

THE ART OF
EXECUTIVE COACHING
SECRETS TO UNLOCK
LEADERSHIP
PERFORMANCE

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I dedicate this book to you.

*May you summon the courage to learn something new,
and may you build the resilience to sometimes fall,
pick yourself up, and learn even more.*

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FOREWORD

IN MY 30 YEARS OF FORTUNE 500 consulting experience, I've often served as a coach—it's unavoidable. When projects are initiated and plans implemented, key people need coaching in how best to garner support, delegate work, and assign accountabilities.

All too often, the traditional view of “coaching” is remedial: Someone isn't measuring up, so they need help in the form of an expert—the coach. However, the traditional view is wrong, because that's the minority role of coaching. I equate it to flying on an airplane primarily to enjoy the food, rather than seeking a safe, on-time arrival where you intend to go.

If you consider people at the top of their game, yesterday or today—Frank Sinatra in song, Meryl Streep on film, Denzel Washington onstage, Tom Brady on the football field, Jack Welch at GE—they all had or have coaches. Strong people realize there is constantly a need for new ideas, diverse suggestions, and outright improvement. The best seek out coaching, because they're usually head and shoulders above the competition to begin with. (And, sometimes, there *are* some dysfunctional behaviors that accompany highly positive ones, which should be culled.)

As of late, having a coach has evolved to possess a caché. Thus, we have “coaching universities” (who certified the certifiers?) and “life coaches” who, presumably, coach anyone about everything. After all, life doesn't come with an instruction book.

In a volatile world, such coaching is more important than ever, largely because we tend to default, if we don't understand coaching, to the remedial, instead of helping those who can help us most—the all-stars!

Nadine Greiner is the perfect person to help coaches to fulfill these vital roles. She doesn't hold “certificates” of completion from a pseudo-university, but rather quite real PhDs in organization development and clinical psychology. (That's what certifies the certifiers!) She has been a CEO, a clinician, and a consultant. She grew up in a war zone, so she can certainly handle the board room.

This is a rare book oriented toward improving coaching with an exclusive look at the traits and skills required to help people to help people. It is not mercenary nor aimed at marketing (I know this because I'm the one who wrote *Million Dollar Coaching*). This is a special book for specialists. It is undiluted and not diverted by a focus on other specialties or helping professions.

With all my experience, I learned by reading it. That's because I know I need a great coach, too. With *The Art of Executive Coaching*, you now have one, as well.

—Alan Weiss, PhD

Author, *Million Dollar Consulting*, *Threescore and More*, and *More Than 60 Other Books*

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TROUBLE IN THE OR

Warm-hearted and kind, Dr. Yelyuk was celebrated in her field for her clinical leadership and avant-garde techniques. However, she had begun to blend her online business and her family into her work at the hospital, and the lack of separation was overwhelming her. The doctor was increasingly short tempered and indecisive, and her drive to perform more and more surgeries placed her colleagues and patients at risk. She needed help honing her leadership, teamwork, and stress management skills. Alice's challenge was to effect changes before there was a disaster in the operating room.

