



Unravelling sutured stories: coaching NHS managers out from under the quilt

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Abstract

Purpose – The aim of this paper is to show how storytelling and MacIntyre’s virtue ethics theoretical schema can inform a new approach to management development and coaching. It also highlights the potentially collusive nature of a coaching relationship where there is an absence of broader research-based input.

Design/methodology/approach – The approach has three stages: first, to sample what it means to lead reform implementation through managers’ stories; second, to view those stories as passing on or coaching others in the virtues of the institution; third, to suggest an alternative approach to coaching which includes deepening managers’ understanding about conflicting moral traditions, ideologies and discourses that often feature in their stories of change.

Findings – The capability to find a way through multiple and conflicting change initiatives appears to be enhanced when managers gain a deeper understanding of the antecedents of the different ideologies at play. It is argued that without the research input and stimulus to understand what is behind change policy, coaching could be submitting to disciplinary power (Foucault, 1980) where both coach and coachee are implicated in a collusive perpetuation of what Žižek calls a “narrative quilting of heterogeneous material into a unified ideological field”.

Originality/value – One suggested avenue for management development and coaching would be to build further on MacIntyre’s notion that it is sometimes only through conflict that we learn what our ends and purposes are, with the question, “Of what [wider] conflicts is [my conflict] the scene?” (adapted from MacIntyre).

Keywords Coaching, Organizational change, Storytelling, Ethics, National Health Service

Paper type Research paper

Introduction

In rhetoric, governments can suture different ideologies based on different premises and narrate them into a story of policy, practice and structural change that “exhibits” (Czarniawska, 1997) the outcome of an improved state of affairs. This is evident in recent UK National Health Service (NHS) policy (e.g. Department of Health, 2008, 2010), where marketisation reforms including individual choice, freedom and personalisation are merged with improving quality and equity across health care provision. This adds to the plethora of government initiatives that contain fine words but struggle to find genuine engagement with staff (Hunter, 2000). The public sector can be likened to an experimentation laboratory for the application of this, “narrative quilting of heterogeneous material into a unified ideological field” (Žižek, 1991, p. 18). One has to admire successive governments’ courage, since much of this laboratory is embarrassingly open to view. Many faithful and trusting practitioners in the lab who are working under a “quilt” of these policies find that the practice of leading reform can feel like “mission impossible”. Others say they have a sense of unease and anger that is hard to articulate – they cannot point to one person, it often feels like they are all part



of it. For some health practitioners, patients' needs provide a welcome and substantive distraction from the risky experimentation. Public exposure when experiments fail or have apparently perverse effects such as an increase in infections when the market takes responsibility for hospital cleaning or when it seems like GP fund-holding is being resurrected yet again reactivate their anger. CEOs as chief lab officers are also held to account and sometimes sacked. Blackler (2006) offers a bleak picture of the UK NHS Chief Executive (CE) leadership reality under central imperatives, targets and measures. Justice to them must seem far from their trial. "[Forgive them], for they know not what they do" (Žižek, 1991) is not always an acceptable defence.

So how do leaders begin to know (more about) what they do? What about other managers from CE down? What does implementing reform mean to them? What is their social reality? What are they passing on down the line? What do their enacted narratives coach into the social reality of others that hear their stories? In order to answer these questions this paper draws on data from a wider study (Conroy, 2010); managers' stories that uncovered many different meanings of change implementation. Here we explore a recurring theme of virtue conflict and disjuncture in managers' enacted stories of policy to practice translation. This paper argues that what we are witnessing in the managers' stories is sutured policies starting to unravel as they attempt enactment of practice changes in line with policy imperatives. The open ends reflect much wider conflicts between different moral traditions and standpoints. Specifically, this paper describes the virtues at stake for a group of managers in the midst of mental health service redesign during the period 2004-2005. Rather than a narrative enabled moral unity that engenders practice excellence, we see considerable disunity in the midst of reform, which, it is argued, coaches others to respond with cynicism, anger and mistrust towards any reform initiative and contributes to low morale. Rounding off the paper, we report on an evaluation of a pilot application, a series of themed group coaching events, which showed that public sector managers are prepared to be coached out from under the quilt of patchwork policies and start to critically assess what is right for the services they manage and the populations they serve.

