even get mentorship through You Tube, you know? Or through a nice TED talk or something or even a conversation with someone. But the more lasting effect is for you to work out the steps for you to go through the journey yourself. Ah, in a safe environment and that's what a coach will provide for you. But yeah, I think it's like, to actually have the fundamental changes happening is to go with coaching. (Coaching Recipient 1)

> And I think there are times when the reflection, when someone is able to reflect something to you and you go like, oh, is that what I'm doing? It needs that one person that you could listen to the hard truth from without being hurt, you know. Because sometimes relaying information can sometimes go like, oh that sounded a little bit too harsh or that sounded something like this. (Coaching Recipient 3)

> One thing I want to see is how people behaviour change. If you are going to spend a lot of money, ah, and we are a small organisation, if you going to make that investment you want to see change in behaviour and better patient experience and better clinical outcomes otherwise, why bother? (Coaching Sponsor 4)

> They say that you have to have this way to build relationships or rapport with people and that just comes naturally to me. (Coach 4)

Below, the same coach describes how she leverages curiosity, questioning and listening when working with clients:

> I'm an inquisitive person so I just asked questions and listened to what they said, you know. And from listening to what they said I would ask them more questions. And they kept answering everything and then I'd go, you see, you have your answer, and I didn't tell you anything. (Coach 1)

5.4.5.2 Intention

Earlier in this chapter when discussing the coaching in the context of being Islamic, I highlighted that it is permitted *(halal)* to choose to access coaching. In this context, that choice extended to the theme of setting intention and selecting the goals of coaching. Coaches and coaching recipients used the term intention to describe the expression of free will while coaching sponsors tended to describe their intention in terms of organisational goals (Van Nieuwerburgh and Allaho, 2017). It could be argued that, where intention is set by a sponsor on behalf of a coachee, coaching might be of limited value to the coachee in relation to their personal intention. This argument is supported by Fillery-Travis and Lane (2006) who state that where the agenda is not set by the coachee it is 'unlikely to impact upon the development of the coachee at the personal level' (Fillery-Travis and Lane, 2006, p. 27).

> The intention is yours. Nobody can determine your intent. The intent is this part, the eternal part in you that you need to check it and visit it several times a day. This is you but, but . . . and the intent in our religion is what we reward. If I intent for example, my intent is to come here and sit with you and support you, this is my intention. And something happened and I couldn't come; according to my belief, I'll be rewarded for my intention because it was positive. I wanted to do something. My intention is right. It means having the processes and clear intention at the beginning it means how have a sense of how to go forward with your outcome, with your behaviour. And now all the new research, they said that. Like what they talk about NLP (Neuro-linguistic Programming), all these things. Like they say when you think about something and thinking about it, you, you will reach it. This is, this is belief. And intention is number one, what is your intention because they say you know, always God will, will check yani (Arabic phrase for 'I mean'), he will reward us on our intention as he see it. This is the first part; that you are internally clear and aligned with what you want. And help people to be internally very confident. (Coach 3)

> I practised, and I got my intention in, and I promised myself that no matter how, ah, the outcome was I was still going to be nice to myself. So, and I told myself like, okay, what's the worst thing that could happen? And I realised that, like, it's really not a big deal. The worst thing that could happen is that I can learn from the process, I can find thigs to work on in the future. So, yeah. (Coaching Recipient 2)

From the perspective of the coaching sponsors, intention had broader connotations beyond the level of the individual coaching recipient. Their intention in engaging a coach was to achieve organisational-level goals, as shown below:

> So, for example, I start to be coached for direct reports to me; ten general directors, they are reporting to me and under that, fifty thousand employees, two thousand health centres geographically located in the Kingdom. It's a huge department. So, I am responsible for the contracts of ten general directors. Then I start to choose the directors and the deputies so, twenty. Then I need to group them and let's say there is a need, and this is a gap. So, I need somebody to fill a gap. Then I want from them short, intermediate, long outcomes. I will be fair with the company plus that I need something short, something intermediate and something long. (Coaching Sponsor 2)

5.4.5.3 Accountability

Analysis of the interview data revealed that the coach was viewed as someone who has a high level of accountability. As well as being accountable for creating safety for their clients (especially the coaching recipients), the coach was also seen as someone whose qualifications and practice experience were means by which they can exercise accountability. Coaches indicated that they saw themselves as being the custodians of the reputation coaching practice and of the future of the coaching discipline. They also defined accountability in terms of having a duty of care towards their clients.

> This is something you are responsible to make it more, more clear for people and to know more about it. And from 2008 till today, I'm working very hard studying more and more and more about coaching . . . And this is why I think, I'm meeting people who they have only twenty-five, thirty years and they are in very executive, high level and attend a lot of programs but still they are missing [lacking]. Because not every, not, what they call it, not one size fit everybody because not all these kinds of things fit you and because us, we are different. From that moment, I decide to be responsible about coaching within this part of the world, which about is the gulf and about [Country]. (Coach 2)

All coach participants came indirectly to coaching informally via mentorship, training or other Human Resource and Organisational Development (HROD) interventions. Each described how achieving formal qualifications and certifications imbued them with a sense of confidence and legitimacy.

> And, ah, see, before I started coaching, I used to work as a consultant trainer and, ah, during one of the, my certification with one American company. (Coach 3)

> I was working for an organisation; ah, the second largest printer in the US or in the world actually, I believe. And they were really big on, ah, on leadership development, succession planning, talent management, organisational development and hiring training and training from within to fill pipelines throughout the organisation. And it was discovered by the people who really at that time were OD practitioners that, ah, the best way to really find out all about people was to do things using coaching methods. (Coach 1)

> I'm an education specialist, a senior educational specialist. I work within the, ah, education department in staff development. (Coach 3)

5.4.5.4 Chemistry and Connection

The skills of the coach were identified as an important driver of choice. However, chemistry or connection between coach and client appears to be a key differentiator of success in the coaching relationship. In speaking about her experience, one coaching recipient explained:

> Mostly, I was looking for chemistry, you know. Mostly, I was looking for that gut feeling that this person would, would work well for me. Initially, I went through, you know, those are the people who are very well known. You know what I mean? And, like, ah, they're famous in their area and things like this. Ah, there was one person who I was, like, ah, let me attend, let me attend an online course for and see what are they about. Because now everything is there on social media. So, you listen to the person, you see what they're about and then you say like okay, am I enticed to see more of them, to listen to more of them? Is this something that would interest me? Is there more knowledge that they can share or they can help me with? So, ah, basically, ah, I went onto social media, and I listened to people. And, ah, I tried couple of people before I was able to find this one person that made me feel calm and, ah, I felt that we could have chemistry. And so basically, I just one day, I made a decision like, okay, ah, I'm gonna contact her office to see if I could book a coaching session. And the first coaching session . . . imagine she doesn't even take clients anymore, okay, but I was the very last one she committed to (chuckles). So, I was very lucky (Interviewer interjects: That's kind of special). Yes, I was very lucky with that. (Coaching Recipient 3)

5.4.5.5 Coach Characteristics

Coaches, coaching sponsors, and coaching recipients defined the conditions and characteristics that made them feel safe and confident about the coach. These conditions included the coach having a coaching qualification or certification and having experience in the sector they were coaching in. Nationality also featured, though this was more evident through the choices made by the coaching recipients and sponsors rather than being overtly expressed.

> And, ah, I did my research and find out from where coaching is. And I want to do it in a very professional and right way by, ah, working on my qualification because it's not like just any certification. It's something serious. (Coach 3)

> You cannot come to health industry and give me a coach who didn't have some touch of the health economy. Just let us say, superficial knowledge about the, about the industry. Because if you don't have this knowledge, you cannot analyse when I ventilate to you or I talking to you, you cannot analyse it. (Coaching Sponsor 1)

Coaches viewed the experience that they gained in the field before acquiring their coaching qualifications as being an invaluable asset. From their narrative, achieving the certification or qualification was a means of rubber-stamping their experience and skills.

> And so, from that I got caught up in that (coaching) doing some of the work that I was doing in HR and employee services there. And I found it very interesting, and I thought it was really just kind of cool how just a simple question would make you really have some deep thought in a way that you never really did before. And so, from there I just kind of started reading about it and everything. But again never, ah . . . I wasn't officially certified; that's kind of come recently. (Coach 1)

> And, ah, I did my research and find out from where coaching is. And I want to do it in a very professional and right way by, ah, working on my qualification because it's not like just any certification. It's something serious. (Coach 3)

> I think the reason was that I became, I wanted to become a certified coach at the time was because what I've noticed was, ah, people were coming to me, you know, staff members. They used to come to me all the time, ah, ah, whenever they have a major change in their career like they want a promotion; they want to choose whether to go for higher studies or not they wanted to choose specific goal or whatever. So, they used to come to me, and I would do kind of an intuitive coaching paired with a little bit of mentoring, okay. And then I was like, well I don't want to be giving people kind of, ah, half-half product really. Like you know, something that's not of a high quality. So, I got into coaching, through

> that. I started reading more and then I started being exposed more, okay. Until I made the decision to, ah, ah to basically be a certified coach. (Coach 2)

5.5 Summary of Themes from Interviews and Conclusion

This study explored the use of coaching for the development of Saudi Arabian healthcare managers through the perspectives and experiences of coaches, coaching recipients, and coaching sponsors. There were fourteen participants who came from eight different organisations in KSA, the Gulf region, and from the West. The data were collected via in-depth interviews and analysed using thematic analysis process adapted from the work of Braun & Clark (2006) and Creswell (2009). The analysis of the data indicates that there continues to be variable understanding of the differences between coaching and other developmental interventions such as mentoring and training. However, the participants' responses indicated that they situate coaching firmly within the HROD stable of interventions. This is discussed further in the chapter that follows.

As I had anticipated, the participants provided a diversity of perspectives and experiences of coaching. A notable feature amongst the coaches and coaching sponsors was that the coaches were consistently from countries outside KSA, and the coaching sponsors were mainly male and in executive positions within their organisations. With respect to gender, I reflect in Chapter 6 on the extent to which this could be reflective of gender differences and other issues that were found in the literature or articulated during the interviews.

Through the participants' interview responses, it was evident that coaching is consistent with an Islamic way of life. In fact, there appears to be explicit support for coaching within the Qur'an through concepts such as responsibility for knowledge-seeking and the demonstration of high regard for those who possess knowledge. Trust emerged as a major theme within the research, and this encompassed issues such as status, safety, and confidentiality. Demonstrating a respect

for Saudi culture was one way in which trust could be built. In turn, understanding the culture would facilitate respect for the traditions that govern life and work and enable the coach to build relationships more easily. Building relationships was identified as a necessary precursor to engagement in coaching. At the heart of these issues is an individual or organisation who would or would not engage with the coach depending on whether they believe that the coach is interested in them and who they are, is informed by the religion, culture, and traditions. A coach who is armed with this understanding and genuine respect of what is important to the client could then set about building the necessary relationships that would engender successful coaching. Relationships take time and this is likely because there is so much at stake for the coaching recipient, sponsor, and, indeed, for the coach. At stake, is the status of either the coaching recipient or the organisation. Attempting to get down to business too early, for example, using coaching skills such as questioning, could then be interpreted as being intrusive if the relationship had not been cemented to the extent that trust was established.

The next major theme dealt with the nature of coaching. All participants understood coaching to be a helping intervention but conflated activities such as guidance, training, coaching, counselling, and mentoring. Coaches were more consistent in their understanding that coaching differs from mentoring. However, even amongst this group of participants, there were noticeable differences in how they defined coaching. In the chapter that follows, I address the question of whether definitions ultimately matter. In cases where receiving coaching is not a personal choice, it could be perceived as punishment. In such cases, the use of powerful questions is sometimes experienced or characterised as intrusion.

The fourth theme relates to the value of coaching. This theme was informed by issues including the coach's own understanding of their craft and their ability to articulate and deliver value as

defined by the client. Value was aligned with the client's personal or organisational goals. The coach played an important role in defining purpose and in helping clients to meaningfully align purpose and value. Nationality was identified as being an indicator of value but not because of issues to do with ethnicity. Rather, choices linked to nationality were driven by a perception that the coaching expertise that is required exists outside, rather than within KSA. Therefore, it makes good business sense to seek coaching from wherever the best expertise exists.

The final theme deals with the coach who was viewed as the essential element in the research. Rather than being described purely according to their personal attributes, the coach was defined in terms of a range of skills and characteristics including skills in listening and paraphrasing, being in possession of coaching qualifications or certifications, their reputation, and their participation in coaching supervision. In turn, these defining features were linked to coaching essentials such as accountability which was informed by practices such as supervision. Qualifications and certifications were important but more so for coaches and coaching sponsors than for coaching recipients. For sponsors, a coaching qualification played an important assurance role in supporting the justification for engaging a coach or coaching organisation. For coaches, qualifications and certifications enabled them to exercise their duty of care to their clients and to legitimise their practice. Importantly, the coach being chosen to work with a client was an important factor in whether they were accepted as a coach.

In Chapter 6, I discuss in detail the findings that emerged from this study and return to the empirical literature as a frame of reference. I also provide my own interpretation of the data based on my chosen analytical approach and I consider the extent to which I have answered the research questions. I discuss the claims that I have made in relation to this research. The

implications of the research and the findings are considered, and I make recommendations for future research. In the final chapter, I share my reflections on areas for additional and future research.

Chapter 6: Discussion, Distinctive Contributions, Limitations and Recommendations

6.0 Introduction

The research objectives included developing a deeper understanding of the theoretical and practical landscape related to coaching in Saudi Arabian healthcare and developing an appreciation of the perspectives and experiences of three key groups of informants- coaches, coachees/ coaching recipients, and coaching sponsors. Another crucial objective was to leverage the findings and analysis to develop a framework that could make a distinctive contribution to academic knowledge, to coaching, and HROD practice. Chapter 6 represents how the findings relate to the literature and to the theories and key debates that were presented in earlier chapters. In addition, consistent with naturalistic inquiry and interpretive analysis, I have also included some personal reflections on the findings. These reflections are based on my experience as a coach, mentor, and healthcare executive. Also included are the broader implications of the findings for the HROD community of practice. Finally, the claims as regards the contribution of this research which were made in Section 1.2 are revisited and an emerging framework for coaching practice is proposed, with suggestions and recommendations made for future research. In this chapter, I also address issues of limitations and applicability. For example, because this research focused on a single case, the applicability of the findings is, therefore, open to challenges beyond the case. However, since coaching resides within the wider HROD field, the findings have potential transdisciplinary value to non-coach HROD practitioners, if only to stimulate new and additional lines of inquiry.

This doctoral research was based on questions that emanated from my personal and professional experience and practice and following an initial review of the theoretical and research literature, those initial practice-based questions were developed into research questions. This review initially focused on coaching, coaching in healthcare, coaching in non-Western societies, coaching in Saudi Arabia and culture. Early discussion with my supervisory team about the nature of coaching in healthcare, resulted in a more expansive exploration than I had planned, of the knowledge landscape related to mentoring and preceptorship. Later discussions about transdisciplinary led me to think beyond strict disciplinary boundaries and to engage with the problem-centred issues that I had identified. This new appreciation was influenced by my being in possession of additional knowledge and an insider's perspective about KSA and the ability to frame coaching practice in KSA healthcare. The indicative topics and issues identified for exploration during the in-depth interviews were informed by the research questions that were derived from the key themes and debates identified in the literature, as well as my own personal and professional curiosity. Separate interview topic guides were developed for coaches, coachees, and coaching recipients; though there were some issues that were identified for exploration that were common to all constituencies. This chapter is arranged by theme, as in Chapter 5.