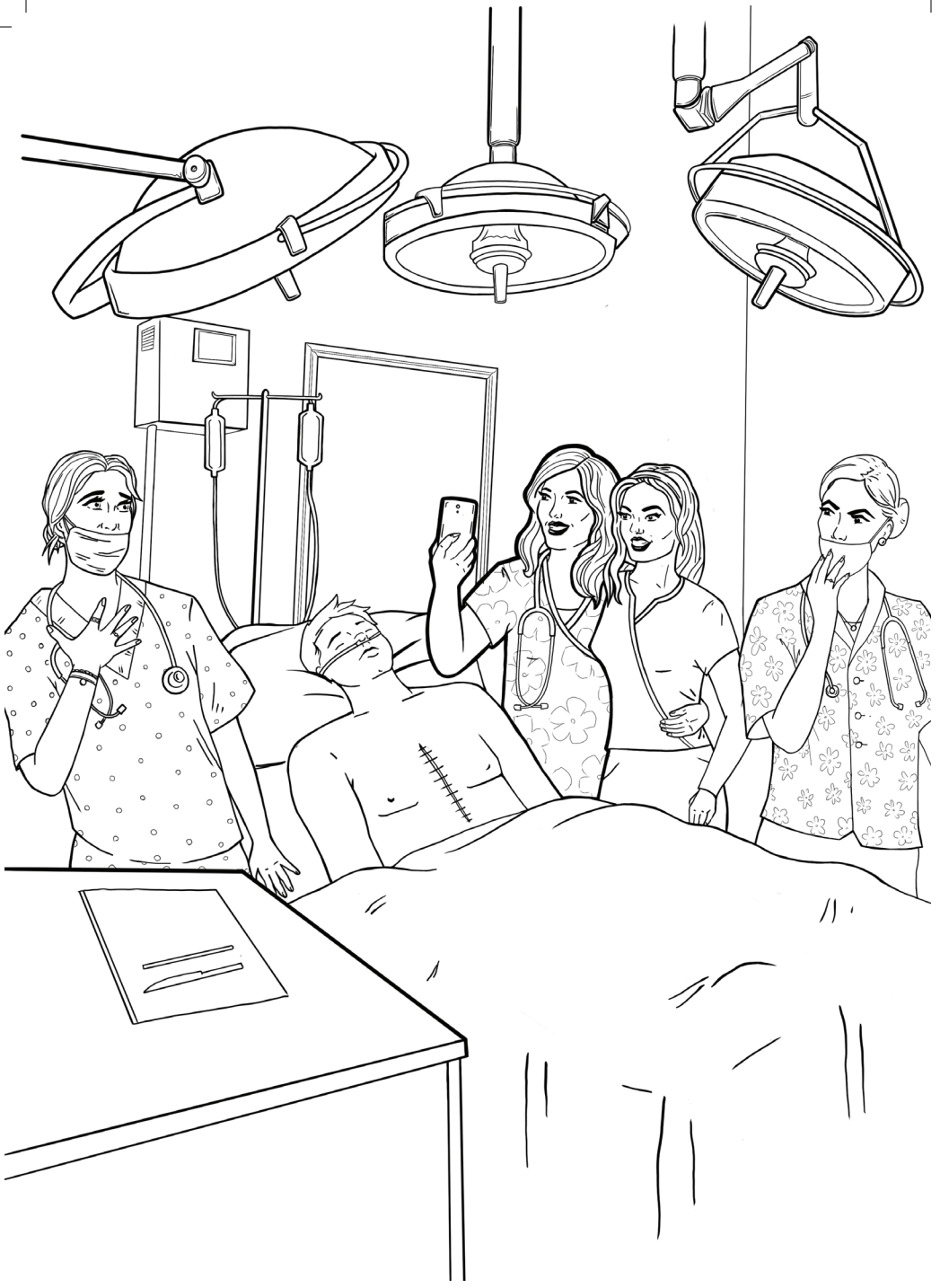
“THIS IS WHERE I HANG OUT with my family,” said Dr. Yelyuk, indicating the hospital cafeteria where she and Alice sat. “This is our living and dining room.”

“Family?”

“Oh, I consider my team my family,” she said, smiling. “Isn’t that wonderful, to have a second family in your workplace? Ah, there’s one now.”

She motioned to a young woman in hospital scrubs. “Mai Lee, come over here!”

“Mai Lee, this is Dr. Alice. She’s my job coach. I’m so excited that I’m



going to be working with her.”

Turning to Alice, she added, “Mai Lee is my daughter’s godmother and one of my best friends!”

They shook hands as Mai Lee blushed slightly at the doctor’s effusiveness.

“Mai Lee, Alice is going to observe a procedure tomorrow. I hope you’ll take special care of her and make sure that she gets to see everything.”

“Yes, certainly, Doctor.”

After Mai Lee had departed, Alice asked, “Are you sure you want me to observe a surgery?”