This paper is structured in three parts. First, I present an introduction to the theoretical framework that informed the analysis of the managers' stories and the subsequent coaching programme. Second, extracts from the managers' stories and the analysis of those stories are presented. Finally, the outcome in the form of an evaluation of the application of the research findings to the coaching programme for public sector managers is outlined.

MacIntyre's schema: virtues, goods, practices and institutions

MacIntyre's belief is that humans are storytelling animals and one of the purposes of stories is to carry a set of moral virtues that when enacted in practice with others bring the good life for all those that are part of that society. The NHS is a significant part of our society and taking the MacIntyre viewpoint would be the importance of individual and collective stories as the carriers of a set of virtues that when lived out offer internal goods for all NHS practitioners. 'Internal goods' are intrinsic to practice as opposed to 'external goods' which MacIntyre summarises as money, status and power. What is the relationship between practices, internal goods and virtues? Starting with MacIntyre's notion of practice and its relationship to internal goods, he offers this:

Any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended (MacIntyre, 1985, p. 187).

MacIntyre illustrates this relationship between virtues and practices by reference to examples including football, chess, architecture, seascape painting and cricket (MacIntyre, 1985, pp. 187, 191), and argues that, “it is not difficult to show for a whole range of key virtues that without them the goods internal to practices are barred to us” (MacIntyre, 1985, p. 191). I now move on to virtue and its relationship to internal goods.

A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and the lack of which effectively prevents us from achieving any such goods (MacIntyre, 1985, p. 191).

Finally, the way MacIntyre envisages the collective relationship of practices, the narrative of the institution and their potential disruption, is summarised by McCann and Brownsberger (1990):

The normative character of MacIntyre’s definition of a social practice [...] is secured within a larger account of the moral life as a whole. There must be some telos to human life, a vision anticipating the moral unity of life, given in the form of a narrative history that has meaning within a particular community’s traditions; otherwise the various internal goods generated by the range of social practices will remain disordered and potentially subversive of one another. Without a community’s shared sense of telos, there will be no way of signifying “the overriding good” by which various internal goods may be ranked and evaluated (McCann and Brownsberger, 1990, pp. 227-8).

Moore and Beadle (2006, p. 332) bring us back to the individual when they state that:

It is only within the context of this continuing and communal narrative that (she) can make sense of herself and that she can begin to make some sense of her telos. Initially this telos is derived from experiences of early childhood, but gradually it becomes hers as she embarks on her own narrative quest.

This paper is not advocating a single set of virtues held within a communal narrative for the NHS to resolve all the problems of organisational change, rather it intends a mediated conversation between MacIntyre’s ideas and the managers’ narratives to reach a richer understanding of the social reality of managers on the front line of change. To date, studies of NHS change have identified and discussed tensions, paradoxes, change conflict narratives etc. What is added with this work is an alternative understanding of the nature of those conflicts of change. It identifies many of them as virtue or value clashes and disjuncture and proposes that they are an indication of the suturing unravelling. Rhetoric meets practice and starts to disintegrate. As MacIntyre suggests:

The suspicion – is that all those various concepts which inform our moral discourse were originally at home in larger totalities of theory and practice in which they enjoyed a role and function supplied by contexts of which they have now been deprived (MacIntyre, 1985, p. 10).

According to de Cock and Bohm (2007, p. 827) this kind of theorising also runs through the work of Žižek (2004), who “posits the public sphere as the battleground where

different ideological hegemonic projects confront each other without any possibility of final reconciliation". In Žižek's earlier work he explains that "the crucial point is to conceive both aspects in their interconnectedness: it is precisely the new 'suture' effected by the Nation which renders possible the 'desuturing': the disengagement from traditional organic ties" (Žižek, 1991, p. 20).