6.1 Summary

As a practising coach, I had experienced and was aware through my practice network, that coaching was being used for the development of Saudi Arabian healthcare managers. The data collection process revealed that coaching is being used more widely than I had believed or experienced. The analysis of the data shows that for the participants in this research study, neither religion nor culture prohibits the use of coaching. However, culture does appear to play

an important role in relation to acceptance of coaching and to certain issues such as trust, status, and safety, which are explored further relative to the main themes of the research. In addition, there appears to be a lack of clarity about the boundaries between coaching and other interventions such as mentoring and training. Notwithstanding this lack of clarity, coaches are expected to hold industry-recognised qualifications, including those offered by the ICF and the ILM. Participants conveyed a real sense of coaching being personally and organisationally impactful. Within this study, the coach emerged as the person who, through a combination of knowledge, skills, qualifications, and personal attributes, holds the key to value for all constituencies. In addition, coaching recipients and coaching sponsors appeared to be unclear about the differences between coaching and mentoring and, for that matter, some other HROD or therapeutic interventions such as training and counselling. I have discussed and explored some of the literature and debates related to this in chapter 2.

6.2 Discussion of Findings

6.2.1 Discussion Related to 'Coaching as a Way of Living'

At several points during this thesis, I have highlighted that Saudi culture is rooted in Islam. A key question within my research related to whether any adjustments need to be made to coaching practice to align it with KSA norms, values, and culture. Another question focused on whether there are any ways in which Saudi culture supports or militates against Western-oriented coaching practices. Van Nieuwerburgh and Allaho (2017) asserted that coaching is consistent with Islam or Islamic values. The coaching sponsors and coaching recipients who participated in this research, and who were all Saudi, corroborated this assertion. They explained that, while there are different Islamic traditions, coaching is allowed and that the pursuit of knowledge and development and the setting of intention are actively encouraged in the Qur'an.

The theme of Coaching as a Way of Living was also informed by the concepts of choice and freedom of thought, which according to many participants, are supported and strongly encouraged in Islam. The expression of choice is a key success determinant in the coaching relationship (McNally and Cunningham, 2010; Welman and Bachkirova, 2010) and implies that there is an equal balance of power between the coachee and the coach. However, in this study, another dimension of choice related to the fact that, while choice is a right, that right is sometimes superseded by issues such as the positional power between coaching recipients and sponsors. For example, it is a fact that coaching recipients do not always have choice when it comes to whether they participate in coaching. This is because coaching is sometimes commissioned by a coaching sponsor to meet a broader organisational need. The sponsors in this study generally held positions of power within their organisations, making it difficult for the coaching recipient to refuse. Using Hofstede's (2009; 2011) dimensions of culture as a norm, Saudi Arabia scores highly on the power-distance dimension. In the context of a national culture, a high score on this dimension means that people accept, without question, a hierarchical order in which everyone has a place and where subordinates generally expect to be instructed on what to do. Whether this hinders intention was not addressed in my research, but the question for coaches becomes then, whether it is possible to successfully facilitate coaching recipients to achieve goals that have been set by someone else? How can the coach be confident that the recipient is serious about and committed to the coaching relationship? Is coaching the right solution in this context and, if so, what kind of coaching?

Personally, and professionally, it would be difficult to overstate the importance of knowing that coaching is allowed, and that choice and freedom of thought are embedded in Islam. The realisation of these facts is a challenge to my assumptions and exerts a new and liberating

influence on my practice and by extension, for practitioners and coaching recipients in Saudi Arabia. I have lived and worked in KSA for over a decade, which provides me with some insider perspective. Nevertheless, the questions that I had were perhaps revelatory of my own lack of knowledge about Islam and my beliefs and biases related to the nature of Saudi culture. It is reasonable to assume that this would also be the case for other expatriates in other HROD fields who might also benefit from the clarity that this realisation brings. It also calls into question whether Saudis working with expatriates have similar unexplored biases and assumptions.

My motivation for undertaking this research was partly due to a desire to better understand the environment in which I work and live, in order that I could contribute to healthcare and coaching in a culturally competent way. In its simplest form, cultural competence refers to a combination of the awareness, knowledge, and skills that are necessary for working effectively with others who are different from and indeed like oneself (Vaccaro and Camba-Kelsay., 2018). Law, Ireland and Hussain (2008) identified cultural competence as a key requirement for coaches and explain that it is important that coaches can mediate the boundaries between cultures and connect their own culture to those of others. I see the implications for coaches as twofold. Firstly, coaches need to assess their own cultural competence and take steps to address identified gaps. Related to this, there is a sense in which the ability to create connectedness could be germane to relationship building, the creation of safety, and the establishment of trust. Cultural competence is addressed in the framework I have developed for coaching practices in Saudi Arabian healthcare, presented and explained in detail later in this chapter. The framework addresses the transdisciplinary nature of coaching, in that it draws from fields such as HROD and psychology and, therefore, has potential applicability to practitioners working in diverse disciplines. Importantly, it also addresses and contributes new knowledge relative to my research objectives

and research questions, which are found in section 1.3. I have presented the related questions below for ease.

> What is known in the literature and amongst participants in relation to coaching in Saudi Arabian healthcare?
>
> Is coaching is being used today as a development tool for managers in Saudi Arabian healthcare? If so, what drives the decision to sponsor, access and provide coaching in healthcare?
>
> Are there any ways in which Saudi culture and norms support or militate against Western-oriented coaching practices and are any adjustments required to achieve alignment?
>
> What does a successful coaching outcome look like for participants in their contexts as coaches, coachees and coaching sponsors and how is value defined?

6.2.1.1 Implications Related to Coaching as a Way of Living

As a coaching practitioner, and in my role within healthcare, I often perceived a dissonance existed between what I was experiencing and observing and the principles and practices of coaching and high-quality healthcare. I wondered whether there were 'cultural' reasons for why this disconnect existed. The research findings revealed that coaching is consistent with Islam and is desirable, encouraged, and allowed, and this finding is consistent with Van Nieuwerburgh and Allaho's (2017) assertions in this regard. I consider this a foundational finding with implications for theory and practice, in that provides a cultural and religious authorisation framework for coaching to occur. It signifies that coaches do not need to feel anxious or apprehensive when coaching in Saudi Arabian healthcare or in other fields. However, it is important to take time to understand the culture, traditions, and norms to avoid missteps. Understanding that Islam guides all aspects of life is fundamental. Knowing this helps a potential coach to realise that, even where

a sponsor's decisions might be couched in 'business' terms, those terms are grounded in Islam and, in Saudi culture, are likely to be more nuanced than the way that Westerners conduct business. As Hussain *et al*. (2017, p. 7) state, 'like many aspects of the Saudi life, business is conducted in a very traditional manner. Many Saudi Arabian businessmen are familiar with Western business and how it is conducted, however, tradition has not been abandoned to conform to that of how Western business is conducted'.

It is important to pay specific attention to cultural mores such as the use of appropriate eye contact, touch, attire, and appropriate body language and to demonstrate cognizance of any concerns related to male-female contact. One could suggest that attention to cultural differences is consistent with coaching practice anywhere in the world. This is certainly true and a good starting point, but I would argue that in Saudi Arabia it is not in the obvious where one succeeds but rather in being sufficiently astute to the nuance. In addition, coaches should refrain from assuming that all Saudi healthcare managers are the same by virtue of being Saudi and that traditions within Islam are homogenous. A coach considering an assignment in Saudi Arabia would do well to sensitively address these issues at the inquiry stage or pre-contract stage and be confident that they are able to deliver. Exploring frameworks for coaching in Islamic cultures, such as those proposed by myself and by Van Nieuwerburgh and Allaho (2017), could provide a useful starting point as coaching recipients often seek to align their intentions with their faith.

6.3 Discussion Related to 'Trust'

If one theme could be identified as the most complex and most important to emerge from these research findings, it would be Trust. This finding resonates and adds to one of the findings of Wotruba's (2016) research on team coaching as a trust-based coaching relationship in which trust emerged as the most significant theme. While Wotruba's study was conducted in a Western

context, the findings revealed that the importance of trust in the coaching relationship transcends cultural and international boundaries. In the context of the Middle East, it has been identified that building trust takes longer and 'has many embedded values that need to be understood and is often not a linear process' (King *et al.,* 2021, p. 34). The International Coach Federation (ICF, 2019) identified the coach's ability to create a trusting relationship as being one of the four most important skills that coaches need to possess. A review of the literature on coaching relationships reveals trust to be a key relational component (Bluckert, 2005; Gyllensten and Palmer, 2007; Wasylyshyn, 2003; Thomson, 2009; Van Nieuwerburgh and Allaho, 2017). I reviewed the EMCC's Code of Ethics (2016) to identify whether and how trust is addressed. It is interesting to note that, while the contributors to trust such as integrity and maintaining confidentiality are addressed, the word trust is, itself, not used.

Coach participants in my research inherently trusted in their abilities as coaches and in the coaching process. This resonates with the findings of other studies, such as Jones and Spooner (2007) and Mukherjee (2012). Through their commissioning decisions, coaching sponsors demonstrated trust in coaching and in the coaches who they commissioned to help deliver their organisational objectives. For the coaching recipients, trust emerged as the major concern. This is not surprising because of the nature of the information that is often shared by the coaching recipient. What is important to note in my research, is that for the coaching recipients, the definition of trust is significantly more nuanced and complex than appears in the literature and adds another dimension to how trust is understood in the coaching community.

The anatomy of trust comprises the need for coaches to develop and demonstrate an understanding of the traditions, the people, and the culture because these factors are germane to the participants' identity and being. This finding resonates personally and professionally. In the

personal context, being from a minority community in the United Kingdom, there are traditions that are my guiding principles and that are intertwined with who I am and with my coach persona. I believe that this enables me to bring a greater degree of openness to the coaching relationship, but I am also aware that this would not be a natural asset possessed by many coaches, and therefore, I address it in the framework. Professionally, the EMCC's (2016) code of ethics explicitly addresses the need for coaches to recognise equality and diversity. For Westerners like me, whose understanding of diversity and inclusion are informed by Western cultural and legislative frameworks, there is a question about the extent to which understanding gained within these contexts is impactful in profound yet nuanced contexts like KSA.

Having said this, some care must be taken when addressing culture. Some coaching sponsors and coaching recipients were careful to warn that, while Saudi culture is grounded in Islam, there are regional differences in the interpretation and demonstration of what that culture is. Existing definitions of national culture (see Chapter 2) do not always take account of the individual differences between people within that same culture. From the in-depth qualitative interviews with fourteen informants, it was clear that there were individual differences between the Saudi participants. However, in general, participants described culture in terms that are consistent with the definitions of culture offered by Parsons and Shils (1962) and by Schwartz (1999), which focus on values, norms, and symbols, which are determinants of decision-making, actions, behaviours, modes of interaction, and on social institutions such as families, and how religious and economic institutions function. An understanding of Saudi culture is important because issues such as status and relationships are bound up within it. According to Gorrill (2004), the way that people behave is often culturally ascribed and pervades the customs and social duties that influence business dealings. Because of the nature and importance of these considerations,

Van Nieuwerburgh and Allaho (2017) propose that *'knowledge and understanding of Islamic culture is necessary for coaches working in such contexts'* (Van Nieuwerburgh and Allaho (2017, p. 9). This is also a recommendation arising from my research and I address it in my proposed framework.

I sensed during the interviews that many participants were keen to not focus on gender issues. Generally, most painted an optimistic picture of a changing society in which women were enjoying a greater degree of freedom and positive evolutionary changes to their roles within society. Such changes include the fact that there are twenty-nine women members of the Majlis Al-Shura (commonly referred to as the Shura Council). This is the Consultative Council, a legislative body that advises the King on issues of importance to Saudi Arabia, including human rights, education, culture, information, health and social affairs, foreign affairs, security, Islamic affairs, industry, and finance (Saudi Embassy, Washington). Some pointed to the fact that, in September 2017, it was announced that, from June 2018 after decades of prohibition, Women in Saudi Arabia would have the right to drive (Hubbard, 2017). Further, August 2019 ushered in significant changes to longstanding guardianship laws, giving new freedoms to women, enabling them to amongst others, obtain a passport and travel without the permission of a male guardian (Alarabiya Online, 2019).

Notwithstanding these developments, even the most optimistic participants were at pains to highlight that it is important for coaches (in particular) to be aware that there remain some deeply rooted religious and cultural norms that should be observed in relation to gender at this time. These norms might be more or less evident and important depending on the geographical location, so educating oneself on the region in which one would be working is therefore as important as educating oneself about the norms within the country. A demonstrable appreciation

of the pertinent issues reduces the risk of offense being caused or felt and provides a safety net for all parties. From the analysis of the data from this research, it was clear that trust and safety are synergistic. Safety supports the building of positive relationships and engendering trust. In practice, this knowledge enables coaches to ask powerful questions and facilitates the coachee to engage fully with the coaching process. Where trust is not established, questions, for example, could be treated as intrusion or inquisition; coaching could then be perceived as a punishment rather than support, resulting in poor engagement with coaching.

The need for relationship has long been identified as a fundamental human need (Maslow, 1943; Baumeister and Leary, 1995) and, in this respect, it should not be surprising that relationship emerged as a sub-theme of trust. What is important to note is that relationship or belongingness in Islam has a spiritual dimension that is not apparent in, for example, Maslow's (1943) hierarchy (Salleh, 2018). This underscores the reality that Islam guides all aspects of life. In the Islamic context, Langgulung (2001) uses the term *Ibadah,* which is the basic motivation behind every human action and is the integrating force that gives meaning and purpose to all aspects of living. It is important for coaches working in Saudi Arabian healthcare to demonstrate, in coaching practice, their understanding that the coachee and Islam are one. There is also a need for this to be addressed in the literature and for coach accreditation bodies to provide guidance on how to build coaching relationships adequately and sensitively in the Islamic context. In the management literature related to Saudi Arabia, it has been identified that such is the importance of relationships that 'trumps' business (Idris, 2007). I have mainly highlighted the relationship requirements for the coach in relation to the coaching recipient and the coaching sponsor. In this study, there were three broad types of trust-based relationship dyads, which all need to be maintained in simultaneous balance for coaching to be deemed to be successful. These are the

coach and the coaching recipient, the coach, and the coaching sponsor, as well as the coaching sponsor and the coaching recipient.

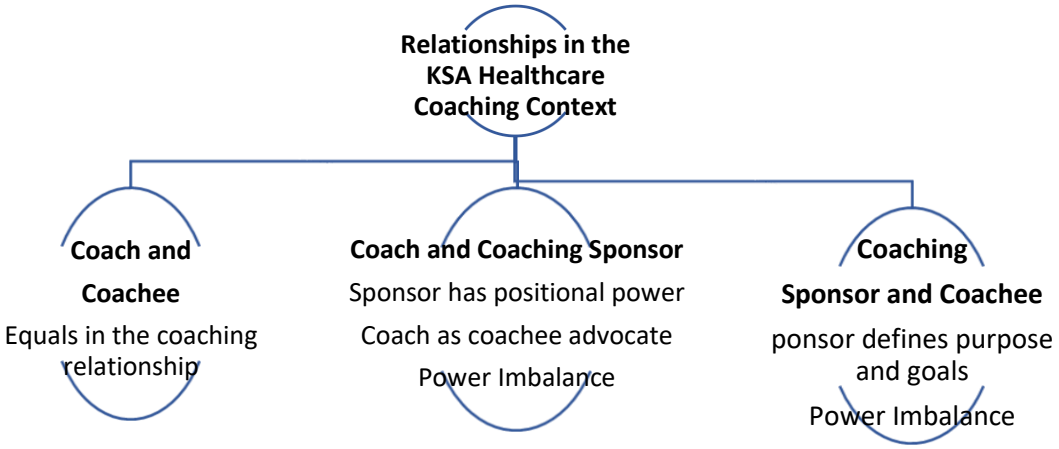

Figure 5 Typology of relationship dyads (Sienko, 2021)

In the case of the coaching recipient and the coaching sponsor, the relationship appears to benefit from an inherent trust linked to the coaching sponsor's positional power and is related to status. In the case of the other two dyads, it was identified that the coach is required to do the work of understanding Saudi culture and traditions that would lead to an investment of trust by the coaching sponsor or coachee. The coaching literature reveals that the strength of the relationship between coach and coaching recipient is directly correlated with positive coaching outcomes (De Haan, 2008a). In coaching practice, it is often the case that an initial meeting establishes the groundwork for the relationship with trust being built over time. In this study, knowledge of and respect for Saudi culture and traditions were identified as being even more important to relationship-building than the initial meeting. It could be argued that, without a demonstrable understanding of these issues, the progression of the coaching might not occur or could be impeded by superficial participation on the part of the coachee in the coaching process.