“Oh, absolutely! You’re my job coach. You have to see me on the job!”

Weeks 1-2: Complaints From the OR

Alice stood in a 10-square-foot room, looking down on four operating rooms; she could watch the surgeries through the windows or on one of the four monitors that gave close-up views. With no place to sit, and dressed in scrubs, a hat, and gloves, she examined the OR. Mai Lee stood next to her, readying instruments on a tray for the next surgery.

On monitor number one, Alice could see Dr. Yelyuk performing a complex battery change for a pacemaker on a 74-year-old man. “They’re going to have to stop the heart while they put in a new device,” said Mai Lee. “They call it a battery change, but it’s really a whole new device combined with a battery.”

Alice watched as Dr. Yelyuk worked on the patient’s chest, the techs handed her instruments, and the nurse monitored vital signs. Dr. Yelyuk would pull out the old device, put in the new one, check to see that it’s working properly, start up the heart again. Alice was impressed at the speed and efficiency of this life-giving procedure. A speedy ballet, with each dancer moving in rhythm to some unseen music.

“I have to go next door to talk to the nurses,” said Mai Lee, exiting to another small room where several patients lay on gurneys waiting to be wheeled in for their surgeries. Alice knew that this was one area of concern; there had been complaints that some of Dr. Yelyuk’s patients were waiting too long under anesthesia.

Alice discovered there actually were quite a number of complaints—from Dr. Yelyuk’s surgery team, the nursing staff, and the anesthesiologist. These all came out during the 360-degree interview process. Although most people held warm feelings for the doctor, they were concerned about changes in her behavior over the last two years. She had become more rushed and irritable. She was indecisive, and changed her mind about things without involving the techs or nurses in her decisions. And she had begun to ask the nurses to order meds—something only a doctor should do.

The anesthesiologist, a small, Vietnamese American lady, was especially distressed. “She tells me to anesthetize the patients, but sometimes it’ll be 45 minutes before they go in to surgery. Should be 10 minutes max. This is not good—my malpractice insurance is already through the roof.” She left Alice to imagine what dire things could happen if a patient woke on the operating table.

There was more. The nurses complained that she didn’t listen to them about the timing of surgeries. Instead, she would barge ahead, going from one surgery to the next with no breaks, exhausting herself and her staff. The team would try to guide her into the correct sequence of surgeries without her knowledge; they would slip things by her and trick her into doing the right thing.

Week 3: Clinical Success, Management Failure

Dr. Yelyuk was not happy with the 360-degree assessment. “I didn’t

expect this from my family,” she said plaintively. “We’ve known each other for years. They come to my house every holiday season for a special dinner. Everybody brings a special dish. They love my cabbage rolls. . . .”

“Your team is concerned about you,” Alice said. “They want the best for you and for your patients.”

“I don’t think of myself as pushing too hard. I just see it as working hard and doing as much as I can.”

“Your colleagues say they can always count on you to fill in for them or to shadow for them if they need another hand. I wonder if you sometimes do too much because you don’t want to refuse them.”

She sighed. “It’s very hard for me to say no to a colleague.”

Unlike the techs and the nurses, the other surgeons were pleased that Dr. Yelyuk always stepped in when they needed her. They were also happy with the number of surgeries she performed. The surgeons were part of a group that contracted with the hospital in a fee-for-service arrangement; this meant that the more surgeries performed, the more money would be earned by the group and by the hospital. In the eyes of her colleagues and the hospital administration, Dr. Yelyuk was a top performer. Alice guessed this was one of the reasons they’d proposed coaching to her as opposed to making a referral to the Quality Committee.

The phone rang before Alice could respond. Dr. Yelyuk talked for several minutes about problems with a website and some shipping issues with the person on the other end. She was frowning by the time she hung up.

“The website for the store is acting up. We’re going to have hire someone to work on it.”

To Alice’s surprise, Dr. Yelyuk had a side job: She ran an online business reselling vintage items from Givenchy, the French fashion line. In her sparse spare time, Yelyuk took calls from the staff filling orders.