As can be seen from the above summary of his thesis, MacIntyre does not flinch from offering a solution. In addition, his call is for research stories to be told about:

[...] human flourishing and failure to flourish, about virtues and vices, about the practices and institutions, about communal tradition and its erosion, about the destructive effects of the world market. And only if the story deals with all of these in their interrelationship will it tell us what we need to know (Coe and Beadle, 2007, p. 2).

MacIntyre positions his argument against enlightenment projects such as scientific understanding of society and individualism that have culminated in neo-liberal market reforms and suggests that a neo-Aristotelian schema would provide a better solution. In the next section narratives from managers in the midst of attempting to implement policy reforms are viewed through the lens of his schema.

Managers' stories of reforming health services

This paper includes stories from an extensive study (Conroy, 2010) into the accounts of managers in the midst of leading the implementation of reform to the UK NHS. The main research questions informing that study were concerned with what it means to NHS managers to be implementing reform policy and what they construct in terms of support needs. The questions called for an approach that offers a way to describe a wide variety of meanings and tacit understandings in a way that would allow managers to review and approve but then be able to draw out key themes and converse with the work of MacIntyre and others. A narrative methodology was chosen which was inspired by the work of a number of narrative theorists and practitioners. The next section describes those influences.

Methodology

Notably, the narrative technologies of Czarniawska (1997), Gabriel (2000) and Boje (2001) provided significant contributions to the approach. Czarniawska (1997) classified narratives as "stories", "themes" and "serials" in her study of Swedish public sector reform. In the study (Conroy, 2010) from which this paper draws data, the narratives collected were classified into these three; however, this paper just draws on the stories from that study. Further, Czarniawska's notion of semantic and semiotic readings enabled us to ask not just what the stories mean, but what the stories are signalling and constructing as a shared social reality for our managers. Further classification of the stories using Gabriel's (2000) "poetic story modes" (epic, tragic, comic and romantic) indicated the options chosen by managers to enact the narrative and further elaborate their social construction. Boje's (2001) concept of "antenarrative" was helpful in looking at what was behind fragments of stories and pieces together some of what comes before the neat ordering of a narrative into a story, the "real story" as Boje describes it. In this way, participants who may not be skilled narrators still have a voice in the findings. The chosen enquiry method of social poetics (Cunliffe, 2002) revealed more of what might otherwise have been left in

the tacit domain: metaphors, gestures and other taken-for-granted but important semiotic aspects of a research interview. Cunliffe's radically reflexive enquiry method opened an early acknowledgement of the co-constructing effect of the one-to-one interview that was then rebalanced with further interviews and focus groups to feed back the stories to ensure that their social reality, rather than the researcher's, had been fairly represented. The detail of the methodology and the research design is elaborated in Conroy (2010).

A total of 50 managers from a UK NHS Trust were interviewed over a period of 12 months and a sample of the stories collected from the interviews is included in Table I. It should be noted that the interviews were not coaching sessions but research interviews with the aim of understanding what it means to the participants to be leading the implementation of change to the practices for which they were responsible. The coaching element is described in the last section of the paper.

Excerpts from four of the stories along with analysis that draws on MacIntyre's theoretical concepts are included here as well. Table I captures the typical range of stories categorised against Gabriel's (2000) poetic modes.

Four of the above stories are included below, one from each category, to show how they were understood and analysed using MacIntyre's virtues-goods-practice-institution schema (Moore and Beadle, 2006):

Poetic story mode	Story title	Central virtue clash in the story
Epic (successful change story)	Finding the flow	Leadership education versus leadership apprenticeship
	Subversive	Evidence-based management versus partnership-based clinical work
Tragic (suffering loss through change)	I'm not having it!	Manager decides versus staff decide
	Cuckoo reform	Doing a good clinical job versus individual self-interest
	Wasted talent	Using skills and talents versus putting people in boxes
Comic (entertaining/farcical/tragic)	Nobody to get angry with	Respecting that humans need time and resources to do a good job versus efficiency measures and effectiveness standards
	Bite on the bottom I shred it	Meeting needs versus meeting targets Manager- and clinician-led versus policy edicts from government
	Gone shopping	Locally managed case data and accountabilities versus nationally managed case data
Romantic (showing care or love for another)	Rose tinted glasses	Caring for people without caring about the cost versus caring for the cost of caring for people
	My staff need me	For the greater good versus personal needs
	Just absorb that crap!	Buffering staff versus bullying staff