Comprising as it does issues of religion, culture, status, safety, gender, and acceptable forms of questioning, culture and tradition emerged as the building blocks of relationship and subsequently, of trust. The need for confidentiality is implied in relation to themes such as status, rather than being explicitly stated. An awareness of this is an important pre-condition for initial engagement and for relationship-building.

Other factors that affect trust include the acknowledgement and preservation of status. Nangalia and Nangalia (2010) explicitly addressed the issues of status in their study of the impact of hierarchy on the coaching relationship in the Asian context. In their study, they highlighted the status of the coach as a respected elder and teacher. In my research, respect for the status of the coachee and the sponsor were highlighted as areas of concern. It is possible that, since those who teach and have knowledge are explicitly addressed in Islam (Van Nieuwerburgh and Allaho, 2017), coaching sponsors and recipients did not feel the need to state it. Coaches were keenly aware of the importance that status plays in the success or failure of coaching. Coaching sponsors also referenced status, but less explicitly so and couched issues related to status in business within the context of making good business decisions. Earlier studies, such as Idris (2007), indicate that status and position are important to Saudis. Even though society is changing partly through contact with the West and strategies such as Vision 2030 (Yamani, 2000; Vision, 2030), there is still a sense in which the protection of status and position remain important considerations. Hofstede (2011) attributes this to his assessment that, in addition to being characterised by high power-distance, Saudi Arabia is a collectivist society. These characteristics mean that, in general terms, preventing loss of face and maintaining the distance that exists between leaders and subordinates are important features of the Saudi work environment. I have presented the findings related to this issue in Chapter 5.

6.3.1 Implications Related to Trust

The implications of this theme are highly significant and, based on this, I believe that this is where coaches who are considering or undertaking an engagement to develop managers in Saudi Arabian healthcare should focus the bulk of their attention. The findings indicate that trust is weighty, complex, and highly nuanced. It is critical that coaches are aware that actions and behaviours that could lead to loss of face or shame, which is consistent with the characterisation of Saudi Arabia as being a collectivist society (House *et al.*, 2004; Hofstede, 2009; 2011). It is also a very masculine society such that in some regions, it would be more appropriate for a male to provide coaching rather than a female or vice versa. I would recommend that questions related to these concerns be addressed in a pre-meeting with a potential client. For coaches, the establishment of trust would better enable them to facilitate and support their clients to a successful outcome.

The findings of this research indicate that time plays an important role in the establishment of trust. Coaching assignments are generally time-limited with expenses often incurred per day. For in-person coaching assignments, getting to the destination ahead of time so that there is time to interact and build rapport with some of the stakeholders in their natural environment, might need to be part of the cost of doing business. A coach making such an effort would, over time, find Saudis to be generally warm and welcoming and effusive in demonstrating hospitality. Saudis appreciate it when foreigners show their willingness to use a few Arabic words. Learning how to say hello, welcome, goodbye, yes, no, thank you, and one's name are helpful. Investing effort in, for example, understanding the norms as regards shaking hands helps to prevent potential embarrassment or offense. It might appear that little of this has anything to do with coaching and, yet, it has everything to do with the establishment of trust and consequently, the success of the

coaching relationship. Another implication is that the global pandemic, the closure of international borders, and the focus on social distancing, mean that there might be a greater opportunity or need for online coaching and for the use of technology in coaching engagements. The Saudi population is overwhelmingly young with 65% of the population being under the age of 35 years (Godinho, 2020). They are technologically savvy and comfortable in their use of everyday transactions. Saudi Arabia ranks seventh globally in the number of social media accounts held per teenager (Hussain *et al*., 2017).

Coaching online has important implications for the quantity of attention and time that the coach and client would need to devote to building rapport. If making time to build relationships is an important success criterion in building rapport, what are the implications when the coaching is online? This is an important question because, according to Gannon and De Haan (2016), enhanced rapport has a positive impact on outcomes, satisfaction, compliance, degree of selfdisclosure, and retention within the coaching relationship. In an online scenario, there is a risk that coaches miss some of the visual and perceptual cues that often feature in in-person coaching engagements and that are important in establishing the right tenor of a coaching session.

Over 95% of Saudis have access to a mobile phone (Makki and Chang, 2015) and most citizens have at least two social media accounts. Saudi Arabia has a population of 34.5 million and at least 25 million citizens have at least one social media account. On average, Saudis spend over 7.5 hours per day on the internet (Global Media Insights, 2020). In addition, since many of the current under thirty-five population are likely to be current and future managers and they are comfortable with conducting business using technology, the use and effectiveness of online coaching and the applicable rules, warrant further attention from the coaching community.

6.4 Discussion Related to 'Coaching Defined'

One of the earliest questions that led me to review the literature was whether there was an understanding of what coaching is in the Saudi Arabian healthcare context. In reviewing the coaching literature, the question of what coaching is and is not has been the subject of a longstanding debate. I have discussed this in detail in Chapter 2, which deals with the review of the literature. Though their definitions of coaching were informed by their different theoretical traditions, use of approaches and genres (including management, leadership, and executive coaching), and by their educational preparation, coaches unanimously described a consistent set of features and attributes of coaching. They were also consistent in describing coaching skills such as the use of powerful questions and the importance of facilitating and explaining the role of the coach in relation to the coachee. Coaches explained the role of the coach as supporting the coachee in attaining their goals in relation to their intention. In general, they understood that coaching was different from mentoring and counselling.

Conversely, coaching recipients and coaching sponsors utilised the terms coaching and mentoring interchangeably when describing coaching. In some cases, their descriptions indicated that what they were describing was mentorship or even training or counselling. Coaching was variously described as help or guidance. Some participants referenced different types of coaching when describing their perceptions and experiences, for example, life coaching and executive coaching. However, they were sufficiently confident that they were describing was coaching. This is not a surprising finding. Jackson (2005) noted that coaching means different things to different people and more than a decade later, the findings of this study indicate that the situation has not changed. In fact, Hamlin *et al*. (2008) identified more than 30 descriptions, definitions, and types of coaching. The latter includes genres, approaches, and theoretical traditions and in

reality, might be one of the reasons why attempts at a single definition are futile and is beyond the ability of this thesis. Coaching has been defined as a helping relationship (Passmore and Lai, 2020). Differentiating coaching from other HROD or therapeutic activities remains an unresolved issue in coaching research and practice (Bachkirova and Cox, 2004; Simons, 2006; Hussey and Campbell-Meier, 2020). Bachkirova and Baker (2018) have pointed out that, in the face of a lack of clarity, practitioners, coaching sponsors, and coaching recipients should take a more pragmatic approach.

This leads to the somewhat controversial question of whether the definition of coaching really matters relative to the value that clients (sponsors and recipients) derive from the practice. I would argue that definitions matter, especially within healthcare where for example, mental health issues might be involved. For instance, during one of the interviews, an informant enthusiastically described the positive impact of coaching on her mental health. What she described as regards the process she had been through sounded much like counselling, but I did not verify or probe, as I did not wish to be viewed as being overly intrusive. While I did not explore this specific issue in my research, it is possible that there was some validity to my observations. For example, based on the results of their research, Griffiths and Campbell (2008) proposed that mental health is located on a continuum on which clients were not discretely situated in either coaching or counselling but toggled between the two approaches.

In common, coaches and coaching recipients experienced coaching in terms of choice. This is not surprising since choice lies at the heart of the coaching endeavour (McNally and Cunningham, 2010). Seeing choice in similar terms potentially serves as a pre-condition for trust to be built. It is sometimes the case that coaching is commissioned rather than chosen. For example, coaching sponsors who participated in this study commissioned coaching on behalf of

their organisations. In one case, once the coaching had been commissioned, employees could make the choice to avail themselves of it. In the other organisations represented by the other coaching sponsors, choice of receiving coaching was not offered to the employees. Choice is a core construct in relation to other forms of adult learning and in life in general. In relation to coaching, Peltier (2010, p. 165) stated, 'to live is to choose', and this seems consistent with the assertion that choice is encouraged in Islam. Paradoxically though, there are cases where healthcare managers do not appear to be able to refuse to participate in coaching. In this study, two coaching recipients also highlighted that they themselves had not made the choice to engage with coaching. They described experiencing coaching as a punishment rather than as having positive personal or professional impact. De Haan *et al*. (2020) noted that coaching recipients rate their experience 'in accordance with how useful the general experience was for them and their own optimism about these kinds of experiences'. It is possible that this experience of coaching as punishment could be attributed to a feeling of being powerless to exercise choice in relation to both the activity and the coach.

I did not explicitly explore the concept of power within this research though I have discussed it in the context of Hofstede's (2009) cultural construct of power-distance and in relation to the power dynamics between coach and coaching recipient and coaching recipient and sponsor. Welman and Bachkirova (2010) note that power impacts other players in the coaching relationship, including coaches. They also observe that '*coaches may also feel more powerful when they act as representatives of an organisation. This may lead them to associate themselves with the 'needs' of the organisation to such a degree that, for example, they put inappropriate pressure on their coachee to change, and in particular ways'* (Welman and Bachkirova, 2010, p. 145). This is an important observation in relation to safety and to my research since all coach

participants were commissioned by organisations to support specific strategic or operational objectives. The implications will be discussed below.

6.4.1 Implications Related to Coaching Defined

Debates about the differences between coaching and other HROD interventions abound and are unlikely to be resolved until coaching achieves the status of a profession. In addition, the plethora of existing and new coaching modalities and sub-specialities further serve to complicate the situation. In some sense, the need for clarityht be of greater importance to those of us within the community than to our clients for whom coaching exists. The need for coaches to be clear about what and who we are cannot be understated. It is part of our ethical duty to know the boundaries of our practice and when another practitioner or intervention might be more appropriate for a client. The European Mentoring and Coaching Council's Code of Ethics (2020, p. 5) underpins this ethical requirement by stating that coaches 'will have the qualifications, skills, and experience appropriate to meet the needs of the client and will operate within the limits of their competence. Members should refer the client to a more experienced or suitably qualified practising member where appropriate'. As regards definitions, perhaps what matters most to clients is skill, the coach's personal attributes, our qualifications and experience, and our ability to align the client with their goals rather than our ability to help them clearly define coaching. Contracting is another mechanism through which coaches and clients could achieve clarity about what is being sought and the appropriateness of the coach for such an assignment.

Coaching is often described as an engagement that is more about the coaching recipient than it is about the coach. It is said that the coaching recipient already has what he or she needs, and it is the coach's role to facilitate the recipient to unlock their potential and to enable them to maximize their performance utilising a focus on learning rather than teaching. Yet, it is the coach

who brings to the engagement, the coaching qualifications, tools, skills, and experience to the partnership which inherently places them in a position of power. Where engagement with coaching is not a personal choice and where it is commissioned for employees by a high-status sponsor, the perception of the coach's power could be magnified. As I explained in Section 5.6.2 where I discussed *Gender Norms*, coaches working in Saudi Arabian healthcare might need to demonstrate an informed and finely tuned sensitivity to this dynamic. This includes determining which skills, tools, and approaches should be most powerfully deployed to actively engage and facilitate a coaching recipient who views coaching as punishment, to achieve value, nevertheless. I address this in the proposed framework later in this chapter.

6.5 Discussion Related to 'Coaching Impact'

One of my research questions related to what coaches and HROD practitioners need to know and do to create value when coaching Saudis or in Saudi Arabia. Placed in the global context, value is largely a personal construct and may vary in meaning from one client to the next. In relation to coaching, the debate within and outside the coaching and HROD communities about the value of coaching remains unresolved. For example, Sherpa Coaching's executive (2017) coaching survey found that more than 90% of their respondents rated the value of coaching as being somewhat high to extremely high. According to the surveyors, they stopped asking the question about value between 2011-2014 because the answer was clear. Other contributors have observed that at the level of the organisation, coaching drives value in relation to increased employee engagement and positive interactions (Hagen, 2019) and delivers outcomes that are intangible and sometimes immeasurable (Fillery-Travis and Lane 2006). Conversely, Coutu and Kaufman (2009) stated that the value of coaching remains in question because there continue to be sketchy mechanisms for monitoring the effectiveness of a coaching engagement. Further, Grover and

Furnham (2016) highlighted that considering the size of the coaching industry, there remains limited objective evidence to support efficacy.

Coaching recipients in this study focused on impact rather than on value. They described the impact of coaching in terms of the degree to which engaging with coaching was helpful in achieving or driving towards their personal and professional goals. In addition to other factors, the impact that coaches have on their clients relates to the coach's understanding of the value and purpose of coaching and on their ability to articulate and demonstrate these in relation to their client's goals. The coach's skill in using a range of coaching tools and approaches such as listening, supporting, facilitating, and asking powerful questions also contributed to the coaching recipients' perception of the engagement being impactful. Impact was important to coaches too. I highlighted in chapter 5 that coaches in this study linked impact and value to their perceived role as custodians of coaching's reputation. I have discussed in chapter 2 that there continue to be debates about the value and impact of coaching. It is not surprising that this issue resonates with coaches and for the discipline. For example, the EMCC's (2016) code of conduct highlights the need for coaches to 'accurately and honestly represent the value that they present as a coach'.

Coaching sponsors' assessment of value was partly influenced by the nationality of the coach and their perceptions of the maturity and robustness of coaching practice in non-Saudi and Western geographies. This appeared to provide them with some reassurance about the quality of both coach and coaching and served as a first indicator of value. Beyond this, other factors such as the coach's qualifications, the scale of the work to be done, and the business objectives also influenced their decision-making. The findings of this study (chapter 5) did not indicate that the impact of coaching on the individual coaching recipients was an explicit concern for the

sponsors, whose primary focus related to broader organisational themes e.g., development of managers, safety, quality, and alignment with corporate goals.

6.5.1 Implications Related to Coaching Impact

In reviewing the findings arising from a review of this theme, it is possible that in relation to Saudi Arabia, where there is a nascent coaching community, concerns about value are likely of greater concern to the coaching community than to the clients. Put another way, in this study, the term value was more prevalent in the coaches' narrative than amongst the other two participant groups. Coaching continues to suffer from longstanding challenges to its claim to be a profession, steering focus, and urgency on issues such as value and return on investment. It is true that sponsors couched their decisions to commission coaching from outside KSA as solid business decisions. Even where sponsors did not offer a clear definition of the coaching to underpin their commissioning decisions, coaching sponsors saw coaching as being helpful to their organisational goals. Feldman and Lankau (2005) described the notion of helpfulness as being the extent to which coaching has a positive impact on the conscious mind of the client.

