Creating Actionable Goals

As a coach-leader, you’ll occasionally be asked to help a colleague work through a problem situation. The first step in the process is to help them clearly identify what they want to be different going forward and what specific steps they can take to create meaningful progress in achieving it.

This aspect of our solution-focused approach to coaching falls into the Challenge for Thought quadrant of the Four Square Coaching Model introduced in earlier columns. Our goal here is to help the person formulate an actionable objective.

An actionable goal or objective has four key attributes. It must:

1. Be stated in the positive
2. Be reasonably under the person’s control
3. Be demonstrable or observable, either by them or by others
4. Include meaningful and manageable first steps

An actionable goal must satisfy all four conditions; if one or more is absent, meaningful change is unlikely to occur. Satisfying these conditions is not easy, however. It requires careful listening and a toolkit of critical questions.

1. Stated in the positive

How often have you had a colleague tell you what they don’t want, e.g.:

“I’m sick and tired of being taken advantage of by the rest of the nursing staff. It’s got to stop!”

Above all, resist the urge to be empathetic by asking “tell me about it.” Your job as coach is to turn a generalized frustration into an actionable goal with a few short questions.

What someone does not want is not an actionable goal. The reason is because it’s difficult to measure or assess the absence of something. To be actionable, the goal has to be stated in the positive.
As a coach, you have to get the other person to be clear about what it is they do want, not what they don’t want. One way of doing this is by using the word “instead.”

Nurse: “I’m sick and tired of being taken advantage of by the rest of the nursing staff. It’s got to stop!”

Coach: “OK, I understand you don’t want to be taken advantage of. What is it that you do want instead?”

Nurse: “I want a fairer distribution of the work load; I want the other nurses to handle their share of patient care and paperwork responsibilities.”

Notice that the coach didn’t try to delve into why the problem existed. Rather, he focused on reframing the goal from a negative—what the nurse doesn’t want—into a positive, what she does want instead. This is an essential first step.

2. Under their control

A person can’t hope to make meaningful progress unless their goal is reasonably under their control. That seems like common sense, but it’s surprising how often people will define their objective purely in terms of someone else’s behavior rather than their own. They want others to change without reference to how a prior change in their own attitude or behavior is required to induce it.

Nurse: “I want a fairer distribution of the work load. I want the other nurses to handle their share of patient care and paperwork responsibilities.”

Coach: “What might you do to encourage them to handle their share of patient care and paperwork responsibilities?” (Note how the coach has fed back the nurse’s own words to her.)

Nurse: “I’d be more assertive with the head nurse and the floor nurses about sharing the work load.”

Notice how with just a few deft questions the coach has moved his
of patients needing more intensive care, and then in our next staff meeting raise the issue of the need to take more personal responsibility for patient charting.”

What’s crucial here is that the coach is asking her to identify one or two small steps within her control that she could begin taking immediately. The objective is not to try to solve the whole problem, just establish forward momentum.

The coach is not asking what it would take to get to a 10; rather, what small steps could be taken that would make a difference.

Note some key points about the above coaching conversation. First, it required only three or four minutes at most, what we refer to as a “popcorn coaching” moment—an unexpected but opportune moment to engage in a coaching conversation. Most coaching opportunities are similarly short—limited to only a few minutes—requiring the coach to clearly understand the coaching objective and not wander off track.

Secondly, the coach did not inquire about why the problem existed or what it’s root causes were. He was focused entirely on solutions, on helping the nurse identify an action-able goal and small, meaningful steps that she could begin taking toward achieving it.

This is the essence of effective coaching. In coming issues, we’ll discuss the Challenge for Action quadrant in order to help the person we are coaching make progress toward achieving their goal once it’s defined.

3. Demonstrable or observable difference

An actionable goal has to be stated in concrete terms, i.e., it must be sufficiently measurable or observable. It must be stated in terms of what the client or others would see, hear or feel differently if the goal was achieved.

Nurse: “I’d be more assertive with the head nurse and the floor nurses about sharing the work load.”

Coach: “What would you or the other nurses see or experience differently if you became more assertive?”

Nurse: “Well, they’d stop assuming that I was a pushover.”

Coach: “What would they see or experience instead?” (Note the coach is once again attempting to reframe a negative—the absence of something—into a positive, what she or the other nurses would see or experience.)

Sometimes your colleague will get stuck at this point, unable to clearly define what would be measurably different if the desired outcome was achieved (someone else's assumptions don’t meet this criteria). In that case, you can resort to using the “miracle question:”

Coach: “I want to ask you a question. Just suppose that while you’re asleep tonight, a miracle happens. The miracle is that you were more assertive with the head nurse and the floor nurses and they no longer consider you a pushover, but because you’ve been asleep, you don’t know that it’s happened. What will be the first thing you’d notice that tells you that something important has changed?”

(Notice that the purpose of this question is to get the nurse to identify something observable).

Nurse: “They’d notice I was speaking up more in the staff meetings.

Coach: “What else?”

Nurse: “I’d be more open about discussing how the assignment of difficult patients is made.”

We now have a positively stated goal that is both concrete and recognizable and is reasonably under the nurse’s control. Only one more step remains: identifying what she can do to start making meaningful progress toward reaching it.

4. Meaningful and manageable first steps

Trying to achieve an optimal outcome in a single step is not only daunting; it often leads to frustration and disillusionment. The key to success is breaking down progress into small but meaningful steps that the individual feels they have control over.

The way to do this is with a technique called “scaling.” Imagine a progressive scale running from zero to 10, with 10 representing the optimal state or outcome and zero representing the worst of all possible worlds. The conversation might go as follows:

Coach: “On a scale of 1-10, where 1 is an intolerably unfair work load and 10 is a completely fair and equitable sharing of the burden, where are you now?”

Nurse: “I’d say that it’s about a 4.”

(Note: this is a useful piece of information because it quantitatively identifies the extent of the problem.)

Coach: “What would you need to do to get to a 6 or 7?”

Nurse: “I suppose first talk to the head nurse about the daily assignment