Table I.
Examples of stories of
change

Source: Conroy (2010, p. 138); reproduced with the permission of Palgrave Macmillan)

- (1) *Subversive*: Jane's epic story of successful change.
- (2) *Cuckoo Reform*: Jo's tragic story of suffering loss through change.
- (3) *Shred It*: Tim's comic story of how he "leads" change.
- (4) *My Staff Need Me*: Pat's romantic story of caring for her staff.

In the analysis following each transcript, two primary questions are being asked:

- (1) What does change mean to the manager concerned?
- (2) What might this story coach into the social reality of the organisation under change?

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The analysis here was developed from that contained in Conroy (2010, pp. 99-141).

Subversive

Context. Jane (J) is a senior manager with clinical responsibilities. She sits on the senior management team and manages a group of clinicians in addition to carrying her own caseload of patients. She is describing her approach to implementing a change that started with a small group of people and a common interest in a certain type of mental health disorder.

J: I think it's this split between how management see the organisation and what it's actually like at the coalface and that's certainly not unique to this organisation, because since I met with you last I've done a Health Care Commission Review which was absolutely fascinating and there was the same very different organisation, but yet so many aspects that resonated and particularly this thing about this split between working clinically, it's like you've got these two sorts of currents you've got your top current that's going one way and then there's this sort of clinical one that goes on and flows on and thinks we'll be here anyway whatever happens. The patients don't change and the clinical issues don't change, and it's not necessarily that that bottom current is flowing in the opposite direction, but it may be going slightly differently. It's not that things are standing still and not changing or progressing at the coalface it's doing it to a different agenda to the agenda that drives the rest of the organisation.

Interviewer (I): You're in a position of experiencing both these currents.

J: There are areas in which I know I've set up my own little current to achieve something and a group of us have done this for people with mood disorders and we've been very successful. Like metaphors we've like flowed off along our own channel which has been supported in the organisation but in a strange sort of way and now we're flowing back and almost flying ahead of the current, in terms of sort of engagement developing a service which is very much engaged with people with the disorders.

I: Making your own path down the same river.

J: Yes it's being subversive but to achieve a goal that I feel is what the spirit of the service is about.

I: In practice what was happening? What were the managers saying and what did you do in your subversion?

J: It started off as an interest in mood disorders and somebody else needed to change their role as an outpatient nurse, they wanted to change the role of the outpatient nurse to be more

challenging and as we talked we saw the common goals and then I was aware of other like-minded people and we got together a group of people who had no common base, apart from their interest in mood disorders who came together and that group changed over time and eventually became a coherent little group who came from very different places in the organisation. We had various ideas about how we wanted to develop services for people with mood disorders, we wanted to establish better practice to make sure people who had skills were able to use those and we also were very keen to develop a partnership style of working. I think what we all had in common was that we saw our clinical work as being working in partnership with patients, clients or whatever we personally called them and we wanted the service to develop in that way and then we had the opportunity to go into the Clinical Governance Development Programme, which basically was I think six days that we had away working with some training, but more than that it gave us the space and time out of the organisation to meet up, plan out what we were doing and to achieve various steps on the way towards our goal. We were fairly subversive in that we sat and listened to the presentations which were very useful and were then given tasks and then we just did our own thing.

“Rivers”, “flows” and “currents” feature in this story to describe what it means to be leading organisational change for this manager. She says that she has deliberately set up her own little “subversive” current to achieve something with others and claims to have been very successful – to the point of almost flying ahead of the main (government driven) current of change. She names the management current as “evidence based management” and her own as “clinical”, flowing in different directions but not entirely opposed. Because of her position, straddling management and clinical, she can see both currents and the sense is that they do not really flow together. For Jane she sees her clinical role as working in partnership with the client and used time away on a “Clinical Governance Development Programme” to develop that way of working with her group of like-minded professionals who all had a common interest: “I think what we all had in common was that we saw our clinical work as being working in partnership with patients”. In this account, they did their “own thing” on the course and used the time away to plan out the steps to their goal. She claims this process was successful.