Applying this definition to the findings of my study, impact becomes a subjective rather than objective measure of value and might be all that is needed for now to build confidence in coaching in Saudi Arabian healthcare at this point in its evolution. Demonstrating value and evidencing positive return on investment are important for the coach, the client, and for coaching. Increasing utilisation might be the pragmatic approach and it is possible that over time, confidence will drive utilisation which in turn, could provide the impetus for greater professionalisation and stimulate inquiry and research. How impact is measured at the level of the organisation must be a key concern and the coach has a great deal to offer here.

There is a risk that without leadership and a conscious growth strategy led from within KSA, continued reliance on Non-Saudi and Western coaches will stymie the growth of local coaching knowledge, capability, and capacity. By dint of their nationality, Non-Saudi and Western coaches appear to benefit from positive assumptions about their capability. These coaches have a critical leadership role to play in driving theory and practice gains locally and nationally. Practically, this could include encouraging and supporting Saudi coaches to acquire best-in-class credentials, to develop and to practice so that, over time, they can combine their local, insider knowledge with world-class coaching practices. This could include using techniques such as role modelling, training as well as coaching supervision, and facilitating trainees to navigate issues related to gender and status within their coaching practice. Partnering with local coaches to undertake coaching research also offers the potential for growth. One way of achieving this could be to include the development of local capability and capacity in their discussions with sponsors or even making such stipulations in their contracting arrangements. It is not inconceivable these actions could also be relevant in other non-Western contexts apart from KSA.

6.6 Discussion Related to 'The Coach'

If trust emerged as the superordinate theme of the research, the coach (as a person and as a practitioner emerged as the central focus for all participants. Coaching is often described in the literature in terms of function or purpose. For example, the coach is someone who 'conveys a valued person from where he or she was, to where he or she wants to be' (McNally and Cunningham, 2010, p. 7). Others define the coach as 'a person who supports others to grow and develop towards their desired futures' Van Nieuwerburgh and Allaho, 2017, p. 19). At other times, the coach is described in relation to how coaching is defined (Peltier, 2010). Based on my research findings, my own description differs from those commonly found within the literature. I

have come to discover that, in the Saudi Arabian healthcare context, the coach is the glue between the sponsors and the recipients, and, as well as possessing knowledge, skills qualification, and experience, it is the coach's personal attributes and his or her astute navigation of the stakeholder territory that makes coaching work. This might have much to do with the relationship-based nature of Saudi culture and with the issues of trust and safety.

In relation to Coaching as a Way of Living, where recipients can choose their coach, the coaching recipient and the coach are able to establish rapport or chemistry and work towards the recipient's goals. Where the coach is commissioned by a sponsor on the recipients' behalf, the coach uses their tools and skills to successfully navigate between the goals of the individual and the goals of the organisation. Tools include establishing clear contracts related to disclosure. In its guidance on contracting conversations, the EMCC (2020) states that it is important that coaches are alert to the multiparty nature of the coaching relationship and the need to balance the different interests of the parties. Contracts are important in establishing boundaries and in setting red lines in relation to confidentiality.

Because of the complex cultural concerns related to, amongst others, status, power, and safety, the description of the preferred coach is someone who is preferably Western and, if not, nonSaudi. These concerns can also be perceived to imply that the use of a Saudi coach carries some risk for coaching recipients and sponsors. The scarcity of Western-qualified Saudi coaches might be one reason for this. In addition, the findings indicate that, where a coach is Saudi, the seniority of that individual in relation to the coachee, arose as a critical requirement in relation to the safety of the coaching recipient. For coaching sponsors, being Western seems to guarantee a standard of practice that reassures the sponsor that their commissioning decisions are solid and that their organisational goals will be met. That the coach is qualified or certified and

experienced matters a great deal in this setting. Sponsors were less concerned about the coaching skills *per se*. A notable research finding was that all coaches in this study started their practice informally and, over time, pursued qualifications, and certifications as a way of enhancing and grounding their practice.

This is an important finding because in 2012 the International Coach Federation (ICF) noted that one of the coach's biggest obstacles was '*untrained coaches*' (ICF 2012, p. 13). The coaches in this study did not pursue qualifications and certifications as ends in themselves. Rather, all stated that their involvement with coaching started informally and grew organically. All pursued formal qualifications based on having understood the importance of the role and as an expression of a duty of accountability towards the coaching's reputation, their own and their client's safety. This mirrors my own journey as a coach, and I will make important observation observations here. This is, even before they are qualified, coaches appear to understand the inherent safety implications in their practice.

Despite differences in definitions of coaching, coaches, coaching sponsors, and coaching recipients commonly described the coach in terms of a range of skills, which are also consistent with the skills and attributes described in the coaching literature. These include purposeful listening, the use of powerful questions, paraphrasing, astute observation, and skills in creating safety and guiding reflection. Attributes include curiosity, warmth, friendliness, and attentiveness (De Haan, 2008; O'Broin and Palmer, 2010; Iainro *et al*., 2013; Van Nieuwerburgh and Allaho, 2017). Coaching sponsors and some coaching recipients pointed out that strong public brand or reputation also informs their decisions about which coaches to contact or work with. In the case of sponsors, working with a recognised brand appears to enable them to 'sell' coaching to their organisations and to justify their financial investment decisions. In the case of coachees,

identifying and selecting someone who was known in the field and with whom they could potentially develop chemistry, is one way in which they exercise choice. It is worth noting that, as in any field, big brands generally come with a price tag that reflects the brand. Therefore, organisations are better placed to include brand in their selection criteria as opposed to individual, self-funding, middle managers.

6.6.1 Implications Related to The Coach

There are three specific implications that arise from the findings related to the coach. These are presented in turn and in no order of importance. The first is that expectations of characteristics, skills, and qualifications of the coach are consistent with those identified in the literature. However, it is how these are dispensed within the Saudi culture when coaching healthcare managers that matters the most. I have shown that some aspects of Saudi work culture are nuanced rather than overt, including as relates to issues such as status, safety, and trust. Put another way, without adequately addressing the cultural needs and norms at the right depth, even the most skilled, educated, and qualified coach risks sub-optimal results including but not limited to, engagement by the coachee.

Secondly, Western coaches working with Saudi Arabian healthcare organisations are perhaps the ones who need to leverage our professional agency to initiate and sponsor the discussions about growing national capacity and capability for coaching. If organisational sponsors continue to use nationality as a coach selection criterion, there is a risk that the coaching competency and capability will not develop from within. Offering to partner with or mentor a coach trainee or apprentice from within the sponsoring organisation is one way by which coaches could add value. Coaches who are also qualified supervisors could also offer to provide coaching supervision to practising internal coaches.

Thirdly, it is important that coaches ask searching questions about accountability and expectations before they even contract for an assignment. For example, in the findings reported in chapter 5, one coach related how a sponsor wanted to know the details of the coaching sessions with individual employees. If the coach were to comply with this request, this would constitute a breach of confidentiality and trust. Therefore, expectations and boundaries as regards disclosure need to be discussed, agreed upon, and documented at the contracting stage. There are so many facets of working in Saudi Arabia that are not obvious or spoken about. The implication is that the matters that a coach should be concerned about, are not always obvious. The importance of and respect for status is one such issue and I have addressed this, and other issues, in the framework for coaching practices that I have developed based on the findings of this research. The framework is presented and discussed in greater detail in section 6.7 below.

6.7 A Framework for Coaching Practices in Saudi Arabian Healthcare

6.7.1 Developing the Framework

In Chapter 1, I identified that one of my research objectives was to develop a framework for coaching practices that could be used in KSA healthcare and potentially have value beyond KSA and beyond healthcare. The development of the framework has been problem-based in that, it has been conceived from the findings of this research and incorporates theory, knowledge, and practice domains. The framework consists of two parts. The first is a model which three interrelated components as follows:

1. There is a central or anchoring principle (in this case, Islam).
2. Core considerations. These serve to connect the anchoring principle and the three main elements.

3. The three main elements that address the knowledge and practice concerns that should be addressed.

The second is an assessment of preparedness, practice, and self in relation to the proposed coaching assignment.

The literature review, the data collection, the data analysis, and findings indicated that Islam guides every facet of life in KSA. It serves as the guiding or anchoring principle of life and is non-negotiable. Within this context, establishing and maintaining trust, being clear about who the client is and understanding their motivations and intentions, and developing a working understanding of Saudi culture are important success factors for coaching in Saudi Arabian healthcare. It is worth emphasising that these three core considerations emerged from the data analysis and findings of the thesis research and apply in the Saudi Arabian healthcare context. In other geographical contexts, it is possible that different core considerations might apply. The three main elements address the theory, knowledge, and practice dimensions related to coaching in KSA healthcare.

Leveraging knowledge from the field of technology, framework development typically involves identification of the problems to be solved, creating a usable model and testing and re-using of the framework (Johnson, 1993). I have incorporated these principles into my own work. I am currently utilising the framework in my own practice, will encourage others to use it, and will refine it as required. This is a potential area for further research.

6.7.2 Explaining the Core Considerations Within the Framework

6.7.2.1 Trust, Client, and Culture

Establishing and maintaining trust is important in coaching relationships in any geography.

However, the research findings revealed trust to be of increased importance within Saudi Arabian healthcare, in part, because in Saudi culture, privacy, protection of status, and relationships are highly valued. Trust and relationships take time to build and maintain. Consequently, for many new and experienced coaches who are based outside Saudi Arabia and who are not able to spend prolonged periods of time in KSA, special emphasis must be placed on strategies for developing sufficient understanding of the culture and for engendering and sustaining trust and relationships. Likewise, it is important for coaching recipients and coaching sponsors to have some criteria which would help them to determine the appropriateness of a coach for their specific needs. Without this, coaching engagements are unlikely to succeed or help the client to achieve their goals. Some of these strategies are embedded in the preparation, practice, and personal elements of the framework.

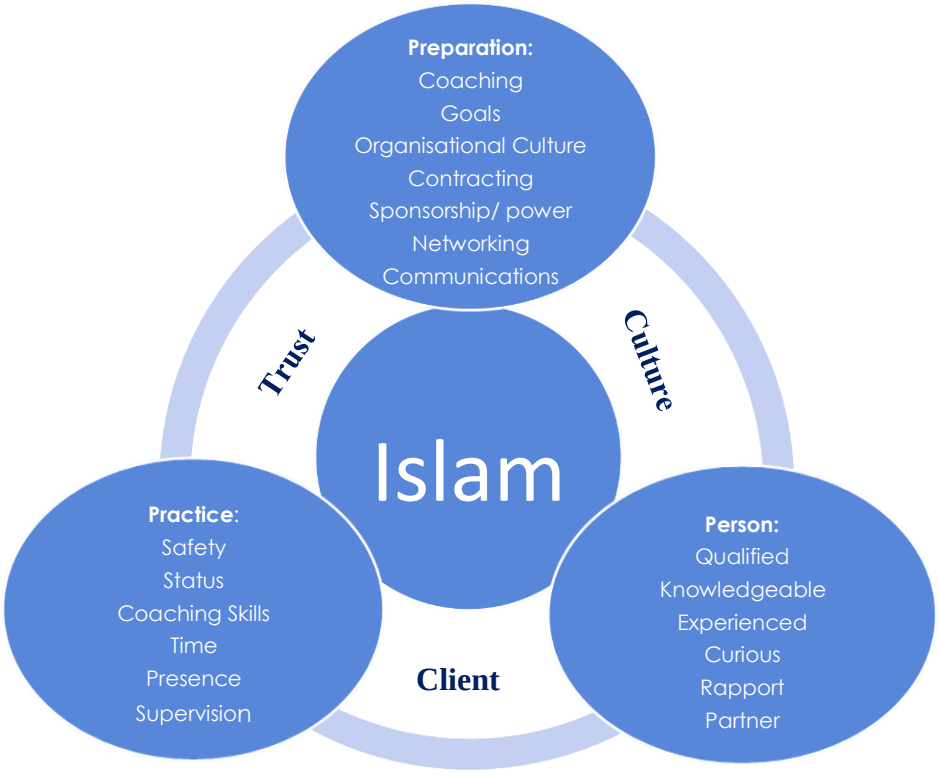

Figure 6 Framework for coaching practices-representative model developed by the researcher from the research findings (Sienko, 2021.)

6.7.2.2 The Anchoring Precept - Islam

In this research, it was found that Islam serves as the anchoring precept for every aspect of life in KSA and therefore it serves as the principle onto which all elements of the framework hang. In this respect, my framework is consistent with the Ershad framework developed by Van Nieuwerburgh and Allaho (2017) for use in Islamic cultures. In other cultural contexts, for example in Asia or Africa, Latin America, or the Caribbean, the anchoring precept might differ. However, whatever that precept is, it is likely to serve a similar purpose as Islam does here. The implication is that much of my proposed framework could potentially have utility across different cultures.

6.7.2.3 Preparation

This relates to having a clear understanding of the cultural and organisational conditions and environment under and within which, coaching is to be practiced. This element addresses the importance of achieving clarity about the goals to be attained or the intention, before embarking on any coaching engagement. This understanding is informed by clarity about the client's organisational or personal goals and by asking searching questions about the cultural context within which coaching will be delivered. Explicitly addressing issues such as expected deliverables, especially where a sponsor is involved, helps to illuminate more nuanced concepts such as power. The ability to ask powerful questions is a vital coaching skill that could be leveraged to ask questions of the client related to what has been communicated at organisational or personal level about coaching and about levels of buy-in. As Sherman and Freas (2004) observed, 'the best ones [coaches] ground their work in the coachee's environment: relationships

at all levels, plus the values, goals, and dynamics of the client's business' (Sherman and Freas, 2004, p. 4).

Contracting is a core coaching competency and is especially important in the KSA healthcare context, as it provides the opportunity to establish the boundaries for the coaching assignment. As a business process, it is also an activity that enables the coach to decide whether to factor time for relationship building into their pricing model. It is highly recommended that, when preparing for an assignment, the coach accesses formal and informal professional networks to learn as much as they could about pertinent issues involved in working in the country and with the client. In the preparatory element, it is still possible for a coach to conclude that he or she would not be suitable for the required assignment.

6.7.2.4 Practice

Based on the findings of this research, this element deals with the understanding that apart from trust, the coach's practice is the fundamental success and value factor for all parties i.e., the coaching sponsor, the coaching recipient, and, indeed, the coach. The findings also reveal that the coach is invested with a degree of trust by virtue of their qualifications and being from the West or at least, having Western qualifications. Once the coach has accepted an engagement, attention must be given to the practicalities and the practice. Important considerations, including how to establish safety, must begin to be addressed in the preparatory stage by asking questions about the person, organisation, and culture. In this way, the coach will hopefully understand what goals and matters are important to the client, as well as the client's boundaries. Clues regarding the client's status might also emerge at this stage and the coach would need to ascertain the extent to which concerns about status might exert a limiting influence on the quality of the coaching and the coaching relationship. The use of coaching skills such as listening with

purpose, asking powerful questions, and paraphrasing would be of value in generating understanding, trust, and true partnership, all of which are important for goal attainment. Proficiency in these skills is often achieved through practice and through the challenge and reflection that comes with supervision. Coaches who participated in this thesis research identified supervision as being essential to their practice and, as a practitioner, I would concur.