“I wonder if running the store is a bit much in addition to your hospital work,” Alice ventured. “Would it be possible to hire a full-time manager?”

“Oh, but I love the products so much! And it’s a nice diversion from surgery.”

Alice struggled to keep from rolling her eyes. Not only was Dr. Yelyuk running the online store, she also had a husband, three kids, and two dogs—and all this was in addition to her demanding surgical work. An overloaded schedule and inability to delegate were common challenges for a high-performing executive.

“When you were in medical school, were there any courses in management skills? Courses on teamwork, leadership, delegating responsibilities, that kind of thing?”

She shook her head. “There were lots of different clinical courses, but nothing on management.”

As Alice had expected. “When you came to this hospital, did you go through an apprenticeship with an experienced surgeon?”

She shook her head again. “No, nothing like that.”

Surprisingly, most medical schools do not include the basics of management in their training. This is beginning to change; some schools now offer a joint MD-MBA degree. But there had been no such programs in Dr. Yelyuk’s school. Similarly, most hospitals do not have an apprenticeship program. For Yelyuk, this meant she went from residency and fellowship directly into the hospital operating room.

She had always kept up her continuing education, and she was an active member on the board of the surgeon’s group. In addition, she was recognized for her innovation and incorporation of new techniques. She presented at conferences and was a tremendous resource to other surgeons across the country. But although she was very accom-

plished on the clinical side, she simply wasn't aware of her shortcomings on the management side.

Alice faced the challenge of finding a way for Dr. Yelyuk to learn the management ropes while on the job. Her first idea was to set Yelyuk up with an apprenticeship from the department's medical director, on the assumption that doctors like to learn from other doctors. She was soon disabused of that notion, however, after consulting with a few nurses; the director's management skills, they advised, were worse than Dr. Yelyuk's.

Alice next reached out to HR and the COO, but they had nothing in the way of orientation or apprenticeship; there were no training programs on day-to-day management for surgeons, though such a program might be something for the chief medical officer and the COO to consider.

OK, Alice thought, *the goals for this coaching assignment are coming to light*. Dr. Yelyuk needed insight around leadership behavior and hands-on training to manage teamwork and handle stress. To sum it up, their work would focus on those three things: leadership, teamwork, and managing stress.

Week 4: A Leader Who Doesn't Lead

"I don't understand. Why shouldn't I let my patients know that Roberto and Mark adopted a baby girl? Why shouldn't I hug Mai Lee and tell everybody that she's my best friend and my daughter's godmother when I'm at work?"

"I have a new name for you," Alice said, smiling. "I'm going to call you 'Dr. Why'."

They were in the initial stages of setting goals, but had already encountered some difficulties. For example, Dr. Yelyuk simply didn't see why she shouldn't treat her staff as friends and family.

"Are you aware that people look up to you?" Alice asked. "As a doctor, you have a great deal of power and influence. Everyone on your

surgical team looks to you for guidance.”

This brought her up short. She shook her head, a puzzled expression on her face.

Alice continued. “If they don’t get guidance from you, then they have to improvise. And they start secretly guiding *you*. You read what they said in the 360.”

“Yes, but . . . you mean. . . .”

“Like it or not, you’re the leader around here. If you *don’t* lead, other people will fill the vacuum.”

“Hmm,” she said. “I never saw it like that. I haven’t thought of myself as a leader. But why can’t I still be friendly and treat people like family?”

Alice shook her head. “These people you call your ‘family’ are actually your staff. It doesn’t mean you can’t be friendly, but your first duty is to be a leader to them—to manage the day-to-day operations so that things get done smoothly and optimally. This is what they want and need from you most of all.”

She was silent for a time. “I guess I don’t know how to be a good manager. That’s not one of my skill sets. And there are so many things to consider. . . .”

Alice could see that Dr. Yelyuk was beginning to feel overwhelmed. When her clients start to count all the issues the assessments have brought to light, Alice tries to reframe the coaching engagement into WIIFM: What’s in it for me, the client?