Following MacIntyre (1985) it is argued that the “evidenced (scientific) based” and “practice based community approaches” are based on different principles and moral traditions, and therefore incompatible. The unravelling becomes apparent in this story. This manager does not attempt to try to join the two; instead she does her own thing with a group of like-minded others. She is like the leader of a peaceful rebellion: recognising there is a conflict of approaches but finding a quicker way down the river to meet and get ahead of the evidenced based approach in terms of what they both want to achieve. So a shared sense of purpose (or *telos*) exists but very different virtues, one acting on evidence and the other acting through partnering, they do not clash head on but they do remain separate with a sense of competition between them.

What might this story coach into the social reality of the organisation under change? The story offers inspiration: it is like listening to a leader of an underground movement, who was working both with the management as a spy and returning to her band of outlaws, the latter were the heroic ones who found a way to beat the system without directly opposing it. The virtue of clinical and patient partnership wins through in the end but to get there you have to be subversive and do your own thing. This runs counter to the notion of the communal narrative and would construct the

virtue of being subversive and practitioners doing their own thing in the face of prescriptions on how to implement change.

Cuckoo reform

Context. Jo, a Service Manager, is in her mid-forties and has seen many changes in her career but says she is finding recent demands for organisational change particularly difficult to reconcile. She has had to implement a significant change to the way the mental health services she is responsible for are delivered. The Mental Health National Service Framework, a government policy document that describes what the service should be providing, requires the changes. Relocation of her team has also been necessary. She starts by describing how she feels and then moves on to describing the relationship between the organisation and the clinical work she manages.

J: I keep getting illnesses, no immune system, even though I look after myself I go to the gym, eat healthily, try and have holidays doing the normal self-care stuff . . . talk to staff and really good supportive relationships within our service, so I feel as though I'm in a really good balance with the rest of my life. There's this thing about having to manage, in the olden days I was a bridge to the organisation so we got on with what we were meant to be doing so I bridged – there was this two way process of linking in with the wider organisation, but now the organisation is like a cuckoo it's just consuming it.

I: So what does the nest represent?

J: The nest is the work, getting on doing a good clinical job and the demands of the organisation is eroding our time, energy it's getting rid of staff our staff have left. It sounds very emotive, the staff have said you can't sustain this . . . I mean it sounds very emotive.

I: That's how it feels?

J: Yes, one of my staff is trying to get secondment out for two years into a different field, another one is saying she wants to reduce her hours because she's just not coping [. . .]

Two very clear metaphors are used in Jo's description which describe what implementing change means to her: Jo originally feeling like she personally was a two-way "bridge" to the wider organisation and now feeling like the organisation is like a "cuckoo" eroding time and energy and getting rid of her staff. The nest means the clinical work and doing a good job is what she values. What she describes might be seen by MacIntyre as the virtues of practice that offer a nest for the "internal goods" – the eggs. In this short excerpt we have a sense of a very dramatic and in her own words "emotive" story of the government agenda of change fed through the organisation like it is arriving in her nest of work like a cuckoo chick and tossing her eggs – i.e. internal goods – out of the nest.

The cuckoo is a very powerful metaphor for a bird that appears only to care about itself and is ruthless, willing to steal and murder to get what it wants – nest and nurture for its own chick. Willmott's (1993) notion of the ideological colonisation of workers' affects and subjectivities has some resonance with this metaphor. The metaphor is interesting and illuminating in its depth – as first the cuckoo lays its egg in the nest and the nest-owning bird just sees another egg and raises it as its own – only when the chick hatches is the destructive force truly unleashed as the impostor throws the rightful offspring out of the nest. Similarly the modernisation and managerial programme of

change seemed reasonable, just another government initiative but later its ideological force is revealed and the neatly quilted material falls apart.