Amongst others, relationship-building requires time and presence. My experience has been that many coaches who are engaged with healthcare organisations in KSA are Western, or at the very least, non-Saudi. The coach participants in the thesis research were all non-Saudi; all had achieved Western coaching qualifications and all but one lived abroad. For overseas-based coaches, opportunities for extended stays in KSA are limited by considerations such as pricing their services competitively to 'win' the deal. Limited time in the country might result in the development of superficial relationships and, worse, surface-level engagement by the client with the coaching process. Although the coronavirus pandemic has curtailed opportunities for international travel, it, simultaneously, presents an invaluable opportunity to explore how trust and relationship building could best be built in remote and technology-mediated coaching practice, especially in relation to healthcare. According to Sherpa Coaching (2019), 32% of coaching was done face to face in 2019, whereas in 2012, 59% of coaching was conducted face to face. Indications are that coaches will need to create a strong online presence that includes information about their cultural competence. My prediction is that those who are best able to market themselves to Saudi healthcare audiences, and who can meaningfully deliver coaching using remote and technology-mediated methods, will ultimately provide value and enjoy professional success.

6.7.2.5 Person

According to the participants in my research, who the coach is, their trustworthiness, their individual attributes, so to speak, influence the trajectory of the relationship between the coach and the client. Being experienced and in possession of internationally recognised coaching qualifications appears to be the foremost acceptance criterion. Beyond these, the coach's personality is significant. Some might contend that it is not possible for a coach to change the innate aspects of their personality on an as-required basis. I would argue that the ability to deploy a range of coaching skills in a genuine way is possible for an experienced and qualified coach. In addition to being knowledgeable about their craft, being curious was identified as a vital personal asset. The importance of curiosity, which I would describe as a genuine interest in wanting to know, is supported in the coaching literature (Sherman and Freas, 2004; Van Nieuwerburgh and Allaho, 2017). Indeed, Sherman and Freas note that 'great coaches sniff out hidden truths. They tend to be curious and ask penetrating questions' (Sherman and Freas, 2004, p. 4).

Some coaching recipients said that chemistry with the coach informed their decision to engage with the coach and to work towards their intention. Chemistry is variously described as rapport, warmth, empathy, caring (Boyce, Jackson and Neal, 2010; Peltier, 2010), and also appears to be the crucial ingredient in developing partnership with the client. As a personal attribute, being viewed a personable by the coachee is a favourable coaching asset. Clearly, coaches might not always be able to change their innate personalities. However, coaches working with clients in Saudi Arabian healthcare should pay specific attention to building rapport, as it is a pre-condition for partnership, and it is through this partnership that honesty, respect, trust, and goal attainment will be achieved (Starr, 2002, Ghods, 2009; Van Nieuwerburgh and Allaho, 2017). In the new and future e-coaching era, specific attention needs to be paid to the mediating influence that

technology could have on the establishment of rapport between the client and the coach. Van Coller-Peter and Manzini (2020) noted that the lack of nonverbal cues during e-coaching could have a negative impact on rapport-building, leading them to identify several strategies for managing this limitation. Interestingly, in their solutions to this problem, they identified some personal characteristics, including authenticity, personal storytelling, and sense of humour. In Table 9, I present a more detailed and practical version of the framework which can be used prior to and during the coaching assignment, with organisations and individual clients as applicable.

Table 10 Preparation-practice-person framework for coaching in KSA healthcare (Sienko, K.)

Preparation	Coaching Goals Organisational Culture Sponsorship/ Power Contracting Networking Communication	- **Assess what is being requested and advise the client accordingly:** Is it coaching, mentorship, facilitation, training, therapy? Be prepared to assist the client as required, with the crafting of a compelling narrative about coaching. - Assess your ability to deliver: Is another coach, practitioner suitable for this assignment?

		- **Use the skill of asking powerful questions to inquire about organisational or personal goals:** Consider what 'good' would look like for this client and for you. Ask whether there are national regulatory or policy contexts for coaching?

		Request important documents and other relevant information to inform your understanding. - **Ask about the expected deliverables.** - **Ask clearly about expectations with respect to disclosure:** Assess whether expectations are consistent with ethical practice.

		- **Seek to understand who the client really is:** Who will you be answerable to? Assess whether there could be a power imbalance that would impact expectations and practice.
Practice	Safety Status Coaching Skills Time Presence Supervision	- **Consider your cultural preparedness to work with the client:** Ask whether there are cultural, social, or religious concerns that you should be addressing: Use your networks in the region for advice. A regional resource is better than none.

		Attempt to find out about the people you will be coaching, including their roles. Knowing the composition of the group or the coachee's role in the organisation, will provide some indication of status. Sensitively ask questions about expectations related to attire, male-female contact. Request a point of contact or a buddy and use them ahead of time and during the assignment. Learn a few words of Arabic. I have experienced that Saudis generally appreciate when you try. - **Explain your coaching offering to include approaches and genres and define what you are competent and qualified to deliver:** Do you have the experience, qualifications and skills required?

		Market the fact that you receive coaching supervision as a quality assurance kite mark. - **Ascertain who the coaching recipient/recipients is/are:** Obtain information about who the potential supporters and detractors are. Seek permission to contact some supporters if possible and use them to message positively. - **Be prepared to ask questions:** Do not assume it is the same as we do it at home or even in another GCC country. Be careful with questions. They might appear intrusive.

		- **Based on what is required, make recommendations to the client about time:** Assess the need to be incountry. Plan on devoting a few days ahead of the coaching assignment.
		Consider how you will build relationship if you are coaching online or if time is limited.

Person	Qualified Knowledgeable Trustworthy Experienced Curious Personable/ Rapport Partner	- **Be prepared to explain your qualifications and experience:** Be honest if you have not yet attained qualifications. Sell your experience and especially so if you have worked with clients in healthcare, in KSA, or in the region. Provide client testimonials. At the contracting stage and during coaching, exude curiosity and warmth. The coaching skill of listening more than speaking is even more important. Humanise yourself by telling your story where appropriate.

6.8 Contribution of this Framework

One of my research objectives was to design an emerging framework for use in Saudi Arabian healthcare and which also informs coaching and broader HROD theory and practice. In assessing the distinctiveness of my framework, I reviewed it against other cross-cultural coaching frameworks in relation to the KSA context. There are several frameworks that address cultural sensitivity and cross-cultural coaching, including Rosinski's Cultural Orientations Framework

(2003; 2020; 2019), Passmore and Law's (2009) universal Integrated Framework, and Van Nieuwerburgh and Allaho's (2017) Ershad Coaching Framework.

The first point of note is that while a few cross-cultural frameworks exist, none was designed specifically for healthcare or for use in KSA. In this sense, my framework contributes to filling these gaps and serves to generate focus on Islamic cultures and, specifically, on KSA.

Rosinski's Cultural Orientations Framework (COF) focuses on behaviours and orientations identified for dealing with cultural differences. It provides a comprehensive frame of reference for addressing cultural differences. While it is useful for assessing orientation and behaviours and for self-awareness, its use in KSA would require some knowledge of the unspoken dimensions of KSA culture and then, consideration of how to moderate and apply those behaviours and orientations when coaching in KSA.

Passmore and Law's (2009) Universal Integrated Framework (UIF) addresses the need for crosscultural emotional intelligence. In common with my framework, it also focuses on assessment of personal and practice competence in relation to culture in coaching. It does not, however, have a preparation component in which relationship-building has been identified within this study, as a critical pre-condition for building trust. In addition, the UIF does not overtly address applicability in the Islamic context.

Van Nieuwerburgh and Allaho's Ershad coaching framework (2017) was explicitly developed for use in Islamic culture. From this perspective, it is the one that is most closely aligned with the model that I have developed in that Islam is identified as the anchoring precept. While this is an important starting point, Ershad was developed from experience and from practice but not from research, and in this respect, it does not explicitly reflect the voices and perspectives of coachees

and coaching sponsors, for example. Additionally, the focus is on the coaching conversation, whereas my framework focuses on the pre-engagement and practice phases.

6.9 Application to Practice and Impact Linked to Contribution

> King Faisal Specialist Hospital & Research Centre (KFSH&RC) Coaching Practice Hub (2020)

When I originally commenced my doctoral studies in 2014, I was then employed at KFSH&RC and this was the source of my initial interest and the questions that led to me joining a doctoral program. It was also at KFSH&RC that I started practising as a coach in Saudi Arabia. By the time I returned to the organization in June 2020, the healthcare landscape had become more competitive and there appears to be a keen interest in coaching as an enabling strategy for organisational success. The seventh strategic objective sets out to establish effective collaboration and communication within the organization, as well as with external public and private entities. The strategic initiative to support this objective is to implement a framework for leadership development, coaching, mentorship, secession planning, and capacity building by November 2021. Nursing Affairs (which is my department) has been identified to lead this initiative, to develop an interprofessional leadership development program that includes coaching. I am also one of a few qualified coaches identified within KFSHRC and have joined the coaching hub through which I am providing coaching to a number of staff from different departments within the organisation. Since March 2021, I have been utilising elements of this emerging framework in my coaching practice (for example, as related to status and trust, as well as asking explicit questions about the role that Islam plays in the coachee's intention).

(i) Local Impact: University Hospital Riyadh

Early in 2021, I was contacted by a colleague at another University Hospital, asking if I would be willing to provide support to the Head of Education who had been trying to implement a mentoring and coaching program within that organisation but who was met with resistance. Since the purpose of my research is to raise the profile of coaching as a developmental intervention within healthcare, I readily agreed to provide support. This activity provided me with an opportunity to test the framework that I developed in relation to assisting the individual in, clarifying the organisational objectives, who was the actual client, as well as elements of the organisational culture that would hinder or support the use of coaching and mentoring. From the transdisciplinary perspective, I have also been able to use elements of the framework for mentoring. The client and I also explored actual and potential barriers to trust and used this information to devise a plan to re-launch the program. Following this process, the coaching and mentoring program is currently being implemented within that organisation. The remainder of this chapter focuses on my distinctive contribution and on recommendations based on the findings of the research.

6.10 Distinctive Contribution

In addressing the contributions of this research, I return to the research aims and objectives which I presented in Chapter 1. The aims were as follows:

- To undertake research that illuminates coaching practice in Saudi Arabian Healthcare.
- To explore the use of coaching in KSA healthcare through the perspectives and experiences of coaches, coachees and coaching sponsors.
- To provide rich description of the context of the research and of the research participants that informs the development of practical and relevant coaching solutions for coaching within the KSA context.
- To raise the profile of coaching in Saudi Arabian healthcare.

The research objectives were as follows:

- Critically appraise the literature and key theories related to professional development (with specific emphasis on coaching), in non-Western settings, more broadly in Saudi Arabia and specifically, in Saudi Arabian healthcare.
- Explore with coaches, coachees, and coaching sponsors, their perspectives on the use of coaching, including why it is being used.
- Analyse and synthesise research data in order to report on the key findings including the theory and practice implications for KSA healthcare and for the broader coaching and HROD communities.
- Design an emerging framework for use in Saudi Arabian healthcare, which also informs coaching and broader HROD theory and practice.

The findings of this study contribute to both theory and practice and directly address key issues identified in Chapters 1 and 2, including a lack of research on coaching in Saudi Arabia and, more specifically, in relation to Saudi Arabian healthcare. As regards theory, at the time of commencing the literature review, only one study (Noer *et al*., 2007) could be found on the use of coaching in any sector in Saudi Arabia. In general, Campone (2008) noted the need for more coaching research because:

> coaching research provides coaches with a distinctive set of models and language for the work we do and the evidence that allows us to make sound professional decisions in the application of models (Campone, 2008, p. 92).

In Chapter 1, I explained that one of the questions that informed this research was whether culture exerts a moderating or depressing effect on the use of coaching skills and behaviours. Based on the findings, this research also makes a distinctive contribution to culture coaching theory, by illuminating some of the cultural issues that impact coaching (and potentially other HROD interventions) in Saudi Arabian healthcare. One of the research objectives was to develop a framework that makes a unique contribution to knowledge and practice. This research makes a

substantial contribution to coaching theory and practice in the form of a framework for coaching practice that has emerged from the findings of the study. This framework provides a reference point for coaches to assess their own readiness including their cultural competence and to position themselves for coaching success in Saudi Arabian Healthcare. The five themes that emerged reveal the matters of importance as defined by the research participants. As well as these contributions, I also make recommendations for theory, policy, practice, and research.

6.11 Presentation of Research Claims

While this research is a small-scale study, it has served its purpose and has resulted in some naturalistic generalisations. According to Yin (2009), naturalistic generalisations are conclusions arrived at through personal engagement in life's affairs (Yin, 2009, p. 85). As a researcherpractitioner, I simultaneously observed the research from a distance and immersed myself in it. In this way, I have been able to create a rich tapestry that I believe fully and authentically represents the participants' contribution and their world. The research findings have enabled me to answer the research question, aims, and objectives, which are outlined in Chapter 1 (section 1.3) and have shone a light on the state of coaching in Saudi Arabian healthcare, adding to the body of knowledge within the coaching and HROD communities. Based on the analysis and interpretation of the findings, the contributions of this research to theory and practice are presented below.

- **Theory**
    - As a result of this research, it has been possible to evidence that coaching is being used to some extent for the development of Saudi healthcare managers and to gain some understanding of the perspectives of coaches, coaching recipients, and coaching sponsors. This delivers against the objectives set out in Section 1.3.

- Through the analysis of the data, and the resulting research findings, I have contributed to the knowledge about cross-cultural coaching which was identified in chapter 2 as a theory and practice gap.
- By conducting this research, I have been able to deliver on my research aim of undertaking research that illuminates coaching practice in Saudi Arabian Healthcare by presenting in rich detail, the perspectives of coaches, coachees, and coaching sponsors

- **Practice** ○ Based on the findings from this research, which draws on the perspectives of coaches, coachees, and coaching sponsors, I have designed and proposed an emergent framework for coaching for use when working with clients in Saudi Arabian healthcare. While it is designed for coaching, it has the potential to be of value to other HROD practitioners and in other KSA sectors. Some key learnings are as follows:
  - ✦ Coaches are representatives of the coaching profession. Consequently, they should assess their cultural competence and their readiness for coaching in KSA healthcare and take appropriate steps to fill any gaps. This could partly be achieved by using, at the inquiry stage, their skills in questioning.
  - ✦ Coaches should pay specific attention to building and leveraging their networks within KSA and, more broadly, within the GCC region so that they have a point of contact for questions and for exploring potential issues related to religion and culture that might interfere with their coaching.
  - ✦ Coaches have a critical leadership role to play in supporting the growth of the profession locally and regionally through mentoring, supervising, and partnering with local and internal coaches. In this way, organisations can build their own culturally appropriate capacity and capability.

6.12 Recommendations for Future Research, Policy, and Practice

I would like to undertake a larger scale, multi-centre study to interrogate and validate the findings of this study. Earlier in this chapter, I presented an emergent framework of coaching practices which arose from the findings of this research and which I hope will be utilised and will

stimulate debate and further development, preferably from within Saudi Arabia itself. I have demonstrated that I have begun to use the framework in my own coaching practice, and I intend to use this work as a platform for further development and inquiry in relation to coaching in KSA healthcare and more generally. There were limitations to what could be addressed within this research, and I have identified that there are several other questions that were not within the scope of my research, but which are in my view, worthy of further exploration and development. It would be important for Western coaches to support local coaches and healthcare organisations in Saudi Arabia to build a body of evidence that relates to coaching practice in the region, and which will contribute to the global body of knowledge related to coaching practice and culture coaching. Together with recommended developments in policy and practice, I believe that this will contribute to the growth and acceptance of coaching practice in KSA healthcare and perhaps, more broadly.