“We’re going to work on management skills,” Alice reassured her. “That’s why I’m here. And you’ll find that you can get a lot of help from your staff if you ask for it. You have a great staff, but you haven’t been asking for their help enough.”

“Why don’t I know these things? I’m 44 years old and I’m an experienced surgeon. I present at conferences. People ask me for advice.” She threw up her hands in frustration.

“You don’t know these things because you didn’t learn them in medical school, and you didn’t serve an apprenticeship. But we’re going to work together on the things you need to learn. I want to assure you that this is very feasible.”

A secret skill of the executive coach trade that doesn’t show up on a resume is reassuring people. Change can be a scary thing; because Alice has dealt with it all the time, she’s become skilled at encouraging her clients and keeping them on the right track. In terms of techniques for providing reassurance, Alice speaks warmly and from the heart. Some clients, like Dr. Yelyuk, need this more than others. From Yelyuk’s interpersonal profile, Alice understood her very high need for inclusion; this meant anything that seemed to threaten her relationships with her staff (her “family”) triggered anxiety. This time, at least, she was able to take in Alice’s reassurance.

“I feel like I did when I first came to this country from Ukraine,” she confessed. “Scared, unsure of everything . . . but I learned, and pretty soon things didn’t seem so strange. Like you say, this is doable. I can do this.”

Week 5: Blind Spots

Before Alice and her coaching client set out to formulate any goals, the client has to acknowledge that there are problems. Often, the problems are obvious—and if not, they show up very clearly in the 360-degree assessment. The opinions expressed in the 360 lay out the things that need to be dealt with; and because her clients are smart, perceptive people, they usually see that changes are necessary. Sometimes, however, there are blind spots that need to be talked through. Dr. Yelyuk’s main blind spot was that she wasn’t aware she lacked management skills; another was how barging ahead with surgeries one after the other affected her staff and created potential danger for her patients.

“Eleven surgeries in one day? No, I can’t believe I ever did that many.”

“According to the nursing staff, and they keep careful records, on February 18, you performed 11 surgeries. The last one was at 10 at night. The staff was exhausted, and you were exhausted. Can this be this good practice?”

She took a deep breath. “Sometimes, I just get going and can’t seem to stop. But no, this is not good practice.”

“The staff also says there is often no downtime between surgeries. They have to rush to get ready for the next one, without even time to sit down.”

“Why haven’t they told me these things? Why is it all coming out now?”

“They say you’ve been short tempered during the last two years and basically unapproachable. You’ve been overstressed with all you’ve been trying to do.”

This last statement made her tearful. “Yes, I have been stressed. But I hate it that my wonderful family has been suffering because of me.” She wiped her eyes and sat up straight. “We need to make some changes,” she declared.

Weeks 6-7: Coaching Goals

Once they had illuminated her blind spots, Alice and Yelyuk were able to move ahead rapidly on formulating her goals in three areas:

- leadership
- teamwork
- managing stress.

Leadership

Dr. Yelyuk had little concept of how to manage her staff. She called them her “family,” and had developed close, interpersonal relationships with them.

Remedies and homework included:

- Develop an understanding that she was the leader of her team and they needed her management and guidance. This involved an acknowledgment of the structure and her role in it, as well as the culture she had created.
- Practice relating to her staff as a leader instead of as a family member. This involved employing more professional language.
- Learn basic management skills like giving direction, delegating responsibility, and including the staff in decision making. This meant planning, coordinating, and communicating instead of spewing off-the-cuff reactions.

Teamwork

Dr. Yelyuk tended to delegate by expecting people to read her mind. She didn't ask for enough input from her team, trusting that somehow everything would magically fall into place.