What does this story construct into the social reality? It demonises the source of the changes and demands on her, in this case the “organisation”, and exhibits an explanation of the organisation, as cuckoo, being responsible for eroding our “time and energy” and making people sick and leave. This kind of story has the potential to construct anger and cynicism towards change amongst peers and unfold organisational change meanings of tragedy and suffering into the social reality.

I shred it

Context. The service manager, Tim (T), recounting this story is responsible for a group of practitioners who provide one-to-one therapeutic treatment for people suffering serious mental health conditions. He is explaining how he handles the continuous flow of practice changes he is asked to make:

T: I couldn't quite see the relevance to my work at having to ask somebody about their allergies or other physical questions. It's that kind of thing we're supposed to respond to and be relevant and so we change our practice accordingly and as a result of that I tell my staff, “Look what we're having to do here” and they stormed in angrily saying “That's ridiculous” so we go back to the source and she says “Well it's a national requirement”. So we have to do it then. We get a lot of this it feels like the old cliché of bureaucracy gone mad . . . audit could be done by an administrator. I choose to leave gaps between paragraphs, but you're not allowed to leave lines and it's this kind of pedantic attention to detail, unnecessary in my point of view.

I: By meeting all the detailed requirements it takes away from your central role?

T: That came out of the bombardment of having to attend to so many requests, how many more piles of paper do I have on my desk that are connected with ongoing things can I cope with and as a result I sometimes put a letter at the bottom of the pile and hope they'll go away or get forgotten about or people will forget they've asked and then six months have gone and nobody's asked so I shred it.

An account that conveys what it means to this manager to be handling change to services that he does not believe in. The story was accompanied by the poetics of gesture and movement: he picked up a piece of paper representing a “must do” change to practice and placed it under a pile of other papers on his desk then extracted it and scribed an arc of movement towards the shredder with his hand. He laughed with relish at being able to shred what he considered to be another bureaucratic and irrelevant “must do”.

The essence of the story contains a clash of virtues associated with the level of bureaucracy that is required to run a service. Again an unravelling of the neatly ordered policy rhetoric occurs in this story. For this manager what it means to be implementing reform is finding ways to reduce the number of things that he believes are unnecessary. What kind of social construction and virtues might this story coach into the institution? The story itself contains some reactions from this managers' staff group: “they stormed in angrily saying ‘That's *ridiculous*’”. The source of the change is framed as a kind of meddling bureaucrat. The edicts, partly due to their nature and partly due to their volume are not to be taken too seriously and not to be acted upon immediately. The way you handle change is to ignore it for a while, hope that it will go away and you can then shred the edict. The virtue of keeping things simple and not

being distracted by “unnecessary” disruptive influences to practice such as the next great quilted policy idea from meddling bureaucrats disconnected from our reality seems to be the moral tale.

My staff need me

Context. Pat is a ward manager in her early thirties and reform projects to her mean extreme stress. During one such programme of change called “Agenda for Change” she describes reaching the point of feeling that she just could not cope any more. The whole programme was tightly controlled with a set of “must do” deadlines, and salaries could be affected by the outcomes. She knew that what she really needed was to take time off and recover but the care she felt for her staff outweighed her personal needs:

If it were not for my staff needing me I would have gone off sick definitely.

This manager cried whilst she told her story of the dilemma she felt inside. The tears convey the strength of loyalty she felt for her staff during this period: she wanted to care for them because they were caring for vulnerable patients on the ward but the cost to her personally was significant. Loyalty to staff by managers and vice versa was a common theme in the stories told of organisational change.

What is the coaching message of this type of story? For this manager the virtue of being there for her staff, meeting their needs, was paramount, overriding her need to recover, and gave her the incentive to come in to work. The message is: “I am not prepared to sacrifice what I believe to be the right thing to do, which is to be there for my staff”. This type of folklore has a sense of “Change programmes might make me ill but I will not be beaten”, and is reminiscent of counterculture of the oppressed as described by Propp (1928).