- **Research**
    - What is/are the appropriate model/s of coaching for use in Saudi Arabian Healthcare?
    - Does coaching really have an impact on clinical quality and outcomes? How can coaches navigate and contract with clients considering the power-distance and collectivist characteristics associated with KSA culture? What are the ethical implications?

  What is the lived experience of Western coaches working in KSA healthcare and in other sectors?

- **Policy**
    - Professional bodies should review and address the adequacy of their guidance on diversity and equality to ensure that it addresses the needs and context of Islamic and non-Western societies.
    - It is important for coaches to use their agency to support healthcare organisations in KSA to develop policies and procedures for coach engagement, contracting, and evidencing the impact and value of coaching on their desired outcomes.
- **Practice** ○ Consideration should be given to an apprenticeship model, in which those with an interest in coaching could begin to develop their practice alongside an experienced coach so that they learn the methods, processes, and values of the profession before they pursue qualifications. In this way, 'apprentice' coaches could avoid potential reputational damage and risks to safety that could occur with informal practice.

6.13 Conclusion

In this research, I sought to investigate the use of coaching for the development of Saudi Arabian healthcare managers. The data were analysed, and the themes that emerged originated from the data. I used member checking to ascertain the extent to which some of the participants agreed that these findings represented their perceptions and experiences, with those consulted confirming that the findings are indeed representative. Despite my research adding to the body of knowledge, the pace of inquiry in relation to the use of coaching for manager development in Saudi Arabian healthcare is slow and this is perhaps indicative of the fact that there is not a cohesive community in KSA driving the development and research agendas forward. Vision 2030 has identified the need for workforce and leadership capability development; coaching is implicated in this strategic agenda. However, unless there is accelerated action to develop and legitimise Saudi coaches, dependence on non-Saudi coaches will continue, as will some of the issues identified in this study. I hope that, through this study, coaches and other HROD

practitioners will now know about and consider KSA as a country in which to work and, in so doing, will contribute to the growth of coaching in KSA.

Finally, I was impressed by the openness of the religious expert who shared his knowledge with me prior to commencing the research and to the participants' willingness to participate in the study and the unexpected degree of openness they brought to this inquiry. It was a great privilege and blessing to have them share their time, their perceptions, and experiences surrounding the use of coaching for manager development in KSA. Participants left me with a sense of how much they care about the country and Saudi culture and how much they care about healthcare and how much they care about the impact that managers could make on patient care and outcomes if they have the right knowledge, experience, and skills. There is considerable enthusiasm for coaching amongst the participants and there is the momentum of a national strategic agenda to support its use in healthcare. I am left with a sense that the timing and the omens are positive, and the international coaching community has much to offer and to learn.

Chapter 7: A Reflexive Account of Personal Learning and Journey

7.0 Introduction

In this chapter, I share and elucidate my reflections on my personal learning and the professional journey as a form of catharsis, with the intent of it being of benefit to others considering undertaking a DProf. Within both nursing and coaching, reflection has been identified as being critical to enhancing self-awareness related to practice, behaviour, and performance improvement (Schön, 1983; Kolb, 1984; Jackson, 2004; Passmore, Brown and Csigas, 2017). As a nurse and coaching practitioner, reflection is invaluable to my practice. When I started my doctoral journey at university in 2014, I swore that I would not be 'one of those people' who took seven years to complete their studies. Seven seems to have been the magic number, as over

the years I have had several friends and colleagues who told me their horror stories [my interpretation] of how it took them this long to complete their research and submit their theses. What could possibly be that hard that it would take such a long time? Here I am in 2021, and it has taken much of my intellectual and mental fortitude to get to this point. Left to my own devices and without the constant prodding and encouragement from friends and colleagues, this inquiry might never have happened. Sometimes, in the face of work pressures, life pressures, and even the desire to have a 'normal' life, the DProf has all felt like too much. Reflection has been a constant thread throughout the several years I have spent pursuing the answers to my questions. I intend this chapter to be a cumulative account of my professional journey and my personal learning which are simultaneously contained in and informed by being a researcher-practitioner, to serve as a source of learning for others contemplating journeys of their own.

7.1 How on Earth?

I completed my MSc in 2000 and shortly after that point a professor at Middlesex University who was also an informal mentor, began to inquire as to when I would be starting my Ph.D. If the truth is known, I had neither the interest in nor the intention of doing any such thing. By some stroke of impeccable timing, in the week after I began my MSc I discovered that I was pregnant with my second child. Thus, it was that I was initially pregnant, and then the mother of two children, for the entirety of my studies. On completion, I was certainly in no mood for further study and, surely, doctorates were boring for those who wanted a career in academia (which I did not). In addition, I was confident in the knowledge that there was no topic that I was so interested in that I could be convinced to consider study at that level. In the end, my mentor retreated, and life carried on. During that time, I hurtled forwards in my career, all thoughts of a doctorate banished. On reflection, I have come to realise that knowingness and readiness are two

key ingredients for embarking on doctoral studies. In terms of knowledge, I truly did not know what doing a Ph.D. (at the time used synonymously with the term doctorate) involved and I was neither emotionally nor intellectually invested to where I could be bothered to find out. In any event, I was progressing well in my career and no employer ever asked for a Master's, l*et al*one a Ph.D., so who needed it?

7.2 Getting to the Start

By 2002, I had progressed into my first executive position and, as one of the few women of colour at that level, I began to receive requests from subordinates within my organisation, for mentorship. I think that, to some extent, this was because, as a Black and Minority Ethnic (BAME) executive, I was a rare commodity in the NHS. Staff who looked like me wanted to be mentored by someone who looked like them. Apart from my own experience of being taken under others' wings, and some mentorship sessions as a practising nurse, I was fundamentally uninformed about mentoring or about the fact that there was a body of knowledge and research underpinning it. I knew nothing about the qualities of good mentors, but I was honest, trustworthy, and willing to give freely of my time and knowledge. According to my 'mentees', this 'mentoring business' was something that I supposedly was good at. Later, as I began to delve into the literature, I realised I was not singularly ignorant. Even today, debates still rage within and outside the HROD community about how to define mentoring (Clutterbuck, 2004; Passmore, Brown and Csigas, 2017) and define the boundaries between it and other helping interventions such as coaching and counselling. Over time, staff of all ethnicities and genders approached me for mentoring and I gladly gave.

With the benefit of hindsight, I could see that, at the core of my interest in mentoring, lay a genuine desire to help and support others. I could also see the various 'selves' that I brought to

mentoring - black female, black female executive, working mother, young woman, nurse, supporter, and teacher. This has led me to wonder about which of these selves drew individuals to me and which might have influenced my mentoring practice. For example, I think of the concept of trust which is built over time and is inextricably linked with successful mentoring relationships (Leck and Orser, 2013; Atkins, 2019). Trust is partially characterised by vulnerability (Mayer, Davis and Schoorman, 1995; Rousseau *et al*., 1998) in which individuals lay bare their intentions to another in the pursuit of personal or professional growth. It is possible that it was the optics associated who I was (black, female, young, job title) that initially drew people to me rather than any tangible appreciation (knowledge, skills, behaviour, trustworthiness) of who I was as a mentor. The latter would have been attained over time. Is there a right and a wrong way to begin life as a mentor? Should one be trained in mentorship before practising as a mentor or is there a dynamic relationship between practice and theoretical learning in which the starting point is not important? Is there a difference in the quality mentorship relationship based on the mentee's experience? In my experience and community of practice, it is not uncommon to find mentors who started their practice in a similar way to mine. These questions would appear to me to be worthy of further investigation.

7.3 The Next Decade

In 2003, I was a year into my role as Deputy Chief Nurse at a London teaching hospital and my stable of mentees continued to grow via word of mouth. In 2004, I moved from the NHS to the private sector. In this role, I was responsible for two service lines in which I had no prior experience or qualification, and which challenged my mindset and intellect. After many weeks of what I later knew to be impostor syndrome (Clance and Imes, 1978; Kolligan and Sternberg, 1991), reflective practice (a key competency for mentors and coaches) served me well. Impostor

syndrome generally describes high-achieving individuals (originally women) who, despite their objective successes, fail to internalise their accomplishments and have persistent self-doubt and fear of being exposed. Using reflection, I was able to shift my mindset from focusing on what I did not know to everything that I did know and the transferable skills that I did have that would enable me to successfully accomplish my job. This process also led to a positive perspective on my intellectual abilities and a heightened sense that I was ready to return to academic life, but not a doctorate just yet.

Additionally, not long after moving to the private sector, individuals began to approach me initially sporadically for advice, then later for mentorship. I was able to use the learning from my own reflection to support others who sought my help on issues to do with competence and career confidence as well as those seeking a new perspective on old problems. It has been identified

that potential mentees look for qualities such as altruism, accessibility, active listening, and a collaborative style when choosing a mentor (Perry and Parikh, 2018) when selecting a mentor. How did mentees know that I possessed these qualities? Is it possible that by making time to give advice I was inadvertently demonstrating altruism? As I reflect on this question, it also seems to me that, at a personal level, there are no rules governing mentor selection and it might be argued that, in seeking a mentor, the initial impetus for connection is initially, and necessarily, an emotional or intuitive one that is interrogated and assured during the engagement process.

The term coaching dawned on my consciousness in 2007. By January of that year, I had joined an international healthcare technology organisation as Director of Learning and Development (L&D) with responsibility for its corporate academy. Characteristic of many technology organisations, there were many technically capable but demographically young leaders and there was a major focus on their leadership development. As L&D Director, I was responsible for

designing and delivering leadership development interventions including the Vital Smarts' Crucial Conversations package, which my organisation had purchased corporately. In order to deliver Crucial Conversations, I first needed to be trained and it was during this training that I first heard the term coaching used in the context of leadership development. By the time I returned from my training in the United States, I was excited to learn more about coaching.

7.4 The Credibility Gap

It appears that because of my regular facilitation of Crucial Conversations, leaders with the organisation assessed me to be a competent coach and alongside mentoring, began to approach me for 'coaching'. By this time, I still knew extraordinarily little about being a coach but from what I could discern, there was a difference between those who now approached me for mentoring and those who sought coaching. Mentees were generally junior and middle management staff, while coachees comprised senior managers and above. I knew that I enjoyed spending time with employees and felt gratified in hearing them say that spending time with me had been beneficial. Again, imposter syndrome reared its head; this time, I was determined to educate myself to ensure that I was not inadvertently causing harm to mentees and coachees.

Safety emerges as a core theme when I reflect on this stage of my journey and learning and is linked to my training, experience, and values as a nurse. This is one of the personas that I bring to my coaching practice and to my research. Non-maleficence is a core ethical concept within nursing (International Council of Nurses, 2012; McDermott-Levy, Leffers and Makaya, 2018). It refers to the promotion of safety and to doing no harm. The provision of a safe environment is also a core principle in coaching (Jackson, 2019; International Coach Federation, 2019). I believed that one of the ways in which I could reduce the potential for harm and create a safe

environment was to pursue a qualification in coaching and mentoring. In this way, I could develop evidence-based knowledge and competence. Consequently, I undertook the Institute of Leadership and Management (ILM) Advanced Certificate in Executive Coaching and Leadership Mentoring, which provided the theoretical underpinnings of coaching and mentoring. I also gained significant exposure to different coaching theories, tools, and practices. In hindsight, this led to a momentous shift that bolstered my keenness to legitimise my coaching and mentoring practice. In the following two years, I undertook specific training in Thinking Partnerships, Myers-Briggs Type Indicator (MBTI®) assessment and became a member of the European Coaching and Mentoring Council (EMCC). During this decade, I also migrated to Saudi Arabia to be an executive for a major teaching hospital in Riyadh.

7.5 How on Earth? (Part 2)

The knowledge I gained from the coaching and mentoring training I undertook certainly provided me with a sense of boldness in relation to my coaching ad mentoring practice. I now felt qualified and legitimised. Within a few months of beginning my new role as Deputy Executive Director for Nursing Affairs, a familiar pattern in my working life recurred. Nurses, and later other middle managers and senior staff began to seek me out for advice. Initially, I did not know many of them personally; our main contact had occurred through meetings or other organisational and operational events. I have often wondered what was the 'thing' that others observed in me that made them approach me? Was it my performance in meetings? Was it the fact that I was new or the fact that I was British or was it some intangible quality that is only perceptible to the potential mentee or coachee? Whatever it was, I began to mentor and coach and this time from a position of true knowledge and capability. And so it was that over a period of three years between 2011 and 2014, my research found me…

7.6 The Search for Truth

Since commencing doctoral studies in 2014, I have heard many stories of how other candidates ended up in a doctoral program. In my own case, my research questions found me, and they persistently gnawed at my operational work, my coaching practice, and my thinking until I became sufficiently attentive to their presence and desirous to investigate. Before explaining what the questions were, it is worth explaining that a feature of most hospitals in Saudi Arabia is that clinical staffing is largely comprised of expatriates from South East Asia, the Middle East, Australia, New Zealand, South Africa, Europe, and North America. In 2015, there were approximately 350,000 healthcare professionals in Saudi Arabian hospitals of which two-thirds were expatriates. It is projected that, by 2030, Saudi Arabia will require approximately 710,000 healthcare professionals to meet its needs. Yet, within nursing, for example, only 810 Saudi nurses graduated in 2014 (Al-Hanawi, Khan and Al-Borie, 2019). At this rate, it is inconceivable that Saudi Arabia will be able to meet its own needs for the healthcare workforce by 2030. In addition, nursing is still viewed as a low-status profession and is blighted by the 'stereotypical perception of healthcare institutions, which are usually seen as being 'hierarchical' and not taking nurses into consideration with regard to more advanced or specialised tasks' (Al-Hanawi, Khan and Al-Borie, 2019).

One of the ways in which healthcare organisations in KSA seek to attract and retain entrants to healthcare professions is by promoting early-career Saudis into middle and senior management positions and provide them with development through scholarships, training, coaching, and mentoring. Over time, I note that my organisation invested heavily in coaching. This involved purchasing places on coach certification courses or importing coaching experts from Western countries to provide developmental support to staff. In my role, I also benefitted from some of

these opportunities. Simultaneously, I noted that, while attendees demonstrated great enthusiasm during the training, some appeared to struggle with the implementation of the core tenets in their daily working lives. Thus, I began to wonder why that might be. I surmised that there must be some dissonance between what was being taught and the realities of the work, personal, or cultural contexts. In relation to some individuals who sought ongoing coaching from me, there appeared to be an internal struggle between what they knew to do and their desire to do it. Moreover, I did not experience in our operational results, any tangible improvements in patient safety, quality, or experience. Thus, I questioned why we were using coaching. Other questions included, do purchasers understand what coaching is? Is there something about coaching that is incompatible with the national or organisational culture? Underpinning my questions was a strong belief in coaching and a desire for coaching recipients to experience its benefits. This combination of questions and my belief and experience rendered me quite inquisitive and restless, and this is how my research found me and led me to the doctorate.

7.7 Starting the Doctoral Journey

I have previously explained that leading up to 2014, I was not emotionally ready to commit to academic work and, like many people, the term doctorate was synonymous in my mind with a Ph.D. While this supposition was clearly inaccurate, I knew two things for certain. The first was that studying at this level would involve a great deal of hard work and, secondly (and more importantly), it would be boring. Armed with this certainty, I began to investigate options and, to my surprise, found that there was a doctoral option available that was not a Ph.D. Later that year, I began my first attempt at studying at the doctoral level. After eighteen months, I was unable to continue my studies and I decided to cease my academic journey.