Remedies and homework included:

- Redefine the different roles played by her team and get their input. The nurses, for instance, knew how to arrange the best timing and sequence of surgeries. Patients with severe dietary restrictions or diabetes, for example, needed to be scheduled first thing in the morning.
- Learn that part of being a good leader is not making unreasonable demands on your team. This included scheduling a reasonable number of surgeries and leaving time between surgeries so that the team has a chance to rest and prepare for the next one.
- Schedule same-day surgeries only in emergencies. This meant learning how to say no to any colleagues who asked her to step in immediately. It also meant that her staff would have time

to schedule and prepare for surgeries to be performed the next day.

Managing Stress

Dr. Yelyuk maintained a grueling surgical schedule. In addition, she was managing an online business and had a husband and three kids.

Remedies and homework included:

- Practice the homework for the first two goals. The measures for reducing stress for her staff would also reduce her own stress.
- Reorganize her online business. Alice suggested she hire a full-time manager to relieve her of the day-to-day operations.
- Spend more quality time with her family at home.

Tips for the Reader

Do you recognize your coaching clients in Dr. Yelyuk? Are they sometimes too familiar with people, or perhaps unskilled at management? If so, encourage them to explore how to get their interpersonal needs met outside of work. Perhaps discuss the human resources risks of being too revealing about their personal lives and asking too much about co-workers' personal lives. You can help them prepare for meetings with their colleagues by developing meeting agendas and sticking to those agendas when they get together. Avoiding overly personal information will enable everyone to feel comfortable while also respecting their time.

Your clients might also have too much stress in their lives and be struggling to cope with it. As a coach, this is an opportunity to help them prioritize their tasks and time. This might start with composing a list of superfluous things and cutting those things back. They can try stepping back and thinking about their life mission and values, and ensuring that their week-to-week activities are aligned with them. They can consider delegating some tasks.

Sometimes we get caught up in activities that are not aligned with our values, are unnecessary, or are undesirable. And as a leader in their organizations, they should be looking out for the stress levels of their peers and direct reports. Remind your coaching clients that sometimes a quick infusion of positivity can help them and their colleagues. Your clients should not dwell on or try to fix others' stress; tell your client: "Be bright, be brief, be gone!" They cannot change others' lives, but they can manage their own work, tasks, and attitude.

Weeks 8-16: The Joys of Delegating

Alice met every week with Dr. Yelyuk for two hours—an intensive schedule. Part of the time, Alice was instructing her in management techniques, so their meetings took on the air of a classroom. Yelyuk was an excellent student, inquisitive and appreciative. They also talked about ways to relieve her perpetual stress.

"OK, Dr. Alice, I did it: I hired a full-time manager for the business. She's an expert at selling online with a great resume. And she loves the Givenchy line. I've been realizing from all the things I've been learning that delegating is a just a smart thing to do; you tell the person what you want to accomplish, and they do it! And they usually do it better than you could, because they're experts. So I thought, why not delegate to an expert online person? She'll probably do it even better than me. And then I won't have to fret about it."

"I'm happy that you can use what you've been learning for your side business, too."

Yelyuk smiled. "I've been using it for my family!" she said. "*Lana, please take the dogs to the park this afternoon. Sophia, please watch over your little brother while I'm on the phone.*" Pretty soon, I'll be able to just kick back on my sofa and eat chocolates!"

Alice and Yelyuk shared a laugh. “The joys of delegating,” Alice said.

One of the most gratifying things about executive coaching is seeing clients take what they’ve learned and start applying it in their personal lives. Dr. Yelyuk was using her new skills to reorganize her business and her family.

Week 17: Success

After an intense four months, Alice and Dr. Yelyuk were nearing the end of the engagement. Yelyuk now had a grasp of basic management techniques and had begun to use them. She was scheduling fewer surgeries and leaving time for breaks and lunch. Her stress level was down, and her mood was upbeat. In addition, her leisure time had increased, which allowed her more quality time with her family at home.

Typically, to bookend the initial 360 assessment, Alice interviewed the executive’s staff post-coaching. In this case, things were a lot better—a lot more structured, and much more collaborative. Staff members were doing their own work, not hers, so they were happier and more productive—plus, they were taking breaks and able to eat their lunch. The flow had improved greatly, and patients were no longer languishing on the tables outside the OR.

On the final day, Dr. Yelyuk and Alice held a sharing circle in a big room with all her staff. The doctor had prepared a letter, which she read to the group; she let them know that even though it hurt her at first, she did appreciate the 360 assessment and saw the truth in it. She talked about all the things she’d had to learn that she wasn’t trained for in medical school—like building a culture of teamwork, having boundaries at work, authority, process, standard work for patient safety, and how to be a leader. She concluded by telling them that she was grateful for their concern and cared about each of them, and thanked them for taking great care of the patients, each other, and her.

Each team member then had two minutes to talk about how they had experienced the journey. One spoke about watching Dr. Yelyuk make new decisions; several said that they were learning to speak up for themselves. “You know,” remarked one of the techs, “in the future, if something’s up, I feel I can talk to you directly now—that I’m not going to hurt your feelings.” A number of people were enthusiastic about the improvements in scheduling, in safer patient care, in more break time, and in better communication.

It seemed to Alice that the staff now felt they could co-create their own culture. They had overcome their learned helplessness and no longer held the idea that this was just the way things were; they didn’t need to resort to manipulation to accomplish the right thing.

That last meeting was very tearful—coaching engagements tend to bring emotions to the surface. Alice excused herself when they started hugging and talking about all they had been through.

A gratifying aspect of executive coaching is seeing the ripple effect on the people around the client. A client’s changes can affect the culture of an entire department: Tension levels go down, communication improves, and people feel a greater sense of well-being.

Why Coaching Matters

“The anesthesiologist and lead tech have turned into strong team leaders,” Dr. Yelyuk wrote in a follow-up email to Alice. She was happy for them, but mentioned that she regretted how she had been holding them back. Many executives rise to their level because of their performance history, not because of how skilled they are at developing the people they’ve managed. As a coach, you have the opportunity to open their eyes to the power of developing and growing others.

After going through the process, Dr. Yelyuk decided that she wanted to have another child. While surprising to Alice at first, it made sense based on Yelyuk's assessment profiles and feedback, which showed a strong inclination to take care of others . . . and now that she had more balance in her life, she could indeed expand her family. You never know what unexpected results executive coaching might yield!

Dr. Yelyuk called Alice a few weeks later to say that things were continuing to go well at the hospital. “Less is more!” she enthused. “Less micromanaging, less worry, less anxiety—and more happiness!”

Summary

Dr. Yelyuk was a leader in innovative surgical techniques. However, during the past two years, she had become increasingly short tempered with her surgical team and was performing too many surgeries, ultimately placing her patients at risk. For several months, Alice instructed her in management skills, and they discussed ways of relieving her stress. She learned to delegate responsibility, communicated better with her surgical team, and adopted a reasonable schedule for her surgeries (to the great relief of her team). In addition, she hired a manager for her online business and began to spend more quality time with her family.

Takeaways:

- The collateral benefits that can result from coaching are often dramatic. In this case, the benefits extended not only to the doctor, but also to her surgical team and her family.
- An entire organization can benefit from the coaching of just one of its key people. In this instance, the hospital benefited from the reduced risk to patients.

ABOUT THE AUTHOR



NADINE GREINER, PHD, is an executive coach with a dual doctorate in organization development and clinical psychology. She has helped more than a thousand people become more effective and fulfilled at work, which has positively rippled out to 10,000 of their colleagues. Recognized for her immense

success rate, Nadine has more than 30 years of experience in the field of coaching. In addition to her advanced academic preparation, she has held several high-level positions in privately held and publicly traded companies, and served as CEO at the age of 38. This trifecta of psychology, business, and executive leadership makes her a unique and effective coach who produces excellent results for her clients. Nadine speaks and lectures in postgraduate programs globally.

On a personal note, Nadine is dedicated to animal welfare, and has fostered, rehabilitated, and trained thousands of cats and dogs. Twenty percent of all her profits go to animals. Nadine stays fit by running after

them, and by joining the dance party with her friends at Zumba.