Reports from these managers suggested that some people came out of “Agenda for Change” winning financially, while others lost out and had their jobs downgraded. Many reported that it pitted people against each other and created competition, fear, anxiety and mistrust. The job panel reviews were designed to be objective, with reams of criteria documentation to assess jobs and people against. Some claimed the pressure to deliver reduced the whole process to a fiasco and turned the impossibility of objectivity into something like a “reality TV” assessment of whether someone should be given the grade or not (Conroy, 2010). Again, the sutured policy unravels in this storied enactment of implementation.

Conclusion to the extracts analysed

In the social reality of the NHS undergoing change that we have sampled, what chance do people have to understand what it means to be delivering excellence in mental health practice? The primary aim of NHS reform is excellence in practice (and equal access to that excellence) along with affordability of services. Where will staff draw on narratives of the institution that carry these principles? How do these stories coach others in the virtues of the institution? I did not seem to find them when I asked what it means to them to be implementing reform. MacIntyre’s rather pessimistic stance is that because we have been deflected from our ability to maintain a unity in moral debate by the liberal individualistic influences from the Enlightenment onwards, then we are unable at this point in history to properly reconcile the collision of different ideological horizons and moral traditions that are battled for daily in the workplace. I feel more

optimistic that it might be possible to (re)construct the moral debate on the “basic principles” in the context of service reform through facilitated peer group debate in certain localities with new or forming communities of practice. However, in my view, those people engaged in the debate also need to be informed on the antecedents of the reform solution constructions they are grappling with. I argue that this is one of the missing elements in organisational change theorising which has potentially profound implications for (re)forming public institutions such as the NHS. In my view this would reconnect the people to the social and historical context of their practices. If MacIntyre is right, and practice is being corrupted by the efficiency and effectiveness solution constructions of liberal individualism, then this is urgently needed not just in the NHS, but in all our public services.

The last part of this paper shows what is possible when a group of senior managers joined a coaching programme to help gain clarity on the way forward with their real time issues relating to healthcare reform.

A different form of management coaching?

Needs expressed by managers in this research provided strong pointers to the kind of management education they would like to support them with service improvements. These begin with a very clear need to acknowledge that they “can’t go on like this”, with people unwittingly being coached into cynicism and anger at reform and some suffering depression and sickness. In addition to counselling and mentoring, many suggested facilitated peer forums to share emotional and practical burdens and good practice, and to create viable action plans. Alongside this was a plea for leadership input on priorities as they become inundated with a range of legislative, political, financial, social and technological “must do’s”. Well communicated understanding of what managers and their teams experience at the coalface was also marked by many as a priority in order for them to feel inspired to take on the change overhead in their roles. Some of the managers say they understand and are committed to the purpose, others just do not believe in the “must do’s” and so need a greater purpose, a wider vision, to hold on to. Respect for their communities of practice, appropriate training and development and more working together across boundaries all featured as important needs. The need for leadership skills was mentioned in the context of having a set of common understandings to help resolve problems together as team and giving them the ability to talk the same language. The need for coaching was also mentioned, but the preference seemed to be for groups rather than one-to-one. What was being conveyed in the stories was that these latter two support needs would need to form part of an integrated whole rather than stand alones.

Their needs were combined with MacIntyre’s notion that it is through conflict and sometimes only through conflict that we learn what our ends and purposes (telos) are and with the question “Of what [wider] conflicts is [my conflict] the scene?” (adapted from MacIntyre, 1985). This combination produced a programme (Conroy, 2009) that was designed to open awareness of the wider ideological battles and allow them to debate what that awareness means for their practice decisions. By raising awareness of the wider social and ethical debates through researchers’ commentary, we attempted to meet management education needs in a “self-forming” rather than a “self-enslaving” (Thomas and Anthony, 1996, p. 292) management education programme. Downing (1997) suggests that it is the manager’s job to resolve the conflicting change stories. By

drawing on MacIntyre's *After Virtue*, I argue that the challenge of resolving virtue conflict is like asking them to take on "mission impossible" given the well-rooted antecedents of the virtues at stake.