By this time though, I had lost my fear of quantitative methods and in particular, of statistics. I came to appreciate that I did not need to be a mathematician or statistician; I knew by then that the research methodology and methods are a function of the research paradigm, questions, aims, and objectives and involve important concepts, such as ontology and epistemology. I was now excited in a way that I had never been about undertaking research. Additionally, the longer I worked as an executive in healthcare and the longer I coached, the more my earlier questions persisted and, as if to compel me to investigate, additional questions joined the fray. In 2017, I began my second attempt at doctoral study.

7.8 My Doctoral Journey (Part 2)

On my second attempt at developing a research proposal for a doctorate, I expected it to be less challenging and frustrating than it proved to be. In part, I think this is because I did not have access to the same support framework that I did in 2014. At that time, I was part of a study group, attended classes regularly, and enjoyed the engagement and knowledge-sharing with other students. I also had a timeframe for completion of my studies and, thus, the completion of the proposal was a milestone on the way to realizing my intent.

Based on the point at which I joined the course, I found that the DProf was conducted more at a distance, and I missed the stimulation of other students, as well as an explicit deadline for completion of my work. The submission of the proposal depended on my motivation to complete it, and, on reflection, I came to accept that with academic work, I function more effectively in a taught environment and with explicit deadlines, rather than in a self-directed way. Rachal's (2002) definition of andragogy acknowledges the importance of self-determination in adult learning, and I take this to encompass the determination of which environments and modalities provide the optimal environment for an adult learner. In addition, I moved from working with a

firm proposal to something that now needed to fit with a more explicit, transdisciplinary, workbased approach.

As a coaching practitioner, I was familiar with the fact that the boundaries between coaching and other helping interventions such as mentoring, and counselling, are sometimes porous. However, my appreciation of research at this stage was that qualitative and quantitative methodologies, methods, epistemology, and ontology were tightly and irrevocably bound up in their own discreet packaging. For God's sake, I had already defined the target audience for my research. When my research consultant suggested that I consider my research through a transdisciplinary lens, my initial response was one of wholehearted resistance. I questioned often whether I knew what I thought that I knew and railed against yet another obstacle being placed in my path.

I subsequently came to appreciate that new learning that is recommended, rather than sought is sometimes painful, perhaps it is because the recommendation challenges one's certainty. If what we know is part of who we are, then a challenge to knowledge could be conceived as a challenge to self. It is risky to open oneself to new knowledge which could irrevocably alter what we know and who we are in ways that might not be immediately apparent. Of course, I also know the converse to be true as I came to embrace transdisciplinarity and its implications for making my research findings relevant to a broader community of practice. Over time, I also came to acknowledge that remaining motivated through change has been my biggest challenge. At some points, I felt like I had lost my certainty, and the light at the end of the proverbial tunnel, which once I saw dimly, sometimes seemed to have become an illusion and, at that point, I felt like giving up.

Despite sometimes feeling that I really ought to give up, especially when working late into the night to complete the proposal at the end of a long working day in order, I found that what

grounded me was that I was deeply committed to what I came to call ‘the discovery’. The questions continued to press unrelentingly upon me. Ultimately, I felt that my inquiry presented a golden opportunity to answer the questions that I had and presented the prospect of contributing to a field that I am passionate about. In the process, I also became increasingly faithful to the research participants and to the importance of accurately representing their authentic personal and collective truth. A key factor lay in the fact that, once I left KSA, that opportunity for discovery would be lost to me and, while others might have the opportunity to conduct research in KSA, it would be their research and their knowledge, not mine. I felt that, in some sense, my research could have been a type of heuristic study (Moustakas, 1990).

By the time I submitted my research proposal, I had a deeper understanding of academic research, including different paradigms and simple concepts such as the difference between methods and methodology. Far from being scared by the prospect of conducting research, I was excited to be able to explain and really understand the nature and purpose of my inquiry. The research became a living, breathing adjunct to my practice and my job role, such that it presented a lens through which to view and interrogate these dimensions of my being. This depth of relationship presented internal challenges to the conduct of my research, and I have addressed the subject of reflexivity in chapter three of this thesis. The submission of my research proposal is, for me, the cusp of starting my research and the journey of discovery that l would embark upon. If I am honest, this was mixed with a healthy dose of relief that, at some time, I would get my life back and it would be a life that was much more knowing and, hopefully, much more fulfilled.

7.9 The Search for Truth

I found the process of applying for ethical approval to be extremely stressful on several counts. I perceived that I needed to be sufficiently confident about my research purpose, objectives, methodology, and methods to be able to explain my study in such a way that I and others could make decisions about its ethical robustness. I was still learning about myself as a researcher and about my proposed research to be able to, simultaneously, demonstrate a level of knowledge and certainty that would sufficiently convince the reviewer as regards the ethical considerations related to my study. I propose that this is the essence of the researcher practitioner's journey. As practitioners, we know our subject and our craft to such a level that it becomes intuitive; a deep level of knowing *that* we know, but *how* we know becomes difficult to explain to outsiders. In writing a research proposal, we are confronted with the need to not only explain *that* we know but also *what* we know and how we came to know it in a way that is academically robust and that demonstrates sufficient competency as a researcher.

7.10 The Context of Truth

I think that KSA is at an exciting juncture in its history. The past two years have been characterised by the introduction of cinemas, live theatre, women being able to drive, and relaxation of guardianship rules. There has been a quiet incursion of mood music in restaurants and, in some cases, a relaxation of some of the physical barriers between genders in public places. Local tourism initiatives such as Riyadh Season and the Riyadh and Jeddah Colour Runs have provided opportunities for locals to enjoy some of the activities that would, in the past, be only accessible in Bahrain, the UAE, or further afield. Throughout the process of my inquiry, I have sensed personally and professionally, that I am witnessing historical changes and that I have a unique and privileged ringside seat to the opening (or some would say re-opening) of Saudi

society to the outside world and all the opportunities this will potentially create for coaches and others like me.

I was, and continue to be in awe of the privileged [insider] position that I have found myself in. I deeply appreciate the opportunity and responsibility that being present in Saudi Arabia has allowed to share knowledge created in KSA with the rest of the world. Collecting the data, documenting the context, and telling the participants' stories accurately presented challenges related to reflexivity and to trustworthiness. As regards reflexivity, I felt that it was important that I documented my own biases, enthusiasm, observations, as well as the events that were occurring during my research. For example, at the start of the Covid19 when there was much confusion, fear, and uncertainty amongst our patients and staff; when I could barely get enough time to sleep, l*et al*one find time to write I felt entirely hopeless. The need to write weighed heavily on my shoulder like a giant boulder. With each passing day on which I had done no writing, it appeared to me that completion of the doctorate would slip irretrievably from my grasp. An invoice for 12,000GBP of university fees was the shot in the arm that I needed. While I could not see a way to finish writing, I could not muster a single ounce of enthusiasm for paying another year of fees. The receipt of this formidable bill coincided with a slowdown of clinical activity within the hospital and some opportunity to work at home and so, I got back on track. Maintaining a reflective diary was one means by which I documented my thoughts, feelings, and reactions and how I was accounting for their potential intrusion into my research. During the process of transcribing the participant interviews, I also noted and documented my observations and reactions to both the interview content and to my own conduct as a researcher. An example of this is presented below from an interview conducted in June 2019: '*This is more*

like unstructured interview given the length of the interviewee's response. I was aware of this but there was so much here, I wanted her to continue'.

In qualitative research, trustworthiness relates to what is traditionally known as validity. In turn, trustworthiness is achieved through thick description (Geertz, 1983). According to Holloway (1997, p. 154): 'Thick description builds up a clear picture of the individuals and groups in the context of their culture and the setting in which they live … Thick description can be contrasted with thin description, which is a superficial account and does not explore the underlying meanings of cultural members'.

In Chapter three on research methodology, I attempt to provide an in-depth description of the research context. I reflect on the reasons for this as being, firstly, to enable me and later the reader to justify and understand the research design and methods. Secondly, I wanted to be true to the participants and the context in which they live and work. Thirdly, I wanted to transport my community of practice as truthfully as possible, to a country and context that they might not otherwise have had access to. By doing this, I hope that the potential applications of the research and the implications for coaching and HROD practice could be understood.

7.11 The Whole Truth and Nothing But . . .

As I reflect on my experience of conducting my research, I could see that the process of collecting data (including the literature review) was the second most enjoyable part of the research process. On many occasions, energised by an interview I had conducted earlier that day, I found myself delving into the literature to see whether some hunch that I had, was borne out in the literature or whether there was literature on a specific topic that had arisen during the interview. I appreciate that the second part of this sentence might not be entirely in keeping with academic expression, but I absolutely loved conducting interviews. What was the attraction?

Conducting interviews reminded me of why I enjoy coaching. It is partly about being in the presence of another person engaged in a journey of learning. It is also about hearing someone's truth; probing and exploring but being conscious of my own bias and at the same time, trying to withhold judgement. There were also moments during some of the interviews when because of a question or something they had said, the interviewee experienced a moment of realisation and expressed it in a manner that was so fine and so discreet as to be missed by listening to the recording of the interview alone. Such moments were magical and were so subtle as to be only decipherable because I was lucky to be in the room to observe and experience it.

In semi-structured interviewing, designing effective questions is deemed to be critical for both the researcher and the participants (Bryman and Bell, 2011; Goldschmidt and Matthews, 2021) and for the outcome of the research. Alongside questioning, skills such as exploring, probing, listening, and reflecting are also implicated in effective interviewing. These are the same skills that are identified as being amongst the core skills used in coaching activity (De Haan, 2008a.; Cox, 2015; Fillery-Travis and Cox, 2018). In reflecting on why this element of the data collection process was so enjoyable, I have concluded that it is because the skills must have felt familiar and within my professional comfort zone. Simultaneously, I found the data collection to be a powerful learning process where I was continually reflecting on and in my research and developing as an interviewer and researcher. Examples of this are found in my notations on the interviews during the transcription process or where I decide to follow an issue raised by the interviewee rather than the next question on the interview topic guide.

There are longstanding debates in the qualitative research community about the relative value of transcribing one's own interviews versus engaging assistance to do so (Ochs, 1979; Oliver, Serovich and Mason, 2005; Duranti, 2007; Bailey, 2008; Davidson, 2009). Each interview

involved 8-10 hours of transcription, including re-plays of inaudible speech and notations of reflections and observations. There were points when I contemplated seeking help to transcribe; ultimately, I resisted this urge. I agree with Bailey (2008) that transcribing data is an interpretive rather than a technical act that enables the researcher to get as close as possible to the data. On listening to the interviews, I was often transported back to the setting, the time, what was happening, and why I might have changed the direction of the questioning. There were moments of delight and sometimes disappointment when I heard during the transcribing process something that I missed during the interview process, which represented either a missed opportunity or a new discovery.

7.12 Conclusion

When I started the DProf, I did not anticipate the quality of the learning or the magnitude of the journey that would occur. It is true to say that I am relieved to be submitting the thesis.

Producing a research thesis of this magnitude during a global pandemic has been extremely challenging and, at times, has been overtaken by the need to focus on the demands of the pandemic. Yet, I have remained committed to producing the thesis and to sharing my findings with KSA healthcare and with the wider community. Unexpectedly, I am excited about a further collaborative research study that I plan to undertake. The journey and the learning that has occurred as a result provided impetus and will serve as an invaluable platform for future research and coaching practice.

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Appendices

Appendix 1 Participant Consent Form

CONSENT FORM

Full title of Project:
Investigating the use of coaching in the development of Saudi Arabian Healthcare Managers

Name, position and contact address of Researcher:
Kathy Sienko
Doctoral Student, Middlesex University
Aldara Street, PO Box 1154
Riyadh 11431
Kingdom of Saudi Arabia

	Please initial box
1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.	☐
3. I agree to take part in the above study.	☐

	Please initial box	
	Yes	No
4. I agree to the interview being audio recorded	☐	☐
5. I agree that my data gathered in this study may be stored (after it has been anonymised) and will be destroyed ater use	☐	☐
6. I agree to my coaching session being observed	☐	☐
7. I agree to my coaching logs being reviewed	☐	☐
8. I agree to the use of anonymised quotes or annecdotes in publications	☐	☐
9. I agree to participate in reviewing and validating the data analyss	☐	☐

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Appendix 2 Participant Information Sheet

PARTICIPANT INFORMATION SHEET
Doctor of Professional Studies (Coaching)
Middlesex University

Researcher:
Kathy Sienko OBE

Research Title:
Investigating the use of coaching for the development of Saudi Arabian healthcare managers

Introduction:
Thank you for reviewing my invitation to participate in this research study. The research is shown in the above. In this document, I provide some information about various aspects of the study which I hope will reassure you about participating.

It is important that you carefully read all of the information provided, ensuring that you understand it. When you have finished reading, if you still have questions please do not hesitate to contact me using the **My Contact Details** which I have provided later in this sheet.

Why I am doing this study:
Experience and anecdotal information suggest that coaching is used for the development of healthcare managers in Saudi Arabia. However, there is very little research literature available on the use of coaching in healthcare or other sectors in Saudi Arabia. The purpose of this study is to explore the use of coaching for the development of Saudi Arabian healthcare managers. I hope to develop a framework of coaching practices that could be used in Saudi Arabian healthcare.

Why I have invited you to participate:
This study is about the use of coaching in the development of healthcare managers in Saudi Arabia. You have been identified as someone who is either a Coach, a past or current recipient of coaching (a Coachee) or someone who supports other people to receive coaching (a Coaching Sponsor).

What you will be required to do:
Information for the study will be gathered in two ways:

1. Through an in-depth interview which will begin with me asking for some information about you, the reasons for your involvement with coaching and about your experience of coaching. You will also be asked whether you would be willing to be interviewed further if required. The interviews will be audio-recorded and the recordings will be secured in a locked cabinet that is available only to me. Audio files will also be encrypted and the encryption key will be held by me only. The research is being supervised by Middlesex University and in line with its Code of Practice for Research. Further information is available here: https://unihub.mdx.ac.uk/your-study/research-at-middlesex/research-ethics

2. If you agree to be interviewed, I will contact you to arrange the interview at a date, time and venue suitable to you. Your interview will last approximately 1-hour and it will be audio recorded. The interviews will be audio-recorded and the recordings will be secured in a

locked cabinet that is available only to me. Audio files will also be encrypted and the encryption key will be held by me only.

3. Depending on your role I might also request your permission to review some documentation such as your personal/ professional development plans, coaching logs or organizational documents such as strategic plans and Human Resource plans.

Please note that by participating in the interview or by sharing your coaching log or other documents, no information will be collected that will allow you to be personally identified. I have addressed the arrangements for the safety and security of you and your data in sections 1 and 2 above.

Why you should participate in this study:
By participating in this study, you may be contributing to helping coaches understand how to ensure that the coaching they provide to healthcare managers in Saudi Arabia is culturally appropriate and effective.

Is participation compulsory?
While I would greatly appreciate your participation, doing so is totally voluntary and even after you have agreed, you have the right to withdraw or to change your mind at any time. Should you decide to withdraw, I will respect your wishes and safely discard any information that has already been collected about you and

You have read and understood the information sheet and want to take part:
Please contact me using the details provided in **My Contact Details** and I will arrange a convenient time, venue and date to interview you in person.

My Contact Details
Email: KS1364live@mdx.ac.uk
Tel: +966 0508 474 731

What happens after you respond to my request?
If you respond to say that you do not wish to participate, I will honour your wishes and will not contact you again.

If you have agreed to participate I will contact you to arrange a face-to- face interview. For planning purposes, please note that interview will be will last **a maximum of 1. 5 hours**.

What happens to the results of the study?
The results of this research will contribute to my thesis for the Doctorate of Professional Studies. During interviews I will ask you whether you would be prepared to participate in validating how I have represented the information that I have collected from you and other participants. This process is known as member-checking. In addition, a copy of my thesis will be available from the Middlesex University library and I would also be happy to provide you with a summary if you request it.

Data Protection
In order to ensure that the information you provide during the interviews is accurate it will be necessary for me to make an audio record of the interview. The recording and any other materials

will be kept at my home on a secure computer which is password-protected and which only I have access to. No identifying details about you will be used or accessible. This is in accordance with Middlesex University's regulations, the UK Data Protection Act 1998 and the Aldara Hospital and Medical Centre Research Ethics Guidance.

Confidentiality

Your participation in this study will be treated in the strictest confidence in relation to the data collection, storage and publication of the research. Information collected will be treated as shown in the section above **Data Protection**.

Who has reviewed and authorised this study?

This study has been approved by the Middlesex University Research Ethics Committee. If you wish to make contact for further information please do so via Department Research Ethics Officer at Middlesex University.

Date

28 November, 2017

Appendix 3 Interview Topic Guide

INTERVIEW TOPIC GUIDE

Full title of Project:

Investigating the use of coaching in the development of Saudi Arabian Healthcare Managers

Hospital/ Organisational Profile:

- Primary/secondary/tertiary?
- Size?
- Teaching vs non-teaching status?
- Location i.e., Riyadh/outside Riyadh?
- Public sector private sector?

Participant Profile:

- Role in hospital (not job title) including time in role?
- Length of time in role?
- Individual contributor vs people manager. If the latter, how many?
- Gender?
- Educated abroad or in KSA?
- Highest level of educational attainment?
- Nationality esp. coaches?

Coach Profile (See EMCC Competence Framework (2010)-

http://www.emccouncil.org/webimages/EMCC/EMCC_Competence_Framework.pdf

- Middle Eastern? Arabic speaking? (Coach, Coachee, Sponsor)
- How do/ did you evaluate the coach's effectiveness/ measure value? (Coachee, Sponsor)
- Contracting? (Coach, Sponsor)
- Cost? (Sponsor, Coachee)
- What does a good coach look like? (Coach, Coachee, Sponsor)
- Coach background and qualifications? (Coach)
- How long in KSA? (Coach)

Coaching

- Role- coach, coachee, coaching sponsor?
- Did you choose coaching (Coachee, Sponsor) or was it provided for you as part of your role? (Coachee)

- Did you choose your coach? If so, how? What made you choose him or her? (Coachee)
- Nature of the coaching given, received, sponsored? (Coach, Coachee, Sponsor)
- Describe a typical coaching session. (Coach, Coachee)
- Your definition of coaching. (Coach, Coachee, Sponsor)
- Value of coaching/value proposition personally/organizationally? (Coach, Coachee, Sponsor)
- Prior knowledge or experience of coaching or mentoring before receiving, sponsoring? (Coachee, Sponsor)
- Other forms of professional development received, sponsored, provided? (Coach, Coachee, Sponsor)
- Why coaching? (Coach, Coachee, Sponsor)
- What personal/professional development/organizational goals does coaching support? (Coachee, Sponsor)
- Cost? (Sponsor)
- How did you go about identifying a coaching provider?
- What works/ what doesn't work? (Coachee/ Coach)
- What are some of the learnings you have achieved from coaching? (Coach, Coachee, Sponsor)
- Do you use the learnings from coaching in your every-day job/for your professional development/for your organization's development? (Coachee)
- What specific learnings/insights do you use? (Coachee)
- Would you recommend coaching to other managers/organizations? If so, why? If not, why not? (Coachee, Sponsor)
- Any inconsistencies between Saudi Culture and Coaching Practice? (Coach, Coachee, Sponsor)
- Any boundaries around coaching in KSA? (Coach, Coachee, Sponsor)

Appendix 4 Examples of Coaching Agency and Impact

Example 1: Women's Skills Bureau (WSB) Education and Coaching Group

The WSB was established to support expatriate women who migrate to KSA with their partners for work. While many of these women are highly educated and have careers in their home countries, they are often prohibited from working in KSA since the work visa is limited to the employee only. In May 2020, I was contacted by two of the directors of the WSB to ask whether I would be interested in working with them to develop a working group focused on coaching and mentoring. This request was of interest to me for several reasons. In the first instance, it was my belief that the coaching community in Saudi Arabia was embryonic, so I was interested to

discover who else was out there. In addition, I would also be able to use my agency to build or contribute to building a local coaching community. I discovered that there are several women from different nationalities who coach (though not in healthcare) or have an interest in coaching. Some of the knowledge I have gained in being a member of this group has contributed to my thinking about the development of the framework for coaching practices that emerged from my research. For example, in relation to the three main elements, that could potentially be applicable for individuals involved in different coaching sub-specialties.

Since May 2020, I have also been actively involved with the Women's Skills Bureau Industry Working group for Education and Coaching. The group comprises educators and others with a coaching background and the purpose of the working group is to utilise the collective and specific skills of the group to benefit other expat women and the wider Saudi community. Our remit includes working with Saudi universities such as Princess Noura University for Women, to provide interview coaching for new graduates and providing online developmental opportunities for expat women to showcase their own work and to learn. There is the potential to use this group as a development partner in refining and piloting in different industries, the framework for coaching practices that is presented later in this chapter. More broadly, on completion of my DProf, I also intend to continue my involvement with the work of the WSB and the sub-group as part of my personal societal responsibility.

Example 2: Healthcare Information and Management Systems Society (HIMSS)

As I continued to use online platforms to provide coaching and to utilise my agency, I was invited by HIMSS to contribute to global dialogue on the role of technology in supporting empathy in healthcare. HIMSS has approximately 70,000 followers on LinkedIn. During the dialogue, I was able to leverage my agency as a coach and as a senior healthcare practitioner to

share with others. During the discussion, I addressed how staff could be coached to be empathetic. One output of that contribution was an online article How Technology Can Advance Empathetic Care, which is found at:

> https://www.himss.org/resources/how-technology-can-advance-empatheticcare?utm_source=linkedin&utm_medium=social&utm_campaign=covid19

One benefit of participating in this symposium and of the article is that I have received several enquiries and expressions of interest from individuals and organisations in KSA, the Middle East and more broadly, who wish to work with me in my capacity as a coach. Due to my focus on completing my DProf thesis, I have agreed to begin exploratory discussions with several of these prospects in the last quarter of 2022. It is worth noting that HIMSS is not traditionally or overtly associated with coaching, and so my participation enabled me to transcend professional boundaries and to reach a broader, non-coaching audience.

As a result of my successful participation in the previous event, I was subsequently invited to contribute to a Europe-wide virtual conference on 07-09 June 2021, on the theme of Collaboration, Sustainability and Precision: A New Agenda for Europe. Cognizant of the visibility to coaching that came with my previous engagement with HIMSS, I readily accepted the opportunity to showcase coaching in healthcare to a broad audience. Here too, I focused on the use of coaching behaviours to underpin safe healthcare, superior patient experience, and employee well-being. For this symposium, I had the opportunity to use some of the emerging research findings to address some of the cultural considerations related to the topic. Details of this contribution are found at:

> https://www.linkedin.com/events/himss21-health2-0europeanhealth6790212645711552512/

Appendix 5 Summary Points and Real-time Observations from the Data

Setting

Most interviews have taken place in diverse settings. In fact, only three were conducted at work. Most occurred in homes or in restaurants. Food appears to be a common denominator. This is an interesting observation even to my eyes because while I gave the participants the right to choose the location of the interviews, I had not anticipated this level of intimacy. It seems to me to be suggestive of a level of trust that I had not expected or, perhaps it is just a by-product of society's opening up. In my experience of being in KSA, the breaking of bread has special significance. *NB: write about this.* A selection of my descriptions of the settings is provided below.

This interview took place in a Starbucks coffee shop in XXXX. We arranged to meet at 2pm and my participant is on time. It is a very busy outlet and there is a lot of ambient noise. We make introductions and for reasons that I cannot print for fear of identifying the participant, I feel somewhat in awe of this participant; I feel very blessed. She is open and honest and totally willing to share her experience which is admirable in my experience, for someone of her stature. We make introductions but it feels like we already know each other as we have been communicating by text and email to make arrangements for the interview. I offer to buy her coffee, but she insists that it should be the other way round since I am a guest in her country. She is fiercely proud of being XXX [Nationality] and of being Muslim. I had previously contacted this participant by email prior to explain the research to her and to ask her whether she would consider participating. I also provided her with a copy of the participant information sheet so that she could read it and have the time to ask questions in advance. When she finally returns with coffee, I walk the participant through the consent form which she signs.

This interview took place in a private home. It's 6pm during Eid. I had previously contacted this participant by email prior to explain the research to her and to ask her whether she would consider participating. I also provided her with a copy of the participant information sheet so that she could read it and have the time to ask questions in advance.

This interview took place in an Armenian restaurant in Riyadh. It's 9pm during the holy month of Ramadan and we are recording the interview after Iftar (the breaking of the fast). The restaurant is mixed- gender. I had met this participant prior to explain the research to her and to ask her whether she would consider participating. I also provided her with a copy of the participant information sheet so that she could read it and have the time to ask questions in advance.

SUB-NOTES ON PARTICIPANT PROFILE AND COACHING

Hospital/ Organisational:

- Primary/ secondary/ tertiary
- Size
- Teaching vs non-teaching status
- Location i.e., Riyadh/ outside Riyadh
- Public sector private sector

All participants worked in or with hospitals ranging from small to large. Most are in the public sector. It is difficult to add any additional information without incurring the risk of revealing the organisation and even the participant.

Participant Profile:

All sponsors and participants have been in their roles for more than five years and have held roles ranging from middle-manager to C-level executive. Coaching recipients were undergraduate to master's educated. All but one coach holds a degree. All coaches held recognised coaching qualifications. None of the coaching recipients were male. I wonder if this is one of those masculine/feminine issues per Hofstede or purely a coincidence? It would be worth finding out but digging into this; might be for another study.

Coach Profile (See EMCC Competence Framework (2010)- http://www.emccouncil.org/webimages/EMCC/EMCC_Competence_Framework.pdf

- Middle Eastern? / Arabic speaking? (Coach, Coachee, Sponsor)
- How do/did you evaluate the coach's effectiveness/measure value? (Coachee, Sponsor)
- Contracting (Coach, Sponsor)
- Cost (Sponsor, Coachee)
- What does a good coach look like (Coach, Coachee, Sponsor)?
- Coach background and qualifications (Coach)

- How long in KSA? (Coach)

The coaches are a mix of Arabs and Westerners. Involvement in coaching came about because of factors such as an interest in people or by accident or because of being in another role within the wider HROD field for example organisational development or learning and development. Four held European certifications (e.g., ILM certification and one held the ICF). This was an important requirement for all constituencies. Participants and I did not discuss cost and in the end. It only emerged in two conversations but not as a concern about expense—more as a concern about value for money. We did discuss what 'good coaching' looks like. The Alignment with goals featured regularly. The term intention, also featured in discussions with coaches and some coachees.

Coaching

- Role- coach, coachee, coaching sponsor
- Did you choose coaching (coachee, Sponsor) or was it provided for you as part of your role? (Coachee)
- Did you choose your coach? If so, how? What made you choose him or her? (Coachee)
- Nature of the coaching given, received, sponsored (Coach, Coachee, Sponsor)
- Describe a typical coaching session (coach, Coachee)
- Your definition of coaching (Coach, Coachee, Sponsor)
- Value of coaching/ value proposition personally/ organizationally (Coach, Coachee, Sponsor)
- Prior knowledge or experience of coaching or mentoring before receiving, sponsoring (Coachee, Sponsor)
- Other forms of professional development received, sponsored, provided (Coach, Coachee, Sponsor)

- Why coaching? (Coach, Coachee, Sponsor)
- What personal/ professional development/ organizational goals does coaching support? (Coachee, Sponsor)
- Cost (sponsors)
- How did you go about identifying a coaching provider?
- What works/ what doesn't work (Coachee/ Coach)
- What are some of the learning's you have achieved from coaching (Coach, Coachee, Sponsor)?
- Do you use the learnings from coaching in your every-day job/ for your professional development, for your organization's development? (Coachee)
- What specific learnings, insights do you use? (Coachee)
- Would you recommend coaching to other managers/ organizations? If so why/ if not, why not? (Coachee, Sponsor)
- Any inconsistencies between Saudi Culture and Coaching Practice (coach, Coachee, Sponsor)
- Any boundaries around coaching in KSA? (Coach, Coachee, Sponsor)

Choice of coach and coaching was identified as a potential issue in relation to culture. Providing choice does not seem to be a concern to sponsors but appears to be central to success in the minds of coaches and coaching recipients. Coaches who work in KSA appear to take a pragmatic approach to the issue of choice (is this the hill to die on?), which they appear to express in ensuring that as far as possible, the coaching recipient has choice with respect to intention and goals. The why of coaching is also linked to personal/professional/organisational goals. All participants appear to at least have heard of coaching and mentoring but some recipients and sponsors are not always clear about the differences between the two, but it does not seem to

matter as much as I envisaged it might. So why is this still a debate in the coaching community? Reputation and qualifications are important considerations for sponsors and recipients, when engaging a coach. Coaching value is important for everyone and, somehow, appears to be tied to goal alignment, whether at the organisational or personal level. Is the coach's goal also to deliver value?

Appendix 6 Excerpt from Reflexive Journal

21 May 2019

So, I had my so-called *knowledge* challenged today (about KSA and Saudi culture) by a conversation with a member of staff. It made me more aware that I need to test out my assumptions about what I think I know that I am bringing to my research.

I was always under the impression that boys were more highly favoured in Saudi culture. However, in speaking with K about the birth of his daughter, when I asked whether he'd hoped for a son, he said that he'd always wanted a daughter. He is clearly in love with his princess.

He told me that having a girl was the equivalent of being rewarded with heaven seven times over. I was surprised and I told him so. I wonder what else I am assuming I know but don't really know?

Appendix 7 Excerpt from Reflective Journal

26 September 2017

Tonight, I am sitting here at 11:30 pm doing some work on my research, and my phone (WhatsApp and text) is blowing up.

It has been announced that women in KSA will be able to drive from June 2018.

My Saudi and other friends are absolutely ecstatic. KSA has been, until tonight, the last country in the world where women are not allowed to drive.

I am excited and somewhat anxious. This country is changing right before my eyes. Even as I read my research proposal where I assert that at some point Western coaches might have opportunities to provide coaching, those opportunities seem to be closer to reality than I thought.

Are we [coaches] ready?

Appendix 8: Excerpt from Reflective Journal

21 November 2019

On my way to Jeddah for a weekend to experience this city which is the second main city and which I have not seen in seven years. One of the pilots on the flight sat next to me and after a few moments and introductions, we began to speak. He told me that he was returning to Jeddah after landing a flight from East Arica to Riyadh. He was now on his way home to see his family. He spoke very good English and we talked a great deal about the many countries that he had flown to. Of these, his favourites were [country) and London. London? Maybe.

I asked about his family, and he told me that he had two wives. Both were from the Middle East, and one was younger than the other. So, we talked about that too. I asked how he managed the family dynamics.

It is not uncommon for members of some tribes in Saudi to have more than one wife. I have been told that this is allowable under Islam. He is from [Saudi City] and he told me that in his culture, more than one wife is allowed and even encouraged.

In this dialogue, I was faced with the reality that in KSA, Western education and exposure to Western cultural values can happily co-exist. There appears to be no conflict for the holders of these dual positions. So, what does this mean for me as a Western coach? What does it imply for my practice? I am trying to work that out.