MacIntyre's theoretical underpinning, managers' expressed needs and a considerable amount of consensus across other trusts grounded the programme in a solid theoretical and empirical base. Six sessions were designed, each in response to the constructed needs of participants and the wider groupings of managers. By opening the discussion with managers about the antecedents of their virtue clashes the programme was designed to allow them to discover options that, in the midst of reform, still offer them "internal goods" (a feeling of excellence, wellbeing and satisfaction) in their management of health and social care practice. Further, the programme was designed to be faithful to a collective purpose of improving the quality of health care offered by the services they manage (Conroy, 2009).

The cohort of 24 delegates was made up of people in executive, management team and direct report positions in health and social care organisations. They were people who are accountable for leading the translation and implementation of reform policies, guidelines, frameworks and measures into healthcare practice improvements.

Each of the six meetings offered an incisive commentary and an opportunity for delegates to explore personal thinking on the application of ideas to real-time issues within their organisational setting. The debates were facilitated in coaching groups of around six people. Each person was given an opportunity to discuss their work issues, to explore their options and decide on which course of action to take. After the small groups, plenary reconvened and delegates had a further chance to raise issues and questions with the commentators. Three months after the programme was completed, participants were interviewed and asked what difference the programme had made at a personal and a service level. Some of their comments taken from an evaluation (Conroy, 2009, pp. 221-2) are given below.

Personal outcome

Increased my appetite for reading and keeping up with developments.

Made me quite angry; found it cathartic.

I came out of "Leading Change" a changed person.

Kaboom: it clarified the difference between leadership and management.

Leadership is about breaking the rules.

Organisational/service outcome:

I am more courageous now in my assertion of doing the right thing in the organisation rather than meeting targets.

I am encouraging more networking – something that I never made time for in the past.

There is no way we would have taken on this new work without understanding the values at stake.

Now I feel it is not about who we commission more about what patients need.

Unexpected outcomes for some was that the programme seemed to (re-) construct courage; rekindle their “narrative quest”; and develop a clearer purpose for them and their organisation. Was this mission possible?

Final comment from a delegate

I made every single one – it was a pleasure to go to – I enjoyed it personally and professionally.

Conclusion

The aim of this paper was primarily to show how storytelling and MacIntyre’s (1985) theoretical schema can inform a new approach to management coaching and development. Capability to cope with and handle multiple and conflicting change initiatives appears to be enhanced when managers gain a deeper understanding of the antecedents of the different ideologies at play. In simple terms the programme combined recent research commentary with a group coaching approach. It is argued that without the research input and stimulus to understand what is behind change policy, coaching could be submitting to disciplinary power (Foucault, 1980), where both coach and coachee are implicated in a collusive perpetuation of what Žižek calls a “narrative quilting of heterogeneous material into a unified ideological field” (Žižek, 1991, p. 18).

The enthusiasm with which this pilot programme was received adds further support to the argument that storied constructions of change, virtue conflict and engaging managers in line with their constructed needs in the face of those conflicts is a ripe area for management learning and development. The programme discovers options that, in the midst of massive reform, still offer participants “internal goods” in their management practice and that are faithful to a collective purpose of improving the quality of health care offered by the services they manage. With wider insights on their dilemmas, some of the programme participants claim they have (re)constructed the virtue of courage to enable them “do the right thing” in the midst of competing and conflicting interests.

This work supports the view offered by Moore and Beadle (2006) that MacIntyre’s thesis offers rich concepts for the furtherance of managerial and organisational development by demonstrating an application to the coaching of managers in particular.

One way of applying story based research to coach managers out from under the quilt of sutured policy initiatives has been demonstrated and the call is to understand more about how MacIntyre’s ideas can be applied in the field. One suggested avenue for management development and coaching would be to build further on MacIntyre’s notion that it is through conflict and sometimes only through conflict that we learn what our ends and purposes are, with the question “Of what (wider) conflicts is (my conflict) the scene?” (adapted from MacIntyre, 1985